

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

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### The committee

At the PFC meeting in November, Dr Rob Barnett was re-elected as chair of the committee. Dr Barnett currently serves as a part time GP partner and secretary of Liverpool LMC. Dr Chandra Kanneganti, CBE, was elected deputy chair of the committee. Dr Kanneganti is a GP partner practising in North Staffordshire, as well as the national president of the [British International Doctors Association](#) and chair of North Staffordshire LMC. He received a CBE in the 2024 New Year's Honours List for his contributions to General Practice.

### Ongoing Fee negotiations

In July, the PFC formally wrote to the Ministry of Justice (MoJ), Driver and Vehicle Licensing Agency (DVLA), and Department for Work and Pensions (DWP) to express that the fees offered for services required of doctors were inadequate and had not risen in many years. The correspondence detailed the PFC's ongoing efforts to negotiate appropriate fees with these organisations, noting that limited progress had been achieved despite a number of meetings to negotiate a better fee. Consequently, the organisations were informed that if no effort was made to increase the fees within a defined timescale, the PFC would advise doctors to discontinue performing services requested by the MoJ, DVLA, and DWP that are not covered under the NHS contracts of employment/non-contractual work.



## Ministry of Justice (MoJ)

In a letter sent to the BMA from the Ministry of Justice (MOJ) in August, the MOJ reaffirmed their shared commitment to ensuring a sufficient number of qualified pathologists are available for coronial post-mortem work. Both organisations agreed that doctors should be fairly compensated in a way that reflects both their time and expertise.

The PFC recently met with the MoJ to discuss the recent data collection exercise that they had carried out, to understand more about doctors who perform autopsies. The research highlighted significant fragmentation in the sector, with inconsistent pay rates, a lack of formal contracts, and many doctors moving away from post-mortem work due to unclear career paths, demanding conditions, and significant legal responsibilities. These challenges have led to a decline in interest, especially among trainees.

To address these concerns, the PFC is conducting independent research to gather input from grassroots members through a [survey](#), which will remain open until the fourth week of January 2026. We would encourage pathologists to complete this brief survey. The objective is to collect feedback from BMA members regarding pay and working conditions to inform future discussions with the MOJ and promote the sustainability of this essential work. If you are engaged in or have discontinued autopsy work, your insights would be greatly appreciated. Such information will be highly valuable to our research and will enhance our understanding of the factors involved, to progress matters in our negotiation meetings. Please contact us at [info.professionalfees@bma.org.uk](mailto:info.professionalfees@bma.org.uk) for further information.

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## Department of Work and Pensions (DWP)

As highlighted in the PFC summer newsletter, the PFC team launched their own survey to find out why doctors were not completing Personal Independence Payment (PIP)/ Adult Disability Payment (ADP) forms. The survey was shared with GPs, consultants, and SAS doctors and remained open for three weeks, gathering 1,170 responses. Most doctors stated that the fee for filling out the forms was too low and that they did not have enough time set aside in their schedules to complete this work. The survey showed clearly that doctors felt undervalued and overwhelmed by the current DWP form process. There was strong support among respondents for higher fees, digital improvements, and an emphasis on factual reporting rather than undertaking functional assessments.

The PFC met DWP again on 13 November 2025 to share the findings of this research, making the profession's concerns explicitly clear. In response, the DWP proposed raising the current fee slightly; however, the PFC stated that this would not be accepted by doctors. A letter was sent to the DWP board urging that the fee should be increased at least in line with the Consumer Price

Index as a starting point. The PFC made it clear that the current DWP offer would not be one that the Association would be willing to accept. We continue to highlight repeatedly that the current level of professional fees payable to doctors are no longer economic and have not risen for many years. Furthermore, as this type of work is a non-NHS service and their completion is not part of the NHS contracts of employment, the fee for the work must cover the cost of provision and procurement of service as well as reward for effort, skill and responsibility. The negotiations are ongoing, and we should be able to update the profession soon.

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## Driver and Vehicle Licensing Agency (DVLA)

Earlier in the summer, PFC informed members about the planned meeting with the DVLA, scheduled for 16 September 2025. The initial offer from the DVLA was rejected by the Professional Fees Committee. We made it clear that the initial figure was insufficient and formally requested an increase to align with a CPI-adjusted rate to £62.50.

A subsequent meeting took place on 6 November, during which the DVLA outlined the following arrangements covering a three-year period commencing 1 April 2026:

- **Effective 1 January 2026:**
  - The Standard questionnaire fee will increase to £50 for both GPs and consultants, thus harmonising these rates.
  - This rate will remain in effect until 31 March 2026.
- **Effective 1 April 2026:**
  - The Standard questionnaire fee for both GPs and consultants will rise to £62.50.
- **Effective 1 April 2027 and 1 April 2028:**
  - An annual uplift in line with CPI inflation (measured in September), capped at 5%, will be applied to the Standard questionnaire fee.
  - If inflation exceeds 5%, a review and agreement on the uplift will be required.
- The BMA would like to encourage members to make every effort to ensure all completed forms are returned to the DVLA within 4–6 weeks.

