

The Retained Doctor Scheme Guidance 2016

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Version number: 1

Gateway reference: NHS England Publications Gateway Reference 04961

First published: July 2016

Prepared by: Tracy Ellis

Classification: OFFICIAL

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1 Summary

- 1.1 This guidance describes the improvements to the Retained Doctor Scheme, as part of the commitments to support general practice set out in the General Practice Forward View, and how it will operate during 2016.
- 1.2 Its intended audience includes:
 - Doctors who are currently designated “retained doctors”.
 - Doctors who are interested in the scheme.
 - Deans of Postgraduate GP Education/Heads of Primary and Community Care Education.
 - GP practices employing or considering employing a retained doctor under this scheme.
 - CCGs with delegated co-commissioning responsibility.

2 Introduction

- 2.1 The Retained Doctor Scheme is a package of support which includes financial incentives and development support to help GPs - who might otherwise leave the profession - to remain in clinical general practice. It has been in place for many years.
- 2.2 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’ salaried GP post. RGPs may be on the scheme for up to five years with an annual review each year to ensure that they remain eligible.
- 2.3 From July 2016 NHS England will increase the funding available in the Retained Doctor Scheme. This additional resource will be available for up to 36 months from the date of recruitment up to 30 June 2019. This additional resource will be paid to the practices via their usual payment route i.e. via NHS England local teams or CCGs with delegated authority. It is important to note that the top up is only available for 36 months and will end on 30 June 2019 (during this time a fundamental review of the Retained Doctor Scheme will take place). Doctors who are on the scheme for longer than this 36 month period will not attract the top up beyond 30 June 2019 and any funding available from this point forwards will be as stated in the SFEs.
- 2.4 This scheme may not be used for doctors who require remediation or for doctors where the NHS England local responsible officer has concerns.

3 Eligibility criteria for GPs

- 3.1 The scheme is open to:
 - All GPs who are currently designated as an RGP.

- Any GP, irrespective of length of service, who is currently not in practice but has practiced within the last 2 years and is on the National Medical Performers List (MPL).
- Any GP, irrespective of length of service, who can provide their GP Dean with compelling evidence that they are intending to leave practice and would do so without this scheme.

3.2 It is specifically for those GPs who wish to keep in touch with practice and are unable to work more than an average of 4 sessions per week in general practice. Data shows peaks in GPs leaving practice aged in their 30s and 55+, this scheme is aimed at anyone intending to leave practice as they require fewer working sessions.

3.3 The criteria for eligibility for the Retained Doctor Scheme are:

- The doctor must be qualified and entitled to practise as a GP in the UK - i.e. must hold full registration with the General Medical Council (GMC) and be on the National Medical Performers List (MPL).
- The doctor must intend to be employed for a maximum of 208 sessions per year in general practice.

4 Eligibility criteria for GP practices

4.1 The employing primary care organisation must offer a sufficiently wide range of general practice services to enable the RGP to maintain skills across the full spectrum of the work of a general practitioner. The RGP should be embedded in one GP practice to enable peer support at work and continuity with patients.

4.2 Where the RGP requires educational support the practice must be able to demonstrate that it can meet those educational needs and understands the ethos of educational mentoring. The GP Dean will need to assess this based on the needs of the GP who is applying.

4.3 If the practice currently employs or has recently (within the last 2 years) employed an RGP the outcomes should be discussed with the GP Dean before another RGP is agreed.

5 Hours of work and support for the retained GP

5.1 The RGP on this scheme will be engaged to work a maximum of 208 sessions per year including annual leave, statutory holidays and personal development time.

5.2 The pattern of sessions worked will be agreed with the RGP at least once each year and the practice will offer flexibility. These sessions will be within general practice / care settings where patients would usually expect a consultation with a GP.

5.3 The RGP will be offered an annual bursary payment, paid via their practice, as follows:

| Annualised sessions* | Number of sessions per week | Bursary payment per annum £ |
|----------------------|-----------------------------|-----------------------------|
| Fewer than 104 | 1-2 | 1,000 |
| 104 | 2 | 2,000 |
| 156 | 3 | 3,000 |
| 208 | 4 | 4,000 |

*annualised sessions include statutory holidays, annual leave and sessions used for CPD.

6 Support for practices

- 6.1 Each practice employing an RGP will be able to claim an allowance relating to the number of sessions for which their retained doctor is engaged.
- 6.2 Until 30 June 2016 the Statement of Financial Entitlement (SFEs) stated that for each session a retained GP works the employing practice can claim a payment of £59.18. Where a practice already employs an RGP or commences employment of an RGP between 1 July 2016 and 31 March 2017, this allowance will be increased to £76.92. This additional funding ends on 30 June 2019 and any funding available from this point forwards will be as stated in the SFEs.
- 6.3 This allowance will be paid for all sessions including sick leave, annual leave and educational leave where the RGP is being paid by the practice. Evidence of this payment will be required.

