REVIEW BODY
ON
ARMED FORCES PAY

SERVICE MEDICAL AND DENTAL OFFICERS

Supplement to Seventh Report
1978

Chairman:
SIR HAROLD ATCHERLEY

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REVIEW BODY ON ARMED FORCES PAY

The Review Body on Armed Forces Pay was appointed in September 1971 to advise the Prime Minister on the pay and allowances of members of Naval, Military and Air Forces of the Crown and of any women's service administered by the Defence Council.

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CHAPTER 1

THE BACKGROUND

1. As foreshadowed in our Seventh Report[1], we now put forward our recommendations on the pay of Service medical and dental officers. We have considered evidence from the Ministry of Defence and from the British Medical Association and we have taken account of the Government's decision on the relevant recommendations in the Eighth Report of the Review Body on Doctors' and Dentists' Remuneration[2]. We have also taken account of the guidelines on pay increases currently in operation[3]. We have continued work on our comprehensive examination of the basis of doctors' and dentists' pay in the armed forces, but we are not yet in a position to draw conclusions from it. In these circumstances, we have again adopted the basis that has been in use since the National Board for Prices and Incomes recommended it in 1969: that is, over a career spanning 32 years from Captain to Colonel, the average earnings of Service doctors and dentists, before addition of the X factor, are designed to equate to the average net remuneration of general medical practitioners in the NHS, on the basis recommended by the Review Body on Doctors' and Dentists' Remuneration.

2. The problem associated with the pay of doctors and dentists in the armed forces at the present time is very much on all fours with the problem that we described in our Seventh Report for the armed forces generally; the current levels of the medical and dental military salary are substantially lower than those that are justified on the basis of outside evidence, as established in the Eighth Report of the Review Body on Doctors' and Dentists' Remuneration[4], and a substantial shortfall exists. It directly reflects the shortfall in general medical practitioners' remuneration in the NHS which the Review Body on Doctors' and Dentists' Remuneration has identified[5].

3. An increase within the guidelines for Service doctors and dentists will still leave a shortfall. We have therefore decided to indicate the structure and salary levels that we consider appropriate at 1 April 1978, as we did in our Seventh Report for other members of the Services. This will complete the picture for the armed forces, and is in line with the approach in the Eighth Report of the Review Body on Doctors' and Dentists' Remuneration.

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[1]Review Body on Armed Forces Pay, Seventh Report 1978, Cmnd. 7177, paragraph 11.
[2]Review Body on Doctors' and Dentists' Remuneration, Eighth Report 1978, Cmnd. 7176.
[3]The White Paper, The Attack on Inflation after 31st July 1977, Cmnd. 6882.
[4]Review Body on Doctors' and Dentists' Remuneration, Eighth Report 1978, Cmnd. 7176, Chapter 5, paragraph 51.
[5]*ibid*, Chapters 1 and 3 and Appendix B.

CHAPTER 2

THE EVIDENCE

The Eighth Report of the Review Body on Doctors' and Dentists' Remuneration

4. In its Eighth Report, the Review Body on Doctors' and Dentists' Remuneration put forward recommendations for implementation with effect from 1 April 1978 that represent an overall increase in remuneration of 10 per cent. For general medical practitioners, the increases in gross fees and allowances are designed to increase the estimated average net remuneration, after allowing for practice expenses, to £9,785 in 1978-79, assuming no change in the general level of workload and responsibility[1]. This figure subsumes two supplements to pay introduced with effect from 1 April 1976 and 1 April 1977 and takes into account extension of the first of these (£312) to those general medical practitioners who were not eligible for it in 1976 because of the earnings limit of £8,500. The Review Body has also made known the fully up-to-date levels of remuneration justified with effect from 1 April 1978—that is, the levels that would bring the pay of doctors and dentists in the NHS into an appropriate relationship with the pay of other professional groups at that date. On this basis, average net remuneration of general medical practitioners in 1978-79 would be £11,640.

