



Taking a career break - advice for GPs

Taking a career break? Advice for GPs

Many GPs consider taking a break from clinical practice for various reasons at sometime in their career. Although traditionally taken more by female practitioners, and usually for family reasons, increasingly these breaks are being taken by both male and female GPs for both personal and professional development reasons and are a step that may initially seem to be an attractive option.

However, with the introduction of revalidation and the recent revision of the Medical Performers List regulations, before taking such a course of action there are several factors that will need to be taken into consideration as these will directly impact upon your ability to return to clinical practice.

The issue of prolonged absence and returning to work after ill health can be complex and therefore is not covered in this general guide. For further information on this area, please check the end reference guide.

Returning to practice and retraining

The Induction and Refresher Schemes (previously known as Returner Scheme)

In order for a doctor to work as a GP in the UK there is a requirement to be on the GMC's GP register, to hold a licence to practise also granted by the GMC and to be on the Medical Performers List.

In England, Primary Care Trusts (PCTs) have been abolished as of April 2013, and responsibility for a single England-wide performers list has been taken over by NHS England (formerly known as the NHS Commissioning Board). This is administered locally by Area Teams, NHS England's local outposts. Performers Lists are administered by PCOs in Scotland, Wales and Northern Ireland.

For more details on registration and licence to practise, visit the [GMC website](#).

Responsible officers based in Area Teams, have a duty to ensure that those GPs on the Medical Performers List are suitably qualified, competent and fit to practise.

It is generally accepted that a break from clinical practice of less than two years will not require a period of retraining. If you decide, however, to take a break from clinical practice of 2 years or more, the Department of Health, the Royal College of General Practitioners and the Committee of General Practice Education Directors (COGPED) all recommended that a period of retraining and induction back into practice is undertaken.

In England, Wales and Northern Ireland, the application to be on the Induction and Refresher Scheme (I&R) has been centralised and the National Recruitment Office (NRO) now processes the entry application. Once the application has been received and the prospective I&R GP nominated deanery has been contacted, and approval for the application process to proceed has been received back at the NRO, the prospective I&R GP is then usually required to sit initial assessments of suitability, capability and learning needs. This can include sitting a Multiple Choice Questionnaire (MCQ) similar to that used for doctors applying to do GP training.

Following a successful outcome from the MCQ (2 attempts are allowed), the prospective I&R GP may then have to undergo a clinical skills assessment (CSA). Once successfully completed (2 attempts also allowed), this is then followed by placement on an induction and refresher scheme, commonly in a training practice, for a period of three to six months full time, extended for part-time placements but usually not more than a maximum of one year.

During the placement, it will generally be expected that learning logs, which includes Multi Source Feedback (MSF) and Patient Survey Questionnaires (PSQs) MSF and PSQ Consultation Observation Tools (COTs), regular work based

assessments (WBPAs) are completed. Under current COGPED guidance, successful exit from the scheme requires the completion and sign-off of the logbook and WBPAs and passing the MRCGP Applied Knowledge Test (AKT). Some deaneries do ask the I&R GP to sit an additional CSA as an exit assessment but most deaneries do not. Some deaneries also employ a portfolio panel to check that the exit portfolios are up to standard before making the final recommendation for inclusion on to the Medical Performers List.

We do expect that there should be a degree of flexibility, with potential candidates assessed on a case-by-case basis. If the break from practice involved clinical practice, albeit in another country such as working as a GP in Australia, then the returning GP may not need formal refresher training, but a shorter period of induction back into NHS General Practice. However, although it does happen in Scotland and Northern Ireland, we are aware that England not all PCTs have taken account of this type of recent experience.

For further details see COGPED Guidance or NHSE for Scotland policy document included in our [end reference guide](#).

Funding

Up until 2006, there was central funding in England made available for the I&R scheme. Regrettably, this funding was withdrawn by the Department of Health and since then various forms of funding streams have been developed locally, often using accrued underspends from other budgets. Due to the recent re-organisation within deaneries, such underspends are no longer accessible for this use.

In England, most I&R GPs now self-fund, and that includes the fees for both entry and exit assessments.

