PFC News

BMA

Spring 2025 newsletter – Professional Fees Committee

The Professional Fees Committee (PFC) is a pan-BMA four-nation committee representing doctors who undertake professional work outside their NHS contracts. The committee negotiates fees for various services, including part-time medical work, government and medico-legal tasks, insurance and commercial work, and a range of reports and certificates for patients or third parties. This includes work related to children in care, psychiatric examinations, priority housing reports, case conferences, driver licensing, and benefits certification.

The committee

Dr Rob Barnett was elected as chair to the committee in November 2024. Dr Barnett is a GP partner and secretary of Liverpool LMC. Dr Peter Holden was elected as deputy chair to the committee in 2024, Dr Holden was the chair of the committee for several years and has a comprehensive understanding of the issues of fees within the medical profession.

The PFC is made up of members from different committees throughout the BMA which highlights the broad range of issues that affect doctors across the NHS related to fees. There are also representatives from the Devolved Nations. The issues in this newsletter will give you an overview of some of PFC's work including renegotiating several outdated fees to bring them in line with current levels.

The committee meets three times a year and comprises of fourteen members who represent various areas of the medical profession in four different nations.

Active negotiations

Driver and vehicle licensing agency (DVLA)

In December 2024, PFC wrote to the DVLA commercial director to outline that the completion medical forms is a non-NHS services and that their completion is neither part of the General Medical Service (GMS) GP contract nor the NHS consultant's contract, hence the agreed fee for the work must cover the cost of provision and procurement of service as well as reward for effort, skill and responsibility. PFC pointed out that the fees agreed by the DVLA and the BMA for the completion of a medical form had not increased since 2004 despite repeated requests as professional costs of provision have risen dramatically during this period. There appeared to be much variation in fees across the UK and the reasons for inconsistencies was unclear, however the fees need to reflect the time and workload to complete DVLA forms.

The issue was also escalated to Lillian Greenwood MP, Minister for Future of Roads. Whilst it was encouraging to read that the minister recognised the vital role that doctors play in the medical licensing process, there was a need for ongoing discussions to successfully conclude this matter. Another meeting is scheduled to take place in June to discuss this matter which is now urgent as the continuation of low fees will potentially lead to the profession ceasing to do the work which is now causing financial losses

Department for Work and Pensions (DWP)

PFC had written to the director of DWP to outline that BMA members had been contacting the PFC regarding the very low fixed fee of £33.50 for the completion of benefits certification. GP practices have seen an increase in the number of patients applying for Personal Independence Payments (PIP) and shared serious concerns about the time it takes doctors to complete the forms, and the low fee offered.

PFC outlined to DWP that the system for processing payments is too slow and when payments were received, they were not easy to identify with neither reference or invoice numbers, nor remittance advice. The administrative burden on practices is a growing concern and the PFC has called for a meeting to discuss an uplift and explore better and more organised ways to manage payments for this work. The DWP are still having internal conversations with their relevant stakeholders within the Department on a fee rise for doctors, which means they are currently not able to come back to the negotiation table with anything substantive. We suspect that DWP is playing for time and in view of the green paper on benefit reform that they will not make a move until government proposals are crystallised.

Local Government Association (LGA)

In November, PFC wrote an introductory letter to the LGA Chair in support of correspondence from the consultants committee, regarding guidance for consultants on the completion of Mental Health Act assessment (MHAAs). The letter was to outline the scope of the professional fees committee and the concerns that the level of fees payable to doctors under the collaborative arrangements are no longer economic and have not risen since 2007. The main areas that are covered by the collaborative arrangements (involving certificates or reports) included:

- Those in relation to children in care or being considered for adoption and fostering, together with certificates and reports on prospective adoptive or foster patients.
- Psychiatric examinations for the detention of patients (under the Mental Health Acts).
- Priority housing reports requested by local authorities.
- Attendance at case conferences and other meetings arranged by Social Services.
- Certificates to enable chronically disabled or blind persons to obtain telephones.
- Other matters covered by collaborative arrangements

The outdated fees structures are having a significant impact on discouraging medical participation in these areas and our members have indicated their desire to disengage from non-contractual work. Discussions are ongoing. LGA is approaching DHSC to formally raise this issue.

