



# Welcome Back to Work

Tips and Resources for GPs Returning  
after Career Breaks

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## Section 1: Introduction

Many of us are familiar with the feeling of being a bit rusty coming back to work after a holiday. We rely on knowing who to ask and where to look for relevant resources but once back up to speed, it quickly feels like we were never away.

The reasons for having a career break from General Practice are numerous and periods of absence can be extensive, sometimes spanning from months to years. Time out of practice is often not voluntary and GPs coming back into practice may have additional priorities, such as recovering from illness or caring for new members of their families.

As independent practitioners it can quickly feel like we are drowning trying to keep on top of clinical updates and local changes, while preparing our own administration. Being surrounded by already busy colleagues, we often don't want to create more work for them by asking questions, which can compound our sense of isolation.

This document is designed specifically to help GPs who are on or have recently returned from career breaks. It can be used as a guide for relevant local contacts within Nottingham and Nottinghamshire but also has many resources on the logistics of being a GP for all. There is a wealth of information and a great deal of support out there to make the transition back to work as smooth as possible and help rekindle your career enthusiasm.

For any further queries or comments please don't hesitate to contact us at [info@phoenixprogramme.co.uk](mailto:info@phoenixprogramme.co.uk).

## Section 2: Pre-absence Planning

A career break is not always a foreseeable event but there are a few things one can plan if circumstances allow:

- Indemnity - inform provider of dates of leave.
- Income protection - check status, some may have reduced rates while off so check what your package provides.
- GMC, RCGP, BMA and other subscriptions - enquire with regards to reduced fees, some do this according to annual salary.
- Mandatory training i.e. BLS/safeguarding - check when this is due in advance so that you can look for update courses before returning/while off. Some online learning packages offer such topics e.g. e-learning for health/Blue Stream which may be available through your practice or companies such as Red Whale and NB Medical).
- Check with your practice manager if there are any in house events/important meetings worth attending while off. If not practical, ask for access to minutes.
- Appraisal - check when due and whether you wish to or are eligible to defer. If unsure you can always discuss with your appraiser or contact the appraisal team directly on [england.revalidation-support@nhs.net](mailto:england.revalidation-support@nhs.net).
- Maintaining CPD can be difficult while off. Email circulars, forums, podcasts and social media groups may provide updates, educational resources and networks so ensure you are on relevant ones while off work if you wish.

## Section 3: During Absence

This period may be challenging and potentially unexpected. Ensure you take adequate time to rebuild your stamina both physically and mentally while off.

- If circumstances allow, there can be benefits of keeping in touch if you are in a regular practice while off work. Each situation is different, and you ultimately need to judge what is appropriate but a small gesture of dropping off some biscuits or cake (even just to the reception desk) can help to keep contact with your practice in a light-hearted way.
- If on parental leave taking your baby into the practice facilitates an informal level of contact and helps personalise relationships with colleagues. It also helps them to understand the context if having to dash off to pick up your child in the future!
- It may be useful to have a designated point of contact with whom you can liaise.
- During parental leave you may wish to consider 'keeping in touch days' which enable you to work a maximum of 10 days during maternity or adoption leave as an employee. You would need to inform your indemnity provider if you intend to do clinical work during this time.
- There are now many resources to help support GP wellbeing. For more information see page 14 for sources of practitioner support.

