

GP retainer scheme, IR35 and next steps in the 5YFV – an update for sessional GPs

Update on recent issues for you – everyone is still getting their heads around the [IR35 guidance](#) – if you haven't already, have a read of the [BMA guidance for locums and Matt Mayer's excellent FAQs](#). We have seen huge amounts of confusion from both within the NHS and from outside companies and accountants. If you're having any problems, please do let us know.

The new [GP retention scheme](#) has launched, after a lot of hard work from Vicky Weeks and Paula Wright. We know the uptake of the retainer scheme is very variable across the country. This new scheme is for everyone from newly qualified GPs to end-of-career colleagues, and is better funded for both the retained GP and the practice.

Paula has done [a summary](#) for you, but we are looking at ways to get the information more widely disseminated so everyone can take advantage of the new funding. It's not the solution to the workforce crisis, but it may make a difference to your personal circumstances and we don't want a well-funded scheme to be underused.

I have been disappointed about the ongoing negativity surrounding locum doctors coming from NHSE. Their document 'Next steps in the 5 year forward view' described locums as 'individuals who are actually available to work and are doing so – but in a way that is unfair to their permanent colleagues and is placing an unacceptable burden on the rest of the NHS'. This shows a continued lack of understanding of the locum workforce and deliberately tries to increase division between colleagues. I spoke to Arvind Madan, head of primary care at NHSE, and have a meeting arranged with Simon Stevens, head of NHSE, to discuss this and other issues around the locum and salaried workforce.

We have repeatedly been clear on this – salaried and locum GPs are part of the solution, not the problem. We staff many surgeries that would otherwise have no clinical cover, we support practices struggling with workload, and we keep the out-of-hours and urgent care services going. Many people combine locum work with salaried posts or partnerships, and it is an increasingly important way of working to keep GPs at risk of leaving or burnout in the workforce.

Don't push us into the model that you want. Improve general practice for everyone – practice, partners and patients, and let us choose. Pull us in. Carrots are better than sticks.

I am meeting the BMA remuneration committee to try and make progress on pay for sessional doctors undertaking BMA work, and we continue to meet

Capita every few weeks to resolve ongoing sessional issues. We are making progress and there should be an announcement soon. Keep sending us your examples. Meetings with indemnity providers will start soon, looking at both the traditional indemnity providers and newer insurance based policies. Updated salaried and locum handbooks will be online in the next month or so, and I hope to see plenty of salaried and locum colleagues at the [LMC conference in Edinburgh next month](#). I'm sure it will be an eventful few days.