



Royal College of
General Practitioners

Guidance on returning to general practice during COVID-19

This resource acts as a guide to GPs wishing to return to general practice in response to COVID-19. This document offers guidance, examples and best practice to suit the needs of your personal circumstances.

Updated - 17 April 2020

Contents

- (A) [Introduction to this guidance](#)
- (B) [Emergency registration](#)
- (C) [Key aspects to consider about returning](#)
- (D) [Training and support](#)
- (E) [Types of role you could take on](#)
- (F) [Key information and next steps](#)

(A) Introduction to this guidance

As the UK continues to deal with the implications of the COVID-19 pandemic, many doctors and medical staff are being asked to consider returning to the workforce in some capacity, or to take on new or additional responsibilities. Others have not yet been asked but have been proactively seeking to help in whatever way they can.

Wherever and however you can help, your expertise and experience will be valued beyond measure at this challenging time.

This guidance is designed to support current and former UK registered GPs to return to the primary care workforce in response to the COVID-19 pandemic. It aims help returners identify the types of roles which are right for their own personal skills, abilities and preferences, and to provide a high-level guide on how to return to the workforce, including by directing returners to relevant guidance from government and other organisations. This document is not intended to be exhaustive and does not cover onboarding processes for specific roles.

By 'GP returners', we mean anyone who has previously qualified as a GP to work in the UK, who is looking to support the COVID-19 response in any additional way. This includes:

- Those returning to the GP profession after leaving practice, including from retirement or roles beyond medicine;
- Those currently working in related non-clinical areas (e.g. education, research, appraisal, NHS central functions), who want to provide more direct support;
- Those currently providing clinical care, who want to offer additional services (including those working less-than-full-time, for example as locums or retainers).

This guidance does not apply to individuals going through normal return to practice routes. Information on national GP Induction and Refresher Programmes can be found at the following websites: [England](#), [Scotland](#), [Wales](#), [Northern Ireland](#). Information on the GP Portfolio Route (England only), can be found [here](#).

This document should be read in conjunction with specific national guidance on returning to practice during the COVID-19 emergency period, which is subject to regular review and revision. **The latest national guidance on returning to practice can be found here:**

- [England](#)
- [Northern Ireland](#)
- [Scotland](#)
- [Wales](#)

UK wide guidance on COVID-19 can be found [here](#).

(B) Emergency registration

As of 16 April 2020, the GMC has provided emergency registration (and/or restoration of licence to practice) for any doctors who have been off the register for up to six years. This threshold may be further increased if needed. More information on this can be found on the [GMC's website](#).

Time limits for re-including GPs on Medical Performers Lists (MPL) vary by country. NHS England is considering GPs who has been off the list for up to five years for re-inclusion (or up to ten years if going through the Fast Track process to work for CCAS), in Northern Ireland the limit is three years, in Wales two years. In Scotland, we expect the limit to be set at three years, however local arrangements may vary between health boards.

Some role types listed below will require both GMC registration and (re)inclusion on the MPL, while others will only require GMC registration restoration. Some may not require any professional registration.

If you believe you should have received emergency registration or re-inclusion on the MPL, and have not been contacted, you should engage with the relevant body. Details of how to contact the relevant body in your nation can be found by following the links above (see *(A) Introduction to the guidance*).

(C) Key aspects to consider about returning

Every clinician can and should decide for themselves what role they are willing and able to play. No clinician should take on a role with which they do not feel comfortable or safe. This guidance is not a substitute for individual judgement or using the appropriate local routes and guidance available. Prospective returners may also wish to discuss their circumstances with the British Medical Association (BMA) or another union. BMA guidance for returners can be found [here](#).

Key considerations include:

- The level of **clinical responsibility** you expect to be comfortable holding, subject to appropriate induction training. For example, if you have been out of clinical practice for some time, you may prefer to limit your scope of practice initially – e.g. to telephone triage, rather than end of life care.
- The level of **risk** a role may pose to your health, or the health of your family. For example, if you or a family member has a pre-existing condition which increases the risks associated with COVID-19, you may prefer to return to a role which does not involve face-to-face clinical care.
- The **type of activity** you feel confident undertaking. For example, you may not want to take on a role which requires high levels of physical activity, or which may not suit your particular experience or skillset.

