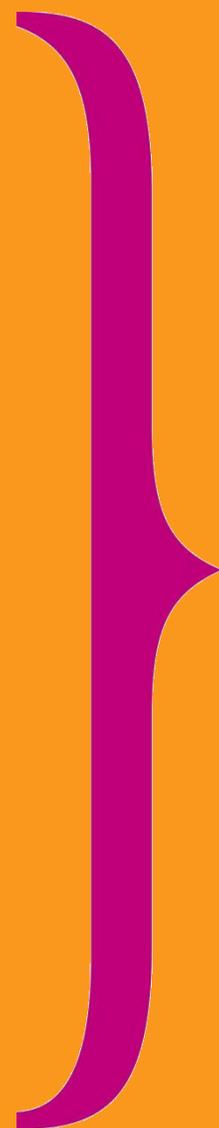


# The GP Retainer Scheme Handbook



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With acknowledgement to Dr Rebecca Viney and Victoria Dennis.

**CONTENTS**

<b>1</b>	<b>Who's who and where to get advice</b>		
<b>2</b>	<b>Introduction</b>	2.1	Historical note
		2.2	Retainer or Returner – which is appropriate?
<b>3</b>	<b>Suitability criteria</b>	3.1	Criteria for the Retainer Scheme Doctor
		3.2	Criteria for the Retainer Scheme Practice
<b>4</b>	<b>Obligations</b>	4.1	Obligations of the Retainer Scheme Doctor
		4.2	Obligations of the Retainer Scheme Practice
<b>5</b>	<b>The application process</b>	5.1	Description of the application process
<b>6</b>	<b>Working on the Scheme:</b>	6.1	Duration of the scheme
		6.2	Sessions
		6.3	The number of sessions worked
		6.4	Working as a retaineer in two practices?
		6.5	Two retainees in one practice?
		6.6	Induction
		6.7	Additional work
		6.8	Professional expenses
		6.9	Payment to practices
		6.10	Annual reapproval
		6.11	Membership while on maternity leave
		6.12	Altering the Retaineer's working / educational arrangements
		6.13	Moving to another practice in the scheme
		6.14	Leaving the scheme
		6.15	After the scheme
<b>7</b>	<b>The Educational Component of the Scheme:</b>	7.1	The role of the Educational Supervisor
		7.2	Continuing Professional Development sessions
<b>8</b>	<b>Contractual Issues:</b>	8.1	Employee status
		8.2	Rates of Pay
		8.3	Practice meetings
		8.4	Appraisals
		8.5	Annual leave
		8.6	Maternity leave
		8.7	Taxation
		8.8	Superannuation
		8.9	National Insurance
		8.10	Redundancy compensation
		8.11	Representation
		8.12	Performance issues
		8.13	Grievance procedure
<b>9</b>	<b>Appendices:</b>	9.1	Rates of pay
		9.2	Calculation of CPD & annualised sessions

### **1. Who's who and where to get advice**

Health Education East of England  
Community Schools – General Practice  
2-4 Victoria House  
Capital Park  
Fulbourn  
Cambs CB21 5XB

The Health Education East of England Retainer Scheme is run by:

*Dr Vijay Nayar, Deputy GP Dean, leads the Scheme. email: [vijay.nayar@nhs.net](mailto:vijay.nayar@nhs.net)*

**For any queries please contact the GP School Administrator on [heee.communityschools@nhs.net](mailto:heee.communityschools@nhs.net)**

**Downloadable forms and information about the scheme are available on the Health Education East of England website at <https://heee.hee.nhs.uk/retainer>**

### 2.1. Historical note

The GP Retainer Scheme was introduced in 1969 to enable doctors at a period of their lives in which they can only undertake a small amount of paid professional work, but plan eventually to return to General Practice in a more substantive post, to keep up-to-date, retain their skills and further develop their careers by being employed part-time in an approved practice. The scheme is therefore a combination of service commitment and continuing professional development, by offering the opportunity to do a small amount of paid professional work and to be involved in educational sessions. It aims to facilitate the practice of medicine and career development within a protected and educationally stimulating environment. It is the responsibility of Health Education England, managed in each region of the UK by the appropriate regional body.

