Tenth report / Review Body on Doctors' and Dentists' Remuneration.

Review Body on Doctors' and Dentists' Remuneration

Tenth Report

Presented to Parliament by the Prime Minister
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REVIEW BODY ON DOCTORS' AND DENTISTS' REMUNERATION

TENTH REPORT

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CORRECTION

Page 15—recommendation (14), second line
delete " a year "

Page 15—recommendation (15)
delete " a year "

February 1969

LONDON: Her Majesty's Stationery Office

REVIEW BODY ON DOCTORS' AND DENTISTS' REMUNERATION

The Review Body on Doctors' and Dentists' Remuneration was appointed in March 1962 to advise the Prime Minister on the remuneration of doctors and dentists taking any part in the National Health Service.

At the time when the Tenth Report was submitted to the Prime Minister the members of the Review Body were:

The Lord Kindersley, C.B.E., M.C., *Chairman*

Arthur Bagnall, Esq., M.B.E., Q.C.

M. J. S. Clapham, Esq., M.A.

Professor S. R. Dennison, C.B.E., M.A.

J. H. Gunlake, Esq., C.B.E., F.I.A.

David F. Landale, Esq.

Geoffrey Templeman, Esq., M.A., Ph.D.

with Mr. F. G. Burrett and Mr. G. P. Pratt, of the Cabinet Office, as Secretaries.

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REVIEW BODY ON DOCTORS' AND DENTISTS' REMUNERATION

TENTH REPORT

CHAPTER I

INTRODUCTION

In the course of our third general review* of the remuneration of doctors and dentists conducted between July 1967 and March 1968 we decided for the time being not to recommend any general increase. The uncertainty then prevailing both as to future economic developments and to incomes policy made it exceptionally difficult to recommend (as we had done in our Seventh Report) an appropriate level of remuneration for as long a period as two years. As to the immediate situation our view was that, on the information available to us at the time of our report, the general level of doctors' and dentists' remuneration had not at that time fallen so seriously behind as to necessitate any overall adjustment. In these circumstances we decided that the best course was to keep the position under review and, should an increase subsequently be shown to be justified by movements in remuneration generally, or by changes in economic circumstances or incomes policy, to make the necessary recommendations to adjust the situation immediately (paragraphs 47, 48, 204 and 205 of the Ninth Report).

2. We said in the Ninth Report that the medical and dental professions should not escape the consequences of incomes policy and we accepted that, to the extent that the incomes policy was implemented and applied to all sections of the community, it was an important constituent of the economic background against which we had to work. We emphasised however that it was fundamental to our approach that economic considerations should be applied to the remuneration of the medical and dental professions fairly by comparison with all other sections of the community and wholly without discrimination (paragraph 31 of the Ninth Report).

3. At the same time we stressed that we attached great importance to the principle of comparability as one of the chief factors to be taken into account in determining appropriate medical and dental remuneration. We noted that in default of direct functional comparisons the appropriate relationship between the remuneration of doctors and dentists and that of other professions could not be precisely established, but should be maintained in broad terms. We pointed out that if the professions' remuneration were allowed to fall seriously behind, then apart from any question of equity the problems of manpower and morale would be aggravated, to the serious and lasting detriment of the National Health Service (paragraph 42 of the Ninth Report).

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*See our Ninth Report published as a Command Paper (Cmnd. 3600) in May 1968.

4. Thus our conclusion that for the time being no general increase in remuneration should be given was qualified by two essential conditions. The first was that the principle of comparability must continue to apply in broad terms to the remuneration of doctors and dentists; and the second, which is partly an extension of this, was that incomes policy should not be applied more severely to doctors and dentists than to the rest of the community. In maintaining since last May a continuous review of the situation we have therefore paid particular attention to the movement of salaries and wages in the country generally, to individual settlements and to developments of incomes policy and its application.

5. We have had regard to a variety of factual material, much of it provided jointly by the professions and the Health Departments. The British Dental Association submitted a memorandum on productivity and output in the general dental services. Representatives of the medical profession appeared before us in an informal oral session.

