

National GP Retention Scheme Frequently Asked Questions

This document answers some of the frequently asked questions from GPs and practices regarding the National GP Retention Scheme. These should be read in conjunction with the National GP Retention Scheme Guidance

General questions and answers

1. What is the GP Retention Scheme?

The GP Retention Scheme is a package of financial and educational support to help doctors, who might otherwise leave the profession, remain in clinical general practice.

The scheme supports both the retained GP (RGP) and the practice employing them by offering financial support in recognition of the fact that this role is different to a 'regular' part-time, salaried GP post, offering greater flexibility and educational support. RGPs may be on the scheme for a maximum of five years with an annual review each year to ensure that the RGP remains in need of the scheme and that the practice is meeting its obligations.

2. Who is eligible for the scheme?

The scheme is open to doctors who meet ALL of the following criteria:

1. Where a doctor is seriously considering leaving or has left general practice (but is still on the National Medical Performers List) due to:
 - a. Personal reasons – such as caring responsibilities for family members (children or adults) or personal health reasons
 - Or
 - b. Approaching retirement
 - Or
 - c. Require greater flexibility in order to undertake other work either within or outside of general practice.
2. And when a regular part-time role does not meet the doctor's need for flexibility, for example the requirement for short clinics or annualised hours.

3. And where there is a need for additional educational supervision. For example a newly qualified doctor needing to work 1-4 sessions a week due to caring responsibilities or those working only 1-2 sessions where pro-rata study leave allowance is inadequate to maintain continuing professional development and professional networks.

Doctors must hold full registration and a licence to practice with the GMC and be on the National Medical Performers List.

3. Why are we doing this?

The General Practice Forward View (GPFV) has committed to introduce 'a new GP retainer scheme more fit for purpose' from 1 April 2017.

Workforce data shows that the number of GPs leaving in most ages groups particularly those aged 55–59 and 60-64, has risen over the last 10 years. Data also shows peaks in GPs leaving practice aged in their 30s and aged 55-59¹. This scheme is aimed at anyone intending to leave general practice at anytime in their career and when a regular part-time role does not meet the doctor's need for flexibility and where there is a need for additional educational supervision

4. How does the GP Retention Scheme differ to that of the Retained Doctors Scheme 2016?

The GP Retention Scheme replaces the Retained Doctors Scheme 2016. The two schemes are similar in that they offer the same amount of funding – the practice still receives a payment of £76.92 per session that the RGP works, the annual expenses supplement for the RGP remains at between £1000 and £4000 and the new scheme retains much of the same approvals process as for the 2016 scheme. However the following changes have been made:

- Further clarity on who can apply to the scheme.
- Further clarity around what additional work can be undertaken while on the scheme.
- Further clarity around extended absence and scheme extensions – for example when extensions are applicable and when payments should cease.
- The introduction of a job plan to accompany the scheme to ensure that the RGP post delivers its aims including provision for CPD.
- Clear guidance around the management/approval of the RGPs on to the scheme.
- A revised application form that reflects the changes made to the scheme.

¹ NHS Digital (2016). General and Personal Medical Services, England 2004-2014, as at 30 September [online]. Available at <http://content.digital.nhs.uk/catalogue/PUB16934> [Accessed 1 July 2016].

5. How is this scheme different to the Induction and Refresher (I&R) Scheme?

The Induction & Refresher (I&R) Scheme

(<https://gprecruitment.hee.nhs.uk/Induction-Refresher>) in England provides an opportunity for GPs who have previously been on the General Medical Council's (GMC) GP Register and on the NHS England National Medical Performers List (MPL), to safely return to general practice, following a career break or time spent working abroad. It also supports the safe introduction of EU and overseas GPs who have qualified outside the UK and have no previous NHS GP experience.

The GP Retention Scheme is designed to support GPs who would otherwise leave, when a regular part-time role does not meet the doctor's need for flexibility and where there is a need for additional educational supervision.

To join the scheme doctors must hold full registration and a licence to practice with the GMC and be on the National Medical Performers List.

Questions for prospective retained doctors

6. Why should I apply for the scheme? How will it benefit me?

The GP Retention Scheme is designed to support GPs who would otherwise leave (or have left), when a regular part-time role does not meet the doctor's need for flexibility and where there is a need for additional educational supervision.

RGPs may be on the scheme for a maximum of five years with an annual review each year to ensure that the RGP remains in need of the scheme and that the practice is meeting its obligations.

