**GP Stay In Practice Scheme (GP-SIPS)**

* 1. **Background**
	2. There were approximately 4 400 GPs (excluding GP Trainees) working in Scotland in 2016 (ISD). Although the head count of GPs working in Scotland has increased by approximately 100 over 10 years, the number of full time equivalent GPs has reduced slightly. This is due to a reduction in the number of male GPs, who have traditionally worked full time, and an increase in the number of female GPs. There is also an awareness of the large proportion of GPs nearing retirement in the next few years (over 30% of the GP workforce is over 50 years of age). This is in the face of an increasing workload with an increase in patient registrations (up by 5% in 10 years) and an increasingly elderly population with complex needs. There is a need to increase the GP workforce and to retain those who currently work in it (National Health and Social Care Workforce Plan – part 3).
	3. **The GP Stay In Practice Scheme (GP-SIPS)**
	4. The aim of the GP Stay in Practice (GP-SIPs) scheme is to retain GPs in the workforce by allowing mid-career GPs and those nearing retirement the opportunity to reduce workload and administration tasks while maintaining a clinical input in an educationally supportive practice.
	5. The scheme will be available to an individual doctor for a maximum of 3 years.
	6. GPs may be signposted to the scheme as part of their annual appraisal.
	7. There will be an expectation that for mid-career GPs the scheme is seen as a way to remain in substantive practice. There will be no requirement for near retirement doctors to remain in General Practice at the end of their time on the scheme.
	8. There will be no age limit to entry but doctors who have previously been on supported schemes (the GP Retainer Doctors Scheme or the Returner / Enhanced Induction Scheme) will require a 10-year gap before applying for the GP-SIPS scheme.
	9. This scheme, in addition to the GP Retainer scheme, could be used as a means of allowing a doctor to return to practice in a graded fashion after a period of ill health. In these situations, an Occupational Health assessment would be required before entering the scheme and applications would be considered on a case by case basis.
	10. The scheme would **not** be suitable for doctors with GMC conditions or undertakings.
	11. GP-SIPS doctors will work 2-6 GP sessions per week. At least two sessions must be practice based clinical sessions. The total number of sessions could include a maximum of two non-GMS sessions e.g. undergraduate teaching, family planning clinics.
	12. The session length will be 4hr 10 mins.
	13. It is expected that GP-SIP doctors will be placed in a different practice to that in which they previously worked to ensure recognition of their new role and reduction in workload. Where a potential GP-SIP doctor requests a placement in their existing practice, the specific reasons will need to be discussed and approved by the Associate Adviser, and safeguards agreed to ensure that the new role is clearly recognised. The practice will have to be a practice approved for training or as a Retainer scheme practice.
	14. A practice will normally only be able to employ either a GP-SIPS doctor or a Retainer scheme doctor at any one time. A GP-SIPS doctor will normally only work within one practice. In exceptional circumstances it may be possible to work between two practices to extend their working commitment, with the approval of the Associate Adviser.
	15. Two hours mentoring per month will be provided for the GP-SIPS doctor by a named practice-based GP mentor. This time should be directed towards helping the doctor with appraisal requirements, developing their PDP, and preparing for revalidation. If they have previous experience, some of this time could also be used by the GP-SIPS doctor to provide education for others in the practice e.g. tutorials with trainees.
	16. Study leave will be available with two sessions per year for appraisal and revalidation and an additional session per year for each session worked. For example, a GP-SIPS doctor working five clinical sessions in the practice would expect an allowance of seven study leave sessions per year.
	17. There will be an annual fee paid to the GP-SIPS doctor of £1500 (pre-tax) to off-set indemnity costs and to contribute to continuous professional development.
	18. A £76.92 sessional reimbursement will be paid to the practice by the relevant Health Board.
1. **Practice responsibilities**

The Practice will:

* 1. Employ the GP-SIPS doctor as a salaried GP. The practice will agree the contract of employment (based on the BMA salaried GP contract and to include the GP-SIPS educational agreement), the salary, and the distribution of sessional work through the week.
	2. Manage employment issues and performance issues that may arise during the course of the scheme, with the support of the NES Associate Adviser, when appropriate.
	3. Maintain the standards required of a practice who have been approved to receive a GP-SIPS doctor, which includes a minimum of two hours of protected mentor time for the GP-SIP doctor per month for their own support or to allow sharing of the SIPS doctors expertise with others.
	4. Liaise with the relevant Health Board to ensure that accurate reimbursement payments are paid to the practice, that GP-SIPS annual payments are forwarded to the GP-SIPS doctor, and that the GP-SIPS doctor is included in the Health Board appraisal process.
	5. Liaise with NES to ensure that annual reports and evaluation requests relating to the GP-SIP scheme are returned to the NES GP-SIPS administrator.
	6. Manage any complaints against the SIPS doctor via their practice complaints policy.
1. **NES responsibilities**

NES will:

* 1. Oversee the establishment, implementation, ongoing development and running of the GP SIPS pilot.
	2. Quality manage the GP-SIPS approval process for practices and mentors.
	3. Maintain written and web-based materials relevant to the GP-SIP scheme.
	4. Check eligibility and subsequently approve appropriate applicants to the scheme through a process of structured interview by the Associate Adviser.
	5. Facilitate communication between a successful applicant to the GP-SIP scheme and suitable practices.
	6. Offer support to GP-SIPS practices where concerns have been raised regarding a GP SIPS doctor’s progress.
	7. Liaise with the relevant Health Board with information that is required for the addition of the GP-SIPS doctor to the Performers’ List.
	8. Maintain a database of GP-SIPS doctors and practices.
	9. Design and carry out an evaluation of the GP-SIPS pilot.
	10. Be a source of information and advice to Health Boards, practices and GP-SIPS doctors.
1. **Health Board responsibilities**
	1. Reimbursement of sessional and annual payment to the practice for the GP-SIPS doctor.
	2. Maintain the GP-SIPS doctor on the Performers’ List.
	3. Ensure that the GP-SIPS doctor has access to annual appraisal, a Responsible Officer, and revalidation approval (when appropriate).
	4. Apply standard Health Board operating procedures where performance issues are identified.
2. **Summary**
	1. The GP-SIP scheme has been introduced to improve the retention of GPs in the Scottish NHS by targeting mid-career GPs and GPs who are nearing retirement. Possible candidates for the scheme will self-select and be interviewed by an NES Associate Adviser to confirm eligibility. They will be employed by approved practices, with the relevant Health Board taking responsibility for the Performers’ List, reimbursement payments, appraisal and revalidation.
	2. This is a pilot scheme with Scottish Government funding for up to 20 doctors in the first three years with proportionate distribution across Scotland.