

UEMO 2000/121

BMA General Practitioners Committee guidance to retainees December 1998 from U.K. Delegation

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 retainee 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 (DPGPEs) approval. The number of sessions per week can vary during the year to allow the retainee to meet their personal commitments eg school holidays.

There should normally be one retainee per practice and, exceptionally, two retainees, subject to the DPGPE's approval. A retainee 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 retainee 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 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 Director of Postgraduate GP Education, who will be advised by the Deanery.

Contractual issues

The retainer is an employee of the practice and it is up to the practice and retainer to decide the details of the employment components. A model contract will be available for retainees and practices, similar to the BMA's model contract for GP assistants, to include reference to the retainees' 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 retainee. 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 retainee 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.

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

Retainee's salary

It is recommended that the retainee's salary should be informed by BMA guidance, shortly to be published. This will take into account the fact that retainees 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 NHS pension superannuation scheme for those who join.

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

Supervision/standards

Retainees 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 retainee. This will be an opportunity to discuss the retainee's job and other matters, if he or she wishes. The retainee should be offered experience of undertaking a full range of general medical services, including home visits. The retainee will not be 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 retainee will have an education development plan, which the DPGPE will approve on an annual basis to ensure the retainee's educational needs are met and that the retainees educational time of 28 hours per year is appropriate for their needs and supported by funding from the regional budget.

The retainer 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 retainer 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.

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 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.

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.