CHAPTER II

MOVEMENTS IN WAGES AND SALARIES

6. Although the last general increase in doctors' and dentists' remuneration recommended in our Seventh Report covered the two years commencing 1st April 1966, it follows from the method then adopted by the Review Body for determining appropriate levels of remuneration (paragraph 44 of the Ninth Report) that in now considering how far that remuneration has fallen behind, any comparison should begin with the position at 1st April 1967, when doctors' and dentists' remuneration was most likely to have been in the "right" relationship with other salaries and wages, that is to say the relationship implied by the recommendations in our Seventh Report.

7. In paragraph 41 of our Ninth Report we described the results of our own enquiries into the movements of earnings of graduates and others with equivalent professional qualifications employed by certain large companies between October 1965 and October 1967. Subject to a number of important reservations we concluded that the salaries of the group covered seemed to have risen by about 3 per cent. in 1966 and by 3–4 per cent. during 1967 up to October. The rate of increase in 1966 was no doubt retarded by the effects of the six months' period of incomes standstill, while in 1967 the period of severe restraint up to 30th June may be assumed to have had a similar, if lesser, effect. It was clear from our enquiries that some employers were waiting until 1st January 1968 before giving the first increases after the period of severe restraint.

8. We have not attempted so soon after our last approach to these companies to bring this information up-to-date. But we think it unlikely from such evidence as is available that the rate of increase in 1968 will have fallen below the 1967 level and, if anything, is more likely to have exceeded it. If, however, the rate of increase is assumed to have continued at the same level, then the increase in 1968 will be of the order of 4–5 per cent. and the total movement between 1st April 1967 and 31st December 1968 perhaps some 7–9 per cent.

9. We have also had regard to the statistics of wage and salary movements published periodically by the Department of Employment and Productivity. We first noted that between October 1966 and October 1967 average salary earnings as a whole showed a rise of 4·6 per cent., although well over half of this period was first subject to the incomes standstill and then the period of severe restraint. Unfortunately, the average salary earnings figure is published only annually and the October 1968 figure will not be available for several months. It is to be noted however that between October 1955 (the date at which the figures begin) and October 1967 the compounded annual rate of increase was about 5·7 per cent. There was little variation year by year from the 5·7 per cent. average, apart from the year 1965, when the rate of increase was abnormally high, and the years 1966 and 1967 when incomes policy was particularly severe and rates of increase comparatively low.

10. We considered in addition the more up-to-date but less relevant indices of the earnings of manual workers and of all employees, who include both wage and salary earners. We noted that since the base date of 1955 up to October 1967 the average weekly earnings of manual workers advanced by nearly the same proportion as average salary earnings and that, taking one year with another, there was no very marked variation in the rate of increase. It would seem to follow that the monthly index of the average earnings of all employees should provide some guide to the rate of increase in average salary earnings. The percentage increase in the figures for the average earnings of all employees between March 1967 and July 1968 was 10·2 per cent. There will have been a further increase since then.

11. In interpreting these statistics and in assessing their relevance to the remuneration of doctors and dentists great care is needed. The salary, and still less the wages, figures are not necessarily an accurate indication of movements in professional remuneration as a whole, especially over comparatively short periods. Nevertheless we think that these figures must be accepted as constituting significant evidence which, in conjunction with other evidence, we are bound to take into account.

12. We have also looked at a number of important wages and salary settlements concluded since our Ninth Report, particularly in the public sector, as reflecting the growth of incomes in the country generally and as possible indicators of the kind of increase in remuneration which can be justified on comparability grounds. We are aware that comparability increases can sometimes interact with one another to produce a spiral movement and that comparisons which may be acceptable in one context may be misleading if carried outside it. It is however possible to obtain a valuable general impression of the wages and salary situation by examining major settlements. We have done this and had regard to the result in drawing our picture of comparative movements of wages and salaries and in formulating the recommendations in this Report.

13. Our conclusion is that on all the evidence now available to us the remuneration of doctors and dentists has fallen seriously behind, and that an early increase is essential in order to remedy this situation.

