

# Derbyshire General Practice

## New GP Starter Pack

Tips and Resources for Newly Qualified GPs



with enormous gratitude to the Nottingham Phoenix Programme for allowing us to adapt their induction document written by Dr Kiran Bilkhu

## **Section 1: Introduction**

Many congratulations on completing your training and welcome to the start of what will hopefully be a long and happy career in General Practice!

For some, completion of training can feel like getting to the end of a conveyor belt, everything you have done so far has been leading to this point...but now what?! You are faced with so many options in terms of how you work, when you work and where you work, it is natural to feel a bit overwhelmed. In addition to this, you are now fully independent practitioners, without the safety-net of formal de-briefs and educational supervisors, which can seem daunting.

Rest assured that there is plenty of information and support available in Derbyshire through the [General Practice Task Force, Derbyshire](#) (GPTF) which will hopefully help you to make a smooth transition into independent practice.

This document is primarily designed for newly qualified GPs who are looking to work within Derbyshire. It has been written in 'good faith' with all information correct to our knowledge at the time of writing (April 2020).

If you have any comments or queries, please do not hesitate to contact us at [DDLMC.GPTF@nhs.net](mailto:DDLMC.GPTF@nhs.net)

As of March, /April 2020 those of you joining the profession are faced with further challenge and extraordinary circumstances due to the emergence of the Covid-19 Pandemic. Please see Section 11 for specific reflections on support that may be required.

## Section 2: Essentials for practicing as a GP in the UK

To work as a fully-fledged GP in the UK you need to have the following in place.

1. CCT (certificate of completion of training) from RCGP
2. To be on the GMC's specialist GP register
3. To be on the National Performer's List
4. To have indemnity to cover your work.

### Getting your CCT

You will usually have your final educational supervisor meeting in May (if you are on an August/August training programme) – this comes around *very* quickly after the mid-year review which is usually February time. It is worth noting you need to have all your OOH shifts done, or at least booked by this meeting. Also make sure things like audits are finished. At the same time as the final educational supervisor meeting the final clinical supervisor meeting also needs to be completed and all areas must be marked as 'competent'. Your portfolio will then be checked by a local Programme Director and finally by the HEE ARCP panel.

Once your ARCP is approved (outcome 6) in an email from HEE, you need to log in to your RCGP eportfolio and 'accept' the ARCP outcome. You can then press the button which allows you to 'apply for CCT'. The RCGP then send you a confirmatory email and they contact the GMC with a 'recommendation'. You will get an email from the GMC a couple of weeks later.

### Getting on the GMC GP register

You also need to apply for your CCT through your GMC login (the email from the RCGP should remind you to do this).

Go to your GMC login →my registration →my applications

You then need to pay for your CCT (about £420) and they will send you your certificate a few weeks later.

### Changing status on National Performers List

As a GP practising in the UK you must be on the national performers list (NPL). The performers list essentially provides an extra layer of reassurance for the public that GPs, dentists and opticians who practice in the NHS are suitably qualified and have passed other relevant checks such as with the DBS and NHS Litigation Authority.

You need to update Primary Care Support England (PCSE) when your circumstances change e.g. when you change from a registrar to a fully qualified GP (and whenever your details change e.g. if you become a partner, change name or place of work).

This process used to be long and laborious and included downloading and filling in forms by hand. Thankfully it has now moved online which will hopefully mean it is much simpler and quicker! PCSE online is the new platform for submission and approval of performer list changes and applications. In the future the aim is to include information about pensions on the same platform. If you have any problems with PCSE online, you can use the online form or contact their customer support centre on 0333 014 2884. The revalidation team are updated by PCSE and then contacted me via email the following day. You can still work if you have updated PCSE but your NPL status hasn't been updated yet so don't panic!!

## *Indemnity*

The government's state backed clinical negligence scheme for general practice came into operation on 1 April 2019. It provides cover for clinical negligence issues associated with NHS patient care that occurs on or after this date.

