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**REVIEW BODY**  
**ON**  
**ARMED FORCES PAY**

**SERVICE MEDICAL AND DENTAL OFFICERS**

**Supplement to Eighth Report**  
**1979**

**Chairman:**  
**SIR HAROLD ATCHERLEY**

*Presented to Parliament by the Prime Minister*  
*by Command of Her Majesty*  
*June 1979*

*LONDON*  
**HER MAJESTY'S STATIONERY OFFICE**  
80p net

Cmnd. 7603

## 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.

The members of the Review Body are:

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The Secretariat is provided by the Office of Manpower Economics.

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<sup>1</sup>Also a member of the Review Body on Top Salaries.

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# CHAPTER 1

## BACKGROUND

1. The pay of Service medical and dental officers is at present based on a recommendation in 1969 by the National Board for Prices and Incomes<sup>1</sup>. Over a career spanning 32 years from Captain to Colonel, the average earnings of Service doctors and dentists, before the addition of the X factor, are designed to equate to the estimated average net remuneration of general medical practitioners in the National Health Service (NHS) as recommended by the Review Body on Doctors' and Dentists' Remuneration. In 1978 that Review Body recommended increases in gross fees and allowances which were designed to increase the estimated average net remuneration of general medical practitioners to £9,785 in 1978-79, after allowing for practice expenses and assuming no change in the general level of workload and responsibility<sup>2</sup>. These recommendations were made against the background of a Government request to the three Review Bodies to continue their task within the pay guidelines then current<sup>3</sup>: they were part of a range of recommendations that represented an overall increase of 10 per cent in the remuneration of doctors and dentists in the NHS with effect from 1 April 1978. At the same time, the fully up-to-date levels of remuneration justified with effect from 1 April 1978 were made known; that is, the levels that would have brought the pay of doctors and dentists in the NHS into an appropriate relationship with the pay of other professional groups at 1 April 1978. In the case of the general medical practitioner, the fully up-to-date level of average net remuneration at that date was £11,640.

2. As a result, we were able to make known the fully up-to-date scales of salary for Service medical and dental officers which were justified at that date, in the same way as for the armed forces generally<sup>4</sup>, and we recommended that those salaries should be introduced as soon as possible and in any event not later than 1 April 1980 at the then current levels. We also recommended that a substantial move should be made on 1 April 1979 towards this goal at the levels that were then appropriate. This was consistent with the commitment to implement the 1 April 1978 fully up-to-date remuneration levels for general medical practitioners in the NHS, and for all other members of the armed forces<sup>5</sup>, in two further stages and brought further up date to in 1979 and 1980.

3. We took note of the Government's decision to increase the pay of other members of the armed forces and to improve certain conditions of service with effect from 1 April 1978 by the equivalent of 14 per cent of the paybill<sup>6</sup> as a first stage in implementing our recommendations. We also recognised that, because the manning problems relating to doctors were very much the same as those in the technical branches of the Services, the Government might

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<sup>1</sup>National Board for Prices and Incomes Report No 116, Cmnd. 4079, June 1969, Chapter 9.

<sup>2</sup>Review Body on Doctors' and Dentists' Remuneration, Eighth Report 1978, Cmnd. 7176.

<sup>3</sup>The Attack on Inflation after 31st July 1977, Cmnd. 6882, July 1977.

<sup>4</sup>Review Body on Armed Forces Pay, Service Medical and Dental Officers, Supplement to Seventh Report 1978, Cmnd. 7288, December 1978.

<sup>5</sup>Hansard Volume 948, No 103, 25 April 1978, Columns 1178-1192.

<sup>6</sup>*ibid*, Column 1179.

well see fit to extend the spirit of the decision on our main recommendations to medical and dental officers also. In the event, this was the course adopted: the Government accepted our recommendations on the fully up-to-date levels of military salary for Service medical and dental officers and decided to implement them in three stages in exactly the same way as the increases for the main body of the armed forces<sup>1</sup>. The 1 April 1978 increase for medical and dental officers was, therefore, more favourable overall (at a total of 14 per cent) than the equivalent increase (10.5 per cent) for general medical practitioners in the NHS.

