Management Side Secretary, Mike Walker Layden House, 76 - 86 Turnmill Street, London, EC1M 5LG Telephone 020 7296 6600 Fax 020 7296 6751 Direct Dial 020 7296 6723 020 7296 6746 e-mail: gill.gittins@lg-employers.gov.uk

JOINT NEGOTIATING COMMITTEE FOR FORENSIC MEDICAL EXAMINERS

To: Clerks to Police Authorities Chief Constables

22 December 2005

CIRCULAR FME 11

Dear Sir/Madam,

- 1. The Joint Negotiating Committee will soon be meeting to consider the increase in fee levels for Forensic Medical Examiners effective from 1 April 2006.
- 2. In preparation for those discussions members of the Management Side wish to seek the views of police authorities and forces.
- 3. Attached is a copy of a letter from the BMA setting-out their objectives for those discussions (**Appendix A**). The BMA have since confirmed that their claim will be for an increase of 4.5%.
- 4. In support of their claim the BMA have also provided the results of a survey they recently undertook of Forensic Medical Examiners. A copy is attached (**Appendix B**).
- 5. I would be grateful if police authorities/forces could complete and return the attached pro-forma (**Appendix C**).
- 6. Forms should be returned to Emine Ali, by no later than **27 January 2006** at the above address or by e-mail emine.ali@lg-employers.gov.uk

Yours sincerely,

Gill Gittins Principal Negotiating Officer BMA House, Tavistock Square, London, WC1H 9JP **S** 020 7387 4499 **T** 020 7383 6180 **F** 020 7383 6858 **E** sabrahams@bma.org.uk

Ms Gill Gittins Employers' Organisation for Local Government Layden House 76-86 Turnmill Street London EC1M 5LG

Public Health Doctors

7 December 2005

Dear Gill

I have been asked by the members of Staff Side to set out the BMA's objectives for the JNC pay discussions to be held early next year. These are as follows:

- Staff Side are committed to working with Management Side to secure a satisfactory national settlement for the period 2006/07. It is hoped that an agreement can be achieved early next year to allow for implementation on 1 April 2006;
- We note the current funding restrictions impacting on Local Government and the
 uncertainty regarding long term budgets until the announcement of the outcome of the
 next Government Spending Review. However it is important that forensic physicians
 receive a realistic uplift to the current fees implemented on 1 August 2005 and that this
 increase is at least equivalent to the annual DDRB award for doctors working in the
 NHS;
- The BMA wish to indicate their commitment to further discussions with Management Side later in 2006 to secure a national settlement covering 2007/08 and beyond. Staff Side would welcome the opportunity to discuss a possible three year settlement applicable from 1 April 2007;
- Staff Side would welcome the opportunity to discuss possible comparators and mechanisms for the annual increase in fees for forensic physicians. It is important that pay for forensic physicians is sufficient to attract doctors, particularly GPs, in the context of GP demands, to ensure that police stations have the medical workforce they require;
- Finally Staff Side would welcome the opportunity to discuss the outcome of the survey of forensic physicians conducted in June 2005.

The BMA would not wish to provide specific details on the pay claim in advance of the JNC meeting. However I hope this list is valuable is outlining the approach of Staff Side to the forthcoming discussion at the JNC meeting.

If you have any queries please do contact either myself or Stuart Abrahams.

Yours sincerely

Dr George Fernie Chairman

BMA Forensic Medicine Committee

SURVEY OF FORENSIC PHYSICIANS – JUNE 2005 – REPORT BY HPERU

Introduction

This report presents results from the above survey. A short questionnaire was sent out in June 2005 with a letter from the Chairman of the BMA Forensic Medicine Committee which informed forensic physicians (FPs) of the current state of pay negotiations with employer representatives. The questionnaire was designed to obtain information to inform negotiators on the difficulties being encountered by FPs. The survey was designed by the committee in conjunction with the BMA's Health Policy and Economic Research Unit (HPERU). The survey has been analysed by HPERU which has written this report.