What it covers – NHS work only (in England), everyone from receptionists to pharmacists to GPs, cover is automatic (no need to apply) and no payments are required. Scheme is operated by NHS resolution

What it doesn't cover – private work, inquests, regulatory and disciplinary proceedings, employment and contract disputes, non-clinical liabilities. Any claims relating to incidents before the 1st April will need to be reported to you MDO. You still need to be covered by an MDO to cover you for non-NHS work e.g. death certificates/crem forms

Below is a link to a helpful video:

<https://resolution.nhs.uk/services/claims-management/clinical-schemes/clinical-negligence-scheme-for-general-practice/>

### *Run-off cover*

Medical negligence claims can arise many years after the original incident. You need to check if you have occurrence-based cover (most GPs have this) or claims made over. Occurrence based cover means that you are protected for any claims that take place during your period of indemnity with that provider (even after you cease your membership). Claims made cover means you are only covered for incidents which occur within a specific agreed timeframe. If you only have claims made cover, you may need to purchase additional 'run-off cover' in order to provide you with back-dated protection.

### Section 3: Pointers for Induction

Arranging a proper induction is good practice to ensure safety and will ultimately reduce the number of queries saving time all round.

#### Building/out and about

- Keycodes for doors/FOB/car park pass
- Satnav - ensure this is working to save time and stress
- Emergency bag/equipment - where to locate it and what is in it
- Emergency telephone number for the practice - e.g. if running late/off sick to avoid having to go through reception

#### Room

- Panic button
- List of internal and external phone numbers including acute care numbers and language line code
- Equipment - check the clinical equipment you have, and need is working, and PAT testing is up to date!
- See IT/computer tips for more specific advice

#### Policies and procedures

Every practice does things differently, and things change quickly. As well as reading the usual policies and procedures ask for an induction/locum pack. If this is not available, try to familiarise yourself with the following:

- Repeat prescriptions
- Referrals - 2 week waits, routine and changes in forms etc.
- Letters and coding
- Results - procedure for actioning and buddying
- Tasks - secretaries, reception/admin, who deals with what
- QOF - reminder of how to access templates and update on changes
- How the practice communicates with each other - ensure you are on the mailing lists for appropriate email/notifications

#### Documents to consider having ready

*For locums:*

- ID - passport/driving licence, proof of address.
- Original GMC certificate
- Proof of recent DBS check (number if available)
- Letter of being on a Performers List
- Original Primary Degree Certificate and qualification

Proof of immunisations, including Hep B

Please note if you elect to join Derbyshire Medical Chambers (see section 6) you will be guided through this process.



*For all:*

- Indemnity Insurance
- Level 3 Safeguarding/Adult Safeguarding
- Advanced Life Support Training
- Car insurance (for Business use) for home visit



## Section 4: IT/Computer Tips

Taking a little time to have things set up in advance can save time in consultations and avoid unnecessary hold ups and glitches.

### General

- Smart card - email your number to the practice to activate in advance
- Computer - have a run through computer (and printer) prior to seeing your first patient
- Printer paper - who is responsible for loading this (and where it is kept)

### Logins

- Windows login, Clinical system login, ICE/test requesting, Intranet, Dictation, NHS email, Blue Stream
- Consider logins for GP access, Notis
- Instant messaging system - familiarise yourself with this
- Ask to be included onto email circulars/update lists

### F12 Pathfinder

- SystmOne based practices are streamlining towards using F12 pathfinder for most referrals and guidelines e.g. referrals, advice and guidance forms, guidelines for individual specialty, service restrictions, acute care numbers and protocols, 2WW referrals, community referrals and safeguarding.

### Derbyshire Medicines Management Website

<http://www.derbyshiremedicinesmanagement.nhs.uk/>

- For local prescribing guidelines, formularies and shared care protocols.

### Fourteen Fish

- Useful website for appraisals and CPD

### TeamNet/Clarity website

- Useful website linked to clarity appraisal to directly record CPD who also send out weekly bulletins
- Clinical resources - NICE and local guidelines/leaflets and webinars
- Updates and events - ICS, Alliance, CSI, CCG, area team, LMC
- Contacts - Useful telephone numbers for both clinical cares linked to NUH and for non-clinical and support roles
- Many practices also use their calendar, check with your practice manager  
<https://teamnet.clarity.co.uk>.

References: NASGP induction advice <https://www.nasgp.org.uk/spip/>



## Section 5: Preparing your doctor's bag

Different practices will have different equipment available for salaried and locum GPs. Most locum GPs re-stock their own doctor's bags whereas salaried GPs may be able to use practice supplies. It is worth considering what you need for a typical surgery or home visit. Some useful items are listed below.

