



**New GP Starter Pack
Tips and Resources for
newly qualified GPs**

October 2023 Version

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Section 1: Introduction

Many congratulations on completing your training and welcome to the start of what will hopefully be a long and happy career in general practice!

For some, completion of training can feel like getting to the end of a conveyor belt, everything you have done so far has been leading to this point...but now what?! You are faced with so many options in terms of how you work, when you work and where you work, it is natural to feel a bit overwhelmed. In addition to this, you are now fully independent practitioners, without the safety-net of formal de-briefs and educational supervisors, which can seem daunting.

Rest assured that there is plenty of information and support available in Nottinghamshire which will hopefully help you to make a smooth transition into independent practice.

This document is primarily designed for newly qualified GPs who are looking to work within Nottinghamshire. It has been written in 'good faith' with all information correct to our knowledge at the time of writing.

If you have any comments or queries, please do not hesitate to contact us at info@phoenixprogramme.co.uk.

Section 2: Essentials for practicing as a GP in the UK

To work as a fully-fledged GP in the UK you need to have the following in place.

1. CCT (certificate of completion of training) from RCGP
2. To be on the GMC's specialist GP register
3. To be on the National Performer's List
4. To have indemnity to cover your work.

Getting your CCT

You will usually have your final educational supervisor meeting in May (if you are on an August/August training programme) – this comes around *very* quickly after the mid-year review which is usually February time. It is worth noting you need to have all your OOH shifts done, or at least booked by this meeting. Also make sure things like Quality Improvement Activities (QIAs) are finished. At the same time as the final educational supervisor meeting, the final clinical supervisor meeting also needs to be completed and all areas must be marked as 'competent.' Your portfolio will then be checked by a local Programme Director and finally by the NHSE (formerly HEE) ARCP panel.

Once your ARCP is approved (outcome 6) in an email from NHSE (formerly HEE), you need to log in to your RCGP e-portfolio and 'accept' the ARCP outcome. You can then press the button which allows you to 'apply for CCT.' The RCGP then send you a confirmatory email and they contact the GMC with a 'recommendation.' You will get an email from the GMC a couple of weeks later.

Getting on the GMC GP register

You also need to apply for your CCT through your GMC login (the email from the RCGP should remind you to do this).

Go to your GMC login - my registration my applications.

You then need to pay for your CCT (about £433) and they will send you your certificate a few weeks later.

Changing status on National Performers List

As a GP practising in the UK you must be on the national performers list (NPL). The performers list essentially provides an extra layer of reassurance for the public that GPs, dentists and opticians who practice in the NHS are suitably qualified and have passed other relevant checks such as with the DBS and NHS Litigation Authority.

You need to update Primary Care Support England (PCSE) when your circumstances change e.g. when you change from a registrar to a fully qualified GP (and whenever your details change e.g. if you become a partner, change name or place of work).

This process used to be long and laborious and included downloading and filling in forms by hand. Thankfully, it has now moved online which will hopefully mean it is much simpler and quicker! PCSE online is the new platform for submission and approval of performer list changes and applications. If you have any problems with PCSE online, you can use the online form or contact their customer support centre on 0333 014 2884.

The revalidation team are updated by PCSE and then will contact you via email. You can still work if you have updated PCSE but your NPL status hasn't been updated yet so don't panic!

Indemnity

The government's state backed clinical negligence scheme for general practice came into operation on 1 April 2019. It provides cover for clinical negligence issues associated with NHS patient care that occurs on or after this date.

What it covers – NHS work only (in England), everyone from receptionists to pharmacists to GPs, cover is automatic (no need to apply) and no payments are

required. The scheme is operated by NHS resolution.

What it doesn't cover – private work, inquests, regulatory and disciplinary proceedings, employment and contract disputes, non-clinical liabilities. Any claims relating to incidents before the 1 April 2019 will need to be reported to your Medical Defence Organisation (MDO). You still need to be covered by an MDO to cover you for non-NHS work e.g. death certificates/crem forms. There are various different MDOs that you can use e.g. MDU, MDDUS or MPS. Some practices may be signed up to an MDO and as part of contract negotiations will pay for your indemnity cover via the MDO practice scheme.