5. The Government accepted the recommendations and undertook to introduce the increases required to bring pay fully up to date at the then current levels by two further stages, and in any case not later than 1 April 1980, with a move at least midway towards those levels no later than 1 April 1979. The two levels of average net remuneration for general medical practitioners, £9,785 and £11,640 respectively, therefore, provide the basis for our own consideration of the military salaries of Service medical and dental officers.

Evidence from the Ministry of Defence and from the British Medical Association

Manning

6. The Ministry of Defence have drawn our attention to serious shortages of doctors in the Navy and in the Army and to some deterioration in the position in the Royal Air Force. Tables 1 and 2 set out the manning position at 31 March 1978 and at 31 March 1975[2].

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[1]The increase for general medical practitioners is 10·5 per cent, within a range of increases in basic pay from under 5 to over 19 per cent. It is an increase of 15·3 per cent over the 1975–76 average net remuneration.

[2]In these tables, and in Tables 4 and 5, comparison is made with the position at 31 March 1975 or with the 12 month period ended 31 December 1974; the position at 31 December 1974 is set out in the Supplement to our Fourth Report 1975 (paragraph 11), Cmnd. 6146.

Table 1

Shortfalls from establishment of medical and dental officers in March 1978 and March 1975

		RN		Army		RAF	
		1978	1975	1978	1975	1978	1975
Medical officers							
Establishment	No.	345	345	586	649	431	482
Strength[a]	No.	284	300	504	523	411	482
Shortfall	No.	61	45	82	126	20	—
	%	18·0	13·0	14·0	19·4	5·0	—
Dental officers							
Establishment	No.	93	93	181	184	107	128
Strength[a]	No.	90	91	170	186	111	124
Shortfall	No.	3	2	11	(2)	(4)	4
	%	3·0	2·2	6·0	(1·1)	(3·7)	3·1

[a]Excluding civilian medical practitioners, pre-registration medical practitioners and medical and dental cadets.

Table 2

Numbers of pre-registration medical practitioners (PRMPs) and medical and dental cadets in March 1978 and March 1975

	RN		Army		RAF	
	1978	1975	1978	1975	1978	1975
PRMPs and medical cadets	66	71	99	118	64	134
Dental cadets	8	7	9	14	5	8

7. The position in relation to registered doctors (Table 1) has deteriorated since 1975. Although the percentage shortfall in the Army has fallen from 19·4 per cent in 1975 to 14·0 per cent in 1978, the reduction has to be seen in the context of a reduction in establishment and there are, in fact, not as many Army doctors now as there were in 1975. Likewise, both the Navy and the RAF have fewer doctors than in 1975 and the shortfall in both has increased over the period, whether measured by numbers or in percentage terms—in the case of the RAF, notwithstanding a sharp reduction in establishment. The position on dental officers generally appears to be reasonably satisfactory, except in the Army, where a small surplus in 1975 has become a 6 per cent shortfall related to a slightly reduced establishment. Moreover, and of still greater concern for the future, the numbers of medical cadets and of pre-registration medical practitioners (Table 2), who provide the main replacement stock, have fallen; and, as the following table shows, recruitment has fallen seriously short of the targets in the last two years.

Table 3

Recruitment of medical and dental officers

Year and category	RN			Army			RAF		
	Target	Entry	Per cent achieved	Target	Entry	Per cent achieved	Target	Entry	Per cent achieved
	No.	No.	%	No.	No.	%	No.	No.	%
Medical officers									
1976–77									
Cadets	25	24	96·0	40	25	67·5	26	10	38·5
Pre-registration	15	1	46·7		2		1	1	100·0
Direct entry		6		20	4	20·0	7	2	28·6
Total	40	31	77·5	60	31	51·7	34	13	38·2
1977–78									
Cadets	25	7	28·0	40	18	45·0	36	16	44·4
Pre-registration	15	2	33·3		—		—	—	—
Direct entry		3		20	8	40·0	4	—	0·0
Total	40	12	30·0	60	26	43·3	40	16	40·0
Dental officers									
1976–77									
Cadets	5	3	60·0	9	9	100·0	2	2	100·0
Pre-registration	—	—	—	9	9	100·0	—	—	—
Direct entry	5	3	60·0		—		3	3	100·0
Total	10	6	60·0	18	18	100·0	5	5	100·0
1977–78									
Cadets	5	5	100·0	6	6	100·0	4	4	100·0
Pre-registration	—	—	—	18	6	61·1	—	—	—
Direct entry	5	1	20·0		5		4	4	100·0
Total	10	6	60·0	24	17	70·8	8	8	100·0