Stethoscope	Phlebotomy kit and sharps bin
Otoscope	Urine dipsticks
Ophthalmoscope	Urine pots
BP machine	Glucometer
Tendon hammer	Peak flow meter
Gloves	Lubricant jelly
Tongue depressors	Alcohol hand gel
Thermometer	Pregnancy tests
Pulse oximeter	Swabs

### *Emergency drugs*

Some GPs carry a selection of emergency drugs. The exact drugs may depend on your area (e.g. proximity to A+E services and 24-hour pharmacists) and the medical conditions you are likely to come across. Some practices supply their regular GPs with a supply of medications, but if you are a locum you will need to re-stock your own by doing a private prescription. If you plan to carry controlled drugs you must take measures to safeguard these appropriately.

Further information can be found at <https://locumorganiser.com/getting-started/doctors-bag/>



## Section 6: Keeping up to date

Without weekly VTS teaching to keep you up to date, you will need to start actively seeking out CPD. The good news is there is a huge variety of options available, so you just need to choose which suits you best!

### Courses

Keep on mailing lists locally for updates on local learning events e.g. RCGP Vale of Trent Faculty and South Yorkshire, First 5 evenings, Derbyshire Educational Network afternoons, Teamnet, Private hospitals e.g. Spire, BMI offer regular evening CPD sessions.

### Useful email lists

- Derbyshire First 5 group – CPD for GPs within 5 years of qualification –
- [Ddlmc.gptf@nhs.net](mailto:Ddlmc.gptf@nhs.net) for mailing list for local events, educational events and job opportunities for locums through Locum Chambers
- Appraisal and revalidation team updates - [england.revalidation-support@nhs.net](mailto:england.revalidation-support@nhs.net)
- LMC weekly updates – [DDLMC.Office@nhs.net](mailto:DDLMC.Office@nhs.net)
- RCGP updates - [updates@rcgp-news.com](mailto:updates@rcgp-news.com)
- Local RCGP South Yorkshire or Vale of Trent Faculty (covering North and South Derbyshire) updates - [janet.baily@rcgp.org.uk](mailto:janet.baily@rcgp.org.uk)
- Teamnet/Clarity updates usually include a summary of the above - [teamnet-admin@clarity.co.uk](mailto:teamnet-admin@clarity.co.uk)

### E-learning

- Clinical - RCGP, doctors.org.uk, BMJ, appraisal providers - Clarity, e-learning for health (including online safeguarding), Red Whale, Teamnet
- Non-clinical - Blue Stream, indemnity providers, GMC and defence organisations all offer e-learning modules and bulletins.
- GP Technology - e-GPlearning supports clinicians with technology-enhanced primary care and learning: <https://egplearning.co.uk>

### Podcasts

A fantastic, time efficient way to learn on the go, take a little time to prepare in advance and you can learn while on the move:

- Clinical - 2 Paeds in a Pod, RCGP Essential Knowledge, BMJ Podcast
- Non-Clinical - The GP Podcast by Ockham Healthcare for all the latest on changes in GP, BBC radio 4 Inside Health and You are not a Frog
- GP Taskforce podcasts written with eGP Learning <https://egplearning.co.uk/?s=acronyms>

### Local Updates

- Monthly Derby & Derbyshire Local Medical Committee (DDLMC) newsletter
- Current daily DDLMC Covid-19 briefing
- Derbyshire Sessional Educational meetings - <https://gptaskforce.com/gp-sessional-group/>



### NASGP and Locum chambers

- The National Association for Sessional GPs provides useful resources for sessional (locum and salaried) GPs
- Local advice/support through the DDLMC - <https://www.derbyshirelmc.org.uk/sessionalgps>
- GP locum chambers - **Derbyshire Locum Chambers** provide admin, pastoral care and systems and processes for clinical governance. Chambers support and retain flexible GPs, enabling them to become a well-engaged presence in a local health area. For more information see: <https://www.derbyshirelmc.org.uk/derbyshirelocumchambers>

### Social media

Great for keeping up to date with current issues in GP often with a stream of cases posted by GPs with feedback and advice, a chance to reflect on how you would do things:

- Facebook groups – DerbyLMC, Derbyshire First 5 GPs, Resilient GP, Tiko's GP group, Physicians mums,
- Twitter/Instagram - follow who you find inspirational

### Webinars

A great way to learn interactively from the comfort of your own home, there are increasing numbers of these including:

- Red Whale, NB medical, Teamnet, Clarity, defence organisations

### RCGP curriculum resources

Use the RCGP website or think back to what told you used for exams; do you still have access to these? e.g. Revision books, MCQ websites, Revision Podcasts and courses.

