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RESERVE STACK

REVIEW BODY ON ARMED FORCES PAY

SERVICE MEDICAL AND DENTAL OFFICERS

Supplement to Twelfth Report
1983

Chairman:
SIR DAVID ORR

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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.

The members of the Review Body are:

Sir David Orr (*Chairman*)[1]

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The Secretariat is provided by the Office of Manpower Economics.

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[1]Also a member of the Review Body on Top Salaries.

SERVICE MEDICAL AND DENTAL OFFICERS

Introduction

1. For pay purposes we treat medical and dental officers in the armed forces as a self-contained group, separate from their combatant colleagues. Their pay is based on the remuneration of the General Medical Practitioner (GMP) in the National Health Service (NHS) which is determined on the basis of recommendations made by the Review Body on Doctors' and Dentists' Remuneration (DDRB). Consequently we have to await the Government's decisions on the DDRB report, which is normally submitted each year at about the same time as our main report, before we can make our recommendations on military salaries for Service doctors and dentists.

2. The Government's decisions on the DDRB's recommendations for 1 April 1983 have now been announced. The DDRB recommended new rates of pay for doctors and dentists in the NHS which included restoration of the amount by which the Government abated their recommendations in 1981 and 1982. While accepting these recommendations the Government decided that only the 'new money' arising from them (that is, the cash difference between the recommended levels for 1 April 1982 and those for 1 April 1983) should be payable from 1 April 1983 and proposed that the abatement should be made good in full with effect from 1 January 1984. In making recommendations on the pay of medical and dental officers in the armed forces in 1981 and 1982 we decided it would be right to base our judgments on the actual levels of remuneration for GMPs resulting from the Government's decisions, rather than the full levels which had been recommended by the DDRB. We consider that the same principle should apply this year. Our recommendations therefore allow for the value of the abatement to be reflected in higher rates of military salary which will become payable from 1 January 1984.

3. In the Supplement to our Eleventh Report[1] (paragraph 8) we explained the difficulties of designing and maintaining a pay structure for doctors and dentists in the armed forces. We had hoped to consider the problems in some detail this year but the study by the Ministry of Defence of the scope for a less rigid approach to pay and rank relationships for these officers is not yet complete. We are not able, therefore, to pursue the matter further at present but expect to do so next year. It had also been our intention to look again at the 'comparator', the GMP in the NHS, that we use in setting the pay of Service medical and dental officers. We have commented in previous reports (in particular the Supplement to our Ninth Report, paragraph 5) on the limitations of using this single point of reference given the wide range of employment of doctors and dentists in both the NHS and the armed forces. However, we concluded last year that we could not take this matter further until we had looked into the basic question of the rank/pay relationship. We shall consider both matters together in our next review.

4. In these circumstances, we have retained for this review the established basis for constructing military salaries whereby the average annual earnings

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[1]A full list of our previous reports is at Appendix 1.

for a Service doctor or dentist will, over a 32-year career and before addition of the X factor, equal the level of remuneration of GMPs in the NHS used for comparison purposes after making necessary adjustments.

The manning situation

5. The Ministry of Defence have provided us with detailed information on the manning of the medical and dental branches in the year to 31 March 1983. This information is summarised in Appendix 2. The position in the dental branches continues to be good with a surplus of officers over establishment in the Royal Navy and Royal Air Force and only a marginal shortfall in the Army.

6. In the medical branches, officer recruitment was at a high level in 1982-83. Both the Royal Navy and the Army recruited more than their target and the RAF recruited to nearly 95 per cent of its target. This achievement was, however, counterbalanced by the greater number leaving the Services in 1982-83 than in recent years. The number of medical officers converting from short service to regular commissions in 1982-83 was lower in the Army and, particularly, the RAF than in 1981-82, although such conversions in the Royal Navy were at a much higher level than in the previous year. Overall, there is a shortfall of officers in all three Services. The total number in service has fallen slightly since last year (to 1,166) but the establishment has also been reduced, with the result that the total shortfall is marginally lower than last year (105 against 110). Both the Royal Navy and the Army have lesser shortfalls than last year, but the Navy's is the result of the establishment falling faster than the number of doctors, whereas in the Army the number of doctors increased more than did the establishment. The RAF has a greater shortfall than last year despite a reduction in establishment. The effects of these shortfalls are mitigated to some extent by the employment of civilian doctors but this, while providing a valuable fall-back, is not ideal because they cannot readily be deployed to meet Service requirements.