The numbers recruited, when trained, are not large enough to replace all those who have left during the same period of two years (Table 4) and, other things being equal, the present shortages from establishment will therefore increase. This is particularly significant in years in which the numbers leaving were either stable (Royal Navy) or falling (Army and Royal Air Force). Table 5 shows the numbers of officers converting from short service to regular commissions in the same period.

Table 4

Numbers leaving the Services

	RN	Army	RAF
Medical officers[a]			
12 months to 31 December 1974	33	49	57
1976–77	31	41	53
1977–78	33	33	44
Dental officers[b]			
12 months to 31 December 1974	12	12	7
1976–77	6	16	10
1977–78	9	17[c]	5[d]

[a]Excluding cadets and PRMPs.
[b]Excluding cadets.
[c]Excluding 1 redundancy.
[d]Excluding 2 redundancies.

Table 5

Conversions from short service to regular commissions

	RN	Army	RAF
Medical officers			
12 months ended 31 December 1974	10	13	17
1976–77	14	13	9
1977–78	4	6	9
Dental officers			
12 months ended 31 December 1974	3	6	3
1976–77	2	6	3
1977–78	1	6	3

Since 1974, there has been a marked decrease in the number of doctors converting from short service to regular commissions and we understand that in 1977–78, as in 1974, the number is insufficient to make good the wastage of regular medical officers. The position for dental officers, on the other hand, appears to be reasonably satisfactory: conversions to regular commissions are fairly static and the number leaving does not suggest that a special problem exists, given the present levels of recruitment (Table 3). The one area of doubt is in the Army, in which the number leaving was higher than in 1974 and, as we have said, there is now a shortfall from establishment.

8. The Ministry of Defence have told us that, for an established doctor, the nature of a Service career makes the provision of post-graduate training opportunities that are in line with expectations outside very difficult to achieve, notwithstanding strenuous efforts by the Services to do so. At the present time, because they are abroad, at sea, or in Northern Ireland, 16·5 per cent (Navy), 19·6 per cent (RAF) and 46·0 per cent (Army) of Service doctors cannot have full training opportunities and cannot expect them. This situation is made worse by shortages of manpower, and the deterioration thus continues in a spiral. The Ministry of Defence consider that it is bound to play a growing part in limiting recruitment and retention rates and, unless means can be found to stimulate

recruitment, the Services may suffer a progressive deterioration in numbers and hence in standards, at a time when professional standards in general are rising. They have suggested that recruitment is inhibited by non-competitive rewards for medical cadets, notwithstanding the fact that the military salary substantially exceeds the standard maintenance grant for medical students generally, because the excess is not sufficient in the light of the Service commitment involved; and by non-competitive military salaries for pre-registration medical practitioners, who compare their position unfavourably with the position of House Officers in NHS hospitals with whom they work side by side in the pre-registration year, and whose earnings from salary are enhanced by supplements in recognition of hours of duty in excess of a 40 hour standard working week for which they contract on an individual basis. In the Ministry of Defence's view, pay is an important aspect of the recruitment problem, although it is not the only factor. They regard recruitment in these "pre-operational" areas as the key to the solution of some of their manning difficulties.