Run-off cover

Medical negligence claims can arise many years after the original incident. You need to check if you have occurrence-based cover (most GPs have this) or claims made cover. Occurrence based cover means that you are protected for any claims that take place during your period of indemnity with that provider (even after you cease your membership). Claims made cover means you are only covered for incidents which occur within a specific agreed timeframe. If you only have claims made cover, you may need to purchase additional 'run-off cover' in order to provide you with back-dated protection.

Section 3: Pointers for Induction

Arranging a proper induction at your practice is good practice to ensure safety and will ultimately reduce the number of queries saving time all round.

Building/out and about

- Keycodes for doors/Fob access/car park pass
- Satnav - ensure this is working to save time and stress
- Emergency bag/equipment – what/where or do you need your own
- Emergency telephone number for the practice - e.g. if running late/off sick to avoid having to go through reception

Room

- Panic button
- List of internal and external phone numbers including acute care numbers and translator services
- Equipment - check the clinical equipment you have, and need is working, and PAT testing is up to date!
- See IT/computer tips for more specific advice

Policies and procedures

Every practice does things differently, and things change quickly. As well as reading the usual policies and procedures ask for an induction/locum pack. If this is not available, try to familiarise yourself with the following:

- Repeat prescriptions
- Referrals – Faster Diagnosis/2 week waits, routine and changes in forms etc.
- Letters and coding
- Results - procedure for actioning and buddying

- Tasks - secretaries, reception/admin, who deals with what
- QOF - reminder of how to access templates and update on changes
- How the practice communicates with each other - ensure you are on the mailing lists for appropriate email/notifications/WhatsApp groups
- Home visit policies - being safe on visits/practice policies informing site that you are on a visit/lone working policies for your practice
- Covid policies/procedures - the pandemic has changed how a lot of practice operate both in terms of PPE provision/'Hot'/Red room working and lateral flow testing. It is prudent to be clear what is the practice policy and know what the practice procedure is for positive COVID status in yourself/patients.

Documents to consider having ready

For locums:

- ID - passport/driving licence, proof of address.
- Original GMC certificate
- Proof of recent DBS check (number if available)
- Letter of being on a Performers List
- Original Primary Degree Certificate and qualification
- Proof of immunisations, including Hep B

For all:

- Indemnity Insurance
- Level 3 Safeguarding/Adult Safeguarding
- Basic Life Support Training
- Car insurance (for Business use) for home visits

Section 4: IT/Computer Tips

Taking a little time to have things set up in advance can save time in consultations and avoid unnecessary hold ups and glitches. You may also want to see our [detailed IT guide](#).

General

- Smart card - email your number to the practice to activate in advance
- Computer - have a practice run using the computer (and printer) prior to seeing your first patient
- Printer paper (including scripts)- who is responsible for loading this (and where it is kept)

Logins

- Windows login, Clinical system login, ICE/test requesting, Intranet, Dictation, NHS email, Blue Stream (e learning platform), TeamNet
- Consider logins for GP access, Notis
- Instant messaging system - familiarise yourself with this (bearing in mind that depending on the clinical system instant messages can be auditable).
- Ask to be included onto email circulars/update lists

F12 Pathfinder

- SystemOne based practices are streamlining towards using F12 pathfinder for most referrals and guidelines e.g. referrals, advice and guidance forms, guidelines for individual specialty, service restrictions, acute care numbers and protocols, Faster Diagnosis/2WW referrals, community referrals and safeguarding.
- EMIS based practices also have access to this but it is not as user friendly. All information can also be located on TeamNet

Nottinghamshire APC (Area Prescribing Committee) website

- For local prescribing guidelines, formularies and shared care protocols.

TeamNet/Clarity website

- Useful website linked to clarity appraisal to directly record CPD who also send out weekly bulletins. Contains Updates and events - ICS, Alliance, LMC
- Clinical resources - NICE and local guidelines/leaflets and webinars
- Contacts - Useful telephone numbers for both clinical care linked to NUH and for non-clinical and support roles
- Many practices also use their calendar, check with your practice manager <https://teamnet.clarity.co.uk>.