4. Against this background, our initial aim in this review was to put forward recommendations on the pay of Service medical and dental officers for implementation with effect from 1 April 1979, as envisaged in our Eighth Report<sup>2</sup> and, at the same time, to make known the levels of pay that we considered to be justified at 1 April 1979 on a fully up-to-date basis. But, in the light of the recent decision to introduce the fully up-to-date levels of salary recommended in our Eighth Report with effect from 1 April 1979 and to extend this treatment to Service medical and dental officers, we now put forward recommendations on fully up-to-date levels of pay at 1 April 1979 only.

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<sup>1</sup>Hansard, Volume 960, No 29, 11 December 1978, Written Answers to Questions, Column 40.  
<sup>2</sup>Review Body on Armed Forces Pay, Eighth Report 1979, paragraph 18.

## CHAPTER 2

### THE EVIDENCE

#### **The Ninth Report of the Review Body on Doctors' and Dentists' Remuneration**

5. In its recently published Ninth Report<sup>1</sup>, the Review Body on Doctors' and Dentists' Remuneration has made known the fully up-to-date levels of revised fees and allowances for general medical practitioners in the NHS that would increase estimated average net remuneration<sup>2</sup> (that is, net of practice expenses) to the fully up-to-date level at 1 April 1979 (£13,695). This figure provides the basis for our own consideration of the military salaries appropriate at 1 April 1979 for Service medical and dental officers.

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

6. The Ministry of Defence have told us of serious shortages of doctors in the Navy and in the Army. The position in the Royal Air Force is less unsatisfactory<sup>3</sup>, but the manning position both for doctors and for dentists in all Services gives rise to concern. The position at 31 March 1978 and 31 March 1979 is shown in Appendix 1, Tables 1.1 and 1.2.

7. The numbers of registered doctors in each of the three Services have continued to fall to a greater extent than the establishments have been reduced: therefore, shortfalls from establishment remain, and there are fewer doctors than there were a year ago. The relatively more satisfactory position in the Royal Air Force has been maintained only by quota control of exits. The number of dentists increased slightly in the Navy in 1978 against an increased establishment, but fell in the Army and Royal Air Force, against unchanged or increased establishments. The overall position has therefore deteriorated. Moreover, the numbers of medical cadets and of pre-registration medical practitioners have fallen in the Army and in the Royal Air Force (but not in the Navy), and recruitment is again short of the targets in 1978–79: it has deteriorated since 1977–78 only in the Royal Air Force. Recruitment of dental officers and cadets has fallen well short of increased targets in the Royal Air Force and of revised targets in the Army. The recruitment position in the last two years is shown in Appendix 1, Table 1.3.

8. Fewer qualified doctors and dentists (that is pre-registration and direct entry recruits) have been recruited than have left: and the recruitment of cadets has not been adequate to make up the difference in numbers. Even if it were, the position would be much the same as in the technical branches of the Services, in that it would be several years before the cadets became fully qualified and longer still before they achieved the levels of experience that are now being lost. Appendix 1, Table 1.4 shows the numbers who have left the Services in the last three years and Table 1.5 shows that the numbers of doctors who have moved from short service to regular commissions in the same period remain insufficient to make good the wastage of regular medical officers.

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<sup>1</sup>Review Body on Doctors' and Dentists' Remuneration, Ninth Report 1979. Cmnd. 7574, published 5 June 1979.

<sup>2</sup>Excluding income from contraceptive service fees and other payments in respect of general medical service work, and from hospital work and other official sources.

<sup>3</sup>Exits from the Royal Air Force are controlled by quota.

9. The Ministry of Defence have indicated in their evidence to us, against the background of the present unsatisfactory manning position, that the forward projections point to greater difficulties in the future. For example, the number of doctors who have indicated that they intend to leave the Services in 1979–80 is significantly higher than in 1978–79. This cannot fail to have an adverse effect on the already limited opportunities for post-graduate training that we noted last year<sup>1</sup> and unless the present rates of outflow can be reversed, will in the end lead to lower professional standards.

10. The British Medical Association (BMA) have also put forward evidence which reflects concern about the manning position and emphasises the likelihood of an increase in premature retirements within the next few years. They take the view that as officers who joined the medical branches in the early 1960's in the expectation of a satisfactory—and satisfactorily paid—career and who now provide the core of experience in the middle ranks, complete 16-year commissions, they are unlikely to extend them or, in the case of the Royal Air Force, will exercise their option to leave after 16 years.