9. The British Medical Association too have stressed the present unsatisfactory manning situation in their evidence and the increased demands on medical and dental officers that result from it. They referred in particular to the likelihood that premature retirements would increase within the next few years as officers who joined the Services in the early 1960s either complete 16 year commissions and do not extend them or, in the case of the RAF, have an option to leave after 16 years' service. In either case, 16 years' service is the minimum service which qualifies for an immediate pension. In the BMA's view, this will result in serious shortages of doctors in some areas of the Services, which could limit the field of selection for the "next generation" of the most senior officers; and would increase further the demands on the remaining experienced officers who already are required to undertake longer hours of duty and on-call, often without full cover from junior officers, because of the combined effect of reduced numbers, increased training requirements for professional qualifications and increased operational demands. They put greatest emphasis on retention, and attribute the unsatisfactory manning position more directly to general dissatisfaction with pay.

Military salary

10. The Ministry of Defence have proposed in their evidence that Service doctors and dentists should receive an immediate increase in pay of at least 10 per cent, and that fully up-to-date rates of pay should be implemented not later than 1 April 1980, in line with the Government's decisions on the recommendations in the Eighth Report of the Review Body on Doctors' and Dentists' Remuneration and, indeed, with its decisions on the recommendations in our own Seventh Report. Their evidence discloses a serious situation in manning the medical branches of the Services which present levels of recruitment will do nothing to resolve (Tables 1-4), and they have asked us to consider the Government's decision to increase the pay of other members of the armed forces by a further 3 per cent on average: this took the form of an additional increase in the military salary and in five major forms of additional pay, and has been attributed to a bringing forward of the residual part of the X factor in the fully up-to-date military salary that would otherwise have been paid in instalments in 1979 and in 1980. The Ministry of Defence have also argued that the conditions

which justify the payment of an X factor apply with equal force to doctors and dentists and to combatants and that, although the X factor for doctors and dentists is at a different rate from the standard, the Government's decision did not distinguish between levels of X factor in the case of servicemen and servicewomen.

11. In this context, we think it important to refer again to the general position on the X factor, in order to dispel possible misunderstanding. We did not recommend a change in the X factor in our Seventh Report and the Government's decision (paragraph 10) was designed to do no more than to pay in 1978 what would otherwise be payable later on. The X factor remains at 10 per cent for men, 5 per cent for women and, as we do not propose any change in this Supplement, $6\frac{1}{4}$ per cent for medical and dental officers.

12. The BMA have suggested to us that the military salary structure should be aligned with the total earnings of general medical practitioners, instead of with the average net remuneration from the NHS alone; in their view, only if this were done would Service doctors see any financial benefit in remaining in the Services for a full career. They have indeed argued that, on the introduction of the military salary for Service doctors and dentists, it was the intention of the National Board for Prices and Incomes (NBPI) to relate it to the total income of general medical practitioners and that we have been responsible for a "change in the rules" which has deprived Service doctors and dentists of part of the income that they were entitled to expect.

13. This reflects a misunderstanding of the NBPI's intentions and, indeed, of our approach. The BMA have drawn attention to certain passages in the NBPI's Second Report on the pay of the armed forces[1] which they consider indicate the NBPI's intentions in 1969. But the main point appears to be to demonstrate that, in equating Service doctors' and dentists' pay to general practitioners' average earnings of £4,000 a year[2] then, the NBPI equated it with the average net income of unrestricted principals in general medical services from all sources *for the corresponding period*, which the BMA have argued was £4,011. They have argued further that, if comparison with earnings from NHS sources only had been intended, the NBPI would have quoted a figure close to £3,650, because earnings from the NHS alone were, they say, £3,660[3]. But we observe that the figures on which this argument relies all relate to the year *1968–69* in the source document. We are not persuaded that the NBPI's intentions can be interpreted in this way: a relationship with general medical practitioners' average earnings of £4,000 was established in the NBPI's Second Report dated 22 May 1969 "following a recent settlement" on the pay of doctors in the NHS. The sum of £4,000 emerged from the recommendations of the Review Body on Doctors' and Dentists' Remuneration at that time and is shown in the source document quoted by the BMA as the average net income of unrestricted principals in general medical service from *NHS general practice* for the year 1969–70. It provided the basis for the NBPI's recommendations on Service

