

Funding the BMA General Practitioners Committees



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1. What is the purpose and remit of the GPCs?

The General Practitioners Committee UK (GPC UK) is a BMA branch of practice committee that represents all GPs in the UK. **It deals with all matters affecting NHS GPs, regardless of BMA membership.** GPC UK meets twice a year to discuss the latest issues facing general practice. GPC UK has five component committees – national GPCs for England, Wales and Scotland, a sessional GPs committee and a GP trainees committee. GPC UK also works with GPC NI¹.

Each national committee represents all GPs working in that nation. As a result of devolution, with different contractual arrangements applying in each of the four nations, contractual, terms and conditions and other negotiations for the nations are undertaken by their respective national GPCs and their executives.

Whereas other branches of practice have contracts which can last a decade or more, changes to the general medical services (GMS) contract by which contractor GPs provide services are usually renegotiated annually, these include the significant operational elements that arise as a direct result of GP contract holders also in effect running a business e.g. IT, premises, staffing issues, practice finance, commissioning/working at scale. **For this reason there are additional complexities for GP representative structures and activities.**

The sessional GPs committee provides national representation for all salaried and locum GPs throughout the UK. The GP trainees committee represents all doctors across the four nations of the UK on a GP training programme, including BMA members and non-members, while working in primary care.

2. Where does GPC funding come from?

The BMA funds national representative committees for different branches of practice. The GPCs however have a different funding arrangement to other branches of practice as they are funded by both the BMA and GPDF (formerly known as the General Practitioners Defence Fund Ltd). The GPDF is separate to the BMA and exists to 'advance the interests of LMCs in England, Scotland and Wales and through them the GPs they support'. The GPDF is primarily funded from voluntary quota contributions paid by GP practices and collected by LMCs who pass the money onto the fund. The GPDF's Annual Report and Financial Statements² explain that its main expenditure is a grant to the BMA and the annual conferences of LMCs.

Details of the GPDF, including its origins, funding and current activities are available on the GPDF website³.

The grant is paid to support GPs who take part in GPC activity. It enables an honorarium to be paid to GPs for all eligible and approved GPC activities within the BMA's representative structures. The BMA honoraria system pays a smaller honorarium from the 13th meeting onwards in a BMA session/year and hence the honoraria top up funded by the grant encourages and enables GP engagement in GPC activities. A GP participating in any other BMA activity who is not representing GPC is treated within the standard BMA system and does not receive an enhanced honorarium.

1 This paper does not cover the funding arrangements for NI GPC as there is a separate arrangement through NI GPDF

2 <https://www.gpdf.org.uk/how-gpdf-is-funded/>

3 <https://www.gpdf.org.uk/>

Table 1: GPC costs & funding

Calendar year – Jan-Dec	2022	2021	2020	2019
	Budget	Actual	Actual	Actual
Costs				
GPC executive (10 officers)	1,010,341	987,461	888,736	888,904
Daily honoraria	708,500	805,152	708,078	811,776
Travel & subsistence	200,649	30,103	134,909	468,708
BMA funded staffing resources (2019-2021 estimates)	1,265,854	1,227,878	1,191,042	1,155,311
Total cost of GPC (including member costs ie Exec, daily honoraria & travel costs) and staff resources	3,185,344	3,050,594	2,922,765	3,324,699
Funded by:				
GPDF grant (excluding VAT) to fund honoraria costs	981,749	1,096,250	1,142,500	1,145,417
BMA funding	2,203,595	1,954,344	1,780,265	2,179,282
Total cost of GPC (including member costs ie Exec, daily honoraria & travel costs) and staff resources	3,185,344	3,050,594	2,922,765	3,324,699

(Figures **exclude** overhead costs of supporting the infrastructure and staffing (i.e., Technology, HR, Finance, Payroll etc).

As a note on VAT, the monies received by the BMA from GPDF are treated as VAT inclusive by the BMA. This treatment follows a legal opinion which outlines the associated risks if not treated in this way based on the wording in the Deed of Grant. In financial terms this means that the BMA only retains the net amount after paying VAT to HM Customs & Excise (HMRC). For illustrative purposes for every £1,000,000 received by the BMA from GPDF, HMRC receives £166,666. The BMA retains only £833,334. Please note that we are aware that the GPDF received a different opinion on whether the grant constitutes a VATable supply.