Originally the scheme allowed for only 2 sessions of work per week, but in 1998 new rules were introduced allowing doctors on the scheme to work for up to 4 sessions per week. The basic principles of the scheme are outlined in NHSE HSC 1999/004, available to download at: [http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthservicecirculars/DH\\_4003810](http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthservicecirculars/DH_4003810)

There have been no changes to the fundamentals of the scheme since then, although Health Education East of England (HEEoE), like the other regional agencies, continually revises its procedures in the light of changes to employment law and NHS practice (such as the new GMS contract of April 2004 and the reorganisations of April 2013).

### 2.2. Retainer or Returner – which is appropriate?

People often confuse the GP Retainer Scheme with the GP Returner Scheme, which is now known nationally as the **GP Induction & Refresher (I&R) Scheme**.

The purpose of the **Retainer Scheme**, as stated above, is to *keep* GPs in the profession through a period in their lives when they are unable to work in substantive posts, and wish to keep working less than half time.

The purpose of the **GP Induction & Refresher Scheme** is to help doctors *return* to NHS general practice who have been out of active practice for 2-3 years. These doctors will not be on a Performers List due to the following reasons;

- not in active practice in UK general practice
- working in another speciality
- an EU trained GP.

Doctors applying for the GP I&R Scheme must state their intention to work for at least two years in a substantive (though not necessarily full-time) NHS GP post after completing their refresher training. Retainer posts are not considered as substantive: it follows that it is not normally possible to join the Retainer Scheme after retraining on the GP I&R Scheme.

Information about the GP I&R Scheme is accessible at the HEEoE website here:

[https://heeo.ee.nhs.uk/cs\\_induction](https://heeo.ee.nhs.uk/cs_induction)

### 3. Suitability criteria

#### 3.1. Criteria for the Retainer Scheme doctor

- a. The doctor must be qualified and entitled to practise as a GP in the UK - i.e. must hold full registration with the GMC and be on the National Performers List. S/he must have well-founded personal/domestic/other reasons for undertaking only limited paid employment; being primary carer for children under school age is the most usual, an ongoing medical condition is another. Having a child in full-time schooling would not normally qualify a doctor for the scheme, but individual circumstances are taken into account.
- b. There is no gender or age discrimination as to who is suitable to become a retaineer.
- c. The scheme is intended for those who wish eventually to return to a more substantive post in general practice (so doctors wishing to downsize towards retirement, for example, are not eligible).
- d. The doctor must intend to work a minimum of 2 sessions and a maximum of 4 sessions in general practice per week on average, and no more than 52 sessions in any one quarter. (Technically the rules permit 1 session a week, but this will not normally be approved - see Section 6.4).
- e. The doctor may, subject to HEEoE approval, undertake in addition a limited amount of non-GMS/PMS work, such as family planning or clinical assistant sessions or OOH work - no more than an extra two sessions per week. The scheme is not intended for those intending a career as an academic or portfolio doctor or in another sector of practice.
- f. A doctor may not become a retaineer in an existing post: e.g. a salaried GP working 6 sessions a week wishing to downsize to 4 *in the same practice* may not apply. (However, a GP registrar may, after certification, become a retaineer in his/her training practice.)

#### 3.2. Criteria for the Retainer Scheme practice

- a. The practice must offer a sufficiently wide range of GMS/PMS core medical services to enable the retaineer to maintain skills across the full spectrum of GP work.
- b. The practice must be active in GP education. Postgraduate training practices and F2 supervising practices will meet the criteria for hosting a retainer scheme GP, although employment of a retaineer will need to be approved by HEEoE in order to ensure that the educational element of the scheme is appropriate and to ensure that the needs of the retaineer are met. Practices involved in other educational activity, e.g. undergraduate teaching, may be eligible. They must provide documentation of this activity; e.g. practices that teach medical students should submit a copy of a visit report from the medical school, or of feedback from students.
- c. The doctor nominated as educational supervisor to the retaineer must have had some educational training.

## Health Education East of England

- d. If the practice employs or has recently (within the last 2 years) employed a trainee, it must submit a report on that doctor's time in the practice, using the form downloadable from the web page. Only after this has been done, and the PSU agrees that this is satisfactory, may the practice apply to have a new trainee.

Practices that do not currently meet all the criteria may still be approved if they can demonstrate progress towards core criteria similar to the PMETB's minimum educational criteria for training practices, over an agreed timescale.