7. The manning position is generally no worse than last year, and recruitment in particular shows a healthy trend. However, the Ministry of Defence have expressed some concern over the retention of experienced personnel. There could be many reasons for this outflow, and they are not necessarily susceptible to pay solutions. Wider career considerations will no doubt be a factor in at least some cases. We understand that the Ministry of Defence are carrying out a study of reasons for leaving and we look forward to receiving the results. This is therefore a matter to which we shall return.

The elements within remuneration

8. This year, the DDRB's estimate of average income arising from the recommended range of fees and allowances payable to GMPs in the NHS, via Family Practitioner Committees, and after allowing for practice expenses, is £20,670. On the same basis, but allowing for the rebated levels of fees and allowances which will be in force until 1 January 1984, the average net remuneration figure is £20,160. These figures form the starting point for our assessment of military salaries.

9. The level of average net remuneration for a GMP in the NHS, as estimated by the DDRB, is affected by the fact that a number of GMPs do not devote the whole of their time to NHS work. For this and other reasons the British Medical Association (BMA) have in the past suggested that the average net remuneraton figure is too low for the purpose of our comparison and that a higher point in the spread of actual earnings of GMPs should be used. This year they have proposed that a GMP in the NHS with a patient 'list' size of 2,600 (the average list is 2,150) should provide the basis for our calculations. The average net remuneration figure quoted by the DDRB also excludes income from hospital and other official sources, and earnings from services for which NHS patients can be charged directly by a GMP or for which the GMP can be remunerated by a third party. We accept that the estimate of average net remuneration somewhat undervalues the full range of income available to GMPs from NHS sources or in respect of NHS patients but, as we explained in our last report, the choice of an appropriate earnings level for comparison must be a matter of broad judgment rather than precise measurement, bearing in mind the need to ensure that military salaries for doctors and dentists remain competitive. We therefore make upward adjustments to the DDRB estimate of average net remuneration to reflect what we consider to be an appropriate allowance for these factors.

10. We also make adjustments to take account of two elements which are included in the average net remuneration of a GMP but are recognised by a separate payment or element in pay in the armed forces. First, there is an adjustment for the out-of-hours payments included in the GMP's average net remuneration, which we discuss in paragraph 11. The other element for which some adjustment is necessary is the NHS training grant which is paid to GMPs who provide training in general practice. Service medical officers who provide such training receive a separate trainer allowance and we take the view that 'comparator' earnings should exclude any identifiable element which is covered in the Services by direct payment.

The X factor

11. The X factor included in the military salary of medical and dental officers has, since 1980, been set at the same percentage level (10 per cent) as for combatant officers. We see it as appropriate, however, to make an adjustment to comparator earnings in respect of some elements in the average net remuneration of the GMP for work carried out in unsocial hours, as such work is an inevitable concomitant of Service life recognised in the X factor. For this purpose we take account of information about the range of payments which GMPs receive for providing services at night and at weekends.

Pensions and fringe benefits

12. In making comparisons for pay purposes it is important to take account of the total remuneration package, including pensions and fringe benefits. Our recommendations on military salaries for combatants reflect the extent to which the civilians with whom they are compared make a contribution towards their pension: we deduct from comparator pay an

amount (currently 11 per cent) which reflects both this and our judgment of the additional benefit members of the armed forces receive from their (non-contributory) pension scheme. We consider that the same approach is warranted in the case of medical and dental officers in the armed forces.