## Section 4: Post Absence

### For everybody

- Pace yourself, consider seeing occupational health/manager to discuss any specific requirements and how the organisation can help. Plan a meeting - outline your short term and longer-term needs, how is this going to be achieved.
- Consider phased return, increased appointment times/more breaks, reduced duty shifts initially.
- Book annual leave in advance of return.
- Be realistic on sessions consider reducing number of sessions initially/slower build up.
- Consider other ways of working - GP fellowships, GP retention scheme, Out Of Hours see <http://www.nems.org.uk/doctors.html> or providing extended hours work within federations see <https://www.ncgpa.org.uk/> or <http://picsnhs.org.uk>.
- Ask for a mentor/buddy to advise on any changes since being off and direct any queries to while starting back.
- Plan for appraisal - check local mandatory training course dates, online learning tools, note that Phoenix Programme will fund the cost of a face to face or online Red Whale update course. Email [info@phoenixprogramme.co.uk](mailto:info@phoenixprogramme.co.uk) for more details.
- Confirm return date to indemnity provider, GMC, RCGP, BMA and subscription fees - if on a reduction ensure work status/annual salary estimate is updated on their system.
- Check your doctors bag including equipment and drugs. A comprehensive guide can be found at this link: <https://locumorganiser.com/getting-started/doctors-bag/>.
- A formal induction process is good practice and will save everybody's time in the long run, even if you are returning to the same place.

### After parental leave

- Plan childcare well in advance and ensure plenty of time commuting around drop off and pick up times.

- Have a backup plan for sickness.
- Practice childcare before your first day/induction - get used to dropping off, handing over your baby's routines etc.
- Keep in touch, it can be a positive experience all round to take your baby into the practice in advance of returning to work.
- Accept emotional rollercoaster and guilt you can't be everything to everyone!

## Section 5: Pointers for Induction

Arranging a proper induction 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/car park pass
- Satnav - ensure this is working to save time and stress
- Emergency bag/equipment - where to locate it and what is in it
- 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 language line code
- 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:

- Any major changes in practice or new local pathways since being off
- Repeat prescriptions
- Referrals - 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

### **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 qualifications
- Proof of immunisations, including Hep B

*For all:*

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

## Section 6: 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.

### General

- Smart card - email your number to the practice to activate in advance
- Computer - have a run through computer (and printer) prior to seeing your first patient
- Printer paper - 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
- Consider logins for GP access, Notis
- Instant messaging system - familiarise yourself with this
- Ask to be included onto email circulars/update lists

### F12 Pathfinder

- SystmOne based practices are streamlining towards using F12 pathfinder for most referrals and guidelines e.g. referrals, advice and guidance forms, guidelines for individual speciality, service restrictions, acute care numbers and protocols, 2WW referrals, community referrals and safeguarding.

### 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
- Clinical resources - NICE and local guidelines/leaflets and webinars
- Updates and events - ICS, Alliance, CSI, CCG, area team, LMC
- 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 7: Staying in the Loop

As independent practitioners, isolation is a very real consequence of being away from work. Nowadays we are lucky to have access to a variety of digital resources that enable us to keep in touch with changes in the profession. If circumstances allow, choose what works best for you, with a little planning it is easy to keep up to date.

### Courses

Keep on mailing lists locally for updates on local learning events e.g. RCGP Vale of Trent Faculty, LMC/Phoenix Programme, Learning Hub, Teamnet, Spire, BMI.

### Useful email lists

- Alison Wynne - [alison.wynne84@gmail.com](mailto:alison.wynne84@gmail.com) for local events and job opportunities for locums
- Appraisal and revalidation team updates - [england.revalidation-support@nhs.net](mailto:england.revalidation-support@nhs.net)
- LMC weekly updates - [office@nottslmc.co.uk](mailto:office@nottslmc.co.uk)
- RCGP updates - [updates@rcgp-news.com](mailto:updates@rcgp-news.com)
- Local RCGP Vale of Trent Faculty updates - [janet.baily@rcgp.org.uk](mailto:janet.baily@rcgp.org.uk)
- Teamnet/Clarity updates usually include a summary of the above - [teamnet-admin@clarity.co.uk](mailto: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, 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
- 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
- Acronyms of General Practice - with the GP Taskforce  
<https://egplearning.co.uk/?s=acronyms>

## Local Updates

The Nottingham and Nottinghamshire Integrated Care System (ICS) website updates on all aspects of healthcare initiatives locally. In the news and blogs section Dr Sonali Kinra (GP Retention Lead) brings together a monthly summary of key updates both centrally and from local forums.