### 4. Obligations

#### 4.1 Obligations of the Retainer Scheme doctor:

The Trainee is obligated to:

- a. Maintain registration with the General Medical Council.
- b. Maintain membership of a medical defence organisation.
- c. Notify HEEoE, in advance if possible, of any changes in working arrangements (e.g. additional work) and domestic circumstances that may affect membership of the scheme.
- d. Notify HEEoE of any long spells off work, e.g. maternity leave or long-term sick leave.
- e. Prepare a PDP every year and keep a log of educational activities, to be submitted to HEEoE with the annual application for renewal.

#### 4.2 Obligations of the Retainer Scheme practice:

The employing Practice is obligated to:

- a. Offer adequate and appropriate induction, both on joining and after any significant break (e.g. maternity leave).
- b. Have help and advice available during sessions (the Trainee may not be left consulting without any other doctor available to contact for advice, at least by phone).
- c. Nominate an educational supervisor who will block off a minimum of 20 minutes a week (or the equivalent fortnightly or monthly) of protected educational time with the Trainee (see section 7, *The Educational Component of the Scheme*).
- d. Notify HEEoE in advance of any changes in premises, partnership or the employment/educational arrangements of the retained doctor.
- e. Allow the trainee the pro-rata FTE of one protected session per week for Continuing Professional Development (CPD). A doctor working only one session per week will have a minimum of eight sessions of CPD per year.

### 5. The application process

All correspondence and applications will be by email.

#### 5.1. Description of the application process

The application process falls into five stages:

- a. **Information.** Doctors thinking of working as a Retainee, and practices thinking of employing one, should first familiarise themselves with the scheme by reading this Handbook, the BMA's "*Focus on salaried GPs*" document, and the BMA model contract for GP Retainees. Information and the application form are downloadable from the HEEoE website at <https://heeoe.hee.nhs.uk/retainer> links to the BMA documents are provided on the same page.
- b. **Application.** Each party completes their section of the application form and emails it to HEEoE. When the form is received at HEEoE, the application form and documents will be sent to the GP tutor who will interview the prospective by phone and will suggest any changes needed.

Areas the GP Tutor will cover include checking whether there will be:

- adequate induction
- systems in place to ensure that the Retainer receives copies of their patient results and consultant feedback from referrals
- educational input sufficient to meet the needs of the GP, and weekly educational supervision
- a named educational supervisor guiding the educational input
- clinical supervision (by the educational supervisor or another named doctor) at all times when the Retainee is working
- CPD as described in Appendix II of this Handbook
- an agreed Continuity of Employment plan for the end of the scheme
- working hours and a job plan compliant with the rules of the scheme
- appropriate accommodation

Unless and until HEEoE is satisfied that all these conditions are met, and that the application adequately and clearly expresses them, no approval will be granted. Applicants should factor in the time it will take for all this to be checked, discussed and amended as required. Allow 30 working days from the time a complete application is received at HEEoE - but if there are any delays in making any amendments required by HEEoE, this will delay approval and cause the start date to be put back accordingly. Membership of the scheme will not start before the date on which the approval process is finally completed.

- c. **Approval.** On approval the GP School Administrator will send an official email to the doctor, notifying them of HEEoE's decision; this will specify the dates for which s/he is approved to the scheme and the number of sessions per week s/he is approved to do.

## Health Education East of England

This email will be copied to the practice and also to NHS England, to notify them of their obligation to reimburse the practice for these sessions.

- The new Retainee will now be entitled to claim the annual £310 subsidy for professional expenses (see Section 6.8); a link to the claim form for this will be enclosed with the approval email.

The HEEoE staff are unable to advise on issues relating to contract interpretation and employment law; anyone who has any such queries in relation to the retainee's contract should take them to the BMA.

Practices and prospective retainees should apply together to join the scheme long enough in advance to obtain approval **before** the retainee starts work. It is **not** acceptable for the retainee to start work and only later to apply, asking for membership to be backdated and reimbursement of sessions to be made retrospectively.

Practices should note that prospective retainees' credentials, references and list status are **not** checked by HEEoE. It is the employing practice's responsibility to do this, as it is with any other salaried GP.

### 6. Working on the Scheme

A GP Retainee should expect to work in practices where a trained educational supervisor / clinical supervisor will provide regular support and work regular sessions within the practice with the Retainee. The Retainee should expect to work in an efficient, well-organised working environment. The practice will benefit in turn from the input of a well-motivated doctor who keeps up to date with current practice and can contribute with other members of the practice team towards the implementation of clinical governance.