The above VAT income treatment does not impact the BMA's VAT recovery on expenditure. For clarity, we cannot recover any part of the £166,666 noted above. Going forward, we believe there may be more efficient arrangements for the distribution of funds and would seek to explore these through negotiations.

3. What is the Deed of Grant?

In September 2020 a 'Deed of Grant' was signed between the BMA and GPDF which provides for a grant (£3.7m over the three years to June 2023, including VAT⁴) by the GPDF to the BMA to provide for:

- a top-up to the honoraria payments to GPC members – to increase honoraria from the standard BMA rate to an enhanced GPC rate
- the remuneration of ten executive team members across four GPCs (UK, England, Wales, Northern Ireland (for UK activity only) and Scotland)
- some conference and policy lead honoraria.

Rates would be no less than the rates in place on 30 June 2018 when the GPDF became no longer responsible for funding GPC activity directly. The GPDF does not reimburse travel or expenses to the BMA for GPC members – these costs are met in full by the BMA. The enhanced honoraria rates for GP members of GPC and its committees are as follows:

Table 2: GPC honoraria rates

Over 6 hours absence	100%	£525.00
3 to 6 hours absence	50%	£262.50
1 to 8 hours absence	33%	£175.00
1 hour or less	0%	£Nil

(The standard BMA rate for attendance at BMA committees and approved meetings is £250 for meetings greater than 1 hour from the 13th meeting onwards in a BMA session/ year. From the 2022 session, this no longer includes members appointed or elected by external organisations).

The current Deed covers the period 1 July 2020 to 30 June 2023. The grant between 1 July 2022 and 30 June 2023 is £1.12m or £929k excluding VAT⁵. See table 3 below for grant funding over the last four years (on a calendar year basis):

Table 3: GPDF grant funding

Calendar year – Jan-Dec	2022	2021	2020	2019
	Budget	Actual	Actual	Actual
GPDF grant (excluding VAT)	981,749	1,096,250	1,142,500	1,145,417

The deed also includes a set of grant standards that set out the facilities the BMA provides for Local Medical Committees (LMCs): advice and support on representational matters and the cascade of GP-related BMA publications in the form of bulletins for GPs and LMCs, as well as a BMA-hosted LMC listserver as a forum for LMCs. There are over 400 members of this listserver. The BMA provides these resources and support for the committees and arrangement of the LMC conferences from its own budgets.

The current deed, which expires on 30 June 2023, enables the GPDF to check how the Association has spent the grant and a further audit is scheduled to take place shortly. The Association's own calculations show that the current grant levels are not sufficient to reimburse the Association for the purposes stipulated within the agreement due to the volume of the BMA's GPC meetings/attendance, over which the GPDF has no control, meaning there is a funding gap (see question 6). This will be discussed with the GPDF at the forthcoming negotiations on any future Deed of Grant (see question 11).

⁴ Please see explanatory note on VAT on page 2

⁵ Please see explanatory note on VAT on page 2

4. What is the grant spent on?

As above, the grant is used to top up honoraria payments to GPC members and to remunerate the ten executive team members across four GPCs. Table 4 below shows the cost of the top ups and remuneration over four years, Table 4b shows a breakdown of top up honoraria by committee and Table 5 shows the costs of the GPCs broken down by nation. Table 6 shows the breakdown of executive remuneration by role and nation.