Each RGP would qualify for an annual professional expenses supplement of between £1000 and £4000 which is based on the number of sessions worked per week. It is payable to the RGP via the practice. The professional expenses supplement is subject to deductions for tax and national insurance contributions but is not pensionable by the practice.

This scheme enables a doctor to remain in clinical practice for a maximum of four clinical sessions (16 hours 40 minutes) per week - 208 sessions per year, which includes protected time for continuing professional development and educational support.

7. Can I be a RGP in the practice that I already work in?

Yes as long as the practice offers the RGP work which enables them to maintain their skills across the full spectrum of general practitioner work. The RGP should be embedded in one GP practice to enable peer support at work and continuity with patients.

Practices must be able to demonstrate they can meet the educational needs of the RGP and that they understand the ethos of educational supervision. The designated RGP Scheme Lead from HEE will assess this based on the needs of the doctor who is applying. The practice must provide a named educational supervisor who is either a GP trainer, F2 supervisor or has recently accessed a suitable training course in supervision. The precise specification will be determined by the designated HEE RGP Scheme Lead.

8. I am not on the National Medical Performers List but have practiced in the last 2 years, am I able to join the scheme?

To join the scheme doctors must hold full registration and a licence to practice with the GMC and be on the National Medical Performers List. It is recommended to talk to your local Responsible Officer who will be able to advise on the best route to get back onto the National Medical Performers List.

9. What evidence can be used to show that I am seriously considering leaving or have left general practice?

Evidence to ascertain whether a doctor is seriously looking to leave general practice may include:

- Proof from appraisal
- Letter of resignation
- Accessing or intention to take pension payment
- Statement of intent to leave

10. Is the money I receive through the expenses supplement taxable?

The expenses supplement is subject to deductions for tax and national insurance contributions but is not pensionable by the practice.

Certain expenses may be claimed against tax (e.g. subscriptions to medical defence organisations and membership of the BMA and GMC annual retention fee etc). GPs may want to take independent financial advice.

11. What is the professional expenses supplement for?

The whole of the professional expenses supplement payment will be passed on by the practice to the doctor to go towards the cost of indemnity cover, professional expenses and CPD needs. The practice should not automatically make any other deductions from the RGP expenses supplement except for tax and national insurance contributions.

12. Where is the scheme available?

The scheme is available across England. Doctors who are interested in applying to the scheme should in the first instance contact their designated HEE RGP Scheme Lead who will be able to advise on their eligibility for the scheme including work and educational elements and the application process.

13. Why can't I go on the scheme if I work more than four sessions per week?

The number of sessions to be worked as a RGP is capped at four clinical sessions per week. If you want to work more than this, you are not eligible for the scheme.

The scheme supports practices to provide the flexibility to doctors who for various reasons cannot undertake a regular part-time role, for example for the requirement for short clinics to work around health needs or annualised hours to allow for time off during school holidays. For annualised sessions there is the expectation that the RGP works a minimum of 30 weeks out of the 52.

14. How long can I remain on the scheme for?

RGPs may be on the scheme for a maximum of five years with an annual review each year to ensure that the RGP remains in need of the scheme and that the practice is meeting its obligations.

15. What happens when the scheme ends?

Doctors may wish to return to a more substantive role if they so wish when the scheme ends, although this is not a requirement of the scheme.

The RGP achieves full employment rights after 24 months with the same employer and the practice (employer) under employment law is obliged to continue the contract of employment after that time. Any changes in circumstance that may affect the employment of the RGP should be a matter of discussion between the RGP and the practice, and appropriate advice should be taken. The practice is expected to notify the designated HEE RGP Scheme Lead of any substantive changes that may affect employment of the RGP. Examples may include a practice merger, change to different premises, change of NHS England practice contract holder or contract type (e.g. following practice reprocurement).

Advice should be sought from the BMA on issues of continuity of service and employment rights: <http://bma.org.uk/practical-support-at-work/contracts/sessional-gps>

16. Can I get an extension for my time on the scheme?

The RGP in discussion with the designated HEE RGP Scheme Lead and subject to agreement by the NHS England's DCO (or nominated deputy either within NHS England or delegated CCG), can extend their time on the scheme in the following circumstances.

- To replace time off the scheme relating to maternity, parental, adoption or sick leave.
- Under special circumstances e.g. where a RGP has had to change practices due to relocation or due to break down in placement and support and would not have enough time left on the scheme to acquire employment rights in a fresh post.