### Find your tribe on social media/WhatsApp

- Derby and Chesterfield WhatsApp group
- International Medical graduates – Facebook group and website <https://theukimg.co.uk>.

## Section 7: Personal and Career Development

### GP-S

GP-S is a free peer mentoring, coaching and signposting service for General Practitioners. For anyone who would like to explore ways to develop themselves or have a problem or opportunity they're not sure how to move forward with. This could be personally, professionally or within your career. They aim to build resilience in the General Practice workforce by allowing you time and space to develop your personal goals. The service is available in Nottinghamshire, Derbyshire, Staffordshire, Sheffield (LMC levy paying or working in LMC levy paying practice), Telford & Wrekin and Shropshire – under GP-S PAEAN.

**You can contact GP-S by phone on 0115 979 6917. Website: <https://www.gp-s.org/>**

### GP ASPIRE Programme

A programme run through the LMC, tailoring support for specific groups of GPs, allowing them to maximise opportunity for career development. The scheme provides funded support for Trainee Transition, Preceptorship and Fellowship Lite, in a variety of ways including clinical and non-clinical fellowships. For more information sign up today for free to hear more about what it has to offer: <https://gptaskforce.com/>

### Next Generation GP

An exciting opportunity for those wishing to develop their leadership skills further. Originally designed by three GP trainees this now runs in different areas nationally, inviting inspiring speakers to offer their insights on leadership and change in General Practice. To find out further details and find details of application for the next course running locally see the website: <https://nextgenerationgp.wixsite.com/2017>.



## **Section 8: Sources of support**

GP wellbeing and stress management is increasingly being recognised as a vital for improving morale, resilience and ultimately optimising quality of care.

### **Practitioner Health**

This free confidential service offers timely and comprehensive healthcare for doctors and dentists on a self-referral basis. The service is available to all doctors and dentists who are on the GMC/GDC register (or have been within the last 12 months) in England. NHS Practitioner Health can help with any mental health or addiction issue which may be affecting your working life.

**Opening hours:** Mon-Fri 8am-8pm and Sat 8am-2pm

**Telephone:** 0300 030 3300

**Email:** [prac.health@nhs.net](mailto:prac.health@nhs.net)

**Website:** [www.practitionerhealth.nhs.uk](http://www.practitionerhealth.nhs.uk)

### **DDLMC Pastoral Support**

An evolving solution with GP-S and buddying programme to provide personal and confidential support for any local GP undergoing personal difficulty or crisis including:

- Professional matters, like being subject to a patient complaint, performance review investigation or referral to the GMC
- A breakdown in relationships at work, with professional partners, employers or staff
- Contact [DDLMC.Office@nhs.net](mailto:DDLMC.Office@nhs.net)

## Section 9: Guide to Appraisal and Revalidation

### What is revalidation and why is it important?

Revalidation was introduced in 2012 and applies to all doctors who wish to retain their license to practice in the UK. Revalidation consists of an annual appraisal with an appraiser, and a 5 yearly revalidation where all your appraisals will be taken into account by the responsible officer.

There have been some recent updates to the requirements for the annual appraisal and the changes aim to minimise preparation time which is good news! Below is a link to some helpful guidance from NHS England:

<https://www.england.nhs.uk/mids-east/wp-content/uploads/sites/7/2018/08/guidance-on-preparation-for-medical-appraisal-for-gps.pdf>

### Guide to appraisal

The key to a stress-free appraisal is to prepare well in advance! Hopefully this guide will give you some more tips.

### Choosing an electronic appraisal toolkit

You can use any 'GMC approved' toolkit. In my experience most GPs use Clarity which gives discounted rates to RCGP members. However, it is worth looking at all the options and seeing which suits you best.

- Clarity <http://www.clarity.co.uk>
- FourteenFish <http://www.fourteenfish.com>
- MAG form (medical appraisal guide)  
<http://www.revalidation.support.nhs.uk/CubeCore/uploads/PDFForm/MAG/MAGmodelappraisalformv3.pdf>
- GP tools <https://www.gptools.org/>

### Booking an appraisal

The revalidation team will contact you with an appraisal month and an appraiser (usually 3-4 months after you qualify). It is then up to you to contact your appraiser to arrange an appraisal meeting. Best to do this sooner rather than later as things like annual leave can otherwise make this tricky. The venue is usually your GP practice or your appraisers GP practice and the appraisal meeting itself generally takes 2-3 hours.