CHAPTER III

SPECIAL FACTORS

14. In paragraph 48 of our Ninth Report we said that in keeping the remuneration of doctors and dentists under continuous surveillance we would take account not only of movements of wages and salaries but also of recruitment, migration and workload. Not much additional information about these factors has become available since we submitted our Ninth Report. We hope however that before long the Health Departments and the doctors' representatives will be able to provide us with more up-to-date information about the incidence of migration. But it is very unlikely that any significant further evidence about any of these factors will emerge in the immediate future and it would be wrong to postpone this Report until it does. We think it important however to emphasise two things. First, the fact that we make no recommendations which are specifically related to any of these factors should not be taken to mean that we do not consider them to be relevant to remuneration or as implying that a case for additional remuneration on their account may not exist at the moment. In default of any definite evidence we cannot yet judge. Second, even if there were ample evidence that workload, productivity and migration had increased or recruitment fallen either in numbers or quality, these changes would not automatically justify an increase in remuneration. And if they did it would not necessarily follow that there should be an increase over and above an increase based on comparability; such an increase would of itself provide part or all of what might later be shown to be due on account of some or all of these factors.

CHAPTER IV

ECONOMIC CONSIDERATIONS

15. The recommendations in our Ninth Report were submitted towards the end of March 1968 at a time when the incomes policy was that described in the White Paper of March 1967 on Prices and Incomes Policy after 30th June 1967 (Cmnd. 3235). On 4th April 1968 a new White Paper on Productivity, Prices and Incomes Policy in 1968 and 1969 (Cmnd. 3590) was published. An important difference on the incomes policy side is that the new White Paper prescribes a ceiling of 3½ per cent. for all wage and salary settlements, to be applied as an annual rate since the pay of the group concerned was last adjusted, though large increases will still need to be staged. The new White Paper also lays down that where a settlement covers the pay of one or more groups of workers, or a wage or salary structure is considered as a whole, the ceiling should be applied to the settlement as a whole, thus permitting flexibility of adjustment of rates within the group or structure. The annual ceiling may be exceeded only "for agreements which genuinely raise productivity and increase efficiency sufficiently to justify a pay increase above 3½ per cent." or for "major re-organisations of wage and salary structures which can be justified on productivity and efficiency grounds".

16. Within these principles all increases have still to be justified by one or more of the four criteria laid down in the previous White Paper. In order to justify an increase for doctors and dentists on comparability grounds it would be necessary to satisfy the fourth of these criteria: "Where there is widespread recognition that the pay of a certain group of workers has fallen seriously out of line with the level of remuneration for similar work and needs in the national interest to be improved".

17. It is clear that this criterion is open to different interpretations and could, if too literally applied, rule out any improvement in the remuneration of many groups for longer than would be reasonable or tolerable. We have however noted the way this criterion has in fact been applied either by the Government themselves as employers or elsewhere with their consent. We conclude that the recommendations we are making for a general increase in remuneration for doctors and dentists based on comparability, which we consider to be necessary, can be justified under current incomes policy and practice.

18. We regard the detailed application of an annual ceiling as being necessarily a matter for the Government, who alone can ensure consistency of interpretation in particular cases and the avoidance of any discrimination. But we draw attention to two considerations which we think important—

(i) it would be wrong, when considering the recommendations in this Report in relation to the annual incomes policy ceiling, to take account of the effect of the Government's decision to phase in two instalments the implementation of the recommendations in the Seventh Report for general

medical practitioners; and we recommend therefore that, for the purpose of determining the ceiling, this phasing should be disregarded;

(ii) for special reasons we recommended in the Seventh Report that the target average net income of dentists should be set at a higher figure for the year commencing 1st April 1967 than for the previous year; but we recommend that, for the purpose of determining the incomes policy ceiling, this division of the increase in the dentists' remuneration into two stages should be ignored.

19. In our Ninth Report we said that our third general review was taking place against a darker economic background than on any previous occasion, and it was partly the uncertainty of future economic developments after the devaluation of the pound sterling that convinced us that it would be wrong to make recommendations to cover the two years up to 1st April 1970. The seriousness of the economic position and the continued restraint upon incomes in the post-devaluation period were also factors which led us to reject the case for a "catching-up" increase for doctors and dentists at that time. In our view however the present economic circumstances do not justify our deferring any further our recommendations, which we believe to be in the national interest interpreted in the widest sense. But there is still considerable difficulty in making recommendations to cover a full two-year period—a problem to which we return in Chapter VI.