13. In 1981 the Government Actuary carried out on our behalf a comparative evaluation of the superannuation benefits available to Service medical and dental officers and those available to GMPs through their contributory NHS pension scheme. The outcome of that evaluation is described in detail in the Supplement to our Tenth Report: it indicated a potential range of adjustment to comparator pay of between 5·9 per cent and 17·7 per cent to allow for the balance of benefit in favour of Service medical and dental officers.

14. In each of the last two years we have deducted 10 per cent from comparator pay for pension purposes. This represented our judgment, in the light of the Government Actuary's report, of a reasonable adjustment taking into account the benefits of the armed forces pension scheme, in particular its provision for early pensionability, and the fact that pensions for medical and dental officers are based on the (lower) pensionable pay of a combatant officer of equivalent rank. The BMA have again argued that such an adjustment is too high ; that it penalises those who stay on beyond the immediate pension point ; and that, consequently, it is a marked disincentive to retention. There can be no doubt that the availability of an early pension is a distinct benefit to those who leave the Services voluntarily at, or soon after, the point at which such a pension becomes payable. For these officers it is arguable that a deduction from comparator pay of 10 per cent is too low, but we have also to consider those who stay on longer. We take the view, and the Ministry of Defence agree, that a scheme which attempted to introduce a variable adjustment to take account of actual service would be unworkable. However, the single adjustment that we make represents a judgment based on an analysis of service actually given by medical and dental officers. In our view, the fixed adjustment is unlikely to be a major factor in a decision to leave on completion of 16 years' service (and having attained age 38). The availability of a pension and a lump sum at that point, the career opportunities offered by the NHS, and the prospect of a second earnings-related pension, seem to us likely to be much stronger motivating factors.

15. Having regard to all these points, we consider it appropriate to maintain our existing approach to the pensions adjustment. Consequently, our recommendations on military salaries for doctors and dentists in the armed forces again reflect a 10 per cent deduction from comparator pay for pension purposes. However, any move towards modifying the relationships between pay and rank for doctors and dentists in the armed forces could have implications for the basis on which pensions are calculated. The Ministry of Defence are examining this as part of their overall study of the pay structure for medical and dental officers and it is a matter to which we shall have to return in a later review.

16. We have also maintained the same approach as we have taken in recent years towards the fringe benefits available to Service medical and dental officers. Our judgment on this matter is reflected in the recommendations we make.

Military salaries

Captain to Colonel

17. We recommend in Table 1 the rates of military salary that we consider appropriate for Service medical and dental officers (Captain to Colonel) from 1 April 1983 and from 1 January 1984. The recommended structures are based on 'comparator' remuneration figures, taking account of the considerations mentioned in paragraphs 8-16 above, but before the inclusion of X factor, of some £18,900 from 1 April 1983 and some £19,400 from 1 January 1984. The levels of military salary we have recommended are about 6·6 per cent at 1 April 1983, and 9·3 per cent at 1 January 1984, higher than the existing rates, which have applied since 1 April 1982 (Appendix 3).

Table 1

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

Rank		Military Salary	
		From 1 April 1983	From 1 January 1984
		£	£
Colonel:	after 8 years	25,148	25,785
	6 years	24,723	25,349
	4 years	24,299	24,914
	2 years	23,874	24,478
	on appointment	23,450	24,043
Lieutenant Colonel:	after 8 years	22,988	23,578
	6 years	22,421	22,996
	4 years	21,854	22,414
	2 years	21,228	21,773
	on appointment	20,606	21,136
Major:	after 6 years	19,775	20,284
	4 years	19,153	19,643
	2 years	18,531	19,006
	on appointment	16,558	16,982
Captain:	after 4 years	15,156	15,544
	2 years	14,325	14,695
	on appointment	13,494	13,842

(a) Annual salaries are derived from daily rates in whole pence and rounded to the nearest £.

