

# **SUPPLEMENTARY MEDICAL LISTS FOR NON PRINCIPAL GENERAL PRACTITIONERS**

**CONSULTATION**

**This consultation paper is being sent to Health Boards, Primary Care Trusts and other interested bodies. Copies are being sent to all general medical practices in Scotland. GP principals are asked to draw it to the attention of all non principals, including locums, who work in the practice.**

## CONSULTATION: YOUR VIEWS

1. The Scottish Executive is committed to the development of general medical practice within a broader primary care strategy. This consultation paper seeks your views on a specific proposal within that strategy to develop the arrangements for quality assurance in general medical practice. The proposal is the introduction of supplementary medical lists for non principal GPs. Legislative measures will be required. The views of those with an interest are a key part of the consultation process, which is an essential part of the Executive's preparations for developing legislation.

2. This paper sets out the proposals in detail and your responses to the points made will be very helpful to us in considering the way forward. However, if you have views which you feel are not covered by the paper please do not hesitate to put them forward as all comments on any aspect of the paper are welcome. Details of how to contact us and where to send your comments are given at the end of the paper.

3. Views are sought by Friday 13 July. The deadline in part reflects the fact that the aim is to legislate through the Long Term Care Bill due to be brought forward later this year. The relatively short timescale also reflects the fact that there has already been a degree of consultation with interested parties on the essence of the proposal. Last November, following discussions with Scottish Executive officials, the Scottish General Practitioners Committee of the British Medical Association welcomed the principle of introducing

supplementary medical lists, subject to the inclusion of GP locums in the NHS pension scheme as discussed below. Subsequently the principle was welcomed by representatives of the Primary Care Trusts at routine 'Links' meetings with Executive officials. In addition the Short-Life Working Group set up by the Minister for Health and Community Care to consider under performance arising among GPs has considered supplementary lists and is likely to recommend their introduction. The report of the Working Group will be published shortly.

4. In addition to this formal consultation, we will seek meetings with bodies which have a key interest in putting the proposed changes into practice: SGPC and the Primary Care Trusts.

## BACKGROUND

5. The development of primary care is a key part of the modernisation of the National Health Service. There is, and will continue to be, development in important aspects including clinical governance, clinical audit and annual appraisal. This consultation paper concerns development of the arrangements for quality assurance: it discusses issues around the introduction of supplementary medical lists for non principal GPs in Scotland. The purpose of the introduction of supplementary lists is to strengthen quality assurance.

6. The introduction of supplementary medical lists will require amendments to the NHS (Scotland) Act 1978. The intention is to make those changes through provisions in the Long Term Care Bill which the Scottish Executive proposes to introduce to the Scottish Parliament later this year. Thereafter it would be necessary to bring forward new secondary legislation by Statutory Instrument.

7. Island Health Boards and Primary Care Trusts are currently required to maintain lists of all doctors who undertake to provide general medical services (GMS) in their area under the National Health Service (General Medical Services) (Scotland) Regulations 1995. General medical services are provided under a contract negotiated nationally with GP representatives. The list in a given area is known as the medical list and doctors on the medical list are known as GP principals. A GP must be on the medical list before he or she can be contracted to provide GMS.

8. To join the medical list, a GP has to satisfy rules on suitability, including appropriate experience. Once on the list, a GP is subject to discipline procedures relating to statutory Discipline Committees and the NHS Tribunal.

9. The medical list system does not currently extend to non principal GPs.

10. Non principal GPs are GPs who work with GP principals and comprise GPs in training, GPs employed by a GP principal to assist with the provision of care (including assistants, associates, retainees and GPs paid by salary under the terms of the national contract) and locums brought in to fill short term gaps.

11. In the context of this consultation paper, non principal GPs also comprise GPs who perform personal medical services. Personal medical services are distinct from general medical services as they are performed (a) by independent practitioners under contracts developed locally between the Board or Trust and a GP practice to focus on specific local needs; or (b) by GPs employed directly by PMS practices or Trusts.

12. As an important aspect of the development and strengthening of primary care, the Scottish Executive intends to amend the legislation so that supplementary lists can be introduced for all non principal GPs – ie all GPs who wish to practise and who are not on the medical list.

## KEY PRINCIPLE

13. A supplementary medical list should be introduced to provide the opportunity to bring non principal GPs into the framework for the administration and management of general medical practitioners. From the date of introduction, in order to practice as a GP in GMS or PMS, a GP would be required to be on:

- the medical list; or
- a supplementary medical list.

A GMS principal or PMS practitioner would not be able to practice unless he or she was on the appropriate list; and would not be able to employ a GP unless that GP in turn was on the appropriate list.