CHAPTER V

OUR RECOMMENDATIONS

20. The revisions we recommend in the basic items of the remuneration of general medical practitioners and ophthalmic medical practitoners, in the salary scales of hospital doctors and dentists, in the amounts of the distinction awards for consultants and in the target average net income of general dental practitioners, are set out in the Appendices to this Report. We have not recommended increased fees and allowances relating to a number of particular services or duties since these are not part of basic remuneration and should therefore be less directly affected by the upward movement of incomes in the country as a whole. They should be reviewed, normally at less frequent intervals, and in their own right as was done on the occasion of the Ninth Report.

General Medical Practitioners: Practice Expenses

21. So far as general medical practitioners are concerned we have had regard to the fact that all the items to which our recommendations relate, except seniority payments, contain an element for the indirect reimbursement of certain practice expenses. This element requires adjustment from time to time for reasons which do not apply to remuneration. The last adjustment was made as a result of the Ninth Report (paragraphs 60–61) and the increases we then recommended in the basic and supplementary practice allowances were intended to compensate for the estimated rise in indirectly reimbursable expenses in 1968–69, i.e. until 1st April 1969. There can be little doubt that these expenses will continue to rise thereafter and we think it would be wrong to make no further adjustment until our next general review. We have therefore made allowance in our recommendations for an increase in indirectly reimbursable practice expenses during the period from 1st April 1969 to 1st April 1970.

General Medical Practitioners: Seniority Payments

22. We have been informed by the representatives of the medical profession and of the Health Departments that they have now agreed to important modifications in the conditions for payment of the addition to the basic practice allowance for seniority. At present this addition is payable to a doctor whose name has been continuously included in the Medical Register for 15 years and who has been a principal providing unrestricted general medical services under the National Health Service for at least the last five years. A second addition is payable after ten more years and a third after a further ten years. Until now the qualifying periods of 15, 25 and 35 years on the Medical Register have been calculated from the date of full registration, i.e. the date from which the doctor is able to undertake general practice. Doctors qualifying after 1st January 1953 are required to be provisionally registered for at least one year before achieving full registration. It has now been agreed that for these doctors this provisional period should count towards the qualifying period for the seniority payments. It is estimated that this change will benefit about 750 doctors each year and that the annual additional cost will be about £150,000.

This agreement was reached on the understanding that the change would be brought into effect when changes in the remuneration of general medical practitioners were next made following recommendations of the Review Body, and that they should be reported to us so that the additional cost could be taken into account. We welcome the agreement which has been reached between the profession's representatives and the Health Departments and we have taken account of the cost of implementing it when formulating our recommendation for an increase in the level of seniority payments.

Junior Hospital Doctors

23. We have given special consideration to the position of junior hospital doctors, since in spite of the substantial increase they received as a result of our Seventh Report there is reason to believe that their remuneration now again compares unfavourably with starting salaries paid to graduates in other professions and occupations. To this end we obtained a great deal of information about the starting salaries of graduates in 1967 and 1968 from a large selection of universities and we should like to express our gratitude for the trouble taken by Vice-Chancellors and Appointments Officers to provide this information, which we found very valuable. As a result it was clear to us that, after taking account of the fact that on average the training period for entry into the medical profession is appreciably longer than for most other professions, there was a convincing case for improving the scale of the House Officer by rather more proportionally than those of other hospital doctors; and this is reflected in the new scales set out in Appendix II.

General Dental Practitioners

24. In paragraphs 170–182 of the Ninth Report we considered the question of productivity and output by general dental practitioners and concluded that, while they appeared to be doing more work, they also appeared to be working shorter hours, and there was at that time no justification for a change in remuneration on this account. Although the latest available information confirms this tendency towards higher productivity, it is still not possible, in the absence of the improved data referred to in paragraph 174 of the Ninth Report, to judge how far the increase that has so far taken place in productivity is attributable to improved equipment and organisation and how far it is due to increased personal effort on the part of general dental practitioners. While it seems likely that the latter is an important contributory factor, we do not think that the evidence justifies an increase in the target average net income beyond that which we are recommending for reasons of comparability.

25. We are however impressed by the need to ensure that general dental practitioners as a whole should not be liable to lose their proper share of the benefits of higher output and productivity simply because of the way the present system of remuneration happens to operate. When fees are determined by the Dental Rates Study Group at a level designed to yield the target average net income, an assumption has to be made as to the likely trend of output over the period covered. If in the event this is exceeded the result is likely to be an excess over the target average net income, which may then have to be corrected by a reduction in fee levels. The extent to which such a reduction may be justified will depend upon the cause of the increase in output. But in

some circumstances the right course would be to increase the target average net income.