The survey which was sent to all BMA members recorded as carrying out FP work: there were 207 replies. The Association of Forensic Physicians estimates that there are between 500 & 600 practising FPs and so the survey respondents represent about 35% of the total. The approximate average age of respondents was 52 years.

Forensic physicians can be contracted directly to a police authority for their work, or provide their services through an agency. Most respondents (167 or 81%) said they worked only on a direct contract, 27 respondents (13%) said they provided their services only through an agency and 4 respondents said they did both.

Respondents were asked if they carried out examinations for child sexual abuse or adult sexual assault. One half of respondents (103 or 50%) said that they undertook examinations for child sexual abuse. A much higher proportion (86%, 177 respondents) said they undertook examinations for adult sexual assault. Only 23 (11%) respondents said they did not do either type of examination.

Frequency of call out and journey times

Respondents were asked to estimate how often they were called out to police stations to carry out an examination. Table 1 shows the distribution of replies. The median number of call outs was 35 and the mean was 45. About one-fifth of respondents (21%, 45 respondents) said they were called out over 60 times a month, or roughly two or more times a day.

Table 1 -	Number of times called out to a police station
	(per month)

	Respondents	%
10 or fewer	30	14.5
11 to 20	30	14.5
21 to 30	31	15.0
31 to 40	18	8.7
41 to 60	38	18.4
61 to 100	28	13.5
Over 100	17	8.2
No reply	15	7.2
Total	207	100.0
Mean	45	-
Median	35	-

Respondents were also asked to estimate the proportion of these call outs which occurred outside the hours of 8am to 7pm, Monday to Friday. Table 2 shows that the vast majority of call outs occur outside these hours. Nearly half of respondents (49%) said that 75% or more of their call outs were outside these hours. There were 24 respondents (13%) who said that all their call outs were outside these hours (not shown in table). The average proportion of call outs outside these hours was 73%.

Table 2 - Percentage of call-out outside hours of 0800-1900, Monday to Friday

	Respondents	%
25% or fewer	13	6.8
26% to 50%	24	12.5
51% to 75%	51	26.6
Over 75%	94	49.0
No reply	10	5.2
Total*	192	100.0
Mean (%)	73%	-

^{*} The 15 Respondents who did not state how often they were called out have been excluded.

Table 3 shows some statistics on the journey times experienced by respondents when attending at a police station. Minimum journey times ranged up to 1 hour with mean of 15 minutes; maximum journey times ranged up to 3 hours with a mean of 55 minutes and average journey times were estimated by respondents to range up to 2 hours with a mean of 29 minutes.

Table 3 – Journey times experienced by respondents (minutes)

	Minimum Journey Time	Maximum Journey Time	Average Journey Time
Mean	15.1	55.3	28.8
Median	15.0	50.0	25.0
Maximum	60.0	180.0	120.0

Cover for Colleagues

Respondents were asked to compare how often they were called out now to cover for the non-availability of other forensic physicians, compared to two years ago. Table 4 shows that a majority (114 respondents, 55%) thought that they were called out more often for this reason. About one quarter (55 respondents, 27%) thought that there had been no change. Only 11 respondents (5%) thought that they were now called out less often for this reason.

Table 4 - Whether being called out more or less often to cover for non-availability of other FPs compared to 2 years ago

	Respondents	%
More often	114	55.1
About the same	55	26.6
Less often	11	5.3
Not applicable	19	9.2
Don't know	1	0.5
No reply	7	3.4
Total	207	100.0

Waiting times for detainees requiring examination

They were also asked to say whether they thought people in police stations requiring examination were having to wait longer for their examination than they were two years ago, and if so, to write in what they thought was the reason for this increased waiting time. Table 5 shows that respondents were roughly evenly divided on in their views, with 45% saying they thought the wait was longer and 39% thought it was not. 15% of respondents said they didn't know (or did not reply)

Table 5 - Whether people in police stations are having to wait longer for examinations compared to 2yrs ago

	Respondents	%
Yes	94	45.4
No	81	39.1
Don't know	22	10.6
No reply	10	4.8
Total	207	100.0

The responses given by those who thought people requiring examination were having to wait longer than two years ago were transcribed and are shown in Box A (*The joint secretaries have agreed that the individual comments from forensic physicians should be removed from this version*).