## **Pay**

### ***The military salary***

11. We have completed the first part of our comprehensive study of the basis of the pay (in particular, the military salary) of Service medical and dental officers. This consisted of a comparison of the work and workload of Service doctors and dentists and of doctors and dentists in the NHS. We are satisfied that the quality and variety of work and (subject to differences that arise from the particular operational requirements of the Services) workloads of Service doctors and dentists in hospitals and general duties (the two main categories of employment) correspond to the work of doctors and dentists in NHS hospitals and in general practice. We conclude therefore that the earnings of doctors, and indeed of dentists, in the NHS continue to provide a realistic area of comparison for the pay of Service medical and dental officers.

12. The second stage of our study, which will be completed before 1 April 1980<sup>2</sup>, will be concerned with the implications for Service doctors' and dentists' pay of our conclusions from the comparison of work. We intend to consider whether the average net remuneration of general medical practitioners in the NHS continues to provide an appropriate basis for the salaries of Service doctors or whether some other area of comparison would be more suitable. We shall consider whether Service dental officers should continue to be paid on the basis of the earnings of doctors in the NHS and, at the same time, examine further the arguments put forward by the Ministry of Defence and by the BMA in favour of taking account of the total earnings of NHS general practitioners, instead of earnings from the NHS alone as recommended by the National Board for Prices and Incomes (NBPI). We have a certain amount of evidence on aspects of these matters already, and we shall ask for further and more detailed evidence in the coming months.

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<sup>1</sup>Review Body on Armed Forces Pay, Service Medical and Dental Officers, Supplement to Seventh Report 1978, Cmnd. 7288, December 1978, paragraph 8.

<sup>2</sup>*ibid.*, paragraph 27.

## ***The X factor***

13. We explained the reasons for the difference between the X factor for Service medical and dental officers and for other officers and servicemen in the Supplement to our last report<sup>1</sup>, and said that we would cover the position of medical and dental officers in the course of our examination of differences in individual circumstances and conditions so far as they relate to the X factor. The Ministry of Defence evidence this year has proposed only that, if the X factor for combatants were to be increased, the increase should be reflected in the X factor for Service doctors and dentists. We have not recommended a change in the level of the X factor generally, and this point does not therefore arise. We have also taken account of evidence from the BMA. They recognise that the difference in the levels of the X factor stems from the treatment for pay purposes of work in “unsocial” hours and argue that, while there is an element in the “comparator” pay of general medical practitioners which could be accounted for as pay for work in “unsocial” hours, this is just as true for the complex comparators used for other servicemen. In these circumstances they argue that “. . . to offer doctors a lower X factor because of the anomalies created by a long dead pay code is merely to invite resentment and . . . that bringing doctors’ X factor into line with that of other servicemen is long overdue”.

14. The assumption that underlies the BMA’s approach is, however, mistaken: in the case of other parts of the Services, specific payments on account of work in “unsocial” hours are excluded from the earnings data collected in our surveys. In the case of doctors and dentists, they are not and, as we have explained before<sup>2</sup>, if they were, Service doctors and dentists would fare less well than under the present arrangements. There is, in our view, no case for bringing the two X factors into line in present circumstances.

## ***Medical and dental additional pay***

15. We await the results of a Ministry of Defence study of the structure and levels of medical and dental additional pay, which has not yet been completed, and which will provide the basis of future evidence. We see this as part of our ongoing work.

## ***Pre-registration medical practitioners (PRMPs)***

16. We asked in the Supplement to our Seventh Report that the Ministry of Defence should explore the possibility that PRMPs might be paid on the same basis as house officers in the NHS in their first year. However, in view of the fact that Service PRMPs serve their pre-registration appointments in different locations in both Service and NHS hospitals, and taking account of the different conditions in these hospitals and the relatively short period (six months only) in which they stay in any one hospital during the pre-registration year, the Ministry of Defence have suggested to us that it would be ‘divisive’,

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<sup>1</sup>*ibid*, paragraphs 15–16.

