The NI GP Development Scheme has been established to

- Respond to the strategic direction and recommendations in “Transforming Your Care” and support the current transition towards service provision in primary care and the shift of activity from the secondary sector.
- Retain and develop GPs who are unable to work full-time for specified and short term reasons. This is designed to avoid performers in exceptional circumstances becoming returners.
- Ensure that GPs trained outside the NHS can be appropriately inducted and provided with a working knowledge of the NHS with the necessary skills for the provision of GMS.
- Ensure that a GP whose first language is not English has a level of linguistic competency compatible with safe practice.
- Retain the necessary supply of GPs to:
  - Promote practice development.
  - Support an increase in the range of services available to patients.
  - Link to HSCB commissioning priorities.
  - Secure access to primary care services for patients in Northern Ireland by having a supply of GPs in the context of anticipated levels of retirement and the changing demographics of the GP workforce.
- Assist the HSCB Responsible Officer with meeting the obligations of the Health and Personal Social Services Medical Profession (Responsible Officers) Regulations (Northern Ireland) 2010 in respect of GPs on the NI PMPL.
- Assist GPs who meet eligibility criteria for the scheme with meeting the requirements of revalidation.

General Information

The scheme is a joint HSCB and NIMDTA initiative for GPs on, or seeking inclusion in, the NI PMPL. It was developed in conjunction with NIGPC. Applications for the scheme will be reviewed by the PMPL committee.

There will be an emphasis on directing the funding for the scheme to areas within Northern Ireland with known difficulties for patients in accessing primary care, taking into account the service needs of the patients and the needs of the individual GP.

Scheme GPs should be prepared to commute a maximum of 60 minutes each way to their employing practice. Since the number of practice placements available is limited, it is not guaranteed that a practice in the desired location will be available.

The scheme can operate successfully only if there are sufficient practices available to undertake training, and it is possible that in some cases a training practice may
not be secured. Practices will require to assess whether they are in a position to meet the training needs of the GP in question while sustaining service delivery to patients.

The NI GP Development Scheme has two separate elements;

**Induction and Refresher Element.**

This is for GPs who have been absent from provision of clinical general practice in the NHS for a period in excess of two years (“returners”) or for an IMG or EU GP who has not previously worked in UK general practice. Some of these doctors will not have undertaken medical training in English.

Details for each element of the scheme are given below.

**Retainer element.**

This is for GPs on the NI PMPL who are experiencing exceptional circumstances which impact on their ability to undertake a standard GP post for a period of time. It is intended to provide more stability than can be secured when working as a sessional doctor and would be available only during a period of exceptionally challenging circumstances. It would be intended to prevent such doctors from becoming “returners”.

Retainer Element of the NI GP development Scheme

Eligibility for and Assessment Criteria for Inclusion

GPs who are included in the NI PMPL will be eligible for inclusion in the retainer element on the basis of criteria relating to special and exceptional circumstances. The purpose of this element is to prevent doctors being absent from provision of Personal Medical Services (PMS) for a period longer than two years and so becoming returners. The special circumstances will follow the principles established for the allocation of placements for general practice specialty trainees. They will require an applicant to meet one or more one or more of the following criteria:

**Criterion 1:** The applicant is a parent or legal guardian with significant caring responsibilities for a child or children under the age of 18. This would normally mean the child(ren) residing primarily with the applicant. Significant caring responsibilities are deemed to be those over and above what is considered to be the normal responsibilities of a parent e.g. the applicant is a single parent or has a child with a disability. It is expected that the child(ren) of applicants in this category will remain in their present residence. If the trainee and the child(ren) do not normally reside together, this should be referred to on the application form, and information supplied as to why the caring responsibilities remain equally significant.

**Criterion 2:** The applicant is the primary carer for someone who is disabled (as defined by the Disability Discrimination Act 2005) (expected to be a partner, sibling or parent). If the person they are caring for is not their partner, sibling or parent, the applicant will be expected to explain clearly and put a strong case why they are taking on the role of primary carer for this person.

**Criterion 3:** The applicant has a medical condition (physical or psychological) or disability for which local follow up and/or support is an absolute requirement, as confirmed by a report from an Occupational Health physician or an appropriate medical specialist.

Supporting evidence will be required before funding for a place on the retainer scheme is agreed.

Places on the scheme will be for GPs who are not party to a contract for general medical service provision, or in a salaried post, hence not entitled to alternative arrangements made for special circumstances under a partnership agreement or contract of employment.

**Funding Arrangements**

Payment for the retainer element of the scheme would be in line with paragraph 14 of the Statement of Financial Entitlements, (currently £59.18 in respect of each full session that the retainer undertakes for the contractor in any week, up to a maximum of four sessions per week. Participants will require to fund the cost of their continuing professional development.
The scheme is based on full time being defined as nine sessions per week (37.5 hours per full time working week) as per the GP model contract. A session therefore will be 4 hours 10 minutes. The maximum number of sessions is four per week.

The scheme will last a maximum of two years for GP retainers subject to the GP’s continuing to have exceptional circumstances.