26. It is clear that the likely trend of output and the actual level of output subsequently achieved are both directly relevant to the task of fixing and maintaining an appropriate target average net income. We ought therefore to have the opportunity of reviewing this if the output assumption turns out to be wrong, and the error results in a divergence of the actual from the target average net income which is sufficiently serious to call in question the existing level of fees. Since any such change in the existing arrangements would appear to affect the functions of the Dental Rates Study Group and would directly engage the interests of the profession and of the Health Departments, we make no firm recommendation at this stage. Instead, we invite the views of the profession, the Health Departments and the Dental Rates Study Group on this problem and the best method of solving it. We shall hope to make recommendations on the occasion of our next review.

27. In the course of our continuous review we received a memorandum from the British Dental Association which ends by saying: "In order that dentists may receive some part of the benefit of their increased personal effort during the period following the Review Body's last Report, we ask that the Dental Rates Study Group be invited, pending the fixing of a revised target net income by the Review Body, to disregard productivity projections in deciding what changes in fees are required to yield the existing target net income for the year 1968–69". Our recommendation for an increase in the target average net income from 1st January 1969 has of course overtaken this proposal which we do not therefore discuss in detail. But we think that for the future a change in the present arrangements for determining dentists' remuneration in the way envisaged in paragraph 26 above would both provide a better safeguard and be more consistent with the concept of a target average net income than a solution along the lines suggested by the British Dental Association.

CHAPTER VI

THE DURATION AND COST OF OUR RECOMMENDATIONS

28. We have already said that neither present conditions nor the outlook over the next year or two are such that we would be justified in returning as yet to the previous pattern of a two or three-year review period. At the same time the levels of remuneration we are recommending should in our view be appropriate for long enough to justify our terminating the continuous review inaugurated by our Ninth Report. We intend that the new rates and levels of remuneration recommended in the Appendices to this Report should operate from 1st January 1969 until 1st April 1970. In the meantime we shall watch developments. But we emphasise this: we shall expect the new levels of remuneration we have recommended to last until 1st April 1970 unless there is some major unforeseen development which seriously upsets the assumptions on which these recommendations are based. We assume that we shall begin our next review in time for any new recommendations to take effect from 1st April 1970. How far it will then be possible to frame them on the basis of a two or three-year period will depend upon the circumstances at the time; but that would be our aim.

29. The published estimates of expenditure on health service votes in 1968–69 show the total cost of salaries of hospital medical and dental staff and of gross remuneration by executive councils of general medical and dental practitioners and of ophthalmic medical practitioners at £313 million, and the total gross cost of the hospital services and executive councils' services at about £1,370 million. We estimate the cost of our present recommendations, together with consequential increases in employers' superannuation contributions, at about £18 million in a full year.

CHAPTER VII

SUMMARY OF CONCLUSIONS

30. Our main conclusions are that—

(i) a general increase in doctors' and dentists' remuneration is justified on grounds of comparability (Chapter II);

(ii) there is insufficient evidence at present to judge what weight should be given to such special factors as recruitment, migration and workload (Chapter III);

(iii) an increase on grounds of comparability would be consistent with the present application of incomes policy and would be in the national interest (Chapter IV);

(iv) the salary scale of House Officers should be improved proportionally more than that of other hospital doctors in order to take account of recent movements in the starting salaries of graduates in other professions and occupations (Chapter V);

(v) we are concerned at the possibility that general dental practitioners may in certain circumstances be deprived of their proper share of the benefits of higher output and productivity; and we invite the views of representatives of the dental profession, the Health Departments and the Dental Rates Study Group on the suggestions, which we have made in paragraph 26 above, to remedy this situation (Chapter V);

(vi) the new levels of remuneration which we recommend and are set out in the Appendices to this Report, should operate from 1st January 1969 and, unless there are major unforeseen developments which would upset the assumptions on which these recommendations are based, should last until 1st April 1970 (Chapter VI).

This review has called for exceptional efforts and frequently for long hours of work by the secretaries. Without their tireless efforts and unfailing help we would have found it difficult to complete our task before the end of the year. We wish to express our thanks to them for the excellence of their work on our behalf.