7 Obligations of the RGP

- 7.1 The RGP is obliged to:
- a. Maintain registration with the General Medical Council.
 - b. Maintain membership of a medical defence organisation to the level required by NHS England.
 - c. Notify the GP Dean, in advance where possible, of any changes in working arrangements (e.g. additional work) and domestic circumstances that may affect participation in the scheme.
 - d. Notify the GP Dean of any long spells off work, e.g. maternity leave or long-term sick leave.
 - e. Submit to the GP Dean an annual renewal form and discuss this with the local HEE scheme lead at least one month in advance of the joining anniversary, to allow time for discussion regarding continuity of the scheme and any adjustments required.
 - f. Make every effort to attend any events organised by the GP Dean expressly for RGPs.
 - g. Make their responsible officer aware of the fact that they are a retained doctor.

8 Obligations of the general practice

- 8.1 The employing practice is obliged to:

- a. Offer adequate and appropriate induction, both on joining and after any significant break (e.g. maternity leave). This will include for example IT systems, information governance, safeguarding etc.
- b. Nominate a clinical colleague who will provide support and development time (fortnightly or monthly as discussed and agreed with the RGP).
- c. Notify the GP Dean in advance of any substantial changes within the practice that may impact upon the employment and educational arrangements of the retained doctor.
- d. Notify the GP's responsible officer and the GP Dean of any substantial changes within the practice which may impact on the employment.
- e. Arrange wherever possible that the main clinical meetings occur on a day when the RGP usually works.
- f. Work with the RGP to create a job plan suitable for the needs of the individual RGP to keep them in the profession.

9 Contractual/employment issues

- 9.1 The RGP is a salaried employee of the practice and should be employed as such. Contract checking and advice services can be accessed by BMA members by calling 0300 123 1233 or by emailing support@bma.org.uk. General advice for non-members can be obtained by emailing info.gpc@bma.org.uk.
- 9.2 The practice is expected to notify the GP Dean of any substantive changes that may affect employment of the RGP.
- 9.3 Exceptionally practices may employ more than one RGP where there is capacity and with the prior approval of the GP Dean.
- 9.4 It is not considered good practice for an RGP to work in isolation or across more than one site; however, this will depend on the model of practice in operation and should be discussed with the GP Dean.
- 9.5 RGPs on this scheme are actively encouraged to work extended hours to support seven day access to primary care where appropriate and in consideration of the particular RGP's circumstances. However, this must take place within the agreed pattern of work/ work plan.
- 9.6 GPs may be on the scheme for up to five years. Where an RGP commences employment between 1 July 2016 and 31 March 2017, and for those currently designated as retained doctors, there are additional resources to top up those payments stated within the SFEs for general practices for a maximum of 36 months from the date of recruitment, these are detailed in clauses 5.3 and 6.2. This period will end on or before 30 June 2019. No top up will be available beyond 30 June 2019 and the only money available will be as stated in the statement of financial entitlement for general practices at that time.
- 9.7 RGPs will be required to undergo an annual review with the GP Dean or their nominated deputy; this will allow careful consideration as to their needs and requirements for future months and whether they should remain on the Scheme.

- 9.8 RGPs will still need to comply with revalidation and annual appraisal via their Responsible Officer.

10 Educational aspects

- 10.1 All RGPs, irrespective of length of service, must go through an appropriate induction programme specific to their role and the practice in which they will be based.
- 10.2 The practice should provide the RGP with an induction on their return to work, the content of which should be tailored to take account of how long the leave has been and any changes in the practice during their absence. The induction should include longer patient appointments for at least the first session and cover subjects such as new resources, IT changes, new referral pathways, CCG changes and information. CPD time accrued during parental leave can be used for this.
- 10.3 The practice will be required to offer the RGP experience of a sufficiently wide range of general practice experience to ensure that they retain their skills. This will be mutually agreed and stated within the job plan, which will include hours of work, duties, time set aside for Continuing Professional Development (CPD) and necessary attendance at meetings. See the BMAs "Job Planning for GPs 2014".