Table 4: GPC executive remuneration and top up honoraria costs

Calendar year – Jan-Dec	2022	2021	2020	2019
	Budget	Actual	Actual	Actual
GPC executive (10 officers (q total 24.5 days a week ⁶))	1,010,341	987,461	888,736	888,904
Daily honoraria paid to all other GPC members (not on the GPC Executive teams)	708,500	805,152	708,078	811,776
Total cost of GPC honoraria	1,718,841	1,792,613	1,596,814	1,700,680

Table 4b: GPC daily honoraria breakdown including sessional GP and GP trainee committees

Calendar year – Jan-Dec	2022	2021	2020	2019
	Budget	Actual	Actual	Actual
Other GPC activity honoraria	551,800	655,253	582,952	712,501
GPC Sessional	69,550	99,837	62,213	53,075
GPC Trainees	87,150	50,062	62,913	46,200
Total cost of GPC by committee	708,500	805,152	708,078	811,776

(Note: figures are approximate as the correct GP categorisations are not always selected when non-standard honoraria claims are submitted. Also note that in addition to daily honoraria, a proportion of GPC executive time is spent on sessional and trainee activities which is not reflected in this table)

Table 5: Cost of GPCs by nation

Detail breakdown by nation	2022	2021	2020	2019
	Budget	Actual	Actual	Actual
GPC UK / England	1,021,654	1,162,873	1,004,386	1,103,621
GPC Scotland	451,417	418,096	410,375	381,453
GPC Wales	245,769	211,644	182,053	215,606
Total cost of GPC honoraria by nation	1,718,841	1,792,613	1,596,814	1,700,680

(Note: the costs for GPC UK and GPC England are combined because of issues in separating out. This is due to the correct GP categorisations not always being selected when non-standard honoraria claims are submitted and the lack of a separately defined annual remuneration for GPC UK chair – an issue currently being addressed through the BMA's Remuneration Committee)

6 Please note that similar to BMA senior executive staff roles/other BoP Chair and Chief Officer roles, the GPC executive team members may be required to work additional hours in a professional capacity to ensure proper performance of their duties, this commitment has been taken into account when determining salary levels (noting the minimum salary levels were set by the GPDF prior to the deed of grant 2018).

Table 6: Breakdown of executive remuneration by role and nation

Breakdown of GPC officers by role and nation	2022	2021	2020	2019
	Budget	Actual	Actual	Actual
GPC Chairs (4 officers (Q total 11 days a week ⁷))	424,116	417,887	428,609	421,022
GPC deputies / negotiators (6 officers (Q total 13.5 days a week ⁸))	586,225	569,574	460,127	467,882
Total GPC executive	1,010,341	987,461	888,736	888,904
GPC UK / England	599,995	577,120	518,399	481,039
GPC Scotland	270,187	270,183	268,186	266,190
GPC Wales	140,159	140,158	102,151	141,675
Total GPC executive	1,010,341	987,461	888,736	888,904

5. What proportion of GPC expenses and honoraria are paid by the BMA and GPDF

Expenses for GPC members such as travel costs are paid in full by the BMA – the GPDF grant does not contribute to these. The GPDF does fund the expenses of LMC representatives to conferences.

For honoraria, the BMA pays the standard BMA rate to GPC members for attending GPC meetings (£250 for meetings greater than one hour, from the 13th meeting in a BMA session/year onwards), as it does for other branches of practice. **The GPDF grant is intended to pay a top up to increase the honoraria to an enhanced GPC rate (see honoraria rates in question 3), meaning it should fund the first 12 meetings at the GPC rate and then the excess over £250 from meeting 13.** However, there is a funding gap (see question 6) meaning the BMA pays both the standard BMA rate and a proportion of the top up. It is not possible to quantify the exact proportion of the top up that the BMA pays as the grant is intended to pay for both the top ups and remuneration of the ten executive team members.

This will be discussed with the GPDF in the forthcoming negotiations on any future Deed of Grant.

7 Please note that similar to BMA senior executive staff roles/other BoP Chair and Chief Officer roles, the GPC executive team members may be required to work additional hours in a professional capacity to ensure proper performance of their duties, this commitment has been taken into account when determining salary levels (noting the minimum salary levels were set by the GPDF prior to the deed of grant 2018).

8 As footnote above

6. Is the grant sufficient to cover the remuneration and honoraria top ups?

No. The Association's own calculations show that the current grant levels are not sufficient to reimburse the Association for the purposes stipulated within the agreement (the honoraria top up and remuneration of the GPC executive team members), meaning a gap in funding. As the GPDF grant contributes to but does not fully cover these costs, additional funding is provided by the BMA. It should be noted that the current funding was agreed between the BMA and GPDF following negotiations with the expectation of efficiency savings.

