Retired GP Returning to Practice

General practice is facing an unprecedented demand on the services that it provides. Due to the risks of exposure to COVID-19 general practice has moved to a system of total triage, whereby no patient is seen without first being triaged. The vast majority of patients are being managed remotely by telephone, online or video consultations. This has meant that very few patients are needing to be seen face to face.

Patients with symptoms of COVID-19, are asked to use NHS111 website where the symptom checker will then give advice or refer the patient to the 111 service, NHS 111 filters a proportion of suspected COVID positive patients to the COVID Clinical Assessment Service (CCAS) where they provide a triage service which is staffed by clinicians, including GPs.

There are a number of recently retired GPs who are willing to return to the GP workforce in this time of national crisis. The majority will have been removed from the National Performers List (if they have been out of clinical practice for a year or more). If no longer in clinical practice, their registration with the GMC may have changed and they may no longer have a 'Licence to Practice'.

For doctors who wish to return to clinical practice, there is a clear path that they need to follow.

General Medical Council (GMC)

The GMC have emergency powers to restore the licence to practice to those GPs who are still on the GMC register or have recently left and are in good standing. GPs who gave up their licence to practice in the last 3 years had their licence restored automatically, this has now been extended to GPs who gave up their Licence in the last 10 years. This has also been extended to those doctors who were removed for administrative reasons.

Most of the reinstatements will have happened automatically and you should receive a direct communication but if you haven't it is worth contacting the GMC directly.

This week the GMC will be contacting all doctors who are on the GMC register but do not have a licence to practice, there about 16,500 doctors in this category.

National Performers List (NPL)

To work as a GP, you will need to be included on NHS England's Medical Performers List. For GP returners who have had their Licence to Practice restored automatically and complete the necessary forms will be added to the Performers List and you will then be able to work as a GP but you will be categorised as an Emergency Registered Practitioner (ERP) in primary care.

In addition to your GMC letter, if you have left the list in the last 3 years you should have received a letter or email from NHS England who will invite you to complete a form. If you haven't heard from NHS England and NHS Improvement or from the General Medical Council but want to volunteer, please email the team at nhsi.medicalgp.returners@nhs.net.

The initial focus was on doctors who left in the last 3 years, but the legislation allows registration as an ERP for those who left the NPL in the last 5 years. In addition, a new category of registration is being offered for those who have been of the national performers list for 5-10 years which is being called Fast Track COVID 19 application (FTC19).

Finally, there is a category for doctors on the GMC register who wish to work with less responsibility but still use their clinical skills. This role is called Emergency Support Clinician and further information will follow.

If you have not received any information, and you wish to offer your skill and services, then please email england.erplists@nhs.net. Once the forms are completed and received by NHS England you will be included on the list as an ERP and once the state of emergency has ended you will be removed from the list.

Training and support

GPC England has been working with the RCGP and NHSE/I and have also collated the key training modules which will help you to prepare for returning, this can be accessed through the e-learning for health website

There is also a FutureNHS page to provide you with a platform to engage with your colleagues during this time and access a peer support network as needed.

DBS

The rules on this have been changed so that if you have had a DBS check in the last 3 years or you have an existing subscription to the Update Service, you will not need to have the repeated but if not you can have a fast tracked DBS which can be done remotely and will not require you to visit an approved DBS provider. This will be done at no cost to yourself. Access a flow chart to the fast track DBS service here

What work can I do and where can I work?

The demands in different areas of the country will change and will be influenced by a number of factors. It is therefore vital that we have some flexibility in the workforce to help where the demand is the greatest. Currently the greatest focus is on recruiting GPs to work in the NHS 111 COVID-19 Clinical Assessment Service (CCAS) and still they require more GPs to support this service. The capacity in this service needs to increase significantly to be able to cope with the predicted increase in the number of people presenting with a possible COVID-19 infection. We need as many GPs as possible to make themselves available to provide this service.

GPs working on the CCAS will be guided through the process and provided with paid training to 'get them up to speed' on what is needed.

As this will be a remote triage service GPs will be provided with the equipment and training to deliver this service, often from their own home. It is therefore suitable for GPs who would be unable to deliver face to face service as they may have underlying health conditions.

Some GPs may prefer to work in their former GP surgery, local OOH providers or in an urgent care centre. This may be providing telephone or video consultations, home visits or supporting the practice team by undertaking some of the work that they normally do.

General practice has transformed in a very short space of time and now do operate 'total triage' which means the majority of patients are managed using phone or video consultations, with far fewer patient needing to be seen in the surgery or on a home visit.

Contracts

GPs working in the CCAS will be offered a national contract which is flexible and allows you to choose how many sessions that you are available and when you can offer these. This will allow flexibility in terms of sessions worked and availability and importantly for some will offer death in service benefit, which is really important for the GP Locum workforce and also will mean you are covered by CNSGP for your medical indemnity.

For GPs who work in a practice, for OOHs or in an urgent treatment centre you also need a contract which will not only detail your terms and conditions but will also ensure that you are covered by CNSGP – the state backed medical indemnity scheme. All the Medical Defence Organisations have agreed to cover returning GPs at no additional cost.

NSHE/I are working to refine the process to make it as easy as possible for GPs, and the system will continue to evolve based on feedback received.