#### 6.1. Duration of the scheme

- a. The length of the scheme is normally 5 years either continuously or intermittently, provided the Retainee continues to be eligible throughout that time. Thus, a doctor who has previously been on the scheme for less than 5 years, whether in the East of England or elsewhere, may apply to join the scheme for the remainder of the 5 years. Doctors who have had a full term on the scheme in another region are not eligible; nor are doctors who have previously been on the Flexible Careers Scheme.
- b. Retainer placements are approved for a year at a time, and the Retainee must apply annually *in advance* for the placement to be reviewed and re-approved.

#### 6.2. Sessions

Under the new GMS Contract a session is defined as being 4 hours and 10 minutes. This includes at least 60 minutes administrative time and dialogue with the educational or clinical supervisor at the practice. This does *not* mean that Retainees must work in blocks of exactly 4 hours and 10 minutes. Provided the hours worked per week equate to the number of sessions approved by HEEoE, if it suits the Retainee to do so it is perfectly acceptable, for example, to work a longer morning session followed by a shorter afternoon one.

The retainee may agree to home visits and on-call responsibility, provided that this is to be completed within the agreed sessional time and is in accordance with the educational plan as agreed for the Retainee with HEEoE. The Retainee is not *required* to undertake any out-of-hours work, but *may* do so. There is no presumption against the Retainee working evening or weekend sessions, if these are practicable for him/her (given that a Retainee is by definition restricted by personal or family circumstances), provided that s/he has access to help and advice from another GP (see Section 4.2 point b) .

The sessions of work will be contained in a job plan (“sessions of work”) in Appendix D of the model contract.

## Health Education East of England

The practice should be able to offer the trainee a full range of general medical services in a modern GMS/PMS setting, including home visits where appropriate.

The clinical supervisor should discuss the proposed duties with the Trainee and make a realistic assessment of the required workload and, with mutual agreement, ensure that it is possible to complete this within the agreed sessional time, using Appendix E from the contract. The job plan should be subject to at least annual review and amendment by mutual agreement between the practice and the trainee.

### 6.3. The number of sessions worked

Under the terms of the Scheme the minimum number of sessions that may be worked per week is 1 session, and the maximum is 52 per quarter, usually spread evenly throughout the period at 4 sessions per week. *On occasion* the weekly quota of sessions may be increased to a maximum of 6 or decreased to a minimum of 1, by mutual agreement. (This is to allow the trainee some flexibility, for example to cover for a sick colleague.) **Please note**, however, that 1 session a week is felt to be too little to keep a GP in practice over a prolonged period of time and so is not usually approved except in exceptional circumstances or as an interim measure. The normal minimum is 2 sessions a week.

### 6.4. Working as a trainee in two practices?

NHSE HSC 1999/004 does say that if the practice cannot offer the trainee the maximum 4 sessions the trainee may divide the sessions equally between two separate practices, provided the educational supervisors of each practice co-operate in fulfilling their responsibilities.

### 6.5. Two trainees in one practice?

Multi-partner practices with a large patient list *may* be approved to employ two Trainees at a time, *provided* they have the consulting space to accommodate two Trainees and enough time and energy to fulfil their educational obligations to them, and that taking on a second Trainee will not prevent a Trainee on only two sessions a week from increasing to three or four if they wish.

### 6.6. Induction

When first joining a practice a new GP Retainee must go through an adequate induction programme and be provided with a practice information pack. Essential information to include is listed in the BMA's GP Retainer contract, in Appendix B. The Practice will ensure that the GP Retainee is provided with copies of all local CCG policies and procedures, notices of local educational meetings and professional compendia. It should include a copy of the practice development plan together with a set of practice protocols with details of any local or practice health care improvement programme initiatives. A copy of the practice formulary should also be made available, with details of current prescribing aims. Time should be allowed for instruction in use of the practice IT system, use of template entries, medication review and information recording, recall of information and Links. Information regarding other practice members and attached members of the primary care team, with their areas of expertise. This list is not exhaustive and should be tailored to specific practice requirements.