In 2021, the top up honoraria and remuneration totalled approximately £1.62m and the GPDF grant to the BMA was £1.09m excl VAT⁹, meaning the BMA provided additional funding of approximately £0.5m. Table 7 below shows the funding gap over the last 3 years as well as the anticipated funding gap this year. It must be noted that the figures do not include a number of other costs that have accrued during the last year to assist in specific development and cover requirements of the GPC England Executive.

Table 7: Funding gap

Funding gap – calendar year	2022	2021	2020	2019
	Budget	Actual	Actual	Actual
GPC executive (10 officers @ total 24.5 days a week)	1,010,341	987,461	888,736	888,904
GPC top up of honoraria (<i>based on BMA honoraria rules i.e., first 12 free</i>)	650,000	633,902	513,578	677,776
Sub total of honoraria	1,660,341	1,621,363	1,402,314	1,566,680
<i>Less GPDF grant (excluding VAT)</i>	981,249	1,096,250	1,142,500	1,145,417
Funding gap for HONORARIA ONLY	679,092	525,113	259,814	421,263

⁹ Please see explanatory note on VAT on page 2

7. How has GPC funding changed over time?

Prior to July 2018, some GPC costs – top up honoraria, executive remuneration, travel and subsistence – were funded directly by the GPDF. Following an interim funding arrangement, the current Deed of Grant was signed in September 2020 and provided grant funding to the BMA from the GPDF for defined GPC activities for three years (see question 3).

Table 8 shows a breakdown of GPC funding by the BMA from 2014 to 2022. Please note that the information on direct funding of GPC by GPDF prior to 2018 is owned by GPDF and has not been included in the table.

Calendar year – Jan-Dec	2022	2021	2020	2019	2018	2017	2016	2015	2014
	Budget	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
	£	£	£	£	£	£	£	£	£
GPC detail breakdown excluding BMA staffing resources:				Best year for comparison					
GPC officers / executive	1,010,341	987,461	888,736	888,904	980,416	–	–	–	–
Daily honoraria	708,500	805,152	708,078	811,776	1,205,336	–	–	–	–
GPC travel and subsistence	200,649	30,103	134,909	468,708	726,306	–	–	–	–
Sub total of all GPC direct costs	1,919,490	1,822,716	1,731,723	2,169,388	2,912,058	–	–	–	–
	Costs paid by BMA					Costs paid by GPDF			
		Covid impacted years							
less GPDF grant funding (excluding VAT)	981,749	1,096,250	1,142,500	1,145,417	270,000	–	–	–	–
BMA contribution to GPC excluding staff resources	937,741	726,466	589,223	1,023,971	867,794	737,033	737,033	695,000	500,000
GPDF voluntary levy from LMCs	1,946,375	1,946,375	2,083,855	2,748,834	3,691,858	3,798,143	3,697,591	3,034,102	3,568,318
% of GPC direct costs v GPDF levy	98.62%	93.65%	83.10%	78.92%	78.88%	–	–	–	–
% of LMC levy passed onto BMA (excluding VAT)	50.44%	56.32%	54.83%	41.67%	Transition year	n/a	n/a	n/a	n/a
% of LMC levy passed onto BMA (including VAT)	60.53%	67.59%	65.79%	50.00%	Transition year	n/a	n/a	n/a	

8. Does the BMA fund all branches of practice equally?

As stated, there are additional complexities in the representation of GPs, due in part to the annual renegotiation of the GP contract (see question 1). **Making direct comparisons across branches of practice based on cost is therefore difficult due to the differences between each one.** However, if we look purely at the committee and conference costs which are made up of four elements – honoraria, travel, catering and venue hire, and after taking account of the GPDF grant, the spend on the GP branch of practice is considerably more than for both consultants and juniors.

Comparing the representative structures for different branches of practice within the BMA, there are a number of ways in which GPC costs are greater than those for other branches of practice. For example, for GPC there is both a UK and England committee (a component committee of GPC UK), which is not the case for other branches of practice. GPC also has larger membership and holds more meetings each session than other branch of practice committees. In the previous 2021/22 session, GPC England held three emergency meetings in addition to its four standard meetings.

