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GP RETAINER SCHEME

Guidance on the Educational Aspects of the Scheme

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GP RETAINER SCHEME

Guidance on the Educational Aspects of the Scheme

Summary

This guidance is intended to supplement HSC 1998/101 issued on 29 May 1998 which described the changes to the GP Retainer Scheme as set out in paragraph 39 of the Statement of Fees and Allowances. It gives an overview of the educational aspects of the scheme and is intended for use by Directors of Postgraduate GP Education, existing and prospective retainees, GP practices employing or considering employing a retainee, and health authorities reimbursing GP practices for sessions worked by retainees.

Attached to the HSC is a copy of advice from the British Medical Association for retainees which the NHS Executive is happy to endorse. Retainees should read this in conjunction with the HSC.

This circular has been issued by:

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GP RETAINER SCHEME: GUIDANCE ON THE EDUCATIONAL ASPECTS OF THE SCHEME

Note: This guidance is intended to supplement HSC 1998/101 issued on 29 May 1998 which described the changes to the GP Retainer Scheme as set out in paragraph 39 of the Statement of Fees and Allowances.

Background

- 1 The scheme is intended to ensure that doctors who wish eventually to return to general practice as a principal or non-principal are able to keep up-to-date and further develop their careers. The scheme is therefore a combination of service commitment and continuing professional development. The balance of these may vary from time to time and educational supervision will ensure that this balance is maintained.
- 2 The retainer allowance to the employing practice is available for each of up to four sessions per week (a session is three and a half hours). This is intended to offset some of the cost to the practice of employing the retainer and supporting the retainer in their educational needs. The remainder of the retainer's salary is paid by the practice, with the recommendation that this should be informed by BMA guidance (which takes account of the fact that retainers are not expected to meet all their professional expenses and educational costs). It is a matter for the practice and the retainer to determine what the retainer's employment arrangements will be.
- 3 Retainers are entitled to join the NHS Pension Scheme.
- 4 A model contract is available from the BMA for retainers and practices, similar to the BMA's model contract for GP assistants. Normal Statement of Fees and Allowances rules will apply to maternity and sick leave as regards reimbursement to the employing practice from health authorities. Educational sessions (when the retainer is undertaking an educational session that will count towards the requisite education-time described in paragraph 15 below) will qualify for the usual allowance to the practice from the health authority. Hence the retainer can expect their normal sessional payment.
- 5 A doctor on the retainer scheme may not undertake more than 52 sessions (including the educational sessions) per quarter usually spread evenly throughout the period at four sessions or less per week, although the number of sessions per week can increase occasionally up to a maximum of 6 and decrease to a minimum of 1. The DPGPE's approval is required if there is a substantial variation in sessions per week.
- 6 There should normally be a maximum of four retainer sessions per week per practice, but exceptionally this can be increased to a maximum of eight (between 2 retainers) in larger practices, subject to the DPGPE's approval. These sessions should normally be carried out by one retainer per practice (except in large practices, as above) to ensure adequate educational and clinical supervision but exceptionally there can be two retainers per practice subject to the DPGPE's approval.
- 7 A retainer who wishes to carry out 4 sessions but is in a practice which can only accommodate one or two sessions per week can be a retainer in another practice

within the usual limits for sessions per quarter. In these circumstances educational supervisors in the two practices will need to co-operate.

- 8 Retainees can now undertake a limited amount of non-general medical services work, eg family planning or clinical assistant sessions, subject to the DPGPE's approval.
- 9 The length of the scheme is usually five years. There can be an additional three years according to individual circumstances at the DPGPE's discretion and rarely a further two years (maximum therefore 10 years continuously or intermittently) for a doctor to be part of the scheme.

Educational Aspects

The Practice

- 10 The practice will be required to offer the trainee experience of a sufficiently wide range of general medical services (which may include home visits) and monitor the trainee's workload and experience. A new trainee must go through an adequate induction programme. Help and advice, from a named clinical supervisor, must be available to the trainee during sessions. The trainee is not expected to undertake any out-of-hours work, but, in order to gain educational experience, is not discouraged from doing so in a supernumerary capacity.
- 11 The practice is expected to notify the DPGPE of any alterations in premises, partnership arrangements or employment arrangements of the retained doctor.
- 12 If the practice is not a training practice, the educational supervisor is encouraged to undertake preparation of the practice and themselves for training and employing a trainee. Undergraduate training and other practices may therefore be approved for employing a trainee, subject to the DPGPE's discretion and according to local circumstances and criteria (for example working, over a timescale agreed with the DPGPE, towards core criteria similar to the JCPTGP minimum educational criteria for training practices - see the Annex).
- 13 The educational input must be sufficient to meet the needs of the individual trainee and must be guided by a named educational supervisor from within the practice. Educational input will vary according to the circumstances of the trainee and the practice in which they are working and training. The DPGPE and associate directors will be available to facilitate this process if necessary.