References: NASGP induction advice <https://www.nasgp.org.uk/spip/>

Section 5: Preparing your doctor's bag

Different practices will have different equipment available for salaried and locum GPs. Most locum GPs re-stock their own doctor's bags whereas salaried GPs may be able to use practice supplies. It is worth considering what you need for a typical surgery or home visit. Some useful items are listed below.

- Stethoscope
- Otoscope
- Ophthalmoscope
- BP machine
- Tendon hammer
- Gloves
- Tongue depressors
- Thermometer
- Pulse oximeter
- Phlebotomy kit and sharps bin
- Urine dipsticks
- Urine pots
- Glucometer
- Peak flow meter
- Lubricant jelly
- Alcohol hand gel
- Pregnancy tests
- Swabs

Emergency drugs

Some GPs carry a selection of emergency drugs. The exact drugs may depend on your area (e.g. proximity to A+E services and 24-hour pharmacists) and the medical conditions you are likely to come across. Some practices supply their regular GPs with a supply of medications, but if you are a locum you will need to re-stock your own by doing a private prescription. If you plan to carry controlled drugs you must take measures to safeguard these appropriately.

Further information can be found at <https://locumorganiser.com/getting-started/doctors-bag/>.

Section 6: Keeping up to date

Without weekly GPST teaching to keep you up to date, you will need to start actively seeking out CPD. The good news is there is a huge variety of options available, so you just need to choose which suits you best!

Courses

Keep on mailing lists locally for updates on local learning events e.g. Phoenix Programme New to Practice Fellowship bespoke CPD, LMC, RCGP Vale of Trent Faculty, Nottinghamshire Alliance Training Hub (NATH), TeamNet, Private hospitals e.g. Spire, BMI offer regular evening CPD sessions.

Useful email lists

- Early GP Career Notts (formerly First 5 group) – CPD for GPs within 5 years of qualification – <https://www.facebook.com/groups/first5notts>
- Appraisal and revalidation team updates - england.revalidation-support@nhs.net/England.mids-dn-reval@nhs.net
- LMC weekly updates - office@nottslmc.co.uk
- RCGP updates - updates@rcgp-news.com
- Local RCGP Vale of Trent Faculty updates - vtrent@rcgp.org.uk
- TeamNet/Clarity updates usually include a summary of the above - teamnet-admin@clarity.co.uk.

E-learning

- Clinical - RCGP, doctors.org.uk, BMJ, appraisal providers - Clarity, e-learning for health (including online safeguarding), Red Whale, NB Medical, TeamNet
- Non-clinical - Blue Stream, indemnity providers, GMC and defence organisations all offer e-learning modules and bulletins.
- GP Technology - e-GPlearning supports clinicians with technology-enhanced

primary care and learning: <https://egplearning.co.uk>

Podcasts

A fantastic, time efficient way to learn on the go, take a little time to prepare in advance and you can learn while on the move:

- Clinical - 2 Paeds in a Pod, RCGP Essential Knowledge, BMJ Podcast, GPnotebook, NB Hot Topics, Red Whale Primary care Pod
- Non-Clinical - The GP Podcast by Ockham Healthcare for all the latest on changes in GP, BBC radio 4 Inside Health and You are not a Frog
- Wellbeing – You are not a Frog – Rachel Morris

Local Updates

The Nottingham and Nottinghamshire Integrated Care System (ICS) website updates on all aspects of healthcare initiatives locally. <https://healthandcarenotts.co.uk>

NASGP and Locum support

- The National Association for Sessional GPs provides useful resources for sessional (locum and salaried) GPs
- Local advice/support: <https://www.nottinghamshirelmc.co.uk/support> for details of the Nottinghamshire Sessional GP Subcommittee.
- Phoenix Programme Locum support: <https://www.phoenixprogramme.co.uk/schemes/guidance-for-locums>

Social media

Great for keeping up to date with current issues in GP often with a stream of cases posted by GPs with feedback and advice, a chance to reflect on how you would do things:

- Facebook groups – Early Career GPs Notts (formerly Nottingham First 5 GPs),

Resilient GP, Tiko's GP group, Physicians mums

- X (formerly Twitter)/Instagram - follow who you find inspirational

Webinars

A great way to learn interactively from the comfort of your own home, there are increasing numbers of these including:

- Red Whale, NB medical, TeamNet, Clarity, defence organisations

RCGP curriculum resources

Use the RCGP website or think back to what told you used for exams; do you still have access to these? e.g. Revision books, MCQ websites, Revision Podcasts and courses.

