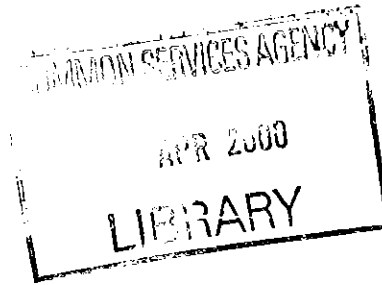




SCOTTISH EXECUTIVE

Health Department

NHS Management Executive
St Andrews House
Regent Road
EDINBURGH
EH1 3DG



Dear Colleague

GP RETAINER SCHEME

Summary

1. Paragraph 39 of the Statement of Fees and Allowances sets out information on the Doctors' Retainer Scheme. The Scheme in Scotland is designed to encourage doctors who cannot make a commitment to a substantive appointment to the NHS to continue working and training in general practice. The intention is to maintain and develop their skills and thus to enable them to return to a permanent post.

Guidance

2. The attached guidelines and criteria for approval of practices, drawn up by the Scottish Council for Postgraduate Medical and Dental Education, is intended to supplement the information set out in Paragraph 39 of the Statement of Fees and Allowances. The guidance sets out the standards which all practices wishing to employ a retainer will have to reach. The guidance also clarifies responsibilities and accountabilities within the scheme.

Action

3. Island Health Boards and Primary Care Trusts are asked to pass copies of this letter to all GP Practices within their area.

Yours sincerely

AGNES ROBSON
Director of Primary Care

04 April 2000

Addresses

For action
General Managers, Island Health
Boards
Chief Executives, NHS PCT's

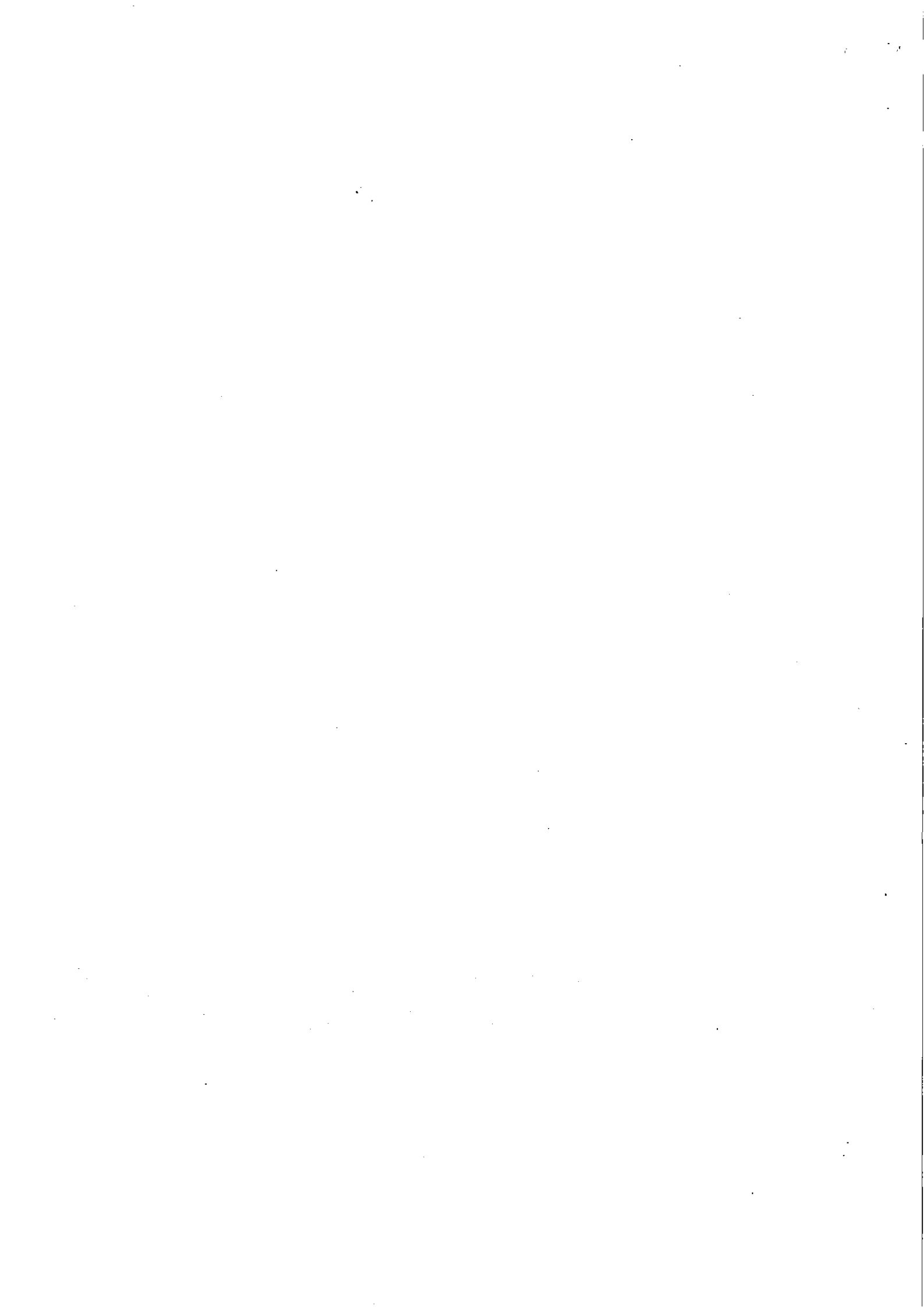
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Scottish Council for Postgraduate Medical and Dental Education