### Appraisal Preparation

In general, as with most things, it is best to start preparing early. One of the most useful tips is to log your CPD activities at the time of doing them (or soon after). You can then see how much you have done so far that year and in which areas. It is also good to make a list of interesting cases which have caused you to learn or reflect – even if you don't write a formal entry, as it will act as a reminder for nearer the time. Generally, you don't need to upload certificates except for mandatory training (i.e. safeguarding and BLS).

*You need to submit all your evidence 2 weeks before the date of your appraisal.*

## Sections of Appraisal toolkits (taken from Clarity)

### *Professional Profile*

This is self-explanatory – you need to enter your personal details, qualifications and memberships. You also need to explain your scope of work i.e. what roles you hold. This includes clinical and non-clinical, paid and voluntary roles – anything that you do as a medical professional.

### *Portfolio/AMP*

In this area you can log anything, but it won't automatically be uploaded to your current appraisal. It also contains any data you have saved in the AMP app. You can add things to your current appraisal at any time.

*Appraisal* This area contains everything that will contribute to your next appraisal. Your appraiser will be able to see everything here (but nothing in your portfolio/AMP area). I personally find it easier to add entries directly to my appraisal area and therefore keep everything in one place.

### *Last year's PDP*

For your first appraisal you can use the PDP agreed at your final educational supervisor meeting.

### *CPD activities*

You need 50 CPD points per year. Each hour of time spent on CPD is 1 point. CPD can be subjective and so it is a good idea to have 55-60 points CPD to cover you if your appraiser feels you have been 'over generous' in allocating yourself points!

CPD comes in many guises. Anything from self-study, to professional conversations, to conferences and formal teaching will count. It is a good idea to have a variety of CPD modalities covering a variety of topics, and importantly covering your whole scope of work. You only need to formally reflect on ONE CPD event per year (although you can reflect on more if you wish).

### *Quality improvement activities*

There are various types of quality improvement activities. You only need to reflect on ONE per year (however you can reflect on more if you wish).

- Case reviews – this could be a complex or unusual case which resulted in a discussion amongst colleagues/change in procedure or policy
- Audits – one audit/quality improvement project to be completed every 5-year cycle
- Practice development – include any changes made to practice policies or procedures
- PUNS/DENS – 'patient unmet needs' and 'doctor educational needs'. Think of any cases which have prompted a learning need for you, e.g. if you have written for some advice and guidance/discussed a complex with another colleague, done some CPD as a result of a case.
- Research and teaching – this may or may not be relevant to you

### *Significant events*

Only record significant events which have reached GMC level here. Other significant events can be recorded as 'learning events'

*Learning events*

Use this section to record any significant events which have not reached GMC level.

Patient and colleague feedback

You need to complete one formal MSF and one formal PSQ every 5-year cycle. MSF and PSQ can be generated easily through Clarity.

*Complaints/Compliments*

You need some evidence of informal patient feedback at each annual appraisal. This can be done informally e.g. you can use cards or letters from patients. If a receptionist passes on a message from a patient, I ask them to put it in a task and then screenshot it. It must be anonymised before uploading to your portfolio!

*Minor surgery log*

It is good practice to keep a log of any procedures you undertake. Instead of logging each individual procedure I tend to upload a single spreadsheet.

*Review of GMC domains*

This section requires you to summarise evidence relating to each of the GMC domains:

<p><b>Knowledge, skills and performance</b></p> <ul style="list-style-type: none"> <li>• Develop and maintain professional performance</li> <li>• Apply knowledge and experience to practice</li> <li>• Record work clearly legibly and accurately</li> </ul>	<p><b>Communication, Partnership and Teamwork</b></p> <ul style="list-style-type: none"> <li>• Communicate effectively</li> <li>• Work collaboratively with colleagues</li> <li>• Teaching, training, supporting and assessing</li> <li>• Continuity and co-ordination of care</li> <li>• Establish and maintain partnership with patients</li> </ul>
<p><b>Safety and Quality</b></p> <ul style="list-style-type: none"> <li>• Contribute and comply with systems to protect patients</li> <li>• Respond to safety risks</li> <li>• Risks posed by your health</li> </ul>	<p><b>Maintaining trust</b></p> <ul style="list-style-type: none"> <li>• Show respect for patients</li> <li>• Treat colleagues and patients fairly and without discrimination</li> <li>• Act with honesty and integrity</li> </ul>

**Knowledge, skills and performance**

- You need a written reflection on at least one CPD activity.
- You could also include how you generally keep up to date. Do you attend practice meetings, read the BMJ etc.?