Brigadiers

18. In recommending the military salary for the medical and dental Brigadier we bear in mind the maximum of the scale for the medical and dental Colonel; the salary of the Major General as recommended by the Top Salaries Review Body (TSRB); and the military salary of the combatant Brigadier. Although the Government has not yet taken decisions on the TSRB recommendations for 1 April 1983, we recommend in the light of these considerations a salary of £26,100 from 1 April 1983 and of £26,750 from 1 January 1984 for the medical and dental Brigadier.

Pre-registration medical practitioners (PRMPs)

19. PRMPs in the armed forces are newly qualified doctors who are required to serve for one year before registration with the General Medical Council. Their salary is based on that of the first year House Officer in the NHS with whom their duties are identical. Also taken into account are the average earnings for a first year House Officer from Class A and B supplements which are paid for contracted hours beyond the standard week. The same percentage adjustments as for other medical and dental officers are made in respect of superannuation, work in 'unsocial hours' and the X factor, and an amount is added to allow for the fact that NHS House Officers receive free accommodation in their first year. On this basis we recommend a salary of £10,464 for PRMPs from 1 April 1983, and of £10,695 from 1 January 1984. These represent increases of 14·4 per cent and 16·9 per cent respectively over the current level, in line with the significant increase this year in the remuneration of NHS House Officers arising from an increase in the rate for the Class A supplement.

Cadets

20. In 1979, at the request of the Ministry of Defence, we examined the way in which rates of pay for medical and dental cadets were set. At that time, there were serious problems in recruiting cadets and it was suggested to us that action was necessary to protect this vital source of manpower for the medical and dental branches. We also received proposals that the salary of these cadets should be based on a relationship with the pay structure for medical and dental officers, with particular reference to the pay of the PRMP. We took this into account in our 1979 recommendations, although we also saw—and have continued to see—it as relevant to bear in mind the relationship with the grant available to civilian medical and dental students and with the pay of university cadets in the armed forces.

21. This year, the levels of military salary we have recommended for the PRMP (paragraph 19) incorporate a significant amount arising from an increase in the rate of the Class A supplement which is payable to the House Officer in the NHS, with whom the PRMP is compared for pay purposes. This supplement is payable for hours which the House Officer contracts to work beyond the standard working week and this is a commitment which the medical and dental cadet (unlike the PRMP) does not have. It would, therefore, in our view, be inappropriate for the cadet to benefit from increases of this sort.

22. In considering the level of military salary for the medical and dental cadet, we have had in mind both the need to ensure continued satisfactory recruitment and the necessity for a sensible reationship with the Services' medical and dental pay structure. Given all the above considerations, and in the light of the current recruitment situation for medical and dental cadets which has improved steadily since 1979 and is currently at a

satisfactory level, we recommend the following rates as appropriate for medical and dental cadets with effect from 1 April 1983:

	£ a year
On appointment	5,250
After 1 year	5,875
After 2 years	6,500

Medical and dental additional pay

Specialist, senior specialist and consultant pay

23. Medical and dental officers up to and including Major General or equivalent are eligible for certain forms of additional pay. Those in relevant appointments receive specialist, senior specialist and consultant pay. The present rates are:

	£ a year
Specialist	250
Senior Specialist	650
Consultant (on appointment)	1,875
(after 5 years)	2,275
(after 10 years)	3,000

24. As with the various forms of additional pay for combatant ranks, medical additional pay is intended to aid retention. In this case, additional pay is necessary because the comparator used for doctors and dentists in the armed forces is the GMP in the NHS whose average earnings, in the later stages of a career, do not match those potentially available to a doctor in the NHS hospital specialties. While the GMP analogue is retained, and pay is related to rank so rigidly in the medical and dental branches, we consider these forms of medical additional pay to be necessary. In considering the levels of payment, we take account both of the basic remuneration of NHS hospital doctors and of the additional payments available by way of Class A and B supplements and from distinction and meritorious service awards. We have concluded that the levels of specialist and senior specialist pay are already adequate but that an increase in the levels of consultant pay is warranted. We recommend that the following rates should apply from 1 April 1983.