The GP Retainer Scheme in Scotland

Introduction

These guidelines supplement the information set out in paragraph 39 of the Statement of Fees and Allowances as amended in 1998. The Doctors' Retainer Scheme in Scotland is designed to encourage doctors who cannot make a commitment to a substantive appointment to the NHS to continue working and training in general practice. The intention is to maintain and develop their skills and thus to enable them to return to a permanent post. The improved GP Retainer Scheme will have greater educational input and direction than was possible under the previous arrangements. With this in mind:

- All practices wishing to employ a Retainer Scheme doctor (Retainee) will reach the standards required by the Director of Postgraduate General Practice Education (DPGPE). In order to ensure consistency across Scotland a set of National Criteria have been agreed for the approval of practices (Appendix 1). Practices already approved to employ a Retainee have until 1st December 2000 to reach the required standard. Disputes and concerns that are not resolved by the DPGPE will be dealt with through an appeal to SCPMDE. Appendix 2 sets out the appeal process.
- Each practice employing a Retainee will have a designated doctor in the practice to act as clinical mentor to the Retainee. There will be dedicated time allocated for practice education and the Retainee should take part in practice based learning.
- The Retainer Allowance to the practice from the Health Board/Primary Care Trust is intended to offset some of the costs to the practice of employing a Retainee and supporting the Retainee's educational needs. Employment of a Retainee is seen to be an opportunity to use surplus time to enhance the practice's overall educational programme.
- The Associate Adviser designated to manage the GP Retainer Scheme on behalf of the DPGPE will undertake an initial interview with the prospective Retainee.
- The mentor will agree a Personal Professional Development plan (PPDP) with the Retainee on an annual basis which will be forwarded to the Associate Adviser for approval.
- There will be an appraisal questionnaire for both the Retainee and clinical mentor, the results of which will be considered by the Associate Adviser with designated responsibility. The mentor will assist in maintaining Retainee skills and encourage working on any educational deficiencies.

- There will usually only be one Retainee in any approved practice. Similarly, normally, a Retainee will work within one practice. In exceptional circumstances when this is not possible a Retainee may work in two Practices in order to extend their working commitment.

Information about the GP Retainer Scheme

The scheme is intended to help doctors under the age of 55, with well founded reasons for not making a substantive current commitment to working in general practice, to maintain skills and confidence in working within a practice to enable them to return to a more substantive post when circumstances permit.