### Safety and quality

- You need a written reflection on *at least one* quality improvement activity.
- You may wish to include PUNS/DENS, learning events, formal audits or teaching.
- Do a formal reflection on each significant event.
- There is no requirement to do a formal audit every cycle, but there should be evidence of a variety of quality improvement activities. If unsure, it is worth discussing with your appraiser.

### Communication, partnership and teamwork

- Written reflection on *at least one event* relating to this area.
- Think about including patient or colleague feedback, difficult discussions with colleagues, practice meetings, cases which demonstrate working with colleagues, committee work.

### Maintaining trust:

- You need a written reflection on all complaints, performance concerns, probity statement.
  - If you have not been involved in any complaints, you could mention how you aim to maintain your own health and wellbeing (e.g. being registered with GP), indemnity, that you have a contract if you are a salaried GP.

### Mandatory Training

- Basic Life Support – provide evidence of annual BLS training
- Adult Safeguarding – 8 hours over a 3-year period (to include some face-to-face learning)
- Child Safeguarding - 12 hours over a 3-year period (to include some face- to-face learning)

### Special circumstances - e.g. early/late appraisals

As soon as you think you may have problems completing your appraisal including if you need to change the month of your appraisal, contact [england.revalidation-support@nhs.net](mailto:england.revalidation-support@nhs.net)

As a general rule, appraisals can be bought forward by up to 84 days before the end of your appraisal month.



## Section 10: GP pensions

PCSE online is responsible for managing the following GP pension processes:

- Respond to GP pension queries
- Receive estimates of profit for principal and non-clinical partners, salaried GPs to determine contributions and tier rate
- Receive GP year end actual profit certificates on NHAIS
- Record solo and locum forms on NHAIS
- Make deductions from remuneration
- Process refunds or additional payment requests via NHAIS monthly
- Update members' records on NHAIS and via NHS Pensions Online or manually for joiners, updates, leavers and retirements
- Obtain pension estimates and confirm membership as required
- Process retirement applications
- Liaise with widows/widowers for death benefits applications
- Administer additional pension applications for practitioners
- Receive and process cheques, send to NHS SBS for banking and send remittances to stakeholders
- Receive and process form A and B from Locums
- Receive and process GP Solo form and Type 2 form from GP's
- Recover employee pension contributions from the GP registrar payment (in specific areas)

***Link to the universal online enquiries form for any pension query can be found at the link: <https://pcse.england.nhs.uk/contact-us/>***

### For Locums

GP locums pensioning for GMS, PMS, APMS or appraisal NHS work should:

Submit A&B forms to the PCSE online enquiries form using appropriate reference number.

Complete part 1 of the GP Locum A form and send with invoice to the GP practice to sign and pay.

Locums should also complete Locum B form and make the appropriate payment using the specified reference number (see link below).

Deadline is 10 weeks from the last day worked during a period of engagement to claim. Further details can be found at the link below:

<https://pcse.england.nhs.uk/help/gp-pensions/locum-a-b-pension> - contributions

Freelance GP locums in NHS Pension Scheme terms are those working under a contract for services and deputising for an absent GP or engaged on a temporary basis. Type 2 medical Practitioners must be employed or engaged under a more permanent basis by the practice.

As you would no longer complete forms A and B, the surgery would inform PCSE of your estimated income and collect scheme employee contributions directly from you. They would then forward these plus employer contributions directly to PCSE. At year end you would have to complete the assessment form.

## For everyone

Every year, GPs are required to submit either a Type 2 Medical Practitioner Self-Assessment of Tiered Contributions Form or Annual Certificate of Pensionable Profit Certificate. Practices are required to submit Estimate of GP (and non-GP) Providers.

### *NHS Pensionable Profits/Pay*

The table below summarises what needs to be completed, by whom and the deadline for submission.