11 Continuing Professional Development (CPD)

- 11.1 The RGP is entitled to the pro rata full time equivalent of one protected session per week for CPD. CPD time comes out of the annualised sessions for which the RGP is engaged and is not additional sessions.
- 11.2 There should be an appropriate balance of CPD sessions spent in the practice and attendance at courses etc. outside the practice. Practice clinical meetings and practice audits can count towards CPD time, however, not all of the CPD allowance should be used in this way. RGPs must also be able to use enough of their time for CPD to fulfil their personal educational needs as identified in their Personal Development Plan (PDP).
- 11.3 The RGP should come to an agreement with the practice and GP Dean around which, if any, external courses and training are appropriate to fulfil their PDP assessed needs. If the agreed courses take place out of the RGP's normal working hours, the RGP should be able to take time off in lieu on a mutually agreed date. NHS England will not fund the cost of any such courses and these costs will need to be agreed between the practice and the RGP.
- 11.4 The practice will:
- Provide at least one hour per month of CPD / education support at protected and mutually convenient times.
 - Invite the RGP to all practice based events, including practice meetings, in-house training, away-days and significant event meetings, in protected time, using the CPD allowance as appropriate.

- Ensure that the workload of the doctor takes into account that this is a supported post.
- Monitor sessions worked to ensure that these do not exceed those agreed in the job plan, recognising that sessions worked may be annualised.
- Ensure that all members of the practice are aware of these requirements.

11.5 Development and educational input will vary according to the circumstances of the RGP and the practice in which they are working. Each year the lead within the practice and RGP will meet to optimise the RGP's job plan.

11.6 The individual circumstances of the RGP should be taken into account by their employing practice when job planning and looking at flexibility.

12 Extended absence

12.1 The RGP continues to be a member of the scheme while on parental leave and time on paid parental leave is counted towards the RGP's cumulative 'time on the scheme'.

12.2 RGP's on parental leave are strongly advised to make use of "Keeping in Touch" (KIT) days where they are available. If a RGP's annual renewal falls due while they are on paid parental leave, they must complete and send a renewal application as usual.

12.3 Where an RGP is on extended leave for reasons related to health, each case will be considered individually by the NHS England regional team based on circumstances.

13 The role of the GP Dean

13.1 The job plan will be approved by the GP Dean in order to ensure any educational and development element is appropriate for the individual and meets the particular doctor's skills, work life balance and career aims. The suitability of the practice will depend on the RGP and the needs of the practice.

13.2 The GP Dean will support the RGP to ensure that they are able to keep up to date with CPD and education and will involve the RGP having an annual interview at least one month in advance of their joining anniversary to explore their reasons for needing to continue on the scheme. There is not an automatic assumption that an RGP will continue year to year on the scheme and there is no assumption that they will complete five years on the scheme. Where appropriate RGP's will be encouraged to increase their working hours over time, in line with their annual review, and so in time move off the scheme, where this is appropriate.

13.3 For current retained doctors and doctors commencing employment as an RGP by 31 March 2017 there is a time limited additional resource for both the

practice and the RGP as detailed in clauses 5.3 and 6.2. This will only be available for 36 months and not beyond 30 June 2019. Therefore RGPs and practices need to be aware that from 1 July 2019 the only money available will be as stated in the statement of financial entitlement for general practices at that time.

14 Management of the Scheme

- 14.1 The GP Dean or designated deputy will manage the scheme, including monitoring educational aspects, maintaining a database of RGPs and practices and developing a support network for RGPs within their region. Records of this will be retained by the HEE local team for audit purposes for up to six years and will be shared with NHS England quarterly.
- 14.2 Applications to join this specific scheme with the top up allocation can be made between 1 July 2016 and 31 March 2017. Applications are encouraged from any area in England.
- 14.3 The RGP annual bursary payment will be paid at the commencement of employment as an RGP and then each year on the anniversary following successful review subject to a reapplication process. This payment will be made to the practice and is to be paid on to the RGP.
- 14.4 The GP Dean will inform NHS England local teams of any practices employing an RGP, details of the RGP and why they have been accepted onto the retained doctor scheme, monitor numbers and feedback other information at regular intervals to the central HEE and NHS England teams. They will also follow up the outcomes to enable an assessment of impact to be carried out.
- 14.5 Practices which have been identified by HEE will be able to receive the additional top up allowance from their commissioner (NHS England local team or CCG with delegated co-commissioning). Practices will need to submit a claim form for the additional sum, including the GP allowance, in the same way as they claim the current retained doctors funding.

15 Existing retainees

- 15.1 GPs who are currently on the Retained Doctor Scheme will be eligible for the additional allowance for themselves and their practice subject to the conditions set out above.
- 15.2 Where a GP has previously been on the Retained Doctor Scheme, is not currently on the scheme and is otherwise eligible, they may apply to join the scheme if their circumstances are appropriate and this will retain them on the MPL. This will be at the discretion of the GP Dean.