ADDENDUM

The First Report of the National Board for Prices and Incomes on the pay of University Teachers in Great Britain (Cmnd. 3866) was published on 18th December 1968 after the first proof of this Report had been printed. We have given the most careful consideration to the Prices and Incomes Board's Report and particularly to paragraphs 37, 38 and 79 thereof. We have long been conscious of the situation to which the Board draws attention, wherein we make recommendations upon the remuneration of doctors and dentists while the pay of academic staff has been referred to the Board. This situation is inherent in the acceptance of the recommendations of the Royal Commission and in our terms of reference and we think that it is not for us to comment upon it. The recommendations that we are making in this Report have been determined upon unanimously after the closest scrutiny of all relevant considerations and for reasons that we have endeavoured to set out with some particularity, notably in Chapter IV. We reiterate that the reasons for our appointment and the justification for our existence are that the Government and the Professions should have the benefit, upon matters that are within our terms of reference, of the opinions of a body of persons who are, and are known to be, utterly independent. It would be a disastrous undermining of that principle if we were to revise—or, perhaps more important, if we were even thought to have revised—our opinions by reference to those of any other body. It appeared to us that, having regard to the date of publication of the Board's Report, it would be undesirable that we should part with our Tenth Report without making some reference to it.

KINDERSLEY, *Chairman*
ARTHUR BAGNALL
MICHAEL CLAPHAM
S. R. DENNISON
J. H. GUNLAKE
DAVID F. LANDALE
GEOFFREY TEMPLEMAN

F. G. BURRETT
G. P. PRATT
} *Secretaries*

20th December, 1968.

APPENDIX I

DETAILED RECOMMENDATIONS

Hospital medical and dental staff

(1) The salary scales we recommend for clinical staff in the hospital service are set out, with the present scales, in Appendix II.

(2) The allowance for a senior hospital medical or dental officer occupying a post graded as a consultant post should be increased to £750 a year.

(3) Rates of payment of part-time hospital doctors and dentists should be increased with effect from 1st January 1969 *pro rata* with the increase in the salary scales of whole-time doctors and dentists in corresponding grades.

(4) The values of distinction awards to consultants should be increased from 1st January 1969 to the following—

A plus awards	£5,275
A awards	£4,000
B awards	£2,350
C awards	£1,000

(5) The special allowance for medical superintendents of psychiatric hospitals should be increased to £335 a year.

(6) Weekly and sessional rates for locum appointments in the hospital service should be as follows—

Consultant appointment—	£84	2s.	0d.	a week or	£7	13s.	0d.	a notional half-day
Senior hospital medical (or dental) officer appointment—	£61	0s.	0d.	„	£5	11s.	0d.	„
Medical assistant or assistant dental surgeon appointment—	£56	16s.	0d.	„	£5	3s.	6d.	„
Senior registrar appointment—	£46	18s.	0d.	„	£4	5s.	6d.	„
Junior hospital medical officer appointment—	£37	6s.	0d.	„	£3	8s.	0d.	„
Registrar appointment—	£38	11s.	0d.	„	£3	10s.	0d.	„
Senior house officer appointment—	£32	6s.	0d.	„	£2	18s.	6d.	„
House officer appointment—	£26	0s.	0d.	„	£2	7s.	0d.	„
Part-time medical officer or general dental practitioner: appointments under paragraphs 94 and 107 of Terms and Conditions of Service of Hospital Medical and Dental Staff—	£ 5	15s.	6d.	a notional half-day.				

Administrative medical staff

(7) The salary scale for senior administrative medical officers in the largest regions should be £5,070 rising by five annual increments of £200 to £6,070, and by one further annual increment of £205 to £6,275. The salary scales for other administrative medical staff should be revised by agreement between the Health Departments and the profession's representatives so as broadly to maintain existing relativities.

Ophthalmic medical practitioners

(8) The net remuneration element in the ophthalmic medical practitioner's fee should be increased to £1 0s. 0d.

General medical practitioners

(9) The basic practice allowance should be increased to £1,150 a year.

(10) The standard capitation fee for each patient aged under 65 should be increased to £1 1s. 6d. a year.