The Trainee

- 14 The DPGPE will take individual circumstances into account when deciding whether to accept a doctor onto the scheme. These would normally involve personal well-founded reasons for limited, paid employment. Those following an alternative career, eg academic general practice, are not eligible for the scheme. An appeal mechanism will be established for doctors who are aggrieved by the decision of the DPGPE in

relation to the scheme; this will normally be via the General Practice Education Committee who will advise the DPGPE.

- 15 The trainee must undertake 28 hours of education time per year to include educational supervision of three hours by the practice educational supervisor. These 3 hours should be spread throughout the year.
- 16 The trainee will receive support for travel and subsistence for education and a contribution towards course fees for the above 25 hours of education subject to prior approval by the DPGPE. In addition trainees will receive their usual payment from the practice for the educational session. Forms for approval and claiming expenses can be obtained from the local Deanery office. Details of the current levels of support can be obtained from the DPGPE's office.

The role of the DPGPE

- 17 Postgraduate training practices will automatically meet the criteria for hosting the scheme, although employment of a trainee doctor will need to be sanctioned by the DPGPE in order to ensure that the education element of the scheme for the individual trainee is appropriate and to generally protect the needs of the trainee and any GP registrar or pre-registration house officer. Other practices, including undergraduate training practices, may also be approved for employing a trainee, subject to the DPGPE's discretion and according to local circumstances and criteria (for example working, over a timescale agreed with the DPGPE, towards core criteria similar to the JCPTGP's minimum educational criteria for training practices). Practices will normally be approved for a maximum of five years after which the practice will need to apply to the DPGPE for re-approval. If a training practice ceases to be a training practice, it needs to re-apply to the DPGPE for approval as a trainee practice at that time.
- 18 The DPGPE will set up an appeal mechanism for practices aggrieved by the decision of the DPGPE (via the Deanery GP Education Committee).
- 19 DPGPEs and associate directors will monitor and when necessary advise on the education. This process will normally involve the trainee having an annual educational development plan, which is submitted to and approved by the DPGPE.

Existing GP trainees

- 20 The trainees who joined the scheme prior to its revision will transfer to the new scheme.
- 21 Those who transfer to the new scheme can remain on it within the normal time limits taking into account the number of years spent within the old scheme and provided they and their practice still fulfil the criteria set out above (in paragraphs 14 and 17) for remaining on the scheme.
- 22 Trainees transferring towards the end of the normal time limits should be allowed to spend 2 years on the new scheme so that the educational benefits of the scheme will help prepare them for re-entry to general practice.

- 23 There will be a small number of non-vocationally trained doctors with pre-existing rights who must remain within the provisions of the old scheme.

MODIFIED JOINT COMMITTEE CRITERIA

It is expected that non-training practices will be moving, over a timescale agreed with the DPGPE, towards the achievement of the minimum core criteria for training practices which are set out below. Criteria in square brackets apply to GP registrars' practices only but are still desirable in a retainer practice and should be considered in relation to a retaineer.

- 1 All medical records and hospital correspondence must be filed in practice notes, in date order.
- 2 Appropriate medical records must contain easily discernible drug therapy lists for patients on long-term therapy.
- 3 (i) Deaneries should set and publish targets for the achievement of summaries in medical records in teaching practices.
(ii) Practices should be seen to be making progress towards reaching these targets.
(iii) Slow progress in an otherwise satisfactory practice should lead to a shorter period of re-selection than the deanery norm.
- 4 All training practices should have methods for monitoring prescribing habits as an important part of the audit process. They should have either a practice formulary or a prescribing list and a policy on how the list is reviewed and implemented.
- 5 All training practices should have a library [which conforms to a recommended deanery reading list] and contain a selection of books and journals relevant to general practice.
- 6 [All training practices must provide opportunities for GP registrars to become familiar with the principles of medical audit and to participate in medical audit; they must be able to demonstrate that GP registrars have participated in medical audit.]
- 7 [Formative assessment, that is assessment for educational purposes, should form an essential part of the training of all GP registrars.]
- 8 The Joint Committee also expects all trainers and training practices to diligently observe and teach the professional guidance contained within the GMC publications "*Good Medical Practice*" and "*Maintaining Good Medical Practice*".

September 1998

December 1998

GPC

General Practitioners
Committee

Guidance to GP retainees

BMA

GPC GUIDANCE TO RETAINEES

This guidance should be read in conjunction with the guidance on the educational aspects of the retainer scheme.

Introduction

The GP retainer scheme is designed to ensure that doctors who can only undertake a small amount of paid professional work may keep in touch with general practice, retain their skills and progress their careers, with a view to returning to NHS general practice in the future. The scheme combines a service commitment with an educational component, offering retainees the opportunity to do a small amount of paid professional work and to be involved in postgraduate medical education sessions.

