



The Royal College of **Pathologists**

Pathology: the science behind the cure

Consultation on Triennial Review of the NHS Pay Review Body (NHSPRB) & the Review Body on Doctors' and Dentists' Remuneration (DDRB) (Pay Review Bodies)

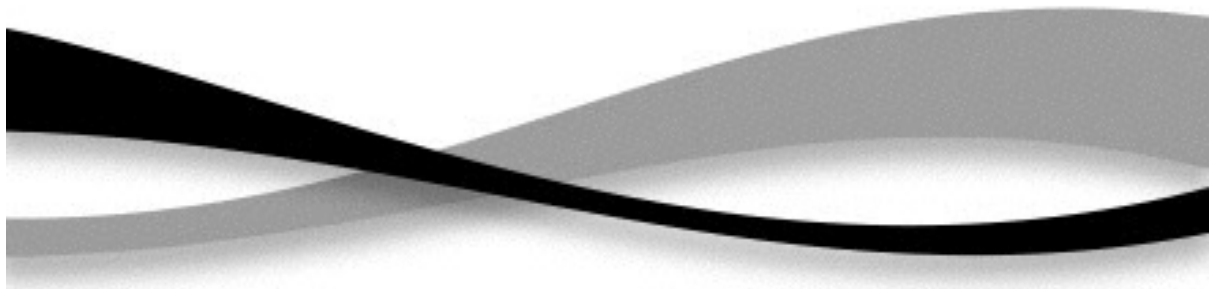
The Royal College of Pathologists' written submission

August 2015

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1 About the Royal College of Pathologists

1.1 The Royal College of Pathologists (RCPATH) is a professional membership organisation with a charitable status. It is committed to setting and maintaining professional standards and to promoting excellence in the teaching and practice of pathology. Pathology is the science at the heart of modern medicine and is involved in 70 per cent of all diagnoses made within the National Health Service. The College aims to advance the science and practice of pathology, to provide public education, to promote research in pathology and to disseminate the results. We have over 10,000 members across 19 specialties working in hospital laboratories, universities and industry worldwide to diagnose, treat and prevent illness.

1.2 The Royal College of Pathologists makes comments on the Triennial Review of the NHS Pay review Body (NHSPRB) and the Review Body on Doctors' and Dentists' Remuneration (DDRB) (Pay Review Bodies). The following comments were made by Fellows of the College during the consultation which ran from 30th June until 31st July 2015.

2 Role, function and principles of the PRBs.

The principles and rationales for the 2 PRBs' roles are common. Our comments therefore relate to both the NHSPRB and the DDRB equally.

1. During the 2014-2015 industrial action by some NHS unions, the 2015 General Election campaign and subsequently Prime Minister Cameron commented that "essential public sector workers should not take industrial action". Responding RCPATH Fellows fully agreed with that sentiment however they felt that it should be better expressed that public sector workers, who are directly or indirectly essential to the security, safety and well-being of the state or individual citizens, should not need to take industrial action.
2. Over many years the PRBs have been very successful and effective at securing, with minimal conflict, pay settlements that have been accepted as fair or at least reasonable in the economic context of the time. During the first years of the 2008-present economic crisis a severe pay restraint was accepted by these employee groups as necessary. Respondents considered that for many years, up to the present, the only times when there has been general NHS industrial strife has been when the PRB system was subverted or deemed unnecessary.
3. The PRB system attracts a very high degree of confidence and respect from employees, employers and the public. Although not formally part of their titles they are referred to in the vernacular as "Independent Review Bodies". That actual and apparent independence is essential to the fulfilment of their function and integrity of the outcome of their work.
4. Whether government gives the PRBs a remit to advise in any pay round is ad hoc. I would recommend that the PRBs have a clear, enduring, standing remit to make its recommendations and other observations each and every year.

