

# Keeping doctors in general practice: the GP retention scheme

The **GP retention scheme** is one of **several initiatives** which aims to address the current workforce crisis in general practice.

The percentage of GPs working four sessions is rising but still accounts for only 10.9% of the workforce, but 61% of GPs spend in excess of 40 hours a week on NHS work. **Intentions to reduce working hours remain high**: 32.7% for GPs under the age of 50 compared to 72% of GPs over 50.

The new scheme has been developed by a working party drawn from NHS England, the BMA, the RCGP and HEE (Health Education England). It builds on the **historic retainer scheme**, which was aimed at those requiring part-time work who intended to 'return' to a substantive post (which in those days was a full-time partnership).

Opportunities for employed general practice and part-time working have increased as a result of changes to primary care contract arrangements and employment law. These may account for falling retainer numbers along with frozen funding, falling incomes in general practice and anxieties about long-term employment responsibilities in a climate of uncertain practice income, lack of awareness and inconsistency. So, if there are more opportunities for part-time working than ever before – why do we need a retainer scheme? It has evolved to address more than part-time working.

## **Who's eligible for the scheme?**

The **new scheme** is intended for applicants who have recently left or are at risk of leaving general practice for a range of reasons, including health, caring responsibilities, or early retirement. They must meet two additional criteria:

- they need more flexibility than can be obtained in a regular part-time salaried role
- they require educational support.

The RGP (retained GP) will be employed by a practice, after undergoing an approval process managed by HEE and NHS England. The post will be for between one and four sessions per week employed on terms equivalent to the model GMS salaried contract.

There will be an annual professional expenses supplement payable to the RGP by the practice of £1,000 per weekly contracted session to help fund the cost of indemnity cover, professional expenses and CPD (continuing professional development) needs. In addition, the practice will receive £76.92 per session towards the employment costs of the RGP up to a maximum of £15,999.36 per year. An annual review will ensure the RGP's needs are being met and the scheme remains appropriate for them.

## **Why do GPs leave the workforce?**

It appears that the majority of GPs leaving the profession early are women, typically around childbearing age. and for those approaching

retirement. **Four of the top six stressors for GPs refer to workload:** increasing workload, having insufficient time to do the job justice; paperwork; and long working hours. This is not just the case for partners but also for salaried GPs who find they work longer than contracted. A cut down version of full-time work is simply not enough. Working two 12-hour or 10-hour days does not go far, nor does reducing five days of uncertain length to two or even one day of uncertain length.

**Data shows** that session length varies hugely with total working hours: GPs working four-five sessions a week have an average session length of seven hours compared to those working between nine and 10 sessions a week for whom average session length is 5.6 hours.

### **Benefits of the new scheme**

What the new scheme sets out to do is underpin new posts with robust job plans that address the need for a defined workload, and a pragmatic and realistic balance between clinical contact time, clinical admin time, meeting time, CPD (as required by the **model salaried contract**) and supervision. This means that reducing notional sessions is not enough without robust **job planning**, which is realistic for the number of contracted hours, and recognises the often unmeasured workload of **'indirect patient care'** (eg referral letters; arranging admissions) and time needed for practice management or meetings.

The scheme accommodates new flexibilities, such as allowing more work in other roles than was previously allowed and the option to annualise hours so that extended career breaks (for example for voluntary work abroad), or term time working are possible. The RGP will need to work for a minimum of 30 weeks a year.

The scheme welcomes older GPs who may be retiring early, or who may have been lured into more rewarding second portfolios (such as management or education) and are unable to continue general practice without additional flexibility and support. The right to part-time working has meant that the retainer scheme did not accept applications from practices simply looking to reduce hours for their salaried GPs or partners. This too has changed by allowing applicants to become RGPs in practices where they are already working, providing they meet all three admission criteria. To monitor the value of this investment it will be important to examine data on uptake (who is accepted or rejected and why), outcomes (retirement, salaried partner, locum, career break, and reasons and timing for leaving the scheme) and members' professional characteristics (early, mid/late career, other roles etc).

**Read our step-by-step guide** to accessing the scheme (including who is eligible, funding available, and support provided to practices employing a retained doctor) as well as a set of **FAQs** about the scheme.

**Paula Wright, North East representative for Sessional GPs**