In these circumstances an extension of up to 24 months would be deemed appropriate.

17. What is the CPD allowance for a RGP?

The RGP is entitled to the pro rata full time equivalent of CPD as set out within the BMA salaried model contract. The BMA have provided the following method to calculate a part-time salaried GP's CPD entitlement:

1. Number of hours worked per week x 6.4 = number of minutes of CPD per week [X]
2. X divided by 60 = number of hours of CPD per week [Y]
3. X or Y x 52 = annual entitlement to CPD (X = minutes; Y = hours).

This equates to:

Contracted sessions per week	Yearly CPD allowance (sessions)	Year CPD allowance (hours)
1	8 (GP Retention Scheme GPs are entitled to a minimum of 8 protected sessions per year for CPD regardless of working hours).	33
2	11	46
3	17	69
4	22	92

More information can be found on the BMA website -

<https://www.bma.org.uk/advice/employment/contracts/sessional-and-locum-gp-contracts/salaried-gp-model-contract/minimum-terms-and-conditions>

18. What is the CPD allowance for?

RGPs have a wide range of experience and it is important that CPD opportunities are tailored to individual need. The RGP is entitled to the pro rata full time equivalent of CPD as set out within the salaried model contract (see question 17 above).

CPD is based on:

- The needs of the individual, as established at their appraisal.
- Discussion with the designated HEE RGP Scheme Lead.
- Discussion with the practice supervisor.

This is underpinned by a robust job plan and reviewed annually by the designated HEE RGP Scheme Lead.

There should be an appropriate balance of CPD sessions spent in the practice (such as in house educational meetings, SEA and prescribing meetings, quality improvement activities) and activities outside the practice (such as learning groups, e-learning, self-directed learning, talks, courses and locality protected learning events). Some RGPs may value the opportunity to develop leadership skills as part of their CPD.

CPD activities may fall outside the RGPs contracted time. For example, if an RGP only works on Monday, it is highly likely that they may find the course they wish to access occur on Tuesday, Wednesday Thursday or Friday. The CPD time can then be taken on an “in lieu” basis on a mutually agreed date.

CPD activities may include:

- Self-directed/private study.
- Developing and/or updating a personal development plan.
- Practitioner or self-directed learning groups.
- Protected learning events.
- Practice quality improvement activity.
- In-house practice based educational meetings (excluding practice meetings that do not have a direct educational purpose, as there is a separate provision for that).
- Management or leadership development activities that are of benefit to the GPs personal and/or skills development.

19. Can I work extended hours, including Saturday and Sunday working?

The RGP may work extended hours during the week or at weekends by mutual agreement, provided the total number of hours worked does not exceed those in the contract, and that the extended hours sessions are incorporated into the job plan where the balance of clinical work, admin, CPD can be assessed as balanced for the post.

20. How do I go about applying to the scheme?

Doctors who are interested in applying to the scheme should in the first instance contact their designated HEE RGP Scheme Lead who will be able to advise on their eligibility for the scheme including work and educational elements and the application process.

The designated HEE RGP Scheme Lead can be contacted through the local HEE office. Details of these offices can be found on the NHS England website - <https://www.england.nhs.uk/gp/gp/v/workforce/retained-doctor-scheme/>

21. What happens if my application is not recommended by the designated HEE RGP Scheme Lead for approval by NHS England?

Where applications are not recommended by the designated HEE RGP Scheme Lead for approval by NHS England, RGP's should follow the local HEE office's arrangements.

22. What happens if I am already on the Retained Doctor Scheme 2016?

GPs who have been accepted on to the Retained Doctor Scheme 2016 (where the application form has been approved by the NHS England DCO - or nominated deputy either within NHS England or delegated CCG) but who are not in post before 31 March 2017 will be accepted onto the GP Retention Scheme without the need to re-apply.

Those RGP's who are retained under the Retained Doctor Scheme 2016 will continue on that scheme until July 2019 when they will transfer to the GP Retention Scheme if they still have time remaining on the scheme.

23. Can I join the scheme and remain being a partner?

A GP partner is able to join the GP Retention Scheme but would need to step down from their partnership. The scheme is designed to support an "employed" GP in a practice so that the GP can be offered the flexibility required by their circumstances that makes the GP eligible to be on the scheme, encourage the practice to keep the GP on despite any changes in circumstances and also provide educational supervision and support required.