Looking separately at staff costs, it is also the case that GPs receive a significant share of BMA staff capacity from a broad range of specialist teams. The BMA funds all staff costs.

Tables 9 – 12 show a cost comparison across GPs, consultants, juniors and students from 2019 to 2022 in relation to representation and negotiation activity. **It should be noted that these tables do not include the cost of running member support services e.g. employment/employer advisory services, contract checking, career, well-being, pensions support and many other services. These costs and overheads also have to be funded from member subs.**

Table 9: Branch of practice cost comparison, 2019 (in relation to representation and negotiation activity)

2019 – Branch of Practice BoP comparison	GPs	Consultants	Juniors	Students
Calendar year – Jan-Dec – 2019	Actual	Actual	Actual	Actual
Costs				
Annual honoraria / NHS backfill arrangements	888,904	376,134	125,072	–
Daily honoraria	811,776	68,125	128,750	50,000
Travel & subsistence	468,708	241,461	276,996	80,029
BoP conference (GPDF fund LMC conference direct costs)	–	33,052	79,520	71,109
Total direct cost of Branch of Practice (BoP)	2,169,388	718,772	610,338	201,138
Internal staff servicing committees resource – £	1,155,311	471,156	588,725	131,249
Total cost of BoP including staff	3,324,699	1,189,928	1,199,063	332,387
Internal staff servicing committees resource – FTE	21.2	8.5	11.2	2.9
Number of members (Q 31st Dec)	29,232	38,963	44,208	22,584
Average cost per BoP member – £	113.73	30.54	27.12	14.72
Average cost to BMA per BoP member – £	74.55	30.54	27.12	14.72

Table 10: Branch of practice cost comparison, 2020 (in relation to representation and negotiation activity)

2020 – Branch of Practice BoP comparison	GPs	Consultants	Juniors	Students
Calendar year – Jan-Dec – 2020	Actual	Actual	Actual	Actual
Costs				
Annual honoraria / NHS backfill arrangements	888,736	311,949	93,380	–
Daily honoraria	708,078	99,106	77,175	46,075
Travel & subsistence	134,909	83,016	71,243	2,769
BoP conference	–	41,961	6,446	33,220
Total direct cost of Branch of Practice (BoP)	1,731,723	536,032	248,244	82,064
Internal staff servicing committees resource – £	1,191,042	485,728	606,933	135,308
Total cost of BoP including staff	2,922,765	1,021,760	855,177	217,372
Internal staff servicing committees resource – FTE	21.2	8.5	11.2	2.9
Number of members (Q 31st Dec)	29,081	39,119	47,215	18,198
Average cost per BoP member – £	100.50	26.12	18.11	11.94
Average cost to BMA per BoP member – £	61.22	26.12	18.11	11.94

Table 11: Branch of practice cost comparison, 2021 (in relation to representation and negotiation activity)

2021 – Branch of Practice BoP comparison	GPs	Consultants	Juniors	Students
Calendar year – Jan-Dec – 2021	Actual	Actual	Actual	Actual
Costs				
Annual honoraria / NHS backfill arrangements	987,461	289,368	96,452	–
Daily honoraria	805,152	57,400	89,575	35,400
Travel & subsistence	30,103	16,255	24,018	1,500
BoP conference	–	52,896	61,826	7,132
Total direct cost of Branch of Practice (BoP)	1,822,716	415,919	271,871	44,032
Internal staff servicing committees resource – £	1,227,878	500,751	625,704	139,493
Total cost of BoP including staff	3,050,594	916,670	897,575	183,525
Internal staff servicing committees resource – FTE	21.2	8.5	11.2	2.9
Number of members (Q 31st Dec)	28,909	39,243	48,125	20,603
Average cost per BoP member – £	105.52	23.36	18.65	8.91
Average cost to BMA per BoP member – £	67.60	23.36	18.65	8.91

Table 12: Branch of practice cost comparison, 2022 (in relation to representation and negotiation activity)