[1]National Board for Prices and Incomes, Report No 116, Cmnd. 4079, Chapter 9.
[2]*ibid*, paragraph 136.
[3]The source of these figures is quoted by the BMA as the Second Report of the Review Body on Doctors' and Dentists' Remuneration 1972, Cmnd. 5010, page 53, Table 3.

medical and dental pay for the year *1969–70*. It did not relate to, and cannot be compared with, figures for the year 1968–69.

14. This is not to say that the basis devised by the NBPI for assessing the pay of Service medical and dental officers is right for all time. There have been certain changes in the way that general medical practitioners in the NHS are paid since 1969: for example, the intended average net remuneration does not include income from contraceptive service fees and other payments in respect of additional general medical service work, although the expenses relating to this work are included in the general provision for average practice expenses[1]. Nor does it include income from hospital work and other official sources. These changes, and the need to examine whether there had been other relevant changes since 1969—for example, in the circumstances in which medical and dental officers carry out their work—are among the reasons for the current comprehensive examination of the position. A study of possible alternative approaches to the assessment of the pay of Service medical and dental officers will play an important part in our deliberations and the BMA's views will be given full weight in this examination.

X factor

15. The British Medical Association has urged us to restore the X factor for doctors and dentists to parity with the X factor for combatants, and has argued that the reasons for the differential that we explained in the Supplement to our Fourth Report[2], although valid at that time, no longer apply. The justification for the difference ($3\frac{3}{4}$ per cent) introduced in 1974 was the extent to which the generality of servicemen and women were required to work during "unsocial" hours as defined in the Pay Code that was operative at the time. Obviously, Service doctors too work during "unsocial" hours, although we had no direct evidence of the extent to which they did so, but the average net remuneration of general medical practitioners in the NHS which their salaries directly reflect already included (and still includes) a substantial amount for out-of-hours responsibilities. In our view it would have been wrong then, and it would be wrong now, to restore the X factor to parity with that for combatants without first excluding out-of-hours payments from the average net remuneration figure of GMPs. If this were done, Service doctors and dentists would fare less well than under the present arrangements. However, the BMA have suggested that, to the extent that Service doctors' and dentists' pay reflects the payments for out-of-hours responsibilities in the average net remuneration of general medical practitioners, it should be regarded as recognising the medical "out-of-hours" services only. But, they have argued, doctors and dentists also have military duties which, particularly in recent years, have been performed increasingly in "unsocial" hours because successive manpower cuts in the armed forces and the unplanned wastage—on which we remarked in our Seventh Report—have imposed additional burdens on them. We have no reason to doubt that, for these reasons, there is increasing pressure on the time of doctors and dentists in the armed forces. But this is true also of other officers and we have no evidence that

[1]Review Body on Doctors' and Dentists' Remuneration, Eighth Report 1978, Cmnd. 7176, page 34, paragraph 51 and footnote 3.
[2]Review Body on Armed Forces Pay, Supplement to Fourth Report 1975, Cmnd. 6146, paragraphs 15–20.

there has been a relative deterioration in the position of medical and dental officers that would justify any change in relative levels of the X factor.

16. Moreover, as we indicated in our Seventh Report[1], we consider that the broad-brush treatment inherent in an overall X factor may no longer meet the needs of the Services to the extent that individual experience may not reflect a balancing out of the rough and the smooth over time. We said then that we intended to examine the problems associated with the recognition of differences in individual circumstances and conditions with the Ministry of Defence and that, until that examination had been completed, we could not recommend a change in the level of X factor. We see this examination as embracing all aspects of individual circumstances so far as they relate to the X factor, and we shall cover the position of medical and dental officers in the course of it.