<sup>2</sup>*ibid*, paragraph 15.



impracticable, and administratively difficult to pay PRMPs on the same basis as junior hospital doctors in the NHS. Moreover, they take the view that, on average, PRMPs are not at a financial disadvantage compared with their counterparts in the National Health Service.

### ***Medical and dental cadets***

17. The pay of medical and dental cadets has to be considered in the context both of the pay of medical and dental officers and of the pay of university cadets who, at present, receive substantially less than medical and dental cadets. In both cases, the cadetship arrangements are failing to attract adequate numbers of recruits. Moreover, as we explained in our Eighth Report<sup>1</sup>, we need to consider on this occasion a concession by the Board of Inland Revenue which, in certain circumstances, could exempt cadets' pay from liability to income tax. We are unable to consider the implications further until we have further evidence from the Ministry of Defence on the nature of the concession. We shall also need evidence on the relationships that are appropriate in the new situation between medical and dental cadets on the one hand and university cadets on the other, taking account of the salaries of officers who perform full military duties and of the grants payable to other university students. We will put forward our recommendations separately and as soon as possible.

### ***Relativities***

18. The pay of medical and dental officers of the rank of Major General and above is a matter for the Review Body on Top Salaries, but the BMA has suggested in evidence to us that the current salary level of the Major General (and equivalent) has created compression below, and has had the effect of distorting the pay structure up to medical Brigadier. They have drawn attention to examples of reductions in earnings on promotion to the highest ranks. Compression has indeed been created: but by pressure from below that arises from the direct relationship between the pay of medical and dental officers and the average net remuneration of general medical practitioners. The compression has been aggravated by increasing differentials between the military salaries of medical and dental officers and of combatant officers at Brigadier and below. It is an illustration of the problems that can arise when pay that is settled on different bases is applied to unified military rank structure. It is our view that the rank structure of medical and dental officers ought again to be examined as it was in 1970<sup>2</sup>. The Ministry of Defence should consider whether a rank structure that was devised for different purposes, and for which levels of pay have a different basis from the rest of the armed forces, remains appropriate to the armed forces' medical and dental services.

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<sup>1</sup>Review Body on Armed Forces Pay, Eighth Report 1979, paragraphs 41-42.

<sup>2</sup>National Board for Prices and Incomes, Report No 157, Cmnd. 4513, December 1970, paragraph 21.

## CHAPTER 3

### OUR CONCLUSIONS AND RECOMMENDATIONS

19. Our consideration of pay in the light of all the evidence is influenced by two major factors. First, our study of the basis of the pay of Service medical and dental officers will be completed within the coming year, and we cannot take it into account now. Second, and of greater immediate impact, is the Government's decision to introduce salaries for Service medical and dental officers on a fully up-to-date basis with effect from 1 April 1979. The salaries that we recommend are those appropriate on the basis of the evidence at 1 April 1979. For Captain to Colonel, they are in Table 1. The corresponding fully up-to-date salaries at 1 April 1978 and those introduced with effect from that date are in Appendix 2.

**Table 1**  
**Military salaries inclusive of the X factor for Service medical and dental officers from Captain to Colonel (annual rates<sup>(a)</sup>)**

Rank and service year point	Military salary from 1 April 1979
	Fully up-to-date salary (based on average net remuneration of £13,695)
	£
Colonel: after 4 years	16,730
2 years	16,455
on appointment	16,181
Lieutenant Colonel: after 8 years	16,056
6 years	15,716
4 years	15,270
2 years	14,823
on appointment	14,380
Major: after 6 years	13,831
4 years	13,385
2 years	12,942
on appointment	12,495
Captain: after 4 years	10,841
2 years	10,259
on appointment	9,677

<sup>(a)</sup>Rounded to the nearest £.

#### **Medical and dental Brigadiers**

20. The salary appropriate to Brigadiers at 1 April 1979 is £17,001: it preserves much the same differential above the maximum of the Colonel's salary scale as in the 1978 salary structure. We have referred (paragraph 18) to the problems of compression in this area: the 'fully up-to-date' salary of the Major General (including the medical/dental Major General) at 1 April 1978 was £16,000 and the salary in payment with effect from that date was £13,429.

