



Death in service benefits for locum GPs - are you covered?

You may already be aware that there are persistent current inequities regarding the entitlement to 'death in service' benefit for freelance/locum GPs compared to their principal or salaried GP colleagues.

Freelance/locum GPs were not included in the NHS pension scheme until April 2001. However the NHS pension scheme is an occupational scheme and therefore the member can only access 'in service benefits' when 'employed or in service'.

As the NHS Pensions website describes it:

'A member who works 9am to 5pm, Monday to Wednesday every week, will be covered for death in service from 9am on the Monday until 5pm on the Wednesday only. Therefore, if they were to die after 5pm on the Wednesday and before they resumed work at 9am on the following Monday they would not be entitled to death in service cover'.

Despite arguments to the contrary, freelance/locum GPs are regarded by the NHS Pension Scheme as 'casual'. The position of the Pensions and Employment Services at the DH is that when a GP opts to practice as a locum, this is their career choice and should be aware of what that means in respect of their membership and contributions to the NHS pension scheme.

This view fails to recognise that most new GPs enter the workforce as sessional staff, this is a positive career choice, and that for the most part freelance/locum GPs have changed their way of working and now tend work over a group of practices on a recurring basis and therefore have continuity across practices.

This inequality has been brought into sharp focus by the tragic case of a young GP who was working in the NHS solely as a GP locum and had worked on 23 December 2014, with further locum work booked in for early January 2015. The GP tragically died on 24 December. Had the GP's death occurred on 23 December the family would have received a death gratuity amounting to twice the annual average dynamised earnings. Instead the gratuity was calculated on the basis that the GP had died within one year of leaving the scheme (IE 3* deferred pension), and was much less. The problem is also compounded by the fact that the impact is more severe the less time the doctor has been in the scheme and making contributions because the level of contributions is less overall.