### 6.7. Additional work

The rules of the scheme allow Retainees, *subject to the prior approval of HEEoE*, to undertake other work in non-primary medical services – for example, teaching or family planning - in addition to their Retainer post, up to a maximum of 2 sessions a week (1 session being 4 hours 10 minutes). Locum work is not allowed by the terms of the Retainer Scheme; but OOH work is permissible, now that OOH is no longer a GMS commitment.

Additional sessions should have the effect of maintaining or increasing professional skills not used in the Retainer post. Sessions undertaken simply to increase the Retainee's income beyond what can be earned in 4 sessions a week contravene the spirit of the scheme, being specifically for doctors restricted in the number of sessions they can work.

Retainees *must* notify HEEoE in advance of their wish to do any additional work, and obtain approval before starting it. This includes voluntary work or other unpaid commitments

Retainees *must* also inform their defence organisation if doing additional work.

### 6.8. Professional expenses

Under the Retainer Scheme, the GP Retainee is entitled to claim a fixed annual amount towards the costs of professional expenses, which is currently £310. This sum is the only part of the funding of the scheme that comes from HEEoE; it is paid upon commencement of

## Health Education East of England

employment and on an annual basis thereafter, as long as the GP remains a member of the Scheme. The claim form can be obtained from our website <https://heeoee.hee.nhs.uk/retainer>

### 6.9. Payment to practices

The practice is reimbursed £59.18 **by the local Payments Agency** (*not* HEEoE!) for each full clinical session, and also for each educational session as if they were consulting sessions. This reimbursement is intended to offset some of the cost to the practice of employing the GP Retainee and supporting them in their educational needs. The practice is also entitled to be reimbursed the same sum per session whilst the Retainer is on all types of leave, including annual, maternity, paternity, adoptive, sickness (for a reasonable period as agreed by the contractor and the CCG), an emergency involving a dependent, or other pressing personal or family reasons where the contractor and the CCG agree that the absence of the member of the Doctor's Retainer Scheme is necessary and unavoidable. For parental leave the normal statutory qualifying period of one year's service with the contractor does not apply.

NHS England's obligation to reimburse practices for their retainees is laid down in the Statement of Financial Entitlements, as follows:

***Payments in respect of sessions undertaken by members of the Scheme***

14.2 Subject to paragraph 20.3, where—

- (a) a contractor who is considered as a suitable employer of members of the Doctors' Retainer Scheme by Health Education England employs or engages a member of the Doctors' Retainer Scheme; and
- (b) the service sessions for which the member of the Doctors' Retainer Scheme is employed or engaged by that contractor have been arranged by Health Education England,

NHS England must pay to that contractor under its GMS contract £59.18 in respect of each full session that the member of the Doctors' Retainer Scheme undertakes for the contractor in any week, up to a maximum of four sessions per week.

The original document can be found in full here (it's on pages 70-72 of 144):

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/187049/GMS\\_Statement\\_of\\_Financial\\_Entitlements\\_Directions\\_2013.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/187049/GMS_Statement_of_Financial_Entitlements_Directions_2013.pdf)

### 6.10. Annual re-approval

Approval to the Scheme is granted for a year at a time. Every year the Retainee must submit an application for renewal before the expiry date, on a form available from the GP School Administrator or downloadable from the HEEoE website, accompanied by a personal development plan and their education log for the past year.

### 6.11. Membership while on maternity leave

Retainees continue to be members of the scheme while on maternity leave, and time on **paid** maternity leave is counted towards the Retainee's cumulative "time on the scheme". **Unpaid** maternity leave is treated differently; if a Retainee takes any unpaid leave, her renewal will still fall due at the usual date, but at the end of her five calendar years on the scheme she will be entitled to an additional period equivalent to the unpaid leave that has been taken.

A Retainee planning to go on maternity leave must inform HEEoE of the start date and expected end date of her leave. On her return she must confirm the actual end date of the leave and how much, if any, of the leave was unpaid, so that HEEoE can be clear if there will be any additional periods of approval due.

If the Retainee's annual renewal falls due while she is on maternity leave, she must complete and send a renewal application as usual, but need not submit a personal development plan; the Retainee may opt to postpone submission of this until a month after her return to work, when she has had time to assess her current learning needs.