(11) The standard capitation fee for each patient aged 65 or over should be increased to £1 10s. 0d. a year.

(12) The supplementary practice allowance should be increased to £230 a year.

(13) The supplementary capitation fee for each patient in excess of 1,000 on the list (1,000 per doctor on the combined lists of doctors in partnership) should be increased to 2s. 9d. a year.

(14) The fee for doctors providing complete maternity medical services should be increased to £15 17s. 6d. ~~a year~~. Other maternity medical services fees to be increased *pro rata*.

(15) The temporary resident fee should be increased to £1 3s. 6d. ~~a year~~.

(16) The additions to the basic practice allowance for seniority should be increased as follows—

first payment	£210 a year
second payment	£210 a year
third payment	£260 a year.

(17) Payments to general practitioners under paragraphs 89, 94 and 107 of Terms and Conditions of Service of Hospital Medical and Dental Staff should be as follows—

(*a*) Payment to staff funds for general practitioner hospital units—£43 0s. 0d. per bed.

(*b*) Payments to part-time medical officers at convalescent homes, etc. and for part-time general dental practitioner appointments—

£300 a year for each weekly "half-day", up to a maximum of £2,700 a year.

£80 a year for one hour or less per week.

£160 a year for over one hour but not more than two hours a week.

(18) Rural practice funds should be increased by 6 per cent.

(19) The Health Departments and the profession's representatives should negotiate direct an increase in the initial practice allowance comparable to that recommended for the basic practice allowance.

Effective date

(20) All the foregoing new rates and payments should come into effect from 1st January 1969.

General dental practitioners

(21) The target average net income from the general dental services for all principals, full-time and part-time together, working wholly or partly in these services, should be £3,590 a year from 1st January 1969.

(22) The Dental Rates Study Group should be invited to proceed immediately to fix a scale of fees so as to yield an average net income of £3,590 a year from 1st January 1969.

APPENDIX II

HOSPITAL MEDICAL AND DENTAL STAFF

PRESENT AND RECOMMENDED SALARY SCALES

Main Grades

Grade	*Present scale*	*Scale recommended from 1st January 1969*
	£	£
House officer	1,100	1,250
	1,200	1,350
	1,300	1,450
Senior house officer	1,450	1,570
	1,550	1,680
	1,650	1,790
Registrar	1,650	1,790
	1,750	1,900
	1,850	2,010
	1,950	2,120
	2,050	2,220
Senior registrar	1,950	2,120
	2,050	2,220
	2,175	2,355
	2,300	2,490
	2,425	2,625
	2,550	2,760

Main Grades—contd.

Grade	*Present scale*	*Scale recommended from 1st January 1969*
	£	£
Medical assistant and assistant dental surgeon	1,950*	2,100
	2,050	2,220
	2,175	2,350
	2,300	2,480
	2,425	2,610
	2,535	2,730
	2,645	2,850
	2,755	2,970
	2,865	3,090
	2,975	3,210
	3,085	3,330
	3,195	3,450
	3,305	3,570
	3,415	3,690
	3,525	3,810
Consultant	3,200	3,470
	3,385	3,670
	3,570	3,870
	3,755	4,070
	3,940	4,270
	4,125	4,470
	4,315	4,670
	4,505	4,870
	4,695	5,070
	4,885	5,275

*This is the scale recommended by us in the Ninth Report but it has not yet been implemented.

Other Grades

Grade	*Present scale*	*Scale recommended from 1st January 1969*
	£	£
Junior hospital medical officer	1,550	1,680
	1,610	1,740
	1,670	1,800
	1,730	1,860
	1,790	1,920
	1,850	1,990
	1,910	2,060
	1,970	2,130
	2,030	2,200
Senior hospital medical and dental officer	2,500	2,700
	2,600	2,810
	2,700	2,920
	2,800	3,030
	2,900	3,140
	3,000	3,250
	3,125	3,380
	3,250	3,510
	3,375	3,640
General dental surgeon	1,800	1,945
	1,880	2,040
	1,970	2,135
	2,060	2,230
	2,150	2,325
	2,240	2,420
	2,330	2,515
	2,420	2,610
	2,510	2,705
	2,600	2,800
	2,690	2,900
	2,780	3,000
	2,870	3,100
	2,960	3,200
	3,050	3,300

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