Thus the retainee:

- Will work within a general practice setting for not less than one session (3½ hours) per month and no more than four sessions per week (or a maximum of 52 sessions per three month period). Other than for annual leave purposes, it is expected that the doctor will work at least 50% of the agreed sessions each week thus giving continuity of experience while allowing flexibility to meet the needs of the individual and the practice.
- May undertake outside work if beneficial to future work as a GP. This will be with the prior approval from the DPGPE who will normally be permitted to approve a maximum of two additional sessions. Any outside work undertaken should be incorporated in the PPDP. Examples of this could be family planning sessions, clinical assistant sessions, research projects etc. Retainees may undertake out of hours work as part of their sessional commitment.
- Will participate in approved postgraduate medical education sessions (at least 8 sessions (2½ hours) per annum but ideally the same number of sessions as required by a GP Principal (ie 10 sessions). A proportion of these sessions will consist of practice based learning, e.g. clinical audit.
- Will be a member of the GP Retainer Scheme up to a maximum of 5 years (doctors on the scheme prior to 1st April 2000 will commence the five year rule on this date). The five years may consist of spells of work spread over a longer period.

Employment Arrangements

Doctors within the scheme are paid:

- An annual retainer (currently £300 per annum) paid by the Health Board/Primary Care Trust. From 1st April 2000 the maximum number of annual retainer fees that an individual Retainee can receive is five years x £300.
- The Retainee will be paid as an assistant in, and employed by, the approved practice. The Health Board makes a payment as set out in the Statement of

Fees and Allowances (Red Book) to GPs employing a Retainee. This is currently £48.39 per session of 3½ hours' duration. The terms of employment including rates of pay and annual leave are a matter for agreement between the employing practice and the individual doctor. When deciding rates of pay consideration should be made that the Retainee is superannuated and has a regular working commitment. Recent EC regulations require employees to have four weeks paid holiday. Payments under the Statement of Fees and Allowances will include reimbursement for four weeks annual leave. Scottish Council for Postgraduate Medical and Dental Education (SCPMDE) is not in a position to recommend a rate of remuneration to the Retainee. However, it is expected that practices will contribute a sum based on BMA recommendations.

Membership of the Scheme

After initial registration with the Scheme, membership will be renewed annually. Doctors will be notified when their membership is due for renewal. There is a five year time limit to membership of the Scheme, although if special circumstances arise the membership can be extended with the prior approval of the DPGPE. Doctors taking unpaid leave of absence from the scheme for longer than 3 months may deduct this time from the 5 year period of membership.

Retainees who wish to increase their weekly commitment (up to a maximum of four sessions) will write to the DPGPE, prior to the increase, confirming the changes. This information will be used to update the Scheme database and will also be sent to the Health Board/Primary Care Trust so that the increased sessional payment can be arranged.

Periods of absence from the Scheme longer than three months will be reported to the DPGPE so that the annual renewal date of the doctor can be amended.

Other requirements

The retainee is required to:

- Maintain registration with the GMC
- Maintain membership of a medical defence organisation (or other suitable insurance).
- Take a recognised professional journal.

The BMA, the RCGP and the defence bodies give discounts to members of the GP Retainer Scheme.

Travelling expenses for educational sessions

Suitable education sessions will normally be available at a convenient distance from the Retainee's home. For courses approved under the Section 63 regulations, a claim

form for travel and subsistence expenses can be obtained from the Course Organiser (Form GPCF1 appendix 1e). This should be completed and returned to the local DPGPE who is responsible for reimbursement.

The retainer and income tax

The retainer or allowance of £300 is subject to income tax under Schedule E, being treated for tax purposes as earned income. It is liable for superannuation or national insurance contributions but is under the threshold for payment. After deduction for admissible expenses has been made, the balance can be set against any personal income tax relief to which a Retainee may be entitled. Admissible expenses are those "incurred wholly, exclusively and necessarily" in the performance of the working duties – for example, the annual fee for the retention of the doctor's name on the Medical Register, and subscriptions to professional bodies.

As stated in Circular SOHHD/DGM(1991)91 doctors engaged for sessions under the Doctors' Retainer Scheme are regarded as employees for tax purposes. PAYE should, therefore, be levied for fees paid for all sessions.

The local Inspector of Taxes should be consulted for further advice about personal tax matters.