In addition, the DVLA has announced intentions to launch a project aimed at streamlining payment processes and simplifying systems such as completing online forms for doctors, with ongoing updates to be provided to the PFC. There is a forthcoming Memorandum of Understanding planned that will establish provisions for at least annual meetings, and future payment adjustments will continue to be aligned with CPI.

The PFC has agreed to accept the DVLA's offer, and written confirmation has been sent to initiate this well-deserved increase for all doctors.



## Charging for non-GMS work – Correction

In the summer newsletter we advised doctors that in July 2025, the PFC consulted with a KC to clarify whether GPs can charge patients for DVLA-related services. These services fall outside the scope of the GMS contract, and GPs can charge for this work. We would like to clarify that GP's **cannot charge their patients** when the Secretary of State asks for medical information or an examination under section 94(5) of the Road Traffic Act 1988. The GP should charge a fee to the DVLA (who will discharge the Secretary of State's statutory duty under s94(9) to pay the GP's fees and reasonable expenses). The legislation expressly states that no other person is responsible for the fees so the driver cannot be charged.

The BMA have circulated a letter to the profession setting out the fees that the DVLA are willing to pay GPs for medical information or an examination under section 94(5) of the Road Traffic Act 1988. However, the GP can negotiate with the DVLA any fee they wish. What is a reasonable fee will take into account the complexity of work involved and the GP's overheads.

If a GP wishes to recover a fee beyond the fees the DVLA have stated that they are willing to pay, the GP can write to the DVLA in response to a s94(5) request. This should put the DVLA on notice as to the likely level of fee and giving the DVLA (say) 14 days to respond if they disagree. If the DVLA do not respond, the GP practice would be in an improved position to recover the full fee if there was later a dispute. We would recommend contacting the BMA for guidance on recovering monies due in respect of unpaid invoices.

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## Devolved nations

We are currently compiling a comprehensive database to capture the various fee structures impacting the devolved nations. As part of this initiative, we are participating in a range of branch of practice meetings to present the work of the PFC and to enhance our understanding of key stakeholders and the professional fee-related matters that require attention. Our recent attendance at the Northern Ireland Consultants Committee provided valuable insight into several fee concerns unique to the region. We will be engaging with other branches of practice committee across the nations in the coming months. In the interim, if there are any fee issues that you wish to highlight from Northern Ireland, Scotland or Wales, please do not hesitate to contact us:

[professionalfeesNI@bma.org.uk](mailto:professionalfeesNI@bma.org.uk) [professionalfeesscot@bma.org.uk](mailto:professionalfeesscot@bma.org.uk)  
[professionalfeeswales@bma.org.uk](mailto:professionalfeeswales@bma.org.uk)

## Maritime and Coastguard Agency (MCA) – Correction

In the summer edition of the newsletter, we incorrectly published that the current fee stood at £100; however, it was pointed out by the MCA that this fee was actually £115; we apologise for the oversight.

We recently held a constructive and principled meeting with the MCA, providing an excellent opportunity for both parties to become better acquainted. During the meeting, we gained valuable insight into the MCA's operations and the process by which doctors are appointed to complete ENG 1 forms. We look forward to further strengthening our relationship and developing collaborative working practices in the future.

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## Firearms

The Firearms Liaison Group had convened on several occasions to address matters related to firearms. One of the key topics discussed was the monitoring of patients holding firearm certificates. The current guidance states that, where feasible, general practitioners should notify the police if they become aware that a firearm certificate holder has passed away. The group emphasised that the official record of licensed firearm holders is maintained by the police, making it their responsibility to update this information upon a licence holder's death and to ensure an appropriate system is in place for this purpose.

Whilst it is not a requirement for GPs to pass information to the police regarding the death of licence holders, if practices are aware of individual circumstances where their particular knowledge of a patient and/or family makes it desirable to do so, there is no obstacle to informing the police on grounds of public safety.

This clarification has now been added to the [BMA website](#).

The group is currently developing guidance on flagging protocols in GP records, to enable the police and other stakeholders to understand variations in systems used across the UK. If you have experience with adding flags to patient records, your input regarding processes and any relevant screenshots would be highly valuable. Should you wish to contribute, please contact us at [info.professionalfees@bma.org.uk](mailto:info.professionalfees@bma.org.uk)

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## Events

**Private practice conference 2026** aimed at doctors looking after self-pay patients or patients with private medical insurance

**Fri, 13 Feb 2026, 9:30AM – 5:30PM**

Online event or Join in person at

**BMA House Tavistock Square London WC1H 9JP**

This conference will look at the 'ins and outs' of private practice - from the logistics of setting up a private practice for the first time, to making sure established practitioners are reaching their maximum potential.