DDRB consultation on compensation levels, incentives and the Clinical Excellence and Distinction Award schemes for NHS consultants

1. I write with regard to the DDRB consultation on compensation levels, incentives and the Clinical Excellence and Distinction Award schemes for NHS consultants.

2. The Royal College of General Practitioners is the largest membership organisation in the United Kingdom solely for GPs. Founded in 1952, it has over 42,000 members who are committed to improving patient care, developing their own skills and promoting general practice as a discipline. We are an independent professional body with enormous expertise in patient–centred generalist clinical care. Through our General Practice Foundation, established by the RCGP in 2009, we maintain close links with other professionals working in General Practice, such as practice managers, nurses and physician assistants.

3. The College welcomes the opportunity to respond to this consultation on behalf of its members. As you will know, the Clinical Excellence Award scheme was extended to senior academic GPs in 2004, partly in response to the new GP contract implemented in that year, partly to bring them into line with consultant clinical academics performing similar roles. Our view is that the Clinical Excellence Award schemes are currently an important factor in recruiting and retaining senior academic GPs, who make a valuable contribution to the NHS, and that there should be very
careful consideration given to the consequences should a recommendation be given for their withdrawal or reduction.

4. Many benefits are received from the work carried out by academic GPs, who forego the higher salaries of full-time clinical work to carry out vital work for the NHS as a whole. Academic GPs carry out invaluable research which contributes to high quality health care and to the development of the NHS. They contribute to clinical education programmes and take on many vital management and leadership roles (within organisations such as medical schools and the RCGP itself) which are important to the development of General Practice and the NHS as a whole. We refer you to the response to this consultation by the Society for Academic Primary Care (SAPC) for many excellent individual examples of the contributions to the NHS of Clinical Excellence Award holders..

5. The SAPC response also draws attention to the relative paucity of academic GPs by comparison with other specialties, their disadvantage in holding fewer full time university contracts (fewer than 40%), and the observation that eligibility to CEAs since 2004 appears to have made a considerable contribution towards rectifying this imbalance.

6. The White Paper “Equity and Excellence: Liberating the NHS” sets out the responsibilities to be given to healthcare professionals, and General Practice in particular, for commissioning services. Multi disciplinary departments of primary care understand how to provide and evaluate the consequences of such changes to service delivery, but we need academic GPs to manage and lead this work, if it is to achieve its full potential and provide maximum benefits in improved outcomes for patients.

7. Many of our members made the point that GPs lose a considerable amount financially when transferring to academic work, and that far fewer would be prepared to do so without CEAs or some other financial incentive. Some of our members felt that the CEA system was imperfect, in that in a sense it might be said to reward work outside the role more than excellence within it, and suggested that academic GPs might alternatively be encouraged to take on this work by more equitable pay scales. However, the consensus was that, without some sort of financial recognition, very few GPs would be prepared to move to academic work as the financial rewards, without CEAs, are so much lower than for clinical practice.

8. It was also suggested by some respondents that, far from being withdrawn, the CEA scheme ought to be extended to other areas of General Practice, for example those
GPs who, though not academics, take on national leadership roles and contribute to the overall success of the NHS, but in so doing may take a cut in their partnership share and incur other financial costs.

9. Whilst we understand the need to protect the public purse during the current economic climate, the view of our members is that academic GPs make a vital contribution to the NHS, which is only likely to become more important given the current proposed changes and the central importance of evidence-based General Practice, and that without some kind of financial incentive there are likely to be significant problems of recruitment and retention. If CEAs were to be discontinued, careful thought would need to be given to some other form of financial incentive in order to recruit and retain academic GPs.

10. We gratefully acknowledge the contributions of our members, including officers of the College and members of the College’s Council, in formulating this response.

Yours sincerely

Dr Iona Heath

President