<b>Form</b>	<b>To be completed and submitted to PCSE by</b>	<b>Deadline for submission to PCSE</b>
Type 2 Medical Practitioner Self- Assessment of Tiered Contributions Form	Salaried/Assistant GPs (Type 2)	28 <sup>th</sup> February
Annual Certificate of Pensionable Profit Certificate	GP Partners and non-GP (Type 1) Limited company/partnership/single hander	28 <sup>th</sup> February
Estimate of GP (and non-GP) Providers NHS Pensionable Profits/Pay	GP Practices	1 <sup>st</sup> March

These forms are required so that PCSE can make any necessary adjustments to ensure the correct pension deductions are made from your practice in the following financial year (from April).

NB - if off on maternity leave you may be asked to complete an additional maternity leave form. Once complete, please submit these forms via the online enquiries form or post to Primary Care Support England, PO Box 350, Darlington, DL1 9QN.

A full guide to the pensioning process can be found at:

<https://www.nhsbsa.nhs.uk/member-hub/information-practitioner-locum-and-non-gp>

## Total Rewards Statements

TRS are available to NHS Pension Scheme members working in NHS organisations who use the electronic staff record system (ESR). It provides an overview if your pension benefits each year. The statements are released in August each year and rely on employers providing up to date information to NHS pensions by 31 May.



A TRS summarises an individual employee's employment package, including:

- basic pay
- allowances
- pension benefits for NHS Pension scheme members

You can access your statement online through 'ESR employee self-service' or 'GOV.UK Verify' or telephone 0300 330 1351.

Reference: <https://www.nhsbsa.nhs.uk/employee-section>

## Section 11: Covid-19 Pandemic – For newly qualified GPs or returning GPs

### Emergency Workforce Planning During COVID-19 Outbreak

As newly qualified staff you are more likely to have started working relatively recently within the medical profession and are likely to be younger, healthier and therefore more likely to be patient facing or have front line roles compared to older more experienced colleagues.

We may also assume that as newly qualified GPs, you will be relatively inexperienced and may require some clinical support/supervision, especially critical when working under increased pressure and potentially unfamiliar environments.

Conversely returning GPs may be older and potentially in 'at risk' groups and therefore may be more likely to be working remotely. Returners will be clinically experienced but may require more procedural support versus clinical advice. They may also need increased IT support due to lack of familiarity with equipment and working remotely. Clearly all these needs will differ across for individuals.

Support (through GP-S and other communities of GPs as above) is available for you all as both returning and newly qualified GPs are arguably at more risk of emotional distress whilst working at this unprecedented time.

The following table summarises differences in workforce availabilities and support required for reference by both GPs and Practice Managers:

	<b>New qualifiers</b>	<b>Returners</b>
<b>Induction</b>		
Procedural	Contract Indemnity Registration/Performers Self OH assessment (identify 'at risk ' group)	Contract Indemnity Performers List Self OH assessment (identify 'at risk ' group)
Equipment	Smart card Personal equipment (e.g. thermometer/sats monitor)	Smart card Personal equipment (e.g. thermometer/sats monitor)
Clinical	Individual to identify any unmet need <ul style="list-style-type: none"> <li>E.g. video consulting/PPE</li> </ul>	National training <ul style="list-style-type: none"> <li>E.g. COVID-19 update</li> </ul> Local training <ul style="list-style-type: none"> <li>E.g. APC guidelines/F12</li> </ul> IT training <ul style="list-style-type: none"> <li>E.g. Video consulting</li> </ul> Unpredicted training needs <ul style="list-style-type: none"> <li>Respond to FAQs</li> </ul>
<b>Continuing Support and Mentoring</b>		
Clinical Support	More likely CLINICAL vs procedural Identify senior colleagues in workplace	More likely PROCEDURAL vs clinical Remote support required

IT Support		Remote support required
Emotional Support	Peer support – WhatsApp group/buddy scheme Access to mentor Signpost local/national services Derbyshire Medical Chambers for all locums	Peer support – WhatsApp group/buddy scheme Access to mentor Signpost local/national services Derbyshire Medical Chambers for all locums

***The information in this document was sourced and correct at the time of researching (Nov 2019-Feb 2020) and publication (April 2020). Please be aware this information may be subject to change over time. It is recommended to use the links and contacts provided to help find the most up to date information. Any further questions, queries or suggestions can be sent to the GPTF team.***

**Thank You and Good Luck,**

**From The GPTF Team**