<https://healthandcarenotts.co.uk>

## NASGP and Locum chambers

- The National Association for Sessional GPs provides useful resources for sessional (locum and salaried) GPs
- Local advice/support:  
<https://www.nottinghamshirelmc.co.uk/support/salaried-and-sessional-gps/> for details of the Nottinghamshire Sessional GP Subcommittee.
- GP locum chambers - formed by NASGP in 2002, are small, independent groups of local self-employed locum GPs. They collectivise admin, pastoral care and systems and processes for clinical governance. Chambers support and retain flexible GPs, enabling them to become a well-engaged presence in a local health area. For more information see:  
<https://www.nasgp.org.uk/starting-out-as-a-freelance-locum-gp/locum-chambers/>.

## 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 - Resilient GP, Tiko's GP group, Physicians mums, First 5
- 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**

- First 5
- Sessional GP subcommittee
- Rise and Shine- supporting flexible working and leadership opportunities
- International Medical graduates – Facebook group and website  
<https://theukimg.co.uk>

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

## Section 8: Sources of Practitioner 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](mailto:prac.health@nhs.net)

Website: [www.practitionerhealth.nhs.uk](http://www.practitionerhealth.nhs.uk)

### **LMC Pastoral Support Network**

Made up of experienced advisors, mainly retired GPs to provide personal and confidential support for any local GP undergoing personal difficulty or crisis including:

- Domestic or family matters such as a marriage break-up or bereavement
- Professional matters, like being subject to a patient complaint, performance review investigation or referral to the GMC
- A breakdown in relationships at work, with professional partners, employers or staff
- Health problems ranging from coping with a disability or depression, to serious mental health problems, or an addiction to drugs or alcohol

[office@nottslmc.co.uk](mailto:office@nottslmc.co.uk)

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

### *References*

<https://php.nhs.uk>

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

## Section 9: Financial Charities

In some circumstances being off work can lead to financial pressures, there are many charities designed to specifically support GPs and their families further:

- **Royal Medical Foundation**  
The RMF helps registered doctors and their families who are in financial hardship.
- **Society for Assistance of Medical Families**  
Society for assistance of medical families, helps members in the first instance but utilises surplus funds to assist non-members.
- **Royal Medical Benevolent Fund**  
Financial support and/or Debt Management Advice if you're unable to work and have little in the way of income or savings.
- **The Cameron Fund**  
The Cameron Fund is the only service that solely supports GPs and their families in times of financial hardship and need – whether through ill-health, disability, death or loss of employment.
- **BMA Charities**  
The BMA Charities can help all doctors and medical students in times of need. You do not need to be a BMA member to apply.
- **The Dain Fund**  
The Fund is part of the BMA Charities (you do not need to be a BMA member) and helps with the education and support of doctors' children when there are financial problems in the family. In most of the families helped the parents are out of work or on a very low income. The Fund particularly welcomes applications from refugee doctors.
- **Help me, I'm a Doctor**  
Is a very useful resource which will direct you to which organisation is most suited to your needs and may be able to offer financial assistance.

*Reference LMC website:*

<https://www.nottinghamshirelmc.co.uk/support/wellbeing/resource/debt-and-financial-difficulties/>

## Section 10: Personal and Career Development

### 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. The service is available in Nottinghamshire, Derbyshire, Staffordshire, Sheffield (LMC levy paying or working in LMC levy paying practice), Telford & Wrekin and Shropshire – under GP-S PAEAN.

You can contact GP-S by phone on 0115 979 6917.

Website: <https://www.gp-s.org/>

### The Phoenix Programme

A programme run through the LMC, tailoring support for specific groups of GPs, allowing them to maximise opportunity for career development. The scheme provides funded support for Trainee Transition, Preceptorship and Fellowship Lite, 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: <https://nextgenerationgp.wixsite.com/2017>



## Section 11: GP Retention Scheme

Funding for practice to accommodate flexible working, CPD time and mentor support.