The Government of the day undertook to implement the fully up-to-date 1978 salaries in two further stages, by 1 April 1980. The Review Body on Top Salaries has recommended<sup>1</sup> as fully up-to-date at 1 April 1979 a salary of £18,000 for the Major General and equivalent. The Government has accepted this level of salary as appropriate at that date but has decided to implement it in the two further stages envisaged last year: it is, however, to be introduced for pensions purposes. So, the salary of the Major General that will be introduced with effect from 1 April 1979 is £16,714<sup>2</sup>. This means that the salaries of medical and dental Brigadiers and Colonels with four or more years' seniority will temporarily exceed the salary of all Major Generals and equivalent. Thus, in this case, the problem has become one of reverse differentials which will be resolved only when the pay of the Major General and equivalent has been brought up to date.

**Pre-registration medical practitioners (PRMPs)**

21. We accept the evidence of the Ministry of Defence that a change in the basis of the pay of PRMPs would be impracticable. Our recommendations are therefore based on existing practice and on this basis, the fully up-to-date salary appropriate at 1 April 1979 is £7,313.

**Costs**

22. We estimate the additional costs of our recommendations to be:

	£ million
Brigadier	0.130
Captain to Colonel	5.238
PRMPs	0.081
Medical and dental cadets <sup>3</sup>	—
	5.449
	%
Percentage increase over current paybill	33.2

23. The problems that face the Services in providing satisfactory medical and dental services are no different, in essence, from those in the other professional and technical branches of the armed forces about which we have already

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<sup>1</sup>Review Body on Top Salaries, Report No. 11: Third Report on Top Salaries 1979, Cmnd. 7576, paragraph 28 (published 5 June 1979).

<sup>2</sup>*ibid.*, Appendix D.

<sup>3</sup>See paragraph 17

expressed our concern. Both the Ministry of Defence and the BMA have emphasised in their evidence to us the importance of the outcome of our study of the basis of pay of medical and dental officers in the context of helping to counter the serious manning difficulties. We are in no doubt that, to the extent that pay is a relevant factor in the process of improving levels of recruitment and retention of doctors and dentists, the completion of our study should make a contribution. But, whether or not the basis for assessing the pay of medical and dental officers changes in the future, there can be no substitute for up-to-date pay on the present basis now and we welcome the Government's decision to implement it on the basis of our recommendations for the armed forces as a whole.

HAROLD ATCHERLEY (*Chairman*)

D P DREYER

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OFFICE OF MANPOWER ECONOMICS  
12 June 1979

## APPENDIX 1

### DEFENCE MEDICAL SERVICES: MANNING STATISTICS

**Table 1.1**

**Shortfalls from establishment of medical and dental officers in March 1978 and March 1979**

		Royal Navy		Army		Royal Air Force	
		1978	1979	1978	1979	1978	1979
<b>Medical officers</b>							
Establishment	No.	345	333	586	570	431	419
Strength <sup>(a)</sup>	No.	284	282	504	485	411	404
Shortfall	No.	61	51	82	85	20	15
	%	17.7	15.3	14.0	14.9	4.6	3.6
<b>Dental officers</b>							
Establishment	No.	93	96	181	185	107	107
Strength <sup>(a)</sup>	No.	90	92	170	167	111	107
Shortfall	No.	3	4	11	18	(4)	—
	%	3.2	4.2	6.1	9.7	(3.7)	—

<sup>(a)</sup>Excluding civilian medical practitioners, pre-registration medical practitioners and medical and dental cadets.

**Table 1.2**

**Number of pre-registration medical practitioners (PRMPs) and medical and dental cadets in March 1978 and March 1979**

	Royal Navy		Army		Royal Air Force	
	1978	1979	1978	1979	1978	1979
PRMPs and medical cadets	66	66	99	89	64	55
Dental cadets	8	9	9	6	5	8