Medical additional pay

17. We understand that the structure and levels of medical and dental additional pay[2] are to be the subject of a study on the basis of which the Ministry of Defence expect to provide us with evidence next year. In these circumstances, they have not proposed that these forms of additional pay should be increased on this occasion, and they consider that an increase within the guidelines should be devoted to the military salary.

[1]Review Body on Armed Forces Pay, Seventh Report 1978, Cmnd. 7177, paragraph 41.
[2]Diploma Pay, Specialist Pay, Senior Specialist Pay and Consultant Pay.

CHAPTER 3

CONCLUSIONS AND RECOMMENDATIONS

18. We now consider the military salaries of Service medical and dental officers that are appropriate in the light of the recommendations of the Review Body on Doctors' and Dentists' Remuneration and of the additional evidence submitted to us. We indicate in paragraph 27 (Table 7) both the fully up-to-date salaries appropriate at 1 April 1978 and the salaries based on the 1 April 1978 recommendation for the average net remuneration of general practitioners in the National Health Service (pararaphs 4 and 5 above).

Captain to Colonel

19. The military salaries for Service doctors and dentists introduced with effect from 1 April 1975 have been enhanced by the supplements to pay that we recommended in our 1976 and 1977 Reports, but the effect of the £8,500 limit under the 1976 restraint measures has been to create an uneven pattern of increases, as is shown in Table 6.

Table 6

The pattern of pay increases since 1975

Rank and service year point		1975 salary[a]	Current pay (including supplements)[a]	Percentage increase over 1975
		£	£	%
Colonel:	after 4 years	10,406	10,615	2·0
	2 years	10,235	10,443	2·0
	on appointment	10,067	10,275	2·1
Lieutenant Colonel:	after 8 years	9,946	10,155	2·1
	6 years	9,735	9,943	2·1
	4 years	9,457	9,666	2·2
	2 years	9,183	9,392	2·3
	on appointment	8,906	9,115	2·3
Major:	after 6 years	8,567	8,775	2·4
	4 years	8,293	8,709	5·0
	2 years	8,015	8,537	6·5
	on appointment	7,738	8,259	6·7
Captain:	after 4 years	6,716	7,237	7·8
	2 years	6,355	6,876	8·2
	on appointment	5,997	6,518	8·7

[a]Rounded to the nearest £.

20. The translation of an average net remuneration figure for general medical practitioners into a progressive pay structure which reflects the average involves a very limited (less than 1 percentage point) *range* of increases over 1975 salary levels on both bases. But, because of the range of the increases in percentage terms from 2·0 per cent to 8·7 per cent since 1975 (Table 6), the increases in percentage terms over current pay levels required now to achieve the same overall increase at each point in the structure will also be wide: from just over 26 per cent to about 34 per cent on the fully up-to-date basis and from 6·1 per cent at

the minimum of the Captain's scale to 13·1 per cent at Lieutenant Colonel (reducing to 12·8 per cent at the Colonel maximum) on the basis of £9,785 average net remuneration. A range of some 7 percentage points between the minimum and maximum increases may well be more acceptable when the minimum increase is 26 per cent than when it is 6 per cent: we have considered the implications and have concluded that a temporary modification is appropriate in the structure based on £9,785, in order to restrict the wide range of individual increases indicated. It should not be so great, however, as to distort the pattern of increases too much: this would happen, for example, if the same percentage increase were applied throughout. Moreover, it would perpetuate the distortions created by the recent restraint measures and it has been one of our objectives in the current review to put these right. We are generally unwilling to make recommendations that would involve the creation of new distortions and do so only when we judge it to be unavoidable in all the circumstances at the time. We have concluded that the scales in Table 7 (paragraph 27) meet current requirements.

Brigadier

21. In considering the pay appropriate to the medical Brigadier and equivalents in the other two Services, we need to have regard to the maximum of the scale for the medical Colonel in the related structure below, to the salary of the Major General, which is at present under review by the Review Body on Top Salaries, and to the relationship with the salary of the combatant Brigadier. We consider that the salaries recommended in paragraphs 27 and 28 maintain an appropriate relationship.

