

Addressing misconceptions about the GP Retention Scheme

If you are looking for information about the GP Retention Scheme, your starting point should be the scheme guidance document which you can access [here on the NHS England website](#), along with the [FAQs](#). However, myths and misconceptions about the scheme continue to circulate, so we have put together this short guide to highlight some important things we think you should know about the scheme.

RGPs can do other paid GP work outside of their RGP post

Outside of their RGP post Retained GPs are permitted to undertake:

- Unlimited GP out-of-hours work and urgent care work
- Unlimited other kinds of non-GP clinical work (e.g., family planning, dermatology, occupational health etc.) which allows them to retain or extend their skills outside of general practice
- Unlimited other kinds of non-clinical work (e.g., education, appraisal, management etc.) which enables them to retain or extend their skills.
- Unlimited in-hours GP work in the same or a different practice. This has been allowed since [March 2020](#) and was introduced in response to the Covid-19 pandemic. It was extended indefinitely in [April 2020](#). This work is not funded from the retention scheme, which caps funding at 4 sessions per week, and therefore would be either salaried or locum work.

RGPs' workload should reflect their individual circumstances and be outlined in a job plan

GPs join the GP retention scheme for a range of reasons, but all will have support and flexibility needs which can not ordinarily be provided in a standard salaried post. The funding received by the practice as part of the GP Retention Scheme is intended to provide the necessary financial support for this flexibility and the RGP's individual requirements and arrangements.

A job plan, signed off by the local HEE (Health Education England) lead, is an essential support tool to ensure that the RGP's workload is appropriate to their experience and individual circumstances, while ensuring balance with CPD (Continuing Professional Development), mentoring and opportunities for team contact. Each RGP's requirements need to be considered and addressed on an individual basis, and not simply based on job plans for other salaried staff in the practice. Revisions to job plans should only be made when mutually agreed between employer and RGP, with input from the HEE lead.

The BMA provides guidance on job planning which can be [accessed here](#) and you can read more about job planning and workload for RGPs in the [main scheme guidance](#).

Retained GPs (RGPs) are entitled to be paid as well as their salaried colleagues

All RGPs should be paid on terms no less favourable than the [BMA Salaried GP Model contract](#). This is clearly stated in the [scheme guidance](#). It has sometimes been incorrectly claimed that if RGPs see fewer patients than their salaried colleagues, they should be paid less. The number of patients that an RGP sees and the types of work that they carry out are a matter for their individual workplan and comparisons with other doctors or members of staff are only one factor in arriving at a fair salary.

As with all salaried GPs, RGPs are eligible for pay awards in line with the Government's decision on pay following the DDRB recommendations and should have their salary uplifted accordingly. [Contact the BMA](#) to receive advice on negotiating your salary.



CPD for RGPs should primarily be based on the needs of the individual

It is sometimes incorrectly claimed that all of an RGP's CPD should be connected to their clinical GP role, beneficial to the practice (for example on QOF or audits) or only spent on formally taught lectures or courses. In fact, the primary consideration should be the needs of the individual as established at their appraisal, and RGPs are entitled to choose CPD that is designed to further their own interests and needs for professional and career development. CPD activities should be protected and prioritised and should form part of a job plan with input from the practice supervisor. This should be reviewed annually by the HEE RGP scheme lead.

CPD should be planned with enough flexibility to ensure its use is meaningful and the full entitlement is taken

Flexibility is required when it comes to including CPD within the job plan. If the plan is too rigid, including only regular short periods of 30 minutes or 1 hour, this could prevent the RGP from achieving their CPD aims through attending external events, courses or learning groups. A too-rigid approach also risks that this time is used instead for clinical administration or managing clinical queries from staff and patients. As for all GPs, practice meetings which are not of an educational nature should not be deducted from CPD time and time to undergo appraisal should not be deducted from CPD. It is also important to note that supervision and mentoring time is not CPD and this time should not be deducted from the RGP's CPD entitlement.

Further details about how CPD should work for RGPs can be found in the [main guidance document](#).

If an RGP goes on maternity leave, their CPD entitlement continues to accrue

All employees are entitled to receive all of their contractual entitlements during their maternity leave, except for remuneration. This means that CPD continues to accrue during maternity leave and can be taken immediately after maternity leave, upon return to work or during the subsequent year. The timing needs to be agreed with the employer. While it is permitted, there is no requirement to carry out CPD during maternity leave.