Table 1.3

## Recruitment of medical and dental officers

Year and category	Royal Navy			Army			Royal Air Force		
	Target	Entry	Per cent achieved	Target	Entry	Per cent achieved	Target	Entry	Per cent achieved
<b>Medical officers</b>	No.	No.	%	No.	No.	%	No.	No.	%
<i>1977-78</i>									
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
<i>1978-79</i>									
Cadets	25	19	76.0	40	18	45.0	30	12	40.0
Pre-registration	15	7	46.7	20	13	65.0	24	4	16.7
Direct entry									
Total	40	26	65.0	60	31	51.7	54	16	29.6
<b>Dental officers</b>									
<i>1977-78</i>									
Cadets	5	5	100.0	6	6	100.0	4	4	100.0
Direct entry	5	2	40.0	18	11	61.1	4	4	100.0
Total	10	7	70.0	24	17	70.8	8	8	100.0
<i>1978-79</i>									
Cadets	5	6	120.0	10	4	40.0	10	5	50.0
Direct entry	5	3	60.0	11	7	63.6	6	4	66.7
Total	10	9	90.0	21	11	52.4	16	9	56.2

Table 1.3

## Recruitment of medical and dental officers

Year and category	Royal Navy			Army			Royal Air Force			
	Target	Entry	Per cent achieved	Target	Entry	Per cent achieved	Target	Entry	Per cent achieved	
<b>Medical officers</b>	No.	No.	%	No.	No.	%	No.	No.	%	
<i>1977-78</i>										
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	—
Total	40	12	30.0	60	26	43.3	40	16	40.0	
<i>1978-79</i>										
Cadets	25	19	76.0	40	18	45.0	30	12	40.0	
Pre-registration	15	7	46.7	20	13	65.0	24	4	16.7	
Direct entry										
Total	40	26	65.0	60	31	51.7	54	16	29.6	
<b>Dental officers</b>										
<i>1977-78</i>										
Cadets	5	5	100.0	6	6	100.0	4	4	100.0	
Direct entry	5	2	40.0	18	11	61.1	4	4	100.0	
Total	10	7	70.0	24	17	70.8	8	8	100.0	
<i>1978-79</i>										
Cadets	5	6	120.0	10	4	40.0	10	5	50.0	
Direct entry	5	3	60.0	11	7	63.6	6	4	66.7	
Total	10	9	90.0	21	11	52.4	16	9	56.2	

**Table 1.4**

**Numbers who have left the Services 1976-77 to 1978-79<sup>(a)</sup>**

	Royal Navy	Percentage of strength for that year	Army	Percentage of strength for that year	Royal Air Force <sup>(b)</sup>	Percentage of strength for that year
	No.	%	No.	%	No.	%
<b>Medical officers</b>						
1976-77 .. ..	31	11	41	8	53	10
1977-78 .. ..	33	11	41	8	44	9
1978-79 .. ..	30	10.5	45	9.3	38	9.4
<b>Dental officers</b>						
1976-77 .. ..	6	6	16	7	10	8
1977-78 .. ..	9	10	17	9.9	5	4.7
1978-79 .. ..	6	7	15	8.9	11	10.3

<sup>(a)</sup>Excluding redundancies.

<sup>(b)</sup>Royal Air Force exits are controlled by quota.

**Table 1.5**

**Conversions from short service to regular commissions**

	Royal Navy	Army	Royal Air Force
<b>Medical officers</b>			
1976-77 .. ..	11	13	8
1977-78 .. ..	4	8	9
1978-79 .. ..	8	12	11
<b>Dental officers</b>			
1976-77 .. ..	3	6	2
1977-78 .. ..	3	6	3
1978-79 .. ..	3	2	4



## APPENDIX 2

**Scales of military salary inclusive of the X factor for Service medical and dental officers appropriate at 1 April 1978 and introduced with effect from that date (annual rates<sup>(a)</sup>)**

Rank and service year point	Military salary from 1 April 1978	
	Fully up-to-date salary (based on average net remuneration of £11,640)	Salary introduced
	£	£
Brigadier	14,500	12,651
Colonel: after 4 years	14,217	12,213
2 years	13,987	12,012
on appointment	13,753	11,811
Lieutenant Colonel: after 8 years	13,644	11,713
6 years	13,355	11,461
4 years	12,976	11,136
2 years	12,596	10,811
on appointment	12,220	10,486
Major: after 6 years	11,753	10,059
4 years	11,373	9,786
2 years	10,997	9,508
on appointment	10,618	9,183
Captain: after 4 years	9,213	8,004
2 years	8,720	7,577
on appointment	8,223	7,154
Pre-registration medical practitioner	6,398	5,398
Cadet	—	3,000

<sup>(a)</sup>Rounded to the nearest £.