Pre-registration medical practitioners (PRMPs)

22. PRMPs in the Services are newly qualified doctors who are required to serve for one year as House Officers in National Health Service hospitals before registration with the General Medical Council. Their duties are identical to those of NHS House Officers at the same career point and they work alongside them; but they receive Service pay and allowances from which the appropriate charge for single Service accommodation is deducted. On completion of the pre-registration year, they are promoted to Captain and enter the standard Service pay structure for medical and dental officers (Table 7). We concluded in 1975[1] that their salaries should bear a suitable relationship to the earnings of House Officers in the NHS and should take account of different arrangements for accommodation charges and different payment systems, in particular of the eligibility of House Officers at that time for extra duty allowances, which were payable when duty hours exceeded 80 hours a week and encroached by more than a specified amount into their minimum assured off-duty time (then 88 hours per week). The method we adopted was to take account of the most recent information relating to the average payment of extra duty allowance to House Officers in the NHS.

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[1]Review Body on Armed Forces Pay, Supplement to Fourth Report 1975, Cmnd. 6146, paragraphs 22–23.

23. A new form of contract was introduced for junior hospital doctors in the NHS in February 1976; it superseded the arrangements for payment of extra duty allowances. Each junior hospital doctor entered into a personal contract that specified average weekly hours of duty, expressed as a standard working week of 40 hours and a further commitment for duty, including availability on-call at the discretion of the employing authority, to meet the needs of the NHS. Both commitments were expressed in terms of units of medical time (UMTs) of 4 hours duration, and the new pay arrangements involved a basic salary with a supplement payable for each UMT contracted for in excess of a threshold of 10 UMTs: two classes of supplement were introduced—for standing by or working in hospital (Class A) and for being available on-call (Class B). Since 1 April 1978, the basic salary has been related to the standard working week of 10 UMTs. The Review Body on Doctors' and Dentists' Remuneration has estimated that the earnings from Class A/B supplements will involve an addition to the basic salary recommended in their Eighth Report for House Officers of just under 42 per cent on average[1].

24. Taken in isolation, the level of earnings from Class A/B supplements is more than three times the average earnings from extra duty allowance that we took into account in 1975, and its incorporation into the calculation of the PRMP's salary on the same basis as in 1975 implies an increase over the current salary of nearly 45 per cent (and more than 64 per cent over the 1975 salary). This is one measure of the uncompetitiveness of the PRMP's pay at present by comparison with the average earnings of the House Officer in the NHS. All averages are likely to mask a wide range of individual observations, but this high level of average addition to basic pay may be misleading. In our view, in the special circumstances of PRMPs involving their close alignment in this one year of service with House Officers in the NHS, the MOD should explore the possibility of paying them on the same basis as House Officers in the NHS in their first year, that is, by a basic salary which would be adjusted as at present for the different arrangements in accommodation and for the X factor plus additional earnings from Class A/B supplements associated with the post occupied which would be 'contracted for' notionally on an individual basis. There would inevitably be problems of defining the 'contract', but we shall look to the Ministry of Defence for a critical study of this possible alternative basis of payment within the next year.

25. For the present, we conclude that the salaries recommended in paragraphs 27 and 28 bear a sensible relationship to the standard structure and take account of the Ministry of Defence's view that this is one of the main areas in which improvement is needed in pay if the unsatisfactory manning situation is to be countered.