### 6.12. Altering the Retainee's working/ educational arrangements

Approval of a Retainer placement is contingent on all the working arrangements that have been agreed in the approval process – the number and timings of sessions per week, the name of Educational Supervisor, non-retainer work commitments if any, etc. However, it is understood that the Retainee's and the practice's situation and requirements will evolve during the scheme and working patterns may well need to change. If the Retainee and practice wish to make any changes – for example, to increase or decrease the sessions worked, or nominate a different educational supervisor – HEEoE's approval must be sought *in advance*.

### 6.13. Moving to another practice

If a trainee wants to leave the practice to which s/he has been approved and go to work as a retainer at another practice, s/he should inform HEEoE *as soon as possible* of his/her intention, explaining the reason for wanting a move and details of the proposed new practice and working arrangements. After discussion, if a move seems desirable and the new practice is eligible, HEEoE will ask the doctor to submit a new application for approval, exactly as for the original placement. If all proves satisfactory HEEoE will authorise the new arrangement and notify the retainer and NHS England of its approval. The Trainee does not need to send in a new education log, PDP etc unless s/he is due to do so anyway; annual renewal will take place at the usual time.

The clock is not “re-set” if the Trainee moves halfway through the scheme; s/he will only be entitled to 5 years on the scheme altogether.

### 6.14. Leaving the scheme

Trainees who decide to leave the scheme will be asked to complete the Retainer Scheme Exit Questionnaire available to download from the web page.

### 6.15. After the scheme

The majority of trainees stay on in their retaining practice after they finish their scheme. At this stage a new contract will have to be negotiated to reflect the doctor’s change of employment status; there is room for reasonable variation in the new terms of employment. 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>.

## 7. The Educational Component of the Scheme

### 7.1. The Role of the Educational Supervisor

a. A named GP, who works regularly within the practice (not necessarily a partner), must be appointed as the Trainee’s *educational supervisor*. The rules of the scheme also require that a named *clinical supervisor* should be available during clinical sessions to provide help and advice, debrief at the end of sessions, and discuss dilemmas and interesting cases if required. In most cases the same person fulfils both these roles; but if the educational

## Health Education East of England

supervisor is not available during the retainer's clinical sessions the practice must nominate another suitable person as clinical supervisor.

Protected time should be made available for the educational supervisor and GP Retainee to meet regularly (ideally weekly; at least monthly) at a mutually convenient time for tutorial, feedback, case discussion or other aspects of general practice that the Retainee feels is needed. This will usually entail blocking off a couple of patients' slots. A log should be kept of the dates of these meetings and a brief note of the subjects covered.

### **b. Competence**

Approval to be an educational supervisor will require that the supervisor is competent and committed to the role. The educational supervisor should be able to demonstrate:

- Their ability to write a learning needs analysis (LNA)
- Their ability to write a PDP using SMART objectives
- Their understanding of the principles of adult learning
- Their understanding of the different learning styles, be aware of their own preferred learning style and be able to explain the implications of this
- Their knowledge of the range of learning resources available to the Retainee.

### **c. Commitment**

The educational supervisor will:

- Provide dedicated, regular educational supervision, in protected, mutually convenient time. One notional hour per month would be a reasonable minimum standard.
- Invite the Retainee to all practice based events, such as practice meetings, in-house training, away-days, and significant event meetings, *in protected time*.
- Ensure that the workload of the doctor takes into account that this is a supported, developmental post and that all members of the practice are aware of this.

### 7. 2. Continuing Professional Development (CPD) sessions

- a. The GP Retainee is entitled to the pro rata full time equivalent of one protected session per week for CPD. This provision is in line with the model salaried GP contracts within GMS. See Section 9.2 for a table showing the calculation of entitlement to CPD and annualised sessions. N.B. that CPD time comes out of the 2 or 3 or 4 sessions for which the retainee is approved; it is **not** additional to them.
- b. Some of the Retainee's CPD sessions will be spent in the practice. For example, the Retainee's regular sessions with the educational supervisor, practice clinical meetings and practice audits all count as CPD time. However, not all of it may be used in this way. Retainees **must** be able to use enough of it to fulfil their own personal educational needs as identified in their PDP. The Retainee and the educational supervisor should discuss the PDP and how the retainee's CPD time can best be used.
- c. The retainee should agree with the educational supervisor what external courses and training are appropriate to fulfil the PDP, and (if these events occur at a time when she would normally be working) request to be released for the purpose a reasonable time in advance. If they take place out of the Retainee's normal working hours, time off can be taken in lieu, on a mutually agreed date. Retainee's can claim a maximum of £100 for any courses they have attended per year which is reimbursed by HEEoE. The claim form can be downloaded from our website <https://heeoe.hee.nhs.uk/retainer>