	£ a year
Specialist	250
Senior Specialist	650
Consultant (on appointment)	2,000
(after 5 years)	2,500
(after 10 years)	3,500

25. We shall be considering further the question of medical and dental additional pay in the light of the evidence we expect to receive in our next

review on pay and rank relationships. We are also expecting to receive proposals from the Ministry of Defence on the structure of additional pay for consultants.

Trainer allowance

26. The trainer allowance was introduced in 1981 as a payment for those Service doctors who train postgraduates in general practice. The payment is analogous to the training grant paid in the NHS, but its current level (£675) is less than the NHS grant which includes elements for potential loss of earnings and for additional expenses which are not relevant in the Service context. As mentioned earlier (paragraph 10), we make an adjustment to comparator earnings to take account of the inclusion of the value of the NHS training grant in the average net remuneration of the GMP. Although the DDRB have not recommended an increase in the training grant this year, the restoration of the abatement which has applied for the last two years means that there will be an increase in the grant this year. We have taken this into account and recommend that the trainer allowance payable to Service doctors should be increased to £700 from 1 April 1983.

Permanent commission grant

27. Last year we recommended that the permanent commission grant should be substantially increased from £3,000 to £4,000. This grant, together with the large increment between the 'on appointment' and 'after two years' points in the Major's scale, is designed to encourage a sufficient number of medical and dental officers to convert from a short service to a permanent commission. We have looked at the level of the grant again this year but have taken the view that it is too early to judge the full effect of the new rate on conversions from short service to permanent commissions. We therefore recommend no change in the size of the permanent commission grant on this occasion.

Costs and conclusions

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

	£ million
Military salary	
Brigadier	0·07
Captain to Colonel	1·85
PRMPs	0·08
Medical and dental cadets	0·07
Medical and dental additional pay	0·09
Total cost of increases in pay	2·15*

* The total does not equal the sum of components as figures have been rounded.

The total cost of the increase in pay arising from our recommendations represents an increase of 7·1 per cent over the estimated paybill for 1983-84 at

current rates. These estimates of costs are based on the manpower strengths of the medical and dental branches of the armed forces in 1983-84 as forecast by the Ministry of Defence for budgetary purposes. To the extent that strengths differ in practice, the costs of implementing the recommendations will also differ. We consider the levels of military salary that we have recommended to be appropriate for implementation with effect from the dates we have indicated.

DAVID ORR (*Chairman*)

DAVID HUDSON

JENNY HUGHES

EWEN M'EWEN

LEIF MILLS

JOHN READ

J R SARGENT

RUTHVEN WADE

OFFICE OF MANPOWER ECONOMICS

3 June 1983

APPENDIX 1

PREVIOUS REPORTS OF THE REVIEW BODY ON ARMED FORCES PAY

First Report	Cmnd. 4954, April 1972
Second Report	Cmnd. 5336, June 1973
Supplement to Second Report	Cmnd. 5450, October 1973
Third Report	Cmnd. 5631, May 1974
Supplement to Third Report	Cmnd. 5729, September 1974
Second Supplement to Third Report	Cmnd. 5853, January 1975
Fourth Report	Cmnd. 6063, May 1975
Supplement to Fourth Report	Cmnd. 6146, July 1975
Second Supplement to Fourth Report	Cmnd. 6420, March 1976
Fifth Report	Cmnd. 6470, May 1976
Supplement to Fifth Report	Cmnd. 6515, July 1976
Sixth Report	Cmnd. 6801, April 1977
Seventh Report	Cmnd. 7177, April 1978
Supplement to Seventh Report	Cmnd. 7288, December 1978
Eighth Report, 1979	
Supplement to Eighth Report	Cmnd. 7603, June 1979
Second Supplement to Eighth Report	Cmnd. 7770, November 1979
Ninth Report	Cmnd. 7899, May 1980
Supplement to Ninth Report	Cmnd. 7956, July 1980
Tenth Report	Cmnd. 8241, May 1981
Supplement to Tenth Report	Cmnd. 8322, July 1981
Eleventh Report	Cmnd. 8549, May 1982
Supplement to Eleventh Report	Cmnd. 8573, June 1982
Twelfth Report	Cmnd. 8880, May 1983