### Eligibility

Doctors seriously considering leaving/have left general practice (but still on National Medical Performers List) due to:

- Personal reasons e.g. caring responsibilities/health reasons
- Approaching retirement
- Require greater flexibility to undertake other work
  
- **And** a regular role does not allow flexibility needed e.g. short clinics/annualised hours
- **And** need for educational supervision e.g. newly qualified for 1-4 sessions a week/working 1-2 sessions where pro-rata study leave is inadequate to maintain CPD and networks

Doctors must hold full registration and a license to practice with the GMC and be on the National Medical Performers List. For further information see: <https://www.england.nhs.uk/wp-content/uploads/2019/03/gp-retention-scheme-guidance-v5.pdf>

2020/21 GP contract negotiations are considering increasing number of sessions (currently 4) GPs can provide on the Retention Scheme.

### How to apply

Application form must be filled out with the employing practice including a proposed work plan/schedule. Usually the scheme operates in training practices (GP trainees, FY2s or medical students).

Application forms can be found at:

<https://www.england.nhs.uk/wp-content/uploads/2019/03/application-ar-form-gp-retention-scheme-v5.doc>

For further advice on contact the local scheme lead:

Bevis Heap: [bevis.heap@hee.nhs.uk](mailto:bevis.heap@hee.nhs.uk)

East Midlands office: 0121 695 2409

*Reference - <https://www.england.nhs.uk/publication/gp-retention-scheme>*

## Section 12: Induction and Refresher Scheme

*"The NHS GP Induction and Refresher (I&R) Scheme is designed to provide a safe, supported and direct route for qualified GPs to join or return to NHS general practice"*

**Refresher route** - A GP who has been out of NHS practice for more than two years and wishes to return.

**Portfolio Route** - A GP who has worked in the NHS but been practising medicine abroad for less than 10 years. A portfolio of documents that demonstrate their skills have been maintained while overseas is required along with a short one-month placement and report.

An initial set of assessments, e-learning, MCQ and observational placements for one week guides the level of entry back into the scheme and which route to follow.

### What's on offer?

- A bursary of up to £3500/month whilst you are on a placement
- Help towards indemnity costs and other fees
- Access to a dedicated account manager
- Options to complete most parts of the scheme before moving back to England if you are living overseas
- To qualify for the I&R Scheme and Portfolio Route you also need to have in place the necessary licenses and qualifications.
- How to apply - see link to application form:  
<https://gprecruitment.hee.nhs.uk/Induction-Refresher/How-to-apply>.

### New 2020/21 Contract Update

A contribution of £2,000 (or £1,000 for those on the portfolio route) per child towards childcare costs for GPs with children ages <11 years on the I&R scheme has been negotiated:

<https://www.england.nhs.uk/publication/investment-and-evolution-update-to-the-gp-contract-agreement-20-21-23-24/>

Reference - <https://gprecruitment.hee.nhs.uk/Induction-Refresher>

## Section 13: Performers List

Primary Care Support England (PCSE) is responsible for administering entry and status changes to Performer Lists on behalf of NHS England. The service moved to PCSE online from 2 December 2019 meaning paper, electronic/word/pdf are no longer accepted.

If off work for short periods of time, your performers list status may not change but there are circumstances you do need to inform PCSE of changes by updating online:

- Movement to a different Area Team
- 24 Hour Retirement
- Change of Home Address
- Change of Name
- Change of Place of Work
- Change of Status/Role e.g. becoming a partner

You can change your details whenever you like. You can track your changes as they are made, and you'll receive an email notification when your change is complete. Full details on the new PCSE online service can be found at the link below from new registration to changes in details/status:

<https://pcse.england.nhs.uk/services/performers-lists/gp-performers-list-for-england/>