Find your tribe on social media/WhatsApp

- Phoenix Programme New to Practice WhatsApp group
- Early GP Career Notts (formerly Nottingham First 5) committee
- Sessional GP subcommittee
- Rise and Shine - supporting flexible working and leadership opportunities
- Notts Primary Care Racial Equity and Diversity Group
- International Medical graduates – Facebook group

If unsure contact the team at the Phoenix Programme to put you in touch.

Resources for International Medical Graduates (IMGs)

The Phoenix Programme has a dedicated webpage on skilled worker visas available here:

<https://www.phoenixprogramme.co.uk/schemes/detail/skilled-worker-visas>

Other resources you may find useful are:

- <https://www.e-lfh.org.uk/programmes/nhs-induction-programme-for-international->

[medical-graduates/](#)

- <https://www.bma.org.uk/advice-and-support/international-doctors/life-and-work-in-the-uk/being-an-international-junior-doctor-in-the-nhs>
- <https://www.gov.uk/skilled-worker-visa>
- Nottinghamshire IMG GPs and GP Trainees WhatsApp group (contact Phoenix Programme to put you in touch)

Section 7: Personal and Career Development

New to Practice Mentoring

All Phoenix Programme New to Practice fellows are entitled to mentoring throughout their two year fellowship. The mentoring is free and each fellow is assigned a trained GP mentor who can help facilitate professional and personal development as well as signposting opportunities. Once invoicing has been set up with the fellow's employing practice a mentor can be assigned and this process is usually done within the first few weeks of the fellowship. For questions/queries email: info@phoenixprogramme.co.uk

GP-S

GP-S is a free peer mentoring, coaching and signposting service for General Practitioners. For anyone who would like to explore ways to develop themselves or have a problem or opportunity they're not sure how to move forward with. This could be personally, professionally or within your career. They aim to build resilience in the general practice workforce by allowing you time and space to develop your personal goals. You can contact GP-S by phone on 0115 979 6917. Website: <https://www.gp-s.org/>

The Phoenix Programme

A programme whose aim is to build a sustainable primary care workforce; helping GPs and colleagues develop fulfilling careers in supportive workplaces. The Phoenix Programme provides funded support for GPs throughout their career from during training through to nearing retirement, in a variety of ways including clinical and non-clinical fellowships. For more information sign up today for free to hear more about what it has to offer: <https://www.phoenixprogramme.co.uk>.

Next Gen GP

An exciting opportunity for those wishing to develop their leadership skills further. Originally designed by three GP trainees this now runs in different areas nationally, inviting inspiring speakers to offer their insights on leadership and change in General

Practice. To find out further details and find details of application for the next course running locally see the website: <http://www.nextgenerationp.co.uk>.

Section 8: Sources of support

GP wellbeing and stress management is increasingly being recognised as a vital for improving morale, resilience and ultimately optimising quality of care.

Practitioner Health

This free confidential service offers timely and comprehensive healthcare for doctors and dentists on a self-referral basis. The service is available to all doctors and dentists who are on the GMC/GDC register (or have been within the last 12 months) in England. NHS Practitioner Health can help with any mental health or addiction issue which may be affecting your working life.

Opening hours: Mon-Fri 8am-8pm and Sat 8am-2pm

Telephone: 0300 030 3300

Email: prac.health@nhs.net

Website: www.practitionerhealth.nhs.uk

GP Supporter Service

The GP Supporter Service, which used to be called the Nottinghamshire LMC Pastoral Network, has been in existence for a number of years. It is a flexible and free professional friend service to support GPs through any professional issue they may be facing such as:

- Patient complaints
- Performance reviews
- Referrals to the GMC
- Inter-practice/partnership issues

A GP Supporter can provide flexible support to help through these issues and can meet in person or virtually depending on your needs. They also have access to a

variety of signposting support services.

Email the [GP Supporter team](#) if you would like more information or to access the service.