APPENDIX 2

DEFENCE MEDICAL SERVICES: MANNING STATISTICS

Table 2.1

Manpower(a) establishments and strengths in the medical and dental branches at end-March 1980, 1981, 1982 and 1983

		Royal Navy				Army				Royal Air Force			
		1980	1981	1982	1983	1980	1981	1982	1983	1980	1981	1982	1983
Medical officers													
Establishment	No.	333(*b*)	308	325	298	567	569	563	573	420	427	410	400
Strength	No.	277	294	299	286	490	501	494	507	401	395	395(*c*)	373
Shortfall	No.	56	14	26	12	77	68	69	66	19	32	15	27
	%	16·8	4·5	8·0	4·0	13·6	12·0	12·3	11·5	4·5	7·5	3·6	6·8
Dental officers													
Establishment	No.	96	101	102(*c*)	96	185	185	194	195	107	107	107	107
Strength	No.	98	102	101(*c*)	100	168(*d*)	167	181	194	106	109	116	108
Shortfall	No.	(2)	(1)	1	(4)	17	18	13	1	1	(2)	(9)	(1)
	%	(2·1)	(1·0)	1·0	(4·2)	9·2	9·7	6·7	0·5	0·9	(1·9)	(8·4)	(0·9)

(*a*) Civilian medical practitioners, pre-registration medical practitioners and medical and dental cadets are excluded; ranks above Brigadier (or equivalent) are included.
(*b*) Includes pre-registration medical practitioners.
(*c*) Corrected by MOD in 1983: they, and the consequent shortfalls, therefore differ from the figures included in the 1982 Supplement.
(*d*) Revised by MOD in 1981: it, and the consequent shortfall, therefore differs from the figure included in the 1980 Supplement.

Table 2.2

Number of pre-registration medical practitioners (PRMPs) and medical and dental cadets at end-March 1980, 1981, 1982 and 1983

	Royal Navy				Army				Royal Air Force			
	1980	1981	1982	1983	1980	1981	1982	1983	1980	1981	1982	1983
Medical cadets	} 70 {	59	52	35	} 87 {	74	74	81	} 53 {	42	50	41
PRMPs		17	18(*a*)	24		16	25	27		17	14	17
Dental cadets	9	7	7	5	6	10	11	10	11	13	4	2

(*a*) Revised by MOD in 1983: it therefore differs from the figure included in the 1982 Supplement.

Table 2.3

Recruitment of medical and dental officers, 1979–80 to 1982–83

Year and category	Royal Navy			Army			Royal Air Force		
	Target	Entry	Per cent achieved	Target	Entry	Per cent achieved	Target	Entry	Per cent achieved
	No.	No.	%	No.	No.	%	No.	No.	%
Medical officers									
1979–80									
Cadets	30	22	73·3	40	25	62·5	40	14	35·0
Pre-registration	} 20 {	3	} 35·0	20 {	5	} 105·0	56 {	0	} 17·9
Direct entry		4			16			10	
Total	50	29	58·0	60	46	76·7	96	24	25·0
1980–81									
Cadets	30	30	100·0	40	36	90·0	35	25	71·4
Pre-registration	} 20 {	4	} 65·0	20 {	0	} 140·0	49 {	1	} 38·8
Direct entry		9			28			18	
Total	50	43	86·0	60	64	106·7	84	44	52·4
1981–82									
Cadets	10	10	100·0	25	26	104·0	22	22	100·0
Pre-registration	} 13 {	2	} 84·6	20 {	0	} 65·0	20 {	0	} 80·0
Direct entry		9			13			16	
Total	23	21	91·3	45	39	86·7	42	38	90·5
1982–83									
Cadets	} 10 {	8	} 110·0 {	30	33	110·0	10	8	80·0
Pre-registration		0		} 30 {	2	} 103·3 {	14	14	100·0
Direct entry		3			29		12	12	100·0
Total	10*	11*	110·0	60	64	106·7	36	34	94·4
Dental officers									
1979–80									
Cadets	5	5	100·0	10	5	50·0	10	9	90·0
Direct entry	5	2	40·0	11	10	90·9	3	2	66·7
Total	10	7	70·0	21	15	71·4	13	11	84·6
1980–81									
Cadets	5	4	80·0	8	8	100·0	4	4	100·0
Direct entry	5	6	120·0	10	6	60·0	8	8	100·0
Total	10	10	100·0	18	14	77·8	12	12	100·0
1981–82									
Cadets	} 4 {	2	} 100·0 {	5	5	100·0	2	2	100·0
Direct entry		2		33	20	60·6	0	0	—
Total	4	4	100·0	38	25	65·8	2	2	100·0
1982–83									
Cadets	} 6 {	3	} 83·3 {	6	6	100·0	0	0	—
Direct entry		2		24	24	100·0	0	1	—
Total	6	5	83·3	30	30	100·0	0	1	—