Registration process for PCSE online started on 2 December 2019. PCSE sent out emails (to email address registered with GMC) containing a link that you should click to verify your email address and complete your registration within 72 hours. Once done, you can use PCSE Online services. If the link has expired, please use the 'Forgotten your login details?' link on PCSE online home page. Add a GMC email address (in one of the following three ways)

- Log into your GMC Online account & update this in the 'My details' section
- Send an email to [gmc@gmc-uk.org](mailto:gmc@gmc-uk.org) (if this is sent from your new email address you will be asked security questions to verify your identity)
- Call the GMC on 0161 923 6602

*Reference: PCSE website as above*

## Section 14: Appraisal and Revalidation

### Revalidation

The GMC requires that all licenced doctors who practice medicine in the UK to revalidate, usually once every 5 years. Revalidation is a formal process confirming your continued competence in all your medical roles.

### Appraisal

- **Continuing professional Development** - Guidance is for 50 credits per 12 months in work. 1 credit = 1 hour of learning. If in doubt discuss with your appraiser.
- **Reflection** - for GMC guidance on reflection see <https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/reflective-practice/the-reflective-practitioner---guidance-for-doctors-and-medical-students>.
- **Quality Improvement Activities** - Provide a balance of different types of QIA over the 5 year cycle including cases, events, data and feedback.
- **Significant events** - GMC definition = events that reach significant level of actual or potential harm to patients
- **Patient and colleague feedback** - 1 formal patient feedback exercise and 1 formal colleague feedback exercise both meeting GMC requirements per 5 year cycle
- **Review of compliments and complaints** - Declaration and reflection on all complaints in which you have been named or involved must be recorded anonymising patient details. You must declare if you have not been involved in or named in any complaints.
- **Review of previous PDP** - Achievements, challenges, aspirations, developmental needs for the upcoming year

### Exceptional circumstances

If you are planning a break from practice it is a good idea to make your appraiser and responsible officer aware of this in advance to go through the options available to you. If volume of work is limited to less than 40 sessions in 1 year you will be required to complete a Low Volume of clinical Work Structured Reflective Template (LVCW SRT) as a QIA for discussion during your appraisal.

### Mandatory training

- BLS with AED and anaphylaxis annually
- Child safeguarding - 12 hours over a rolling 3 year period.
- Adult safeguarding - 8 hours over a rolling 3 years period

Safeguarding requirements are not set by NHS England, however the GMC require doctors to complete adequate safeguarding training; adequate is defined as 'consistent with the Intercollegiate Guidelines', and therefore changes whenever the intercollegiate guidelines change. Each of the documents mentioned below sets out 'levels' of competence and knowledge required, and the training requirement to meet these.

1. Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff. Fourth edition: January 2019 (1). <https://www.rcn.org.uk/professional-development/publications/pub-007366>

2. Adult Safeguarding: Roles and Competencies for Health Care Staff. Intercollegiate document. First edition: August 2018 (2). <https://www.rcn.org.uk/professional-development/publications/pub-007069>

**Queries** - Any queries about your appraiser or the appraisal process locally can be directed to: [england.revalidation-support@nhs.net](mailto:england.revalidation-support@nhs.net).

## Section 15: IR35 Rules

### The off-payroll working rules

The off-payroll working rules can apply if a worker provides their services through an intermediary but would be an employee if contracting their services directly. The intermediary would usually be the worker's own personal service (limited) company, a partnership, a managed service company, or an individual. These rules are sometimes known as 'IR35' they apply to:

- a worker who provides their services through their intermediary
- a client who receives services from a worker through their intermediary
- an agency providing workers' services through their intermediary

If the rules apply, tax and National Insurance contributions must be deducted from fees and paid to HMRC.

### When the rules apply

You can use the link below to help you decide if the off-payroll working rules apply at: <https://www.gov.uk/guidance/check-employment-status-for-tax>.

