

PLEASE NOTE ENTRY TO THIS SCHEME HAS NOW CLOSED

Frequently asked questions Retained Doctor 2016 Scheme

This document answers some of the frequently asked questions from GPs and practices regarding the Retained Doctor 2016 Scheme. These should be read in conjunction with the Retained Doctor Scheme Guidance 2016 (NHS England Publications Gateway Reference 04961).

General questions and answers

1. What is the Retained Doctor 2016 Scheme?

NHS England has published new guidance on the existing Retained Doctor Scheme which increases financial incentives to support GPs who might otherwise leave the profession to remain in clinical general practice. The guidance is part of NHS England's on-going commitment to retain more doctors in general practice as set out in the General Practice Forward View. Although the Retained Doctor Scheme has been in place for many years, the 2016 scheme delivers a number of improvements. This includes, from July 2016, an increase in both the money for practices employing a retained GP (RGP) and the annual payment towards professional expenses for GPs on the scheme.

2. Who is eligible for the scheme?

The scheme is open to the following:

- GPs who are currently designated as a 'retained doctor'.
- GPs who are interested in the scheme and hold full registration with the General Medical Council (GMC) and are on the National Medical Performers List (MPL).

RGPs may work between one and four sessions per week and may be on the scheme for up to five years with an annual review each year to ensure that they remain eligible. 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.

The scheme is open to any GP, irrespective of length of service, who has indicated a serious intention to leave practice or take a career break such as for carer responsibilities. Where a GP partner is planning to leave practice and retire this scheme may be used to support them to step into a salaried role. This should normally be in a practice other than where they were previously a partner. The scheme is open to locums who choose, as a result of this scheme, to take up a salaried role.

3. Why are we doing this?

We need a strong GP workforce to achieve the vision for primary care set out in the NHS Five Year Forward View and the General Practice Forward View. The Retained Doctor Scheme was established because we were losing too many qualified and experienced GPs who left the profession because they were no longer able to work full-time due to parental or other carer responsibilities or because they were looking to reduce their hours later in their career.

Workforce data shows peaks in GPs leaving practice aged in their 30s and 55+. This scheme is therefore aimed at anyone intending to leave practice as they require fewer working sessions. Where appropriate, RGPs will be encouraged to increase their working hours over time in line with their annual review. However this is not a requirement of the scheme and may not be appropriate in all cases. Applications are encouraged from any area in England and may be an option for practices having difficulties recruiting full time GPs.

4. How is it different to the Induction and Refresher (I&R) Scheme?

The Retained Doctor Scheme is for GPs who are currently in practice who are seriously considering leaving due to a need to reduce their working hours. The GP Induction and Refresher Scheme is to provide a clearer and easier route to general practice for GPs who would like to return to general practice after a career break, raising a family or working abroad. It also supports the safe introduction of overseas GPs. Information about the I&R Scheme is accessible at the [GPNRO website](#).

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

There has been a Retained Doctor Scheme aimed at salaried GPs in the NHS since 1969. It was last refreshed in 1998/9. The 2016 scheme provides additional financial support to the existing scheme. Doctors currently designated as a retained GP will remain on the scheme within the normal time limit of five years but will qualify for the additional funding.

Questions for prospective retained doctors

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

The scheme can help you if you want to reduce your hours due to parental or other carer responsibilities or if you want to reduce your hours later in your career. It can help you to find a practice which has suitable working hours available.

RGPs may work between one and four sessions per week and may be on the scheme for up to five years with an annual review each year to ensure that they remain eligible. 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.

7. How do I apply for the scheme?

You should contact your local Health Education England (HEE) GP Dean who will be able to provide this information. Please see the HEE website for further information and guidance <https://heeoee.hee.nhs.uk/retainer>

8. Is the money I receive taxable?

The sum is subject to deductions for tax and national insurance contributions but is not superannuable (pensionable). Both the RGP's annual payment and salary are taxable under Schedule E. 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).

9. Where is the scheme available?

The scheme is available in all regions.

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

The scheme is aimed at supporting GPs and practices faced with the challenge of working, or employing a GP who works, very reduced hours (one to four sessions per week). The funding aims to ensure this working pattern remains an option and is financially viable for practices and GPs. If you work more than four sessions per week, you will be classed as a part-time employee but not qualify for this scheme.

11. How long can I remain on the scheme?

The scheme runs for five years with an annual review. The additional financial resource in the 2016 scheme will be available for up to 36 months from 1 July 2016 until 30 June 2019 and will be paid to the practices via their usual payment route (through their NHS England local team or CCGs with delegated authority). During this time a broader review of the best approaches to retaining doctors is also being undertaken by NHS England, Health Education England (HEE), BMA's General Practitioners Committee (GPC) and Royal College of General Practitioners (RCGP).

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 forward will be as stated in the statement of financial entitlement (SFEs). This scheme may not be used for doctors who require remediation or for doctors where the NHS England local responsible officer has concerns.

12. What happens when the scheme ends?

The majority of RGP's are expected to stay on in their retaining practice after they finish their scheme, but this is not automatic or a condition of being on this scheme. At the end of the scheme a new contract will need to be negotiated to reflect the change in circumstance. Where the RGP is unable to secure a position then a dismissal process would need to be followed.

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>

Questions for GP practices

13. How will the GP practice benefit?

Each practice employing an RGP will be able to claim a training and development costs payment of £76.92 per session for which their retained doctor is engaged (for one to four sessions per week). The allowance covers the cost of mentoring and educational support for the RGP and to enable the practice to be flexible in its employment of the RGP. 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.

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

Exceptionally practices may employ more than one retained doctor where there is education supervision capacity and with the prior approval of the Health Education England (HEE) local team.

15. Who is the local Health Education England (HEE) lead and co-ordinator, should I need to get advice?

From 1 April 2017 please refer to the information held on the NHS website for GP Retention - <https://www.england.nhs.uk/gp/gpfv/workforce/retaining-the-current-medical-workforce/retained-doctors/>