The main reasons given for the longer wait range quite widely but include increased police bureaucracy, recruitment problems, larger areas to be covered, more detainees & increased travelling times.

These respondents were asked whether the investigation of serious crime had been adversely affected by these increased delays. They were divided in their opinion, with 31% (29 respondents) saying they thought it had, 30% (28 respondents) saying they thought it had not and 38% (36 respondents) saying they did not know.

Pay of forensic physicians

The final question asked if pay for forensic physicians should move in line with the pay of doctors working in the NHS. Table 6 shows that the overwhelming majority (89%) of respondents agreed that it should.

Table 6 - Whether pay for forensic physicians should move in line with pay for doctors working in the NHS

	Respondents	%
Yes	185	89.4
No	7	3.4
Don't know	8	3.9
No reply	7	3.4
Total	207	100.0

Comments

Finally, respondents were invited to write in any comments they had on the work and pay for forensic physicians. Nearly every respondent made a comment and these have been transcribed and are shown in Box B (*The joint secretaries have agreed that these individual comments from forensic physicians should also been removed from this version*).

Amongst the main themes are unsatisfactory pay, especially in view of increased opportunities to do out-of-hours cover for GP practices; criticism of the effects of "out-sourcing" FP work by police authorities; and recruitment & retention difficulties.

Is the work of Forensic Medical Examiners within your authority/force outsourced	
The questions below refer to authorities/fo	rces who operate the JNC agreements
Which agreement is currently operated within the authority/force – sessional or retained	
Do you also operate the specialist agreement	
Would your authority/force be content to accept an increase in the level of fees and retainer (where appropriate) of 4.5% for 2006	
If not, what level of increase would be appropriate. (Please indicate the rationale for this figure.)	
For 2007 would you wish to see a 3 year settlement covering 2008 and 2009 as well	
If the Management Side wished to explore further with the BMA the possibility of a comparator or mechanism to which to link future increases, do you have any suggestions for such an approach e.g. RPI, police authority budget increases, link to doctors working in the NHS	

Does Table 1 of the BMA's survey (at appendix B) reflect the position in your authority/force? If you what do you believe	
authority/force? If yes, what do you believe are the reasons for this	
If no, please indicate how it differs and, if known, why	
Does Table 2 of the BMA's survey (at appendix B) reflect the position in your authority/force? If yes, what do you believe are the reasons for this	
If no, please indicate how it differs and, if known, why	
Deer Table 2 of the DMA?	
Does Table 3 of the BMA's survey (at appendix B) reflect the position in your authority/force? If yes, what do you believe are the reasons for this	
If no, please indicate how it differs and, if known, why	

Does Table 4 of the BMA's survey (at appendix B) reflect the position in your authority/force? If yes, what do you believe are the reasons for this	
If not, please indicate how it differs and, if known, why	
Does Table 5 of the BMA's survey (at appendix B) reflect the position in your authority/force? If yes, what do you believe are the reasons for this	
If no, please indicate how it differs and, if known, why	
Does Table 6 of the BMA's survey (at appendix B) reflect the position in your authority/force? If yes, what do you believe are the reasons for this	
If no, please indicate how it differs and, if known, why	

Does the age profile of FMEs undertaking child and/or adult sex abuse cases contained in the BMA's survey (at appendix B) reflect the position in your authority/force? If yes, what do you believe are the reasons for this	
If no, please indicate how it differs	
Is your authority/force experiencing recruitment problems	
If yes, has the level of remuneration been cited as the problem or are there other factors	
Is your authority/force experiencing retention problems	
If so, has the level of remuneration been cited as the problem or are there other factors	

Please return this form, by no later than 27 January 2006 to:

Emine Ali Employers' Organisation for local government Layden House 76-86 Turnmill St London EC1M 5LG

e-mail: emine.ali@lg-employers.gov.uk

fax: 020 7296 6686