All Retained GPs will be employed by the agreed practice (a condition of the Statement of Financial Entitlements on which payments are made). GMS and PMS practices should offer terms and conditions that are no less favourable than the model salaried GP contract as determined in GMS/PMS regulations. For APMS employers the Salaried Model Contract is considered as a benchmark.

Questions for GP practices

24. How will the GP practice benefit?

Each practice employing a RGP will be able to claim an allowance relating to the number of sessions for which their retained doctor is engaged. The practice will qualify for a payment of £76.92 per clinical session (up to a maximum of four clinical sessions per week) that the doctor is employed for. This allowance will be paid for all sessions including sick leave, annual leave, educational, maternity, paternity and adoptive leave where the RGP is being paid by the practice. Evidence of this payment will be required. The practice and RGP will continue to receive payments under the terms of the scheme as long as the RGP remains contracted to the practice and the practice continues to pay the RGP.

The practice will also benefit by taking on a GP, who despite circumstances that requires flexibility and support for that RGP, can provide additional skills and expertise with a commitment to continuity of patient care.

25. How many retained doctors can a practice take on at once?

Practices may employ more than one RGP where there is capacity for support and long term career opportunities with the prior approval of the designated HEE RGP Scheme Lead.

26. What constitutes as an appropriate induction for a RGP?

A RGP is a qualified GP, not a trainee. Any induction should take into account the specific needs of the individual RGP and so should be devised in discussion with them. It is important to ensure introduction to all key members of the primary care and allied teams and in addition ensure the RGP is informed of:

- The computer system within the practice so that consultations, prescribing, templates, protocols, mentor, BNF, word processing and internal message systems etc. can be accessed and utilised.
- Practice systems for Chronic Disease Management: utilisation of system templates, adding to disease registers, care plans and patient alerts, familiarity with recall systems, targets, and team roles in their management.
- Practice procedures and protocols and where to access these.
- Knowledge of local and practice prescribing policies.
- Familiarity with local referral pathways used by the practice, collaborative working arrangements and main providers together with services available.
- Familiarity with in-house services, e.g. Phlebotomy, ECG etc.
- Knowledge of any special services provided by the practice, e.g. drug dependence, physiotherapy, counselling, chiropody etc.
- Provided with relevant and necessary telephone contact numbers.
- Awareness of practice appointment systems and on-call arrangements.
- Location of emergency drugs.

- Procedures for reporting significant events.
- Panic button location and protocol for reporting violent incidents.

Questions regarding educational supervision

27. Who is the Educational Supervisor?

The educational supervisor is a named doctor in the same practice, who is appropriately trained to be responsible for the overall supervision and management of the educational progress of a specified RGP whilst employed by the practice. The aim of this role is to provide individual support for the RGP, help facilitate their integration into the practice, ensure that their professional development needs are supported and avoid professional isolation. This support should be tailored to the individual needs of the RGP.

28. What support does the educational supervisor offer to the RGP?

The educational supervisor will review with the RGP their educational needs on a regular basis. The appraisal toolkits should be the route for recording learning and development for the RGP. The educational supervisor will provide regular feedback to the RGP and will oversee their professional development, including monitoring clinical and educational progress and ensuring the RGP receives appropriate career guidance and planning.

29. How can I as a RGP benefit from educational supervision?

GPs on the scheme have been asked by HEE to give their views on what they found useful in their supervision, responses included:

- *Allows time for a wide-ranging conversation to take place which is very useful.*
- *Allows for a greater understanding of the practice and local procedures.*
- *The sessions provide an opportunity to discuss a mix of clinical queries and psychosocial/holistic issues.*
- *The ability to review practice and have discussions around the management of chronic disease as well as specific cases.*
- *Supervision sessions provide valuable time for ongoing support and discussing difficult patients.*
- *The sessions allow for a wide range of clinical and managerial topics (funding/prescribing budgets/referral process etc.) to be discussed. Sometimes we look at clinical skills, in areas where I have identified I struggle with (e.g. first mental health consultation).*
- *Increases competency in key data areas so that when data / audit runs are done that they are complete from my perspective i.e. relevant information entered.*
- *Helps to develop a mature understanding of IT- EMIS/Cerner/other.*

- *To cover the essential practicalities of the practice that I am working in. How to manage emergencies – where and how to use emergency equipment, how the on-call works, how to work effectively with the doctor on-call, adult safeguarding and child protection.*

V4.0 - last updated December 2018