3. Operational matters and efficiency

- 3.1. The process of collecting evidence from all the interested parties, involves sharing and cross-examining that evidence and then (presumed) the analysis is rather bureaucratic. The content, structure and presentation of evidence is left open to each party and, whilst the PRBs exercise a subsequent series of supplementary and oral evidence sessions they essentially receive the evidence they are given. This results in some evidence documents being very long; lots of evidence being repeated and may leave questions regarded by the PRBs as important unanswered.
- 3.2. The RCPATH would therefore recommend that the general structure of evidence presentation could be more prescribed by the PRBs. Whilst leaving opportunity for parties to present any evidence outside of the prescribed structure. The PRB should prompt for specific areas of evidence that it requires.
- 3.3. Some areas of evidence are common, e.g. the macro-economic context. I suggest there is scope for the PRBs stating before evidence is invited from specific parties such general, uncontentious parameters within which they will be considering the specific evidence.
- 3.4. There is a protocol that all parties share their evidence with all others submitting it. The mechanism for this is rather haphazard. I would suggest that on the evidence closing date all evidence submitted is placed into the public domain on the PRB's web-site. As some party's evidence may contain case studies where identification of individuals may be deductible some minimal content may need to be redacted before publication.
- 3.5. The issues covered by the NHSPRB and DDRB have a considerable degree of overlap. In recent years recommendations regarding pay changes have been common. There may be an argument for increasing operational efficiency by amalgamating the 2 PRBs into an over-arching "Health PRB". This would need to account for the different labour market contexts of registered professional staff (including Doctors and Dentists), other health professionals and non-health staff (e.g. IT, administration and management and operations staff) where there are considerations of comparisons with the wider employment market.
- 3.6. In order robustly to meet its remit with the best possible evidence the PRBs should be empowered to seek out, or even commission, specific evidence from other parties such as academia.
- 3.7. In the interests of transparency and openness the process of appointment of members to the PRBs should be in the public domain.

3.8. Similarly short biographies should be published for PRB members.

3.9. Sometimes in the past the timescale of PRB work has been frustrated by (key) parties delaying submission of evidence. I would recommend that PRB timetables should be published well in advanced but then rigidly observed.

3.10 During their information gathering it is routine practice for the PRB members to make site visits. I suggest that this facility of independent observation is a valuable resource for the NHS. I would welcome more and more prominent PRB visits resulting in a greater prominence of their resulting observations.

3.10 Similarly, the external independent view of the PRB members may lead to general observations arising out of their deliberations and broader insights. These should receive greater prominence in their reports for example as warnings of developing situations or changes in the healthcare “industry”.

4. General consultation responses:

Some more general comments made by Fellows of the Royal College of Pathologists are included below:

4.1 RCPATH Fellows felt strongly that the purpose of the pay review bodies was undermined when the Department of Health ignored the recommendations. This was considered to occur

on a regular basis. A recorded commitment by all political parties to act on the recommendations of the pay review bodies would strengthen both the credibility of the pay review bodies and HM government.

4.2 Fellows considered that the government should fully implement the recommendations of the parliamentary pay review body and that all pay review bodies should be equal and able to report each year. The pay review body should report every year regardless of current government policy on public sector pay because that is the purpose of a review body.

4.3 College Fellows commented that in recent years the doctors and dentists pay review body had been reduced to 'a pointless piece of political window-dressing' as successive governments of both political persuasions have ignored the recommendations of the DDRB and caused what is effectively a very prolonged pay-freeze with a resulting negative impact on morale and recruitment/ retention. Fellows commented that public sector remuneration was a unilateral decision by the Chancellor of the Exchequer.

4.4 While the pay review body is supposed to be politically independent, some College Fellows considered that its terms and conditions are dictated from above so that union representation of doctors and dentists had a more central role to play. Fellows considered it to be interesting that the independent review of MPs pay was fully accepted with many MPs stating that their 11% pay increase was decided by an independent body and so they had to accept it.

4.5 Fellows from the devolved administrations considered that there was no longer a national health service in terms of pay and conditions and this was reflected in the comments about an increasing pay gap made by Fellows to the consultation.

4.6 RCPATH colleagues wondered why there needed to be two separate pay review bodies. Given that the Royal College of Pathologists includes doctors, dentists, scientists and veterinary staff among their Fellows and members. The presence of two distinct bodies was thought to further the distinction between medical and non-medical staff in the NHS.

4.7 Upward movement of labour costs is indicated by the cost of locum cover for doctors and dentists. This demonstrates the disparity between remuneration of permanent staff with the remuneration of temporary staff.