### 8. Contractual Issues

#### 8.1 Employee status

Retainees are by definition employees (they may not be paid as self-employed). It is a statutory requirement for an employee to have a contract of employment. The BMA has produced a model contract for the GP Retainer Scheme, which is in line with the minimum terms and conditions of employment for salaried GMS performers set out in the new GMS contract of April 2004, and HEEoE strongly recommends its use. It is obtainable to download from the BMA website here:

<http://bma.org.uk/practical-support-at-work/contracts/sessional-gps>

The Retainee is entitled to expect terms and conditions of employment similar to all other employed doctors and as such is covered by the provisions of employment law, including the right to trade union membership, protection against unfair dismissal and discrimination on grounds of sex, race or disability, or part time employment – this last by the Part-Time Worker (Prevention of Less Favourable Treatment) Regulations 2000.

## Health Education East of England

HEEoE staff are unable to advise on issues relating to contract interpretation and employment law; we recommend therefore that all Retainees send their contract to the BMA for their opinion before signing. However the BMA's "focus on salaried GPs" document is invaluable in understanding employment law and the minimum terms and conditions of the contract.

<http://bma.org.uk/practical-support-at-work/contracts/sessional-gps>

### 8.2. Rates of pay

The rate of pay is a matter of negotiation between the GP Retainee and the employer. HEEoE is not qualified or empowered to advise what scale of remuneration is appropriate, *provided* the Retainee's salary falls within the range of salary recommended by the Doctors' and Dentists' Remuneration Body ("DDRB") (see Section 9.1 for current information), is increased annually in accordance with the DDRB's recommendations, etc.

### 8.3. Practice meetings

The GP Retainee is entitled to attend and participate in regular practice meetings relating to education and clinical governance. The Retainee may be invited to attend meetings on practice business matters, and reasonable notice will be given of such meetings.

If such a meeting is attended outside the sessions of work, the Retainee may elect to be remunerated on a sessional basis, or to take time off in lieu. However, HEEoE strongly recommends that regular practice meetings are scheduled during the Retainee's sessions of work, or - if this is impossible or would disadvantage other part-time employees - on rotating or alternating days of the week so that at least a proportion are. When the Retainee has not been able to attend a meeting, minutes should be made available to him/her, and the educational supervisor should feed back to him/her at their next educational session.

### 8.4. Appraisals

GP retainers should not be asked to undergo appraisal in their own time. If the appraisal takes place outside normal hours, they should receive time off in lieu.

### 8.5. Annual leave

As GP retainees are by definition constrained in their working hours by personal or domestic factors, it is the intention of the scheme that they should be allowed to take their holiday

entitlement as far as possible at times that are suitable for their personal circumstances, for example during school holidays: practices should give consideration to this. However, retainees cannot expect to have first choice of holiday dates every time! And if they want leave at a popular time, like everybody else they should put in their leave requests as early as possible.

### 8.6. Maternity leave

Retainees have the same entitlement to maternity leave as any other salaried GPs, which is described in the BMA's **Focus on Salaried GPs**, available in full at:

<http://bma.org.uk/practical-support-at-work/contracts/sessional-gps>, and in the BMA's **Salaried GPs' Handbook**, available free only to BMA members.

### 8.7. Taxation

Both the Retainee's allowance and Retainee's salary are taxable under Schedule E. Certain expenses may be claimed against tax: e.g. subscriptions to medical defence organisations, membership of the BMA and GMC annual retention fee. To claim mileage under S189 Taxes Management Act, retainees must keep a log of ALL mileage for 2 months of the year, and get their employer to state in writing that they must provide and run their own car.

### 8.8 Superannuation

Since 1998 all employed sessional GPs have been eligible to join the NHS superannuation (pension) scheme. It is NHS England who pay Retainees' superannuation but this requires the practice to tell them how much the Retainee has been paid each year. **Retainees must seek confirmation that their pay is being superannuated.** We advise all Retainees to request a pension statement from the NHS pension scheme annually; it will not be issued without a request. The NHS Pensions website is at: <http://www.nhsbsa.nhs.uk/pensions>.