GPs on the scheme must work sufficient sessions to comply with revalidation requirements and the scheme will be reviewed as necessary in light of experience of implementation of revalidation and any changes made to the NI Primary Medical Performers List Regulations.

Sessions can be annualised.

In exceptional circumstances within the limits described, the GPs may increase or decrease the sessions worked with prior agreement of NIMDTA but must meet requirements for continuing inclusion in the NI PMPL and of revalidation.

It is recognised that some sessions may be longer (morning surgery and visits) than others (evening surgery) but the overall weekly hours worked should equate to the number of sessions approved.

Sessions should include clinical work (surgery, visits, on call, telephone consultations and directly related administration) less allocated CPD and educational supervision/mentoring time.

Daytime on call duties must be included in the clinical sessions.

OOHs working time is not counted within the scheme sessions but may be undertaken in addition to the sessions in the practice at the discretion of the NIMDTA and the employing practice.

The scheme GP cannot do any other general practice work, including locums.

The scheme GP can do non general practice work that does not interfere with their time in the practice, at the discretion of the NIMDTA and the employing practice. It should, however, be noted that it is expected that the majority of work undertaken by a scheme GP will be in clinical practice, including out of hours.

GPs and practices cannot enter into a contract before the proposed education programme is fully approved by NIMDTA and funding is approved by HSCB. The start date must be no later than three months after approval.

Practices who are already employing a salaried GP cannot convert the salaried GP’s post to a retainer post under the NI GP Development Scheme as the funding is designed to create additional posts.

Eligibility and funding availability will be reviewed annually.

Salary is to be negotiated between the GP and practice. The GP will fund their own professional expenses.

The scheme GP must have protected CPD sessions at least equivalent to other GPs in the practice and sufficient to fulfil the requirements of revalidation.

The scheme GP must annually submit a PDP to the Deanery.

The scheme GP will have a Deanery approved educational supervisor/mentor in the practice.
Educational/clinical Development Sessions

The scheme should provide protected time of 30 minutes per week with the educational supervisor.

- NIMDTA should ensure the buddy/educational supervisor completes an introduction to teaching, clinical supervision course, mentoring training or other appropriate training unless already undertaken.
- There should be a system to enable the scheme GP to attend practice meetings and also in practice clinical governance and quality improvement activity. This will assist the scheme GP with meeting the requirements of revalidation as outlined by GMC.
- There should be a commitment by the practice to develop the scheme GP so they are able to take on a more substantive role in general practice at the end of the scheme.

General Support

- NIMDTA will nominate an educational supervisor (e.g. associate director or tutor) for the GP Development Scheme to support the scheme GPs and to review their placements annually.

Practice Responsibilities

Practices involved in the scheme should:

- Be prepared to commit to the full length of the GP retainer programme, which should normally be for a period of two years with annual review, with the intention of continuing to employ the GP after the end of the scheme.
- Use any additional consulting time capacity gained to release GPs in the practice to contribute to specific service or educational developments in consultation with the NIMDTA and HSCB. The original level of service delivery to patients would require to be sustained.
- Provide an email address for the scheme GP.
- Demonstrate how having a scheme GP will improve access to services for patients e.g. by developing services
- Show that the scheme could release another GP in the practice to develop new skills e.g. becoming a GP trainer.
- Commit to meeting and supporting the scheme GP for 30 minutes per week.
- Undertake to support the GP in collecting evidence for appraisal and revalidation (MSF, audits, PSQ, etc).
- Undertake to cascade to the GP information about local education, appraisal and clinical services etc.
- Undertake to participate in the annual monitoring of the scheme by NIMDTA to ensure the scheme GP has adequate educational support.
- Demonstrate that their premises are adequate to accommodate a scheme GP.
- Undertake to provide an induction period, enabling their scheme GP to become familiar with the personnel, policies, procedures and computer system of the practice.
- Provide an appropriate re-induction after any extended absence, e.g. maternity or long term sick leave.
- Pay any employer's costs above the stated funding limit. This will include any statutory leave payment e.g. maternity, paternity, sick leave.
- Offer a sufficiently wide range of GMS services to enable the scheme GP to maintain skills across the full spectrum of GP work.
- Be active in GP education.

Practices that do not currently meet training criteria may be approved if they can demonstrate that they are active in education and can show plans to progress towards core criteria similar to the minimum educational criteria for training practices, over an agreed timescale.
<table>
<thead>
<tr>
<th>Element of Programme</th>
<th>Eligible participants</th>
<th>Anticipated average length of programme</th>
<th>Arrangements for Payment to GP</th>
<th>Payment to practice by HSCB</th>
<th>Assessment/ costs payable by GP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retainer Element</td>
<td>GPs with caring responsibilities/health issues which will resolve and are not managed via partnership/salaried doctor contractual arrangements.</td>
<td>One year in the first instance, subject to annual review, and a maximum of two years</td>
<td>Contract/salary to be negotiated between GP and practice. Payment to be made by practice.</td>
<td>As per current SFE (currently £59.18 per session for a maximum of 4 sessions per week).</td>
<td>Cost of continuing professional development and indemnity.</td>
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</tbody>
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