For further information on health and wellbeing please see the Phoenix Programme website: <https://www.phoenixprogramme.co.uk/wellbeing>

NHS Looking after you too

Individual coaching support is available with a highly skilled and experienced coach. This will be a space for you to offload the demands of whatever you are experiencing and be supported in developing practical strategies for dealing with this. It might be that through a one-off conversation you have all the strategies you need to cope with your situation and stay well.

For further information see website: <https://www.england.nhs.uk/supporting-our-nhs-people/wellbeing-support-options/looking-after-you-too/>

For confidential support by phone:

General: 0800 06 96 222 (7am-11pm)

Bereavement: 0300 303 4434 (8am-8pm)

References: <https://php.nhs.uk>

<https://www.nottinghamshirelmc.co.uk/support/pastoral-support/>

Section 9: Guide to Appraisal and Revalidation

What is revalidation and why is it important?

Revalidation was introduced in 2012 and applies to all doctors who wish to retain their license to practice in the UK. Revalidation consists of an annual appraisal with an appraiser, and a 5 yearly revalidation where all your appraisals will be taken into account by the responsible officer (RO).

There have been some recent updates to the requirements for the annual appraisal and the changes aim to minimise preparation time which is good news! Below is a link to some helpful guidance from NHS England:

<https://www.england.nhs.uk/mids-east/wp-content/uploads/sites/7/2018/08/guidance-on-preparation-for-medical-appraisal-for-gps.pdf>

Guide to appraisal

The key to a stress-free appraisal is to prepare well in advance! Hopefully, this guide will give you some more tips. There are recent recordings about preparing for your appraisal as a newly qualified GP on the [Phoenix Programme website](#). (login required)

Choosing an electronic appraisal toolkit

You can use any 'GMC approved' toolkit. Historically in Nottinghamshire most GPs have used Clarity which gives discounted rates to RCGP members. However, as the Trainee e- portfolio is now on FourteenFish we anticipate that more newly qualified GPs will use this toolkit. It is worth looking at all the options and seeing which suits you best.

- Clarity <https://agiliosoftware.com/clarity/clarity-primary-care/>
- FourteenFish <http://www.fourteenfish.com>

- GP tools <https://www.gptools.org/>

N.B. The MAG form (Medical Appraisal Guide) is no longer a usable toolkit

Booking an appraisal

The revalidation team will contact you with an appraisal month and an appraiser (usually 3- 4 months after you qualify). It is then up to you to contact your appraiser to arrange an appraisal meeting. Best to do this sooner rather than later as things like annual leave can otherwise make this tricky. The venue is usually your GP practice, your appraiser's GP practice or can be done virtually and the appraisal meeting itself generally takes 2-3 hours.

Appraisal Preparation

In general, as with most things, it is best to start preparing early. One of the most useful tips is to log your CPD activities at the time of doing them (or soon after). You can then see how much you have done so far that year and in which areas. It is also good to make a list of interesting cases which have caused you to learn or reflect – even if you don't write a formal entry, as it will act as a reminder for nearer the time. Generally, you don't need to upload certificates except for mandatory training (i.e. safeguarding and BLS).

You need to submit all your evidence 2 weeks before the date of your appraisal.

Sections of Appraisal toolkits (taken from Clarity)

Professional Profile

This is self-explanatory – you need to enter your personal details, qualifications and memberships. You also need to explain your scope of work i.e. what roles you hold. This includes clinical and non-clinical, paid and voluntary roles – anything that you do as a medical professional.

Portfolio/AMP

In this area you can log anything, but it won't automatically be uploaded to your current appraisal. It also contains any data you have saved in the AMP app. You can add things to your current appraisal at any time.

Appraisal

This area contains everything that will contribute to your next appraisal. Your appraiser will be able to see everything here (but nothing in your portfolio/AMP area). I personally find it easier to add entries directly to my appraisal area and therefore keep everything in one place.

Last year's PDP

For your first appraisal you can use the PDP agreed at your final educational supervisor meeting.

CPD activities

Historically you needed to demonstrate 50 CPD points per year with each hour of time spent on CPD is 1 point. The General Medical Council says: "You must carry out CPD activities every year. Your CPD activities must cover the whole of your practice and be tailored to your scope of practice and needs."

