

Pay Q&A 2023

Q: How is doctors pay decided in Scotland?

Doctors pay has been decided through an established process involving an independent pay review body – the DDRB (Doctors and Dentists Review Body) – which operates on a UK basis.

The Scottish Government, the British Medical Association and the British Dental Association all have submitted evidence to the DDRB on what they believe the uplift should be. The DDRB also conducts its own research, including site visits around the UK, and work on pay comparators.

Based on this process, and an oral evidence session, the DDRB compiles a report on Doctors and Dentist pay which it then submits to all four Governments across the UK.

It is then up to each individual Government for each UK nation to decide whether to implement the DDRB recommendations – or go above or below what is recommended. In Scotland, the uplift is entirely a matter for Scottish Ministers to decide. While they will always consider the DDRB report, they are not bound either by the recommendations or any decision taken elsewhere in the UK.

Some parts of the BMA are not participating in the DDRB process and instead are seeking to negotiate pay directly with their respective Government. In Scotland, Junior Doctors have pursued direct pay negotiations with the Scottish Government.

Q: Why does it take till midsummer to decide what uplifts doctors should receive?

While it has become common for the Scottish Government not to take a final decision on doctors pay until midsummer – possibly around late June/early July, there is no reason this could not be done sooner. The Scottish Government needs to wait until the DDRB has submitted its report – but after that point, the timing of the decision is entirely up to Scottish Ministers. Over time, it has become the norm for this process to take until midsummer for a final decision to be made.

Q: What is the DDRB?

The DDRB (Review Body on Doctors' and Dentists' Remuneration) advises Governments on rates of pay for doctors and dentists. The DDRB is an advisory non-departmental public body, sponsored by the UK Government's Department of Health and Social Care. It is responsible for making recommendations on the pay of doctors and dentists taking any part in the National Health Service. Information about DDRB membership can be found [here](#).

Q: What restrictions are put on its role?

In advance of their DDRB evidence, Governments generally also submit remit letters which can include inviting the DDRB to make recommendations on specific groups of doctors which are eligible to be considered ie not subject to multi-year deals. This can also provide what the Governments view as context of health budgets and what an 'affordable' pay uplift would be. The BMA has been very critical of these remit letters, arguing that they have no special status and the DDRB should rely solely on the evidence submitted.

Q: Are there any alternatives?

The route of determining doctors pay in Scotland through the DDRB recommendations and final Scottish Government decision has been the system which operates in Scotland and still applies to all doctors except Junior Doctors who are negotiating pay directly with the Scottish Government in 2023. The role and independence of the DDRB has been a subject of debate for some time.

As is the case presently for Junior Doctors in Scotland it would also be possible for the BMA to agree with the Scottish Government to move away from the DDRB for other doctor Branches of Practice and instead engage in direct negotiations over the pay award. However, there is no guarantee that this would lead to higher annual uplifts in all cases. BMA Scotland has on several occasions considered whether to leave the DDRB process and seek direct negotiations, but has, at least up to now, always decided to remain within the DDRB.

Q: Can the BMA reject the pay award the Scottish Government eventually decides on?

The review body process means that doctors' pay is not decided by negotiation. It is ultimately a decision made by the Scottish Government, considering the DDRB's recommendations. It would be open to the BMA to enter a formal dispute with the Scottish Government over an unsatisfactory pay uplift, but that would not necessarily force the Scottish Government to reconsider its decision.

Q: What do other health unions do?

There is a parallel UK-wide independent pay review body (the NHS Pay Review Body) covering NHS staff under AfC (Agenda for Change) terms and conditions. In recent years, the AfC unions in Scotland have negotiated the Scottish AfC pay uplift directly with Scottish Government and have done so again this year.

Q: Does the Scottish Government's public sector pay policy make a difference?

The Scottish Government sets out its PSPP (public sector pay policy) as part of the budget process every year. While the PSPP does not technically apply to NHS staff, the Scottish Government tends to use it as a key reference point in its evidence to the DDRB – as it has again this year – but the DDRB is not bound by its parameters in its recommendations.

Q: How does BMA Scotland decide what its policy on pay is?

Each year, the elected member representatives on Scottish branch of practice committees for Consultants, SAS doctors, Junior doctors and GPs in Scotland discuss and agree their committees' views on what annual pay uplift BMA Scotland should seek. The chairs of the four committees then come together, with the aim of reaching a BMA Scotland-wide consensus on how we should proceed. This year – and in the recent past – committee chairs decided that it would be beneficial and support the case for better pay to reach a joint position on what the uplift should be rather than pursue different asks for different branches of practice.