For public sector clients, it's their responsibility to decide your employment status. For private sector clients, it's your intermediary's responsibility to decide your employment status. From April 2020 onwards medium and large sized private sector clients are responsible for deciding if the rules apply.

It is recommended for locums to check employment status for each new practice using the HMRC form, see link below:  
<https://www.gov.uk/guidance/check-employment-status-for-tax>

Reference - <https://www.gov.uk/guidance/understanding-off-payroll-working-ir35> published 22.8.19

## Section 16: Indemnity Changes

In England, GPs, trainee GPs or locums under a medical services contract (GMS, PMS or APMS) receive indemnity for claims arising from incidents which took place on or after 1 April 2019) through the Clinical Negligence Scheme for GPs (CNSGP). This is administered by NHS Resolution. Further details can be found on their NHS website including how to report a claim at the link below.

<https://resolution.nhs.uk/services/claims-management/clinical-schemes/clinical-negligence-scheme-for-general-practice/>

### **Additional Cover**

CNSGP will provide cover only for litigation by patients. You will need to maintain membership with an MDO or other indemnity provider or insurer to retain cover in respect of activities and services not covered by CNSGP. These need to be purchased separately through most MDOs including complaints, inquests, regulatory and disciplinary proceedings, employment and contractual disputes, non-NHS or private work and non-clinical liabilities.

### **Occurrence based cover vs claims-based cover**

Most MDO indemnity products have been “occurrence based”. i.e. if you have paid for the year of (say) 2016 then that MDO will support and if needed, settle a claim for any event that took place in 2016 regardless of when the claim is made (which could be many years later).

A claims based product pays only for a claim that comes in during the year the indemnity is bought. This form of cover is usually cheaper, but it leaves the doctor exposed after the end of the indemnity year. To insure against a claim for something which happened in e.g. 2016 but where the claim comes later the doctor must purchase what is known as run-off cover.

It is important that you have appropriate arrangements in place for all aspects of your clinical practice. If you are unsure then you should contact your existing indemnity provider or insurer to check.

For full details and further guidance on specific roles please see the link below.

Reference: <https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-england/gp-contract-agreement-england/gp-indemnity-overview>

## Section 17: Maternity Pay/Shared Parental Leave

Everyone's arrangement for maternity pay will be slightly different depending on working circumstances e.g. locum, salaried or partner and your agreed contract.

There are two key schemes which have separate but overlapping amounts of leave and pay which depend on 'qualifying service'. Statutory Maternity Pay (SMP) is a statutory entitlement whilst the NHS scheme is a contractual entitlement. The main criteria for eligibility is how much service the employee is required to have accrued. For SMP this is 26 weeks continuous service with the same employer ending with the 15<sup>th</sup> week before due date. For the traditional NHS scheme this is 12 months continuous service (with no more than a 3 month break) by the 11<sup>th</sup> week before due date.

Statutory Maternity Pay (SMP) is paid for up to 39 weeks. You get 90% of your average weekly earnings (before tax) for the first 6 weeks then £148.68 or 90% of your average weekly earnings (whichever is lower) for the next 33 weeks. SMP is paid in the same way as your wages (for example monthly or weekly). Tax and National Insurance will be deducted.

### **Maternity Pay for a salaried GP**

Specific pay agreements are dependent on individual's contract of employment. Under the model salaried GP contract, entitlement is for 12 months of maternity leave. An example of the BMA Guidance GP model contract is set out below:

- for the first eight weeks of absence, full pay less any statutory maternity pay (SMP) or maternity allowance (MA) receivable;
- for the next 14 weeks, half of full pay plus any SMP or MA receivable provided the total amount does not exceed full pay;
- the next 17 weeks at SMP or MA (assuming the employee has qualified for the same)