2022 – Branch of Practice BoP comparison	GPs	Consultants	Juniors	Students
Calendar year – Jan-Dec – 2022	Budget	Budget	Budget	Budget
Costs				
Annual honoraria / NHS backfill arrangements	1,010,341	324,877	120,000	–
Daily honoraria	708,500	121,200	79,400	38,700
Travel & subsistence	200,649	130,026	227,316	52,207
BoP conference	–	35,400	87,525	63,879
Total direct cost of Branch of Practice (BoP)	1,919,490	611,503	514,241	154,786
Internal staff servicing committees resource – £	1,265,854	516,238	645,056	143,807
Total cost of BoP including staff	3,185,344	1,127,741	1,159,297	298,593
Internal staff servicing committees resource – FTE	21.2	8.5	11.2	2.9
Number of members (Q 31st Dec)	28,979	39,284	51,111	20,350
Average cost per BoP member – £	109.92	28.71	22.68	14.67
Average cost to BMA per BoP member – £	76.04	28.71	22.68	14.67

9. How are different BMA services, including some individual member benefits, utilised by different branches of practice?

Table 13 shows some key services provided by the BMA, both at national level including committee and conference support, as well as individual member support level such as queries to first point of contact, pension support and member relations support. The table shows how these services are utilised by different branches of practice.

Table 13: Branch of practice comparison: service utilisation

2022 – Branch of Practice BoP comparison	GPs	Consultants	Juniors
Calendar year – Jan-Dec – 2022	Budget	Budget	Budget
Internal staff servicing committees resource – £	1,265,854	516,238	645,056
Internal staff servicing conferences resource – £	22,469	18,825	22,469
Internal staff pension team resource – £	186,229	225,964	49,982
BMA call centre – First Point of Contact – resolved cases	630,036	565,763	1,059,709
Member relations (SEA/EAS/Nations) – resolved cases	1,336,270	1,550,714	1,438,196
Total	3,440,858	2,877,504	3,215,412

(Note: the costs shown above are approximate and have been estimated using activity data from relevant teams)

At national level, each branch of practice committee has a core secretariat team working directly with it. In addition, there are a range of teams across the BMA that committees can draw on for resource and expertise. GPC works closely with the Independent Contractors and Employed Doctors teams within the overarching National Negotiations and Representation team. GPC also works closely with different policy teams covering workforce, workload, service configuration and infrastructure, IT, premises, regulation, education and training, ethics, equality, inclusion and culture, as well as others.

The BMA Conference Unit and GPC secretariat teams arrange the four annual LMC conferences for UK, England, Scotland and Wales as well as the LMC secretaries conference.

BMA staff support negotiations, write briefings/guidance, answer LMC and BMA member queries, undertake research, produce GP communications including member emails, newsletters and LMC bulletins, as well as many other responsibilities.

In addition to the variety of teams reflected in the table and described above, the GPCs also have access to expert advice and assistance from the Legal, Communications and IT support teams. GPs receive a significant share of BMA staff capacity from a broad range of specialist teams. The BMA funds all staff costs.

10. What funding and support does the BMA provide towards legal cases of relevance to the profession?

The BMA has an in-house legal department that provides advice to GPC UK and its component committees on most legal and contractual issues affecting GPs. The in-house legal team also advise on issues relating to national GMS contract negotiations. In addition, the Member relations team use a panel of law firms to provide advice and representation to members on a range of employment-related legal issues.

From a wider profession perspective, the BMA funds and supports litigation that benefits all doctors, for example, the ongoing McCloud Cost Cap Judicial Review on pensions. GP-specific legal cases are also supported, for example, the judicial review on fees for safeguarding reports and the ongoing NHS Property Services case, which has incurred significant costs through challenging the basis of charges made by NHSPS to GP practices and supporting and defending the five GP practices involved.

11. What is the future for GPC funding?

Discussions between the BMA and GPDF will begin in 2022 to determine the parameters of any future grant arrangement. Both organisations are committed to exploring ways that national GP representation can be strengthened and outcomes for the profession maximised.

Thoughts and ideas from LMCs, GPs and GPC members are always welcome and can be sent to info.gpc@bma.org.uk

BMA

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