The GP Retention Scheme does not require GPs to do home visits

There is an expectation that the RGP's practice role will allow them to retain the full range of general practice skills. However, job plans need to be tailored to the individual RGP, for example factoring in the need for them to be able to finish at a particular time to complete work during contracted hours. This needs to be taken into consideration when looking at what duties can be undertaken and when.

The same principal applies to "on-call" or "duty doctor" work. This role is not mandatory and when RGPs are added to the on-call rota, the frequency of duty days must be agreed and specified in the job plan. The frequency of on-call duties should not exceed a pro-rata share based on the RGP's agreed number of sessions. As they generally extend the length of the day, specific duty days would need to be agreed well in advance. Where this leads to an extension of the normal working day, there should be clear arrangements agreed in advance for the RGP to take back the additional time worked, within the same week or at a mutually agreeable time.

RGPs are not required to do private work on behalf of the practice

RGPs should only carry out private work such as reports and medicals if there is an agreement on this within the job plan, with appropriate administration time allocated for this work. Where this is carried out in addition to standard clinical NHS work, it should be subject to additional remuneration. RGPs who undertake additional private work should ensure they have appropriate indemnity cover as this work will not be covered by NHS clinical indemnity. If an RGP is required to obtain additional cover from a Medical Defence Organisation, any additional cost should be reimbursed by the practice.

What can and cannot be deducted from the professional expenses supplement

The professional expenses supplement is paid to employers to pass onto the RGP. Employers can make deductions from this for income tax and employee national insurance contributions but must not deduct money for the employer's national insurance contribution. The supplement is also not subject to superannuation deductions.

There are many reasons why a GP may join the scheme, including to support a portfolio career

Some RGPs will have had time out from NHS general practice and find that the reduced commitment and additional support on offer from the scheme allows them to return. However, many RGPs have had no time out from the work in general practice and have other reasons for joining the scheme.

Often, GPs who join the GP retention scheme have caring responsibilities which prevent them from committing to more than 4 sessions per week, or they are approaching retirement. However, the scheme is also available to doctors seeking a reduced practice commitment because of outside working commitments. A portfolio career may include medical education, political representation and CCG work, to name but a few possibilities.

While RGPs can be motivated by a range of different factors, all successful applicants to the scheme must meet all 3 of the following criteria:

1. They must be seriously considering leaving or have already left general practice.
2. A regular part-time role must be unsuitable because it does not meet the doctor's need for flexibility, for example the requirement for short clinics or annualised hours.
3. The doctor must have 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.

In most cases, it will not be appropriate for an RGP to hold a patient list

GPs who join the scheme are unable to work more than 4 sessions per week and will often have outside responsibilities as carers or professional commitments. These may restrict the amount of time they can give to the practice and determine the need for carefully protected boundaries for their work (e.g. certainty of finish time so as to pick up children or move to another job role later in the day).

Having a patient list can bring rewarding continuity, but it also brings some unpredictability in workload as tasks and documents may accumulate during off-duty days. This is particularly problematic if the retained GP works two sessions or less or spends several days absent from practice every week. One way to manage this would be to operate a "buddy system", allowing the list to be looked after by a colleague when the RGP is not scheduled to work. If the retained GP is regularly exceeding or at risk of exceeding their scheduled end of session time, their number of scheduled appointments should be reviewed and consideration given to increasing admin time, reviewing the buddy system or removing their responsibility for the patient list.

RGPs have a range of options when it comes to hours worked per week

Although an RGP cannot work more than four clinical sessions per week (totalling 16 hours and 40 minutes per week), the number of contracted sessions does not have to be a whole number. The RGP could, for example, be contracted to work 6 or 14 hours per week.

The number of hours the RGP is contracted to work can be taken on average across a period of 13 weeks, meaning that the RGP can have access to the kind of week-to-week flexibility that may help with their outside commitments.

Where an RGP works to an annualised schedule, they are expected to work at least 30 weeks out of 52.

Please note that due to the COVID-19 pandemic, restrictions on RGPs working hours have been lifted until further notice.

Supervision and mentoring should be attuned to the RGPs needs

Unlike GP trainees, where supervision time focuses on pre-agreed topics in line with a curriculum, supervision and mentoring under the GP Retention Scheme should be flexible and respond to the specific needs of the RGP, as expressed by the RGP themselves.

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