Medical and dental cadets

26. This is the second key area in which the Ministry of Defence see improved recruitment as a partial solution to their manning problems. We have considered the pay of medical and dental cadets in the light of the position of medical

[1]Review Body on Doctors' and Dentists' Remuneration, Eighth Report 1978, Cmnd. 7176, page 22, footnote 3.

students generally and taking account both of the pay of junior officers in the combatant arms and the pay of university cadets. We have also examined alternative relationships with the pay of PRMPs and the pay of medical and dental officers above them in the military salary structure. We do not believe that a disproportionate increase in pay at this level would necessarily persuade more medical students to enter into forward commitments to service in the armed forces by taking up cadetships. It seems to us that they are likely to be as closely concerned with professional ambitions as with pay, and that it is in this field that Service medicine and dentistry should aim to provide the necessary attraction. The present level of pay of medical and dental cadets, including the supplements introduced in 1976 and 1977, is some £2,635.

Our recommendations

27. We recommend that fully up-to-date salaries should be introduced as soon as possible and in any event by 1 April 1980 at the then current levels, with a substantial step towards those levels in April 1979 at the levels that are then appropriate—that is, within the timescale in which the Government has undertaken to implement the fully up-to-date remuneration levels for general medical practitioners in the NHS, and those of other members of the armed forces. The fully up-to-date military salaries for Captain to Colonel are in Table 7; for the Brigadier it is £14,500; and for the pre-registration medical practitioner, £6,400.

Table 7

Military salaries inclusive of X factor for Service medical and dental officers from Captain to Colonel (annual rates)[a]

Rank		Salary from 1 April 1978	
		Based on average net remuneration of £9,785 for the general practitioner	Fully up-to-date (based on average net remuneration of £11,640)
		£	£
Colonel:	after 4 years	11,946	14,217
	2 years	11,749	13,987
	on appointment	11,556	13,753
Lieutenant Colonel:	after 8 years	11,457	13,644
	6 years	11,213	13,355
	4 years	10,895	12,976
	2 years	10,578	12,596
	on appointment	10,260	12,220
Major:	after 6 years	9,844	11,753
	4 years	9,574	11,373
	2 years	9,308	10,997
	on appointment	8,986	10,618
Captain:	after 4 years	7,822	9,213
	2 years	7,406	8,720
	on appointment	6,993	8,223

[a]Rounded to the nearest £.

Our study of the basis of the pay of Service medical and dental officers (paragraph 1) will have been completed before 1 April 1980 and our conclusions may have implications for the structure and levels of the "fully up-to-date" salaries that are then appropriate.

28. With effect from 1 April 1978, we recommend that military salaries related to the average net remuneration of £9,785 for the general medical practitioner in the NHS should be introduced. For Captain to Colonel, these are shown in Table 7; for Brigadier, the rate is £12,500 and for the pre-registration medical practitioner it is £5,250. We also recommend that the level of pay of medical and dental cadets should be increased to £3,000 with effect from 1 April 1978. We do not recommend any increase in the rates of medical and dental additional pay at the present time but will consider these in due course in the light, *inter alia*, of the Ministry of Defence's further evidence (pararaph 17).

Costs

29. We estimate the additional cost of the rates and scales of pay that fulfil our immediate recommendation in a full year to be:

	£ million
Brigadier	0·044
Captain to Colonel	1·450
PRMPs	0·077
Medical and dental cadets	0·069
	1·640

This represents an increase of 10·6 per cent over the present paybill. Service medical and dental officers may also be eligible for one or more of the five major forms of additional pay, for Northern Ireland pay and for Separation Allowance that have already been increased by the Government's decision on the recommendations in our Seventh Report and those occupying quarters will also benefit from the standstill in charges for accommodation that was imposed at the same time.

30. The bases on which the pay of Service doctors and dentists and the pay of other members of the armed forces is assessed are different and, as a result, there is no direct connection between them, or indeed between the form or timing of increases. However, we cannot ignore the fact that the manning problems are closely similar in both areas and, in the case of doctors, perhaps as acute as in the technical branches of the Services, especially when account is taken of the failure to replace those who leave, even by trainees. Consequently, if the Government decides to extend the spirit of its decision on the recommendations in our

Seventh Report to Service medical and dental officers, we are ready to advise on the way in which it would be appropriate to apply it, as we did in the case of members of the armed forces generally.

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