## ESTABLISHMENT OF THE SUPPLEMENTARY LIST

14. It is proposed that, as with the medical list, the supplementary lists should be maintained by Island Health Boards and Primary Care Trusts.

15. In considering the logistics of operating and maintaining supplementary lists, the particular circumstances of locums must be taken into account. The 'pool' of locum GPs encompasses doctors with very different reasons for being in that role, including those undertaking long-term locums in a relatively small number of practices and in the same geographical area, those looking to do multiple short term locums to fit in with their domestic requirements and/or stage of career development and older doctors who no longer want a full-time commitment. Given the fact that the circumstances and motivation of these doctors will change frequently and often quickly, maintaining the list accurately and up to date will be essential.

16. Reciprocal arrangements with the other health administrations in the UK will be introduced.

## ENTRY TO, CONTROL OF AND OPERATION OF THE LISTS

17. The following principles are proposed.

- The entry and control arrangements should, as far as practicable, contain the same requirements on individuals for the medical list and the supplementary list. Sections 19-22 of the National Health Service (Scotland) Act 1978 make provision relating to applications for inclusion in the medical list. Those provisions which concern the suitability of the individual should attach also to supplementary lists. Thus the requirements as to knowledge of English and as to suitable and prescribed experience should attach to supplementary lists.
- At present Boards and Trusts are required to remove from their medical list the name of any GP convicted in the UK of murder or of a criminal offence and sentenced to at least six months in prison. This requirement, or any replacement of the requirement, should be extended to supplementary lists.
- GP principals should be required to ensure that organisations providing deputy doctors provide only doctors on a list; and organisations providing deputy doctors should be required to provide only doctors on a list.
- The Scottish Medical Practices Committee (SMPC) has a role in the consideration of inclusion of names on the medical list. This role derives from the statutory responsibility



of the SMPC under section 3 of the 1978 Act as to securing that the number of medical practitioners undertaking to provide GMS in the areas of different Boards is adequate. The statutory responsibility under section 3 relates to GP principals and not to GP non principals; the SMPC should have no role in relation to supplementary lists.

- Statutory requirements as to Discipline Committees and the NHS Tribunal should cover GPs on the supplementary list. Under the National Health Service (Service Committees and Tribunal) (Scotland) Regulations 1992, reference of a GP to the Discipline Committee arises from a potential breach of the terms of service set out in Schedule 1 to the GMS Regulations. Those terms of service which concern the performance of the GP as a GP non principal should attract to GPs on supplementary lists: terms of service which relate to the performance of a GP principal as part of the management of the contract between the GP and the Board/Trust (for example on acceptance and removal of patients from the patient list) should not attach to non principals.
- The NHS Tribunal should have the same power in relation to those on supplementary lists as it has for those on medical lists.

## PENSION SCHEME

18. The introduction of supplementary lists for non principal GPs will increase the regulation of locum GPs. It also provides the opportunity to bring locum GPs working in the NHS into the NHS pension scheme. Once the legislation and the supplementary lists are in place, it will be open to locum GPs to join the NHS pension scheme. Membership can then be backdated to 1 April 2001.

## FINANCIAL IMPLICATIONS

19. Boards and Trusts will incur limited additional costs as a result of the introduction of supplementary lists. In headcount terms, there are about 3,700 GP principals and a further 360 GP non-principals (excluding locums). It is estimated that there are up to 700 GP locums. Accordingly the effect would be to add some 1,000 names across the country as a whole to the lists managed locally, an increase of some 30%. Boards and Trusts will incur limited additional costs as a result, to be subsumed within their overall resources.

20. The inclusion of locums in the NHS pension scheme will also lead to additional costs through extra employers' contributions. These costs will be met from the demand led GMS budget.

## CONCLUSION

21. This consultation paper seeks your views on a number of important proposals which will further develop and improve general medical practice in Scotland. Your views are important to us and will help us shape the draft legislation to be brought before Parliament later this year.

22. **We invite individuals and organisations to respond to the issues in this consultation paper by Friday 13 July 2001.** Copies of responses will be made available in the Scottish Executive library. We will assume that responses to this paper may be made publicly available unless you request confidentiality.

23. **Responses should be sent to John Davidson, Primary Care Unit, Scottish Executive, Room 1W.11, St Andrew's House, Regent Road, Edinburgh, EH1 3DG (0131 244 2331) e-mail [john.w.davidson@scotland.gsi.gov.uk](mailto:john.w.davidson@scotland.gsi.gov.uk)** from whom further copies are available.

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