The Association of British Insurers (ABI)

PFC also continues to lobby the ABI, with the PFC noting that the current fee was completely uneconomical for work that was labour intensive. The ABI informed the PFC that in recent years they had withdrawn from discussions due to legal advice around competition law. We dispute this interpretation which ABI accepted 15 years ago and encourage doctors to refuse such work unless an acceptable fee is agreed in advance. What any doctor chooses to charge is for the doctor to decide and the BMA fee engine will help you determine what you wish to charge.

Ministry of Justice (MoJ)

PFC have been actively lobbying the ministry of justice (MOJ) to review the fees that pathologist who conduct autopsies can charge. The committee has outlined the concerns that many pathologists intend to give up autopsy work soon, mostly due to poor remuneration.

PFC met with the MOJ in October 2024, where it was reiterated that the current fee levels had remained unchanged since 2013. This is damaging to the medical profession as it is leading to loss of training opportunities and causing disruption in the supply of pathologist capable of undertaking this work, which would ultimately cause a workforce crisis in the very near future.

PFC expressed the need to meet again as soon as possible, and stressed the need for urgent progress. A letter was received from the MOJ who have confirmed that they are continuing to work with ministers on the issue of pathology provision and the steps that might be taken to make improvements. Their immediate focus is to launch a data gathering exercise to better understand the geographical spread and age of the current workforce undertaking coronial postmortems. It was hoped that this data collection would give them a better understanding of the shortages in the workforce and have suggested a follow up meeting in the summer.

Index and calculations

The committee considered comprehensive guidance and debated the choices of inflation measures for professional fees. The committee agreed there was no "correct" answer to which measure was the most appropriate. PFC was keen to adopt a measure that was both seen as credible by the government and easy to understand by members. The committee considered different measures including CPI, RPI, RPI, CPIH, DDRB pay recommendation, AWE (whole economy average weekly earnings) and a bespoke measure.

Following expert statistical advice, the committee has adopted the Consumer Price Index (CPI) as the measure to use in professional negotiations to uplift fees. Whilst noting that CPI measure was likely going to be lower than other measures such as RPI over a longer period, RPI is being discontinued and the use of CPI makes it difficult for government to deny fee increases as they are based upon their own indices.

PFC Workplan and workstreams 2024-26

The committee has an array of objectives including working alongside the General Practitioners Committees to review firearms licensing; and prioritising all fees that need to be reviewed across the UK.

The introduction of the Medical Examiner system in England has resulted in several anomalies with varying terms and conditions of service both geographically and according to the "base" specialty of the examiner and we are working to remove such anomalies and ensure equity of payment for the same work irrespective of the NHS grade of doctor performing such work. We will be continuing our negotiations with DWP, DVLA, MoJ, LGA and commercial entities to ensure that doctors receive fair remuneration for their skills and responsibilities.

The circumstances in which a GP working under a GMS contract is entitled to make charges to patients

GP contractors are not allowed to charge their registered patients or temporary residents a fee for any medical treatment or prescriptions. Charging a fee in those circumstances is prohibited even if the form of service is not one which the GP has to provide under their GMS contract.

The prohibition does not extend to services which are not a form of medical treatment, e.g. providing a medical report for a particular purpose. Unless a GP's contract (or some other legal mechanism) requires them to provide such other services, then they can refuse to provide them. Equally, if they do decide to provide such a service, they will not breach their GMS contract by charging a fee for it.

GPs who are asked by the DVLA to complete a medical assessment are not under a legal obligation to comply with the request, but if they do decide to comply, they are entitled to charge a reasonable fee for the service.

GP GMS contractors cannot offer private treatment to non-patients from their NHS England-funded practice premises, and cannot provide such services other than out of hours. However, the same restrictions do not apply to GPs who are not a party to the GMS contract. Equally where the contractor is a corporate entity, the restrictions would apply to the company alone, not the shareholding GPs.