Number of sessions

A retaineer may choose to undertake up to four sessions per week in general practice under the new scheme. The spread of sessions should be averaged over a quarter so as not to exceed 52 sessions per quarter, ie in some weeks practices will be able to claim for over 4 sessions per week as long as the total over the quarter does not exceed 52 sessions. If the changes are substantial and regular, then they should be subject to the Director of Postgraduate Education's (DPGPE's) approval. The number of sessions per week can vary during the year to allow the retaineer to meet their personal commitments eg school holidays.

There should normally be one retaineer per practice and, exceptionally, two retainees, subject to the DPGPE's approval.

A retaineer who wishes to carry out four sessions but is in a practice which can only accommodate one or two sessions per week can be a retaineer in another practice within the usual limits for sessions per quarter. In these circumstances educational supervisors in the two practices will need to co-operate.

Retainees can also now undertake a limited amount of non-GMS work eg family planning sessions, clinical assistant, subject to the DPGPE's approval and support.

Entry to the scheme

The DPGPE will be expected to take individual circumstances into account when deciding whether to accept a doctor on the scheme. Participating GPs are expected to return to a career in general practice. Those following an alternative career (eg academic general practice) are not eligible for the scheme.

An appeal mechanism will be established for doctors who are aggrieved by a decision of the DPGPE (via the Deanery GP education committee).

Contractual issues

The trainee is an employee of the practice and it is up to the practice and trainee to decide the details of the employment components. A model contract will be available for trainees and practices, similar to the BMA's model contract for GP assistants, to include reference to the trainees' hours of work, and benefits such as holiday pay. Health authorities only reimburse the practice for actual sessions worked or educational sessions undertaken. Holiday pay is a matter between the practice and the trainee. Sick pay and maternity leave/pay are reimbursed to the practice by health authorities.

The contract needs to recognise that the scheme allows for 28 hours of postgraduate education including educational supervision. The trainee is entitled to support for travel and subsistence and a contribution towards course fees for the above hours of education subject to prior approval by the DPGPE. Forms for approval and claiming expenses can be obtained from the local Deanery office.

Trainees' domestic needs should be taken into account by their employing practice.

Trainee's salary

It is recommended that the trainee's salary should be informed by BMA guidance, shortly to be published. This will take into account the fact that trainees are not required to meet all their own professional expenses (MDO subscriptions etc), nor all of their education costs. They also have the benefit (sickness and maternity leave pay) of being an employee. Their salary counts towards the NHS pension superannuation scheme for those who join.

There is a trainee allowance of £300 in 1998 towards the cost of MDO subscription, subscription to medical journals etc. Trainees should be aware that there are currently differences between the subscriptions charged by MDOs to trainees.

Supervision/standards

Trainees should have a named educational supervisor and a named clinical supervisor; the latter being a named principal in the practice. The former will be a GP who has prepared him/herself for the role. At least once a year, the supervisor will discuss performance with the trainee. This will be an opportunity to discuss the trainee's job and other matters, if he or she wishes. The trainee should be offered experience of undertaking a full range of general medical services, including home visits. The trainee will be not *expected* to undertake any out of hours work but, in order to gain educational experience, should not be discouraged from doing so as a supernumerary doctor on call.

Educational sessions

The trainee will have an education development plan, which the DPGPE will approve on an annual basis to ensure the trainee's educational needs are met and that the trainee's educational time of 28 hours per year is appropriate for their needs and supported by funding from the regional budget.

The trainee must undertake 28 hours of education time per year including educational supervision within the employing practice of a minimum of three hours per year. If a trainee becomes a principal in general practice, the approved education undertaken in the last year of the scheme will count towards their first PGEA payment.

Report (Management of the Scheme)

The DPGPE will manage the scheme including monitoring of education, funding educational sessions, maintaining a database of retainees and practices, and where necessary developing support networks for retainees.

Length of scheme

The length of the scheme is usually 5 years. There can be an additional 3 years according to individual's circumstances at DPGPE discretion, but there is a maximum of 10 years for a doctor to be part of the scheme.

Existing GP retainees

The retainees who joined the scheme prior to its revision will transfer to the new scheme.

Those who progress onto the new scheme can remain on it within the normal time limits, taking into account the number of years spent within the old scheme and provided they and their practice still fulfil the criteria for remaining on the scheme.

Retainees transferring towards the end of the normal time limits should be allowed two years for the educational benefits of the new scheme to help prepare themselves for re-entry into general practice.

There are a very small number of non-vocationally trained doctors with pre-existing rights to work in general practice in a limited capacity, and they must remain within the provisions of the old scheme. They should contact their DPGPE for career advice.