Superannuation

The retainee is an employee of the practice and is eligible to be a member of the NHS superannuation scheme. Practices should apply to the Health Board/Primary Care Trust for reimbursement.

National Insurance contributions

Doctors engaged for sessions under the GP Retainer Scheme are regarded as employees for National Insurance purposes and Class 1 contributions are payable. Any enquiries regarding payment of National Insurance contributions by retainees and their employers should be directed to local Social Security Offices.

Work done as an assistant and contracts of employment

The precise terms of employment are a matter for negotiation between the Retainee and the employing practice.

All Retainees are strongly advised to obtain a valid contract of employment with their employers. The BMA Assistants model contract can be used as the basis of the contract but both sides can amend as they wish. Retainees should expect similar conditions of employment to all other practice employees with respect to paid holiday and sick leave. A contract also clarifies the employer's obligations with respect to national insurance contributions.

Appendix 1

Scottish National Criteria for the Approval of Practices Employing a Doctor on the GP Retainer Scheme

INTRODUCTION

In order that the scheme has universal accessibility to practices across Scotland, the following criteria have been developed and agreed with the Scottish General Practitioners Committee (SGPC) and the Royal College of General Practitioners Scottish Council.

MECHANISM OF APPROVAL

The Director of Postgraduate General Practice Education (DPGPE) will have responsibility for the approval of practices.

Training Practices will gain dual approval during regional training practice accreditation. This will involve modification of practice visits to include an interview with the GP Mentor responsible for the retainees in the practice. Training practices will require to notify the Department of Postgraduate General Practice Education if they wish to be approved as a retainer practice.

For non training practices there will be an initial assessment visit conducted by a minimum of two assessors approved by the Director of Postgraduate General Practice Education.

Practices will be approved for a maximum of three years. In the event of a successful visit, where the assessors have recommended the maximum three year approval, the Director may automatically approve that practice. In the case of a visit which recommends a period of one year or less or the practice is not approved then the decision should be referred to the Regional General Practice Education Committee. Where there is a special circumstance, for example the sharing of an individual retainees between two practices, then this should also be referred to the Regional Committee.

The Director will be responsible for notifying the Primary Care Trust or Health Board of practices approved under the scheme.

GENERAL PRINCIPLES FOR APPROVAL

Supporting the Retainee

The Director and Associate Advisers will have the responsibility to oversee the educational component of the retainer post. Practices will require to identify a named member of the practice who will ensure the retainee receives the agreed educational input (the Mentor). The Principal responsible for the retainee must be committed to providing high quality care to patients, will be of good professional standing with patients and colleagues and be committed to developing and maintaining high educational standards within the practice. The practice and mentor must subscribe to the principles in the GMC document 'Good Medical Practice'.

Practice Organisation

It is important in order to provide a supportive educational environment that there is a desired level of organisation within the practice. This is defined within the criteria. Each criterion is followed by an indication of how the criterion will be tested. It is assumed that there is currently no retainee in place. In practices where a retainee is in post, it is anticipated annual confidential feedback from the post-holder together with an interview during the visit will assist the assessors in forming a view on accreditation.

THE CRITERIA

Section A -The Practice

- A1. The practice should have a system to monitor the efficient working of the appointment system.
Discussion with practice manager and reception staff
Inspection appointments book
- A2. Clinical records must be organised to ensure entries, letters and investigation results are filed in chronological order.
A random sample of twenty case notes will be inspected - a minimum of 90% should be in chronological order
- A3. A record of the patient's continuing medication should be available at each consultation.
A random sample of twenty case notes will be inspected - a minimum of 80% should have a continuing medication record where appropriate
In the case of computerised records - a random sample of twenty will be similarly scrutinised