In Northern Ireland an I&R scheme has been running since Sept 2012 with an expectation of 20 GPs on the waiting list to run through in the next 12 months. This was achieved through combining the retainer and returner schemes and looking at some in-year monies to expedite this.

In Wales, after a recent period of no funding being available, funding has been re-instituted via the Welsh Assembly for approximately five returner places. At the time of writing, this funding is only for a year, non-recurrent and is not ring-fenced.

Scotland manages its own I&R scheme and support for this is available via NHS Education Scotland from non-ring-fenced monies. The eligibility criteria are clearly defined in [NHS Education for Scotland Policy Statement on Returners to General Practice](#) published in December 2010. However, the accessibility to the NHS Scotland scheme is strictly limited due to an overall lack of funds.

Apart from Scotland and for this year Wales and Northern Ireland which have limited funds available, the I&R scheme has no specific funding stream, therefore leaving support very patchy and in some areas no longer available.

I&R Scheme GPs and the Minimum Wage Regulations

Legal advice obtained by the BMA is that, under the Minimum Wage Regulations, it would be illegal for a practice to take on a GP on the I&R scheme without paying them a salary. This is on the basis that the GP will be doing some work while they are at the practice, even if they are supervised.

It is also important to note that the I&R GP offering to work voluntarily does not necessarily resolve the issue. The voluntary arrangement must be genuine (ie the volunteer and the practice must not be under any obligations to each other). A volunteer should be able to attend as and when he or she wants and leave whenever he or she feels like it.

Obviously this is not the situation envisaged by the I&R scheme, which requires a fixed period of training to take place and certain work performed. In this case, a volunteer could have a claim against a practice under the National Minimum Wage Act for unlawful deduction in wages. Even if the individual did not bring the action, Her Majesty's Revenue and Customs (HMRC) are still able to enforce a claim and in that event there would be no guarantees for the practice.

I&R Scheme GPs and the 'Model' salaried GP contract

The GPC and BMA advises that I&R GPs be offered a contract which is no less favourable than the 'model salaried GP contract'. It is important to remember that clinical commitment and educational supervision should be fully included in the job planning. The appropriate appendix can be found at the end of the 'model' contract.

Please note that the [model contract](#) must be offered to all GPs employed by a GMS practice since 1 April 2004 (as this is a condition of a GP provider's contract with NHS England or, in Scotland, Wales and NI, their PCO) and to all GPs employed by a PCO since 1 April 2004. In line with this, I&R GPs should be paid at least the minimum salary recommended by the Doctors and Dentists Review Body, which is currently £54,319 for full-time salaried GPs (pro rata for those working less than full time). However, we are aware that, due to the lack of funding for the scheme, I&R GPs can receive less than the recommended salary, some are paid only a flat fee per session, and some receive no support.

It is important to note that the [model contract](#) consists of both the model offer letter and the model terms and conditions and job plan appendix. The [BMA's salaried GP Handbook](#), which is available for members, also contains helpful information on salaried GP contractual issues, including the impact of breaks in service on statutory entitlements. It is important to remember that, as with any contract offer, the BMA offers a contract checking service for BMA members. For further details see our [end reference guide](#).

GPs returning from abroad

GPs returning to the UK from abroad should be aware that if they have been away from UK general practice for 2 years or more, they are likely to be required to complete an I&R scheme **even if they have been working in general practice overseas**.

As per the Medical Performers List Regulations, NHS England and PCOs in Scotland, Wales and NI should assess every application to join the Medical Performers List on an individual basis and consider whether a GP has kept up-to-date clinically. Despite this, in some cases GPs returning from time spent working abroad are still required to undertake the I&R scheme. To avoid this, a GP working overseas might wish to consider returning to the UK for a brief period to work as a locum and engage with appraisal in order to remain on a Medical Performers List.

We are aware that PCOs in Scotland and Northern Ireland however, do take into consideration clinical work completed overseas when assessing a GP's suitability to join the Medical Performers List.

For further guidance, read our guide to [GPs working overseas](#).

Factors to consider when taking a career break

Consider alternatives to taking a career break

You may want to consider if taking a career break is the only option for your personal or professional development. You may find it helpful to discuss your thoughts around a career break with a mentor. You may also be able to obtain further advice about this in areas where the deanery has a GP tutor or a GP educator responsible for the I&R Scheme.