### 8.9. National Insurance

The salary of a retainee is classified as employed pay and is liable for Class 1 contributions by the employing practice.

### 8.10. Redundancy compensation

Although the Retainer scheme is for a limited term only, and therefore a fixed-term contract is appropriate, like all other employees a Retainee gains full employment rights after one year of service and is eligible for redundancy pay after two years. If a redundancy situation should arise, the practice must follow a formal redundancy procedure. See p 9-11 of **Focus on Salaried GPs**, available at:

<http://bma.org.uk/practical-support-at-work/contracts/sessional-gps> .

### 8.11. Representation

Local Medical Committees have traditionally represented the interests of sessional GPs working in the NHS. Since the introduction of the Health Act 1999, LMCs now represent all GPs and have amended their constitutions to facilitate this representation. We recommend that *all* sessional GPs register with their LMC to ensure they are represented.

At the national level, all GPs are represented by the General Practitioners Committee (GPC) of the BMA. GPC policy is in turn guided by the annual conference of LMCs. The GPC constitution allows for representation who may be either elected representatives of the LMC, the BMA or nominated from the Sessional GP Subcommittee at the GPC. Sessional GPs on the BMA data base are entitled to stand and to vote in the annual elections to the Non-Principal Subcommittee at GPC.

Practices usually pay the LMC (Local Medical Committee) voluntary levy for all the doctors in the practice, which will include the Retainee.

### 8.12. Performance issues

If there are any issues with the retainee's performance, they should be managed as with any other salaried member of staff.

### 8.13. Grievance procedure

If a retainee feels that he/she is being unfairly treated and is not receiving the educational benefits of the scheme, he/she should approach HEEoE who will be able to discuss the problems in confidence and will attempt to mediate and resolve issues of concern.

## 9.1 Appendix 1: Rates of pay

### DOCTORS' AND DENTISTS' REVIEW BODY SALARY UPLIFT

#### Salaries for employed GPs 2013-2014

The Doctors' and Dentists' Review Body's (DDRB's) suggested range for 2013/2014 was £54,319 to £81,969 for full-time salaried GPs (an overall uplift of 1% on the 2012/13 figures). This is only a minimum range: PCO and practice employers have the flexibility to offer enhanced pay rates to aid recruitment, but cannot offer less than this range in assessing the appropriate salary. The principle of local job evaluation should apply, and personal experience and length of NHS service should be taken into account. You can find the DDRB report for 2013/2014 here:

<http://www.official-documents.gov.uk/document/cm85/8577/8577.pdf>.

## 9.2. Appendix II: Calculating CPD & annualised sessions

Clause 4 of the model standard contract terms and conditions defines 'full time' thus:

*"Full-Time General Practitioners will normally be contracted to work 37 ½ hours per working week ("contracted hours"), such hours being divided into nine nominal sessions. Such sessions may be divided up into specific working periods by mutual agreement."*

And Clause 50 states: *"At least four hours per week (pro rata) on an annualised basis shall be protected for activities related to professional development as in the agreed job plan."*

So:

A GP doing	4 sessions p.w.	should have	19 sessions CPD p/a
	3 sessions p.w.		15 sessions CPD p/a
	2 sessions p.w.		10 sessions CPD p/a
	1 session p.w.		8 sessions CPD p/a

The table below is adapted from the BMA's guidance document "Focus on Salaried GPs":

<http://bma.org.uk/practical-support-at-work/contracts/sessional-gps>.

N <sup>o</sup> . of sessions per week	N <sup>o</sup> . of sessions p/a	N <sup>o</sup> . of A/L*sessions p/a	N <sup>o</sup> . of B/H* sessions p/a	Remaining n <sup>o</sup> . of sessions	Sessions of CPD	Clinical Sessions
X	X x 52	X x 6	X/9 x 20	y	Y/9=z	y-z
1	52	6	2	52- (6+2) = 44	8 †	36
2	104	12	5	104-(12+5)=87	10	77

## Health Education East of England

3	156	18	7	$156-(18+7)=131$	15	116
4	208	24	9	$208-(24+9)=175$	19	156

\* A/L = Annual Leave: B/H = Bank Holidays

†Although according to the calculation this figure would be 5, Retainer Scheme GPs are entitled to a minimum of 8 protected sessions per year for CPD regardless of working hours.