- A4. The practice must demonstrate a commitment to a system for summarising important past events and have an effective system for updating these.
In the case of a practice where summaries already exist, during the records examination, the number of case records with summaries and the number up to date will be recorded
In the case where there are no summaries, the assessors will agree with the practice targets for the next review visit
In both instances it is anticipated that there will be a continuing improvement towards the ultimate target of the training practice standard for the region
- A5. The practice should be able to demonstrate monitoring of chronic diseases for example diabetes and asthma.
Discussion with the mentor and inspection of case records
- A6. The practice should have an effective repeat prescription system.
The repeat prescription system will be discussed with the reception staff and practice manager
The system will generally allow the production of a repeat medication within 48 hours of the patient request and allow identification of patients due for review
- A7. There should be access within the practice to appropriate reference and educational material.
The practice library and/or IT access will be examined at the visit
- A8. The practice should have a system of practice protocols and policies both administrative and clinical.
A minimum of three written protocols, two of which must be clinical should be available and used within the practice
- A9. The practice should have an effective information system for the monitoring of practice activity and patient care.
Considered at the visit
- A10. The higher targets for immunisation and cervical cytology should normally be achieved or their absence fully justified.
Statement in application form
- A11. All partners will normally meet the requirements for the postgraduate education allowance.
Statement in application form

Section B - The Practice and Retainee

- B1. The practice must treat the retainee as a colleague.
Discussion with staff and doctors at the visit
- B2. The practice must issue the retainee with a written contract of employment.
The contract or a draft contract should be available at the visit
- B3. The practice must ensure that there is adequate medical equipment available for the retainee to use.
This should minimally include: stethoscope, sphygmomanometer, ophthalmoscope, auriscope, tendon hammer, peak flow meter, urine examination sticks
If the retainee undertakes house visits a bag containing emergency drugs
- B4. There must be a process of induction when a retainee joins the practice.
Discussion with practice manager and mentor
- B5. The practice must make arrangements for the retainee to consult at not less than ten minute intervals.
Inspection of appointments book
Discussion with practice manager, mentor and reception staff
- B6. There must be one consulting room available for each entire retainee consulting session.
Discussion with practice manager and reception staff
- B7. Arrangements should ensure that the majority of consulting workload involves core General Medical or Personal Medical Services work.
Discussion with mentor
- B8. A robust system must be in place whereby responses to referrals made by the retainee and results of investigations initiated by the retainee are made available to them.
Discussion with practice manager and mentor
- B9. Patients should have information about the retainee including their name, status, and role and hours worked.
Discussion with practice manager

Section C - The Mentor

- C1. The practice will nominate a mentor.
Application form
- C2. The mentor will demonstrate a commitment to their own professional development and continuing medical education.
A list of CME/CPD activity for the past year should be available
- C3. The mentor should have some expertise in teaching and be able to discuss progress with the trainee.
Discussion with mentor
- C4. The practice will organise protected time (a minimum of one hour per month) to provide meeting time for the mentor and the trainee. These sessions must be recorded in the trainee's personal professional development plan. It is anticipated that the trainee will complete the minimum equivalent of eight PGEA sessions per annum. Normally a proportion of these will be practice based.
Discussion with mentor
- C5. The mentor should encourage the trainee to devise their own learning plan and encourage them to take part in practice activities including partnership and practice meetings.
Discussion with mentor
- C6. The mentor should encourage the trainee to take part in an audit project.
Discussion with mentor

**Appeal Mechanism for The
Approval of Practices Employing a Doctor on The
GP Retainer Scheme in Scotland**

If the practice are dissatisfied with regard to the process and outcome of the approval visit, they should make representation to the Director of Postgraduate General Practice Education.

In the case where resolution cannot be achieved locally, the practice may apply to the national appeal mechanism. They must do so in writing within fourteen days of written notification of the outcome of the Regional General Practice Education Committee, to the Executive Director of Scottish Council for Postgraduate Medical and Dental Education.

The appeals panel will consist of:

- a non-executive Director SCPMDE (chair)
- the Executive Director SCPMDE or his deputy
- a Director PG GP Education from another region
- a representative of the Scottish General Practitioners Committee (SGPC)

The practice will make representation in person and/or in writing regarding the process of the assessment or where they feel they have been wrongly judged in relation to the national criteria.

The Director and the lead visitor will be interviewed by the panel.

The panel will reach a decision and the practice will be informed within seven days. In the case of the practice's appeal being dismissed an indication of the remedial action required for accreditation will be made in writing by the panel.

The panel's decision will be final.