Given the uncertainty and complexity, plus the individual financial burden incurred on a return to practice after a career break, rather than taking a complete break it may be more advantageous to consider a reduction in clinical commitment or an adjustment in working hours to be more flexible to your needs.

You may also want to consider if a placement on the GP retainer scheme is a viable option in your area, and this would need to be done in consultation with your deanery.

If you do decide that a career break is the right choice for you

It is advisable to plan your return to practice before taking the career break, so speak to your deanery about the availability of the I&R scheme in your area. Most deaneries usually have a nominated educator responsible for managing the I&R locally who can advise on the type of refresher education that may be required. This should include information on availability of placements, possible funding if at all available, and career support.

Speak to the RO or whoever manages the performers list of your intention to take a career break, and the possible impact upon being revalidated

If you are planning to go on your career break but have not yet been revalidated, it is advisable to discuss with the RO if you can be revalidated before doing so.

Also discuss with the RO the details of your intended career break so that there is clarity of what needs to be done to maintain your name on the Medical Performers List. This should also include consideration of what you intend to do on the career break and whether your clinical skills will be maintained. This is particularly important to define, as it will impact upon what you may be required to do as part of your induction back into practice (particularly if the absence is less than 2 years), or be required to be part of an I&R scheme.

If it is not possible for your name to be maintained on the Medical Performers List, then you will need to understand what conditions and requirements you may have to meet, and the evidence you may need to collect in order to be included back onto the List on return to practice.

It is important, if at all possible, to continue to engage with appraisal

Even whilst on a career break you may and should continue to engage with appraisal. You may not be able to collect the same standard evidence but you will be able to collect alternatives, and a focus on continuing professional development (keeping a standard log of all time spent on CPD) may be more appropriate. You should note, though, that the RCGP and GMC advice says that generally, supporting information for revalidation should be obtained from practice in the UK but there may be some discretion and you can discuss this with your RO. See the RCGP guidance and GMC FAQs included in our [end reference guide](#).

It is also advisable to undertake an appraisal before the planned period of absence, and this will also act as a useful reference point on your return. It will be important to discuss this with the relevant appraisal lead, RO or their deputy and GP tutor (if available in your area), so that there is clarity regarding the career break, the duration and arrangements for continued engagement, including what types of alternative information would be important and necessary to include in your portfolio.

Further, the RCGP guide to revalidation of general practitioners version seven recommends that for a doctor taking a break from clinical practice of duration of two years or less, there has to be a minimum content portfolio for consideration by the RO. This allows doctors taking breaks during their five years cycle to submit a reduced portfolio (for example 150 CPD credits rather than 250 credits). It would also be worthwhile discussing with the RO in advance of any career break confirming what is required as minimum-supporting information to be collected.

It is important to remember to obtain agreements to all decisions in writing.

Ensure that you maintain your professional networks

Even on a career break it will be important to keep up to date with new developments and changes. This could be done as part of your continuing CPD.

If you are a salaried or locum or freelance GP, you should consider maintaining contact with your local sessional GP group. A list of groups is available on the NASGP website. Your local BMA office or local medical committee LMC may also be aware of newly formed sessional GP groups and their meeting dates.

You should maintain membership of, or join a local self-directed learning group. If not already a member of such a group, your local deanery GP tutor may be aware of where these operate and your local sessional GP group may also be able to put you in contact with peers who run these groups.

You may also find it useful to ensure you receive newsletters from your local LMC and to be aware of any local RCGP faculty events.

Depending on your circumstances, peer support can be invaluable during this time and can prevent the detrimental effects of professional isolation. For further reading see the RMBF report in our [end reference guide](#).

Reference and further reading guide

Ensure you take the time to read the following information and visit the listed websites for further useful guidance.

[BMA Salaried GP handbook](#) (which includes the salaried model contract)

[BMA Locum GP handbook](#)

[BMA guidance on GPs working overseas](#)

[RCGP guide to revalidation for GPs](#)

[GMC FAQs on revalidation](#)

[COGPED guidance on GP returner schemes](#)

[NHSE for Scotland - Policy statement on returners to general practice](#)

[How to set up and develop a sessional GP group](#)

[RMBF report](#)