* Excludes Bursars.

Table 2.4

Numbers who have left the Services, 1979–80 to 1982–83

	Royal Navy	Percentage of strength at end of previous year	Army	Percentage of strength at end of previous year	Royal Air Force(*a*)	Percentage of strength at end of previous year
	No.	%	No.	%	No.	%
Medical officers						
1979–80(*c*)	27	9·6	45	9·3	32	7·9
1980–81(*c*)	13	4·7	37	7·6	43	10·7
1981–82(*c*)	22	7·5	36	7·2	29	7·3
1982–83	34	11·4	40	8·1	48	12·2
Dental officers						
1979–80(*c*)	4	4·3	13(*d*)	7·6	10	9·3
1980–81(*c*)	6	6·1	13	7·7	7	6·6
1981–82(*c*)	5	4·9	11	6·6	4	3·7
1982–83	6(*b*)	5·9	18	9·9	11	9·5

(*a*) Premature voluntary retirements in the Royal Air Force are controlled by quota.

(*b*) Excludes 2 redundancies.

(*c*) Percentages of strength have been rebased on strengths at the end of the previous year (rather than the end of the current year): they therefore differ from the figures included in the 1982 and earlier Supplements.

(*d*) Revised by MOD in 1981: it therefore differs from the figure included in the 1980 Supplement.

Table 2.5

Conversions from short service to regular commissions, 1979–80 to 1982–83

	Royal Navy	Army	Royal Air Force
	No.	No.	No.
Medical officers			
1979–80	25(*a*)	15	16
1980–81	7	14	24
1981–82	8(*b*)	17	19
1982–83	18	15	8
Dental officers			
1979–80	1	11(*c*)	5
1980–81	4	2	5
1981–82	2	1	2
1982–83	2	6	1

(*a*) Revised by MOD in 1983: it therefore differs from the figure included in the 1982 and earlier Supplements.

(*b*) Revised by MOD in 1983: it therefore differs from the figure included in the 1982 Supplement.

(*c*) Revised by MOD in 1981: it therefore differs from the figure included in the 1980 Supplement.

APPENDIX 3

MILITARY SALARIES FOR MEDICAL AND DENTAL OFFICERS INTRODUCED WITH EFFECT FROM 1 APRIL 1982

Rank		Military salary(*a*)
		£
Brigadier		24,451
Colonel:	after 8 years	23,594
	6 years	23,196
	4 years	22,798
	2 years	22,400
	on appointment	22,002
Lieutenant Colonel:	after 8 years	21,564
	6 years	21,031
	4 years	20,502
	2 years	19,914
	on appointment	19,330
Major:	after 6 years	18,553
	4 years	17,969
	2 years	17,385
	on appointment	15,534
Captain:	after 4 years	14,220
	2 years	13,439
	on appointment	12,662
Pre-registration medical practitioner		9,151
Cadet:	after 2 years	6,099
	1 year	5,526
	on appointment	4,949

(*a*) Rounded to the nearest £.