CPD comes in many guises. Anything from self-study to professional conversations, to conferences and formal teaching will count. It is a good idea to have a variety of CPD modalities covering a variety of topics, and importantly covering your whole scope of work. You only need to formally reflect on ONE CPD event per year (although you can reflect on more if you wish).

Quality improvement activities

There are various types of quality improvement activities. You only need to reflect on ONE per year (however you can reflect on more if you wish).

- Case reviews – this could be a complex or unusual case which resulted in a discussion amongst colleagues/change in procedure or policy
- Audits – one audit/quality improvement project to be completed every 5-year cycle
- Practice development – include any changes made to practice policies or procedures
- PUNS/DENS – ‘patient unmet needs’ and ‘doctor educational needs.’ Think of any cases which have prompted a learning need for you, e.g. if you have written for some advice and guidance/discussed a complex with another colleague, done some CPD as a result of a case.
- Research and teaching – this may or may not be relevant to you

Significant events

Only record significant events which have reached GMC level here. Other significant events can be recorded as ‘learning events’

Learning events

Use this section to record any significant events which have not reached GMC level. Patient and colleague feedback

You need to complete one formal MSF and one formal PSQ every 5-year cycle. MSF and PSQ can be generated easily through Clarity.

Complaints/Compliments

You need some evidence of informal patient feedback at each annual appraisal. This can be done informally e.g. you can use cards or letters from patients. If a receptionist passes on a message from a patient, you could ask them to put it in a task and then screenshot it. It must be anonymised before uploading to your portfolio!

Minor surgery log

It is good practice to keep a log of any procedures you undertake. Instead of logging each individual procedure you could upload a single spreadsheet.

Review of GMC domains

This section requires you to summarise evidence relating to each of the GMC domains:

<p>Knowledge, skills and performance</p> <ul style="list-style-type: none"> • Develop and maintain professional performance • Apply knowledge and experience to practice • Record work clearly legibly and accurately 	<p>Communication, Partnership and Teamwork</p> <ul style="list-style-type: none"> • Communicate effectively • Work collaboratively with colleagues • Teaching, training, supporting and assessing • Continuity and co-ordination of care • Establish and maintain partnership with patients
<p>Safety and Quality</p> <ul style="list-style-type: none"> • Contribute and comply with systems to protect patients • Respond to safety risks • Risks posed by your health 	<p>Maintaining trust</p> <ul style="list-style-type: none"> • Show respect for patients • Treat colleagues and patients fairly and without discrimination • Act with honesty and integrity

Knowledge, skills and performance

- You need a written reflection on at least one CPD activity.
- You could also include how you generally keep up to date. Do you attend practice meetings, read the BMJ etc.?

Safety and quality

- You need a written reflection on *at least one* quality improvement activity.
- You may wish to include PUNS/DENS, learning events, formal audits or teaching.
- Do a formal reflection on each significant event.
- There is no requirement to do a formal audit every cycle, but there should be evidence of a variety of quality improvement activities. If unsure, it is worth discussing with your appraiser.

Communication, partnership and teamwork

- Written reflection on *at least one event* relating to this area.
- Think about including patient or colleague feedback, difficult discussions with colleagues, practice meetings, cases which demonstrate working with colleagues, committee work.

Maintaining trust

- You need a written reflection on all complaints, performance concerns, probity statement.
- If you have not been involved in any complaints, you could mention how you aim to maintain your own health and wellbeing (e.g. being registered with GP), indemnity, that you have a contract if you are a salaried GP.

Mandatory Training

- Basic Life Support – provide evidence of annual BLS training
- Adult Safeguarding – 8 hours over a 3-year period (to include some face-to-face learning)
- Child Safeguarding - 12 hours over a 3-year period (to include some face-to-face learning)

Special circumstances - e.g. early/late appraisals

As soon as you think you may have problems completing your appraisal including if you need to change the month of your appraisal, contact england.revalidation-support@nhs.net As a general rule, appraisals can be bought forward by up to 84 days before the end of your appraisal month.

