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The NHS staffing crisis cannot be resolved without reform of the doctors' pay review body

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An independent, fair process for setting the pay of healthcare workers is an alluring idea. No wonder, then, that we have heard numerous claims from government ministers in recent weeks that their hands are tied by the pay review process when it comes to deciding doctors' pay. Yet such claims that this process remains "independent" have been undermined year on year by government interference and attempts to fix what the review bodies can recommend.

Could anyone believe in the fairness or independence of a pay review body that has overseen a real terms cut in pay for consultants and junior doctors in England of 34.9% and 26.1%, respectively, since 2008-09? Now we have a workforce emergency in the NHS, unable to fill medical vacancies that have remained stubbornly high for years.

The Review Body on Doctors' and Dentists' Remuneration (DDRB) has, over time, become a puppet, with the government holding the strings. Draw back the curtain on the DDRB's history and it was not always this way. When the body was established by Royal Commission in 1960, it was clear in setting out how an independent pay review process should function. The Royal Commission stated that the pay review body must ensure that pay was kept in line with "the cost of living, the movement of earnings in other professions, and the quality and quantity of recruitment in all professions."

In a critical report published this January,¹ endorsed by both doctors' and dentists' unions, the BMA showed that the DDRB has strayed far from its founding principles and has been constrained by government interference for more than a decade. The four UK governments have been allowed unprecedented freedom to set the pay review body's remit, unilaterally appoint its membership, and even control the publication of its reports. In some years, the government has prevented the DDRB from making recommendations by imposing pay freezes or caps, and in others refused to accept the DDRB recommendations, instead reducing the value of any pay uplifts.

Most damagingly, government has used its remit letters at the start of each annual review process to pressure the DDRB into making recommendations that fall within the government's "affordability targets." While this may be relevant for the government's submission of evidence, it is not legitimate grounds to restrict an independent pay review body, a body whose purpose should be to ensure that pay awards recognise the need to motivate, recruit, and retain staff.

After years of pay awards below inflation, the medical profession has lost confidence in the pay review body's independence. Junior doctors and consultants in England and Wales will boycott the DDRB this year, while many other branches of practice have continued to submit evidence. The BMA will be considering the question of full withdrawal at its January council meeting. Doctors are not against a fair and independent process, in fact, given the NHS is effectively a monopoly employer, we believe that we need one. They are against a process that is not delivering fairness for the front line and allows itself to be constrained by government. The DDRB must now consider if it can continue to operate without the consent of those whose pay it sets.

The collapse in confidence we are seeing within the NHS, with staff balloting for and taking industrial action across the service, is the inevitable result of the failure of the pay review process. If it sounds like NHS staff are making steep demands, it's because they've faced steep pay cuts. Doctors are not asking for a pay rise but simply the restoration of the pay that they have had taken away from them. Just going back to the drawing board and requesting that the pay review bodies make further recommendations on pay will make no difference without fundamental reform to ensure that those bodies are truly independent.

The doctors' pay review body has presided over more than a decade of real-terms wage cuts. It has been a smokescreen that has allowed the government to drive the NHS to the point of collapse. If we are to have a health service that can employ enough staff to meet patient demand, we must restore the DDRB to its rightful role as an impartial and independent advisory body, and a source of stability in industrial relations within the NHS.

Competing interests: Vishal Sharma holds the positions of chair of the BMA consultants committee and chair of the BMA pensions committee.

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1 BMA. BMA report into the failings of the Pay Review Process for Doctors and Dentists. 2023. <https://www.bma.org.uk/media/6720/bma-report-into-the-failings-of-the-pay-review-process-for-doctors-and-dentists-2023-v2.pdf>