### **Maternity pay for partners (locum cover)**

- A clause covering this should be included in your partnership agreement, individual variations are subject to negotiation.
- GMS practices will be entitled to an allowance from their Primary Care Organisation for the cost of GP locum cover for maternity, paternity and adoption leave.
- Reimbursement will be the lower of: £1,131.74 for the first two weeks and £1,734.18 for weeks three to 26 or the actual invoiced costs during that period
- Reimbursement is intended to cover external locums and cover provided by GPs already working in the practice but who do not work full time (i.e. payment will be made equally where there is organisation flexibility/capacity to perform the duties of the GP on leave)



## **Maternity pay for locums (Maternity Allowance)**

You might get Maternity Allowance for 39 weeks if one of the following applies:

- you're employed, but you cannot get Statutory Maternity Pay
- you're self-employed and pay Class 2 NI
- you've recently stopped working

In the 66 weeks before your baby's due, you must also have been:

- employed or self-employed for at least 26 weeks
- earning (or classed as earning) £30 a week or more in at least 13 weeks - the weeks do not have to be together
- You may still qualify if you've recently stopped working. It does not matter if you had different jobs or periods of unemployment.

## **Shared parental leave**

You and your partner may wish to consider Shared Parental Leave (SPL) and Statutory Shared Parental Pay (ShPP). You can share up to 50 weeks of leave and up to 37 weeks of pay between you. You can use SPL to take leave in blocks separated by periods of work, or take it all in one go. You can also choose to be off work together or to stagger the leave and pay.

To get SPL and ShPP, you and your partner need to:

- meet the eligibility criteria
- give notice to your employers

The mother must give their employer binding notice of the date when they plan to end any maternity or adoption pay. If they get Maternity Allowance, they must give notice to Jobcentre Plus instead. They cannot restart maternity pay, Maternity Allowance or adoption pay once it's ended. For full guidance see link below:

<https://www.gov.uk/shared-parental-leave-and-pay>

It is worth doing your homework and investigating options, as some employers will have favourable terms. For those with partners in the NHS see link below on NHS employers' terms and conditions of service handbook for further details on shared parental leave and pay (section 15.16 and 15.17):

<https://www.nhsemployers.org/tchandbook/part-3-terms-and-conditions-of-service/section-15-leave-and-pay-for-new-parents-england-wales-and-scotland>

The new 2020/21 GP Contract Agreement states "We are committed to agreeing arrangements that will allow practices to make a more generous offer of Enhanced Shared Parental Leave to employed GPs, starting as soon as possible in 2020/21"-

keep an eye for more details to follow: <https://www.england.nhs.uk/wp-content/uploads/2020/02/update-to-the-gp-contract-agreement-2021-2324.pdf>

### **For all what you need to do**

To receive the above benefits, you must provide your employer with the following notification requirements:

- intention to take maternity leave;
- date you wish to start maternity leave;
- intention to return to work with the same or another NHS employer for at least three months after maternity leave has ended;
- a MATB1 form from midwife or GP giving the due date before the end of the 15th week before due date (or if this is not possible, as soon as is reasonably practicable thereafter).

The employer must confirm within 28 days how much SMP you'll get and when it will start and stop. If they decide you're not eligible, they must give you form SMP1 within 7 days of making their decision and explain why.

*References: <https://www.bma.org.uk/advice/work-life-support/working-parents/maternity-faq> and <https://www.gov.uk/maternity-pay-leave>*

## Section 18: GP Pensioning

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:

- 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)
- Submit A&B forms to the PCSE online enquiries form using appropriate reference number.
- 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/locum-a-b-pension-contributions>

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 Type 2 Medical Practitioner self-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
<a href="#">Type 2 Medical Practitioner Self-Assessment of Tiered Contributions Form</a>	Salaried/Assistant GPs (Type 2)	28 February
<a href="#">Annual Certificate of Pensionable Profit Certificate</a>	GP Partners and non-GP (Type 1) Limited company/partnership/single hander	28 February
<a href="#">Estimate of GP (and non-GP) Providers NHS Pensionable Profits/Pay</a>	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-practitioner-locum-and-non-gp>

## **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 publication (February 2020). 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.***