In the current pay round, that decision was informed by the pay survey we carried out after last year's pay uplift announcement – which each branch of practice considered separately informed by both the results from members from their own branch of practice and the overall BMA results. On that basis this year the BMA Scotland reached consensus to call for an uplift of RPI inflation + 5%. A BMA Scotland-wide approach, through our Scottish Council, has also been the preferred way forward on broader pay policy issues beyond the annual uplift, such as whether we continue to engage with the DDRB process. However, it is open for any of the four Scottish branch of practice committees to decide to take its own separate position on pay, as the Scottish Junior Doctors Committee has this year.

Q: What about GPs specifically? How does that work?

GP contractor pay is determined by applying the Scottish Government pay award to the GP earnings portion of their funding. Staff expenses funding to practices should be increased each year by the SG's annual pay award for non-medical staff. Practice funding for non-staff expenses should be increased each year to address inflation – this portion is directly negotiated between SG and the Scottish GP Committee of the BMA. The proportion of GP earnings, staff and non-staff expenses used for this process are determined by national averages. In 2022/23 the Scottish Government

failed to provide adequate expenses uplift for GP contractors – breaking long set precedent and unilaterally imposing an expenses uplift that was not agreed with the Scottish GP Committee. It is not yet clear how Scottish Government will act in 2023/24 in respect of GP contractor expenses.

Salaried GPs that work directly for a Health Board are entitled to receive the Scottish Government’s annual pay increase applied to their salary. Salaried GPs that work for an independent contractor GP practice must be on terms no less favourable than the BMA model salaried GP contract. The model salaried contract requires practices to apply the Scottish Governments annual pay uplift.

Q: How does the BMA make the case for improved doctors pay?

The BMA submits robust and detailed evidence to the DDRB on doctors pay. In the past this has included a section on Scotland, but for the first time this year, BMA Scotland has provided a full specifically Scottish submission, making the clear case for an uplift this year of inflation + 5%. Our elected Branch of Practice Chairs attended an oral evidence session with DDRB – where we articulated that case and answered questions from DDRB members. We also raise the need to fairly reward and value doctors throughout our regular engagement with the Scottish Government – making sure they are aware of the negative impact that a below inflation award would have.

Q: What have been the pay uplifts in recent years?

Date	Pay award	RPI inflation (April)	CPI inflation (April)	DDRB recommendation met?
2022	4.5%	11.1	9.0	In part, SG failed to uplift GP contractor expenses sufficiently to deliver the pay award to these doctors.
2021	3%	2.9%	1.5%	Yes
2020	2.8%	1.5%	0.8%	Yes
2019	2.5%	3.0%	2.1%	In part, as an additional 1% recommended by the DDRB for SAS doctors was rejected by Scottish Government, who also rejected recommended increases to the value of consultant discretionary points and distinction awards
2018	Doctors who less than £80,000: 3% Increases for those on salaries of £80,000+ were capped at £1,600	3.4%	2.4%	The DDRB’s headline recommendation was 2% (3.5% for SAS doctors), meaning that some, mainly junior doctors, received a higher uplift than the DDRB had recommended, but others received a lower uplift
2017	1%	3.5%	2.7%	In part, as Scottish Government rejected the DDRB recommendation to increase the value of consultant distinction awards and discretionary points

2016	1%	1.3%	0.3%	In part, as Scottish Government rejected the DDRB recommendation to increase the value of consultant distinction awards and discretionary points
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Q: What is the impact of inflation?

Pay rises should never be seen in isolation – as the cost of living rises at the same time. In recent years, only the pay award in 2020 went anywhere near a significant above RPI inflation uplift. This is particularly true this year given the high current rate of inflation – which was at the time these FAQs were written was 11% (RPI). This is why the BMA are specifically calling for a pay rise of inflation + 5%.

Q: What can I do to help the BMA make the case on doctors pay?

The BMA needs the help and support of individual members to help press the case it is making for a pay rise of inflation + 5%. Indeed, the more local and personal the evidence of the importance of a fair pay award – the more impact it is likely to have with your local MSP. Please share BMA messaging and blogs across your social media channels, if you are supportive and able to (see answer below).

Q: How can I keep in touch with developments?

The BMA will share updates across its social media channels and through our [blog](#). We'll also be in the press and media regularly discussing this and other key issues to doctors. Members will also receive regular emails from our Chair of Council Dr Iain Kennedy, and other elected members, on this and other issues direct to their inbox. To join or find out more visit the BMA [website](#).