Section 10: GP pensions

PCSE online is responsible for managing the following GP pension processes:

- Respond to GP pension queries
- Receive estimates of profit for principal and non-clinical partners, salaried GPs to determine contributions and tier rate
- Receive GP year end actual profit certificates on NHAIS
- Record solo and locum forms on NHAIS
- Make deductions from remuneration
- Process refunds or additional payment requests via NHAIS monthly
- Update members' records on NHAIS and via NHS Pensions Online or manually for joiners, updates, leavers and retirements
- Obtain pension estimates and confirm membership as required
- Process retirement applications
- Liaise with widows/widowers for death benefits applications
- Administer additional pension applications for practitioners
- Receive and process cheques, send to NHS SBS for banking and send remittances to stakeholders
- Receive and process form A and B from Locums
- Receive and process GP Solo form from GP's
- Recover employee pension contributions from the GP registrar payment (in specific areas)

Link to the universal online enquiries form for any pension query can be found at the link: <https://pcse.england.nhs.uk/contact-us/>

For Locums

GP locums pensioning for GMS, PMS, APMS or appraisal NHS work should:

Submit A&B forms to the PCSE online enquiries form using appropriate reference number.

Complete part 1 of the GP Locum A form and send with invoice to the GP practice to sign and pay.

Locums should also complete Locum B form and make the appropriate payment using the specified reference number (see link below).

The deadline is 10 weeks from the last day worked during a period of engagement to claim. Further details can be found at the link below:

<https://pcse.england.nhs.uk/help/gp-pensions/pension-contributions-locum-b>

Freelance GP locums in NHS Pension Scheme terms are those working under a contract for services and deputising for an absent GP or engaged on a temporary basis. Type 2 medical Practitioners must be employed or engaged under a more permanent basis by the practice.

As you would no longer complete forms A and B, the surgery would inform PCSE of your estimated income and collect scheme employee contributions directly from you. They would then forward these plus employer contributions directly to PCSE. At year end you would have to complete the assessment form.

For everyone

Every year, GPs are required to submit either a Type 2 Medical Practitioner Self-Assessment of Tiered Contributions Form or Annual Certificate of Pensionable Profit Certificate.

Practices are required to submit Estimate of GP (and non-GP) Providers.

NHS Pensionable Profits/Pay

The table below summarises what needs to be completed, by whom and the deadline for submission.

Form	To be completed and submitted to PCSE by	Deadline for submission to PCSE
Type 2 Medical Practitioner Self-Assessment of Tiered Contributions Form	Salaried/Assistant GPs (Type 2)	28 February
Annual Certificate of Pensionable Profit Certificate	GP Partners and non-GP (Type 1) Limited company/partnership/single hander	28 February
Estimate of GP (and non- GP) Providers NHS Pensionable Profits/Pay	GP Practices	1 March

These forms are required so that PCSE can make any necessary adjustments to ensure the correct pension deductions are made from your practice in the following financial year (from April).

NB - if off on maternity leave you may be asked to complete an additional maternity leave form. Once complete, please submit these forms via the online enquiries form or post to Primary Care Support England, PO Box 350, Darlington, DL1 9QN.

A full guide to the pensioning process can be found at:

<https://www.nhsbsa.nhs.uk/member-hub/information-practitioners-and-non-gp-providers>

In addition, PCSE has created a series of YouTube videos to help you with this process: <https://www.youtube.com/watch?v=7q520LMK2X4>.

Total Rewards Statements

TRS are available to NHS Pension Scheme members working in NHS organisations who use the electronic staff record system (ESR). It provides an overview of your pension benefits each year. The statements are released in August each year and rely on employers providing up to date information to NHS pensions by 31 May.

A TRS summarises an individual employee's employment package, including:

- basic pay
- allowances
- pension benefits for NHS Pension scheme members

You can access your statement online through 'ESR employee self-service' or 'GOV.UK Verify' or telephone 0300 330 1351.

Reference: <https://www.nhsbsa.nhs.uk/employee-section>

The information in this document was sourced and correct at the time of researching (Nov 2019-Feb 2020) and amending (May 2021, June 2022 and October 2023). Please be aware this information may be subject to change over time. It is recommended to use the links and contacts provided to help find the most up to date information. Any further questions, queries or suggestions can be sent to the Phoenix Programme team.