



Londonwide LMCs

The professional voice of London general practice

GP retainers

Sessional GPs now make up a substantial part of the GP workforce in London. Londonwide LMCs is dedicated to ensuring that the interests of this important part of the workforce is fully represented on LMCs across the capital.

The LMC is here to support all sessional GPs. We are continually encouraging GP partners to provide the best possible working agreements for all sessional GPs and practice staff. We also welcome sessional GPs onto our LMCs as any GP on a Medical Performers list working in the area can stand for election to become an LMC member.

Help us to help you: ensure that your contact details with Londonwide are correct so that you can receive up to date information and newsletters. Make the most of the support available to you.

Helpful Documents and Links

[GP retention guidance](#)

[Annual scheme form](#)

[End of scheme form](#)

[Extension form](#)

[Information from the BMA website](#)

[Frequently Asked Questions](#)

The GP retention scheme is support for GPs who are considering leaving the profession. This guide outlines key points including eligibility, hours, CPD, the salary supplement and allowance.

The GP retention scheme is a package of support for GPs considering leaving the profession – and for the practices employing them – to help them remain in clinical practice, providing one to four sessions per week.

The scheme is available across England.

Read the BMA's guide on the common misconceptions about the scheme.

What the GP retention scheme is

It is a package of financial and educational resources to help doctors, who might otherwise leave the profession, remain in clinical general practice.

As an RGP (retained GP), the doctor gets more flexibility and educational support than they would in a ‘regular’ salaried GP post. The scheme gives financial support to both the RGP and the practice employing them, for the fact that the role differs from ‘regular’ part-time posts.

Watch the testimonials from doctors who have joined the scheme.

RGPs may be on the scheme for up to five years. There is an annual review each year to ensure they still need the scheme and their practice is meeting its obligations.

The GP education director manages the scheme:

monitoring educational aspects

maintaining a database of RGPs and practices

developing a support network in their region.

Records are retained by the HEE (Health Education England) local team for audit purposes for up to six years and shared with NHS England quarterly.

Eligibility

The scheme is open to doctors who:

are seriously considering leaving, or have left, general practice due to:1. personal reasons – such as caring responsibilities or their own health2. approaching retirement; or3. requiring more flexibility to undertake other work, either within or outside general practice.

can’t get the flexibility they need from a regular part-time role; and need additional educational supervision.

Doctors must hold full registration and a licence to practise with the GMC (without GMC conditions or undertakings, except those relating solely to health matters) and be on the national medical performers list.

The scheme is not intended for supporting a doctor’s remediation, and if the relevant NHS England responsible officer has concerns, the doctor would not usually be eligible.

Proof of leaving general practice

Evidence of a doctor seriously looking to leave general practice may include:

proof from appraisal

letter of resignation

accessing or intention to take pension payments

statement of intent to leave.

Read the NHS England full list of criteria.

Salary supplement

Annualised sessions*

Sessions per week

Payment per annum £

Fewer than 104

1-2

1,000

104

2

2,000

156

3

3,000

208

4

4,000

*Annualised sessions include statutory holidays, annual leave and sessions used for CPD

The allowance is paid at the start of employment and then each year.

RGPs' expenses supplement is paid by the practice to go towards the cost of indemnity cover, professional expenses and CPD.

The expenses supplement is subject to deductions for tax and national insurance contributions but is not pensionable by the practice.

Certain expenses may be claimed against tax (eg subscriptions to medical defence organisations, the BMA, GMC fee).

Payment for the practice

The GP practice can claim £76.92 per session its RGP is employed for, eg £16,000 per year for an RGP who undertakes four sessions per week.

This allowance is paid for all sessions (as above). Evidence of this payment will be required.

Practices can receive the top-up allowance from their NHS England local team even where the CCG has delegated co-commissioning. In this case, it is paid by the CCG as normal and the top-up by the NHS England local team. Practices should submit a claim form for the additional sum, including the GP allowance, to the NHS England local team.

Where you can work

You can be an RGP in the practice you already work in, as long as it offers a role that enables you to maintain your skills across the full spectrum of GP work.

You should be employed by one GP practice to enable peer support and continuity with patients.

Practices must demonstrate that they can meet the RGP's educational needs and understand educational supervision. A designated RGP scheme lead from HEE will assess this, based on the applicant's needs.

The practice must name an educational supervisor who is a GP trainer, F2 supervisor or who has recently had suitable training in supervision.

If the practice currently employs – or has employed in the last two years – an RGP, the outcomes should be discussed with the HEE RGP scheme lead.

Practices may employ more than one RGP in exceptional circumstances, if there is capacity for support and long-term career opportunities.

Sessions

The RGP can work up to four clinical sessions (totalling 16 hours and 40 minutes) per week – 208 sessions per year – which includes protected time for CPD and education. For annualised sessions, the RGP is expected to work at least 30 weeks out of 52.

They may work extended hours during the week or at weekends by mutual agreement, if the total number of hours worked does not exceed those in the contract. The extended-hours sessions are incorporated into the job plan where the balance of clinical work, admin and CPD can be assessed.

Contracts

The RGP is classed as a salaried employee of the practice. The BMA's retained GP model contract is based on the salaried GP contract.

RGPs are required to have an annual review with the GP dean or their nominated deputy, to assess their needs and whether they should remain on the scheme. They still need to comply with revalidation and annual appraisal via their responsible officer.

We also recommend you refer to the BMA's GP job planning guidance to inform your discussion on your workload and responsibilities and filling in appendix D of the retention scheme contract.

BMA members can also avail themselves of the BMA contract checking service.

Induction

All RGPs, irrespective of length of service, must go through an induction programme. An induction should consider their individual needs, so it should be devised in discussion with them.

It should introduce all key members of the primary care and allied teams, and inform the RGP of:

the computer system, eg how to use it for consultations, prescribing, templates, protocols, BNF, internal message systems

practice systems for chronic disease management: adding to disease registers, care plans and patient alerts, recall systems, targets, and team roles in their management

where to access practice policies and procedures

local and practice prescribing policies

local referral pathways, collaborative working arrangements and main providers

in-house services, e.g. phlebotomy, ECG

any special services provided by the practice, eg drug dependence, physiotherapy, counselling, chiropody

necessary phone contact numbers

practice appointment systems and on-call arrangements

location of emergency drugs

procedures for reporting significant events

panic button location and protocol for reporting violent incidents.

CPD activities

RGPs are entitled to the pro rata full-time equivalent of CPD as set out in the salaried model contract.

CPD is based on:

the needs of the individual, as established at their appraisal

discussion with the HEE RGP scheme lead

discussion with the practice supervisor.

This is underpinned by a job plan and reviewed annually by the HEE RGP scheme lead.

There should be an appropriate balance of CPD sessions in the practice (eg in-house educational meetings, SEA and prescribing meetings) and outside the practice (eg learning groups, e-learning, self-directed learning, talks and courses).

CPD activities may fall outside the RGP's contracted time, and CPD time can be taken 'in lieu' on a mutually agreed date.

When the scheme ends

After five years, doctors may wish to return to a more substantive role, but don't have to.

In discussion with the HEE RGP scheme lead and subject to agreement by NHS England's DCO, they can extend their time on the scheme:

to replace time off the scheme due to maternity, parental, adoption or sick leave

under special circumstances, eg where they had to change practices due to relocation or a breakdown in placement and support and would not have enough time left on the scheme to acquire employment rights in a fresh post.

The extension is likely to be for two years.

Employers should seek advice from the BMA on any issues of continuity of service and employment rights.