Any returning clinician should have a clear role definition and contract agreed with their employer, should work to the limits of their usual framework of competence and experience, and receive appropriate training, support and supervision for that role. If you have any concerns about your work, always raise them with your employing organisation.

(D) Training and support

All doctors, including those returning to support the response to COVID-19, must work in line with the GMC's guidance on [Good Medical Practice](#). This includes keeping knowledge and skills up to date. Core training should be provided through an individual's onboarding process; however, returners may also wish to update their skills and knowledge in specific areas of clinical practice.

The RCGP is offering all returners, whether they are current College members or not, free access up to 30 June 2020 to our eLearning resources. This includes Essential Knowledge Updates and GP SelfTest, which can be used to identify specific areas which may benefit from being refreshed. College members already have access to these resources; lapsed members can login [here](#) and non-members can register [here](#).

A range of additional training and CPD resources can be found via the RCGP COVID-19 [resource hub](#). More information, including links to the latest guidance on COVID-19 can be found on the RCGP [website](#). Further resources relating to both COVID-19 and other areas of clinical practice are available from organisations such as [e-Learning for Health](#) and [NICE](#).

It is also important that returners are supported throughout their work, particularly in these challenging circumstances. Having a mentor can be useful for any GP, but particularly for those who are returning to practice after some time. A mentor can also help explore the various options open to returners. It may be possible to arrange mentoring through a current or former employer or through a professional network.

The RCGP Later Career and Retired Members Group may also be able to support colleagues in establishing peer networks. For more information, contact Mona Aquilia, LCARM Chair on majkla@btinternet.com.

There are a range of wellbeing resources available within the RCGP COVID-19 resource hub, [here](#), and via [NHS Practitioner Health](#). The BMA also offers **confidential 24/7 counselling** and peer support services to all doctors and medical students, which can be found [here](#), or by calling 0330 123 1245.

(E) Types of role you could take on

We have identified seven main types of role to which individuals could return. These are summarised below. **Specific roles may not be open to all individuals or in all nations, and some routes are still in development.**

NHS England is particularly encouraging returners to join the NHS 111 COVID-19 Clinical Assessment Service (CCAS), which support NHS 111 in triaging patients who may need admission to hospital due to COVID-19 and is currently facing very high demand. This work can be done remotely, without patient contact, making it a low-risk option. The RCGP recognises that this is not the right role for everyone, and is here to support members, however they feel able to support the COVID-19 response.

NB. Further guidance is currently being developed by national NHS organisations relating to those returning to clinical practice through the emergency processes into core general practice. This includes educational guidance for doctors returning to the primary care workforce during the COVID-19 pandemic. Therefore, this should be taken a provisional list of possible roles returners may be able to enter, depending on individual competencies and the needs of the practice(s).

1. Clinical practice with a specific focus on COVID-19

Requires GMC registration and inclusion on the MPL.

a) Remote triage

- Working for NHS 111's COVID-19 Clinical Assessment Service (CCAS) to triage COVID-19 patients for self-care at home or onwards referral.
- Suitable for individuals who are clinically competent but wish to limit the range of duties fulfilled, and who do not wish to undertake direct patient contact.
- Would require good IT literacy, and confidence in remote consultation.
- CCAS does not operate outside England, though other remote triage options may be available locally (including with NHS 111 in Wales and NHS 24 in Scotland). GPs based in Wales, Scotland or Northern Ireland can support CCAS in England remotely, by using NHS England's new fast-track returner pathway to be included on the English MPL. This route is also open to GPs based in England who wish to join CCAS and who have been off the MPL for more than five years, or who are not included on the MPL for other reasons. More information can be found [here](#).
- CCAS Medical Support Worker roles, which require GMC registration but not inclusion on the MPL are also in development.

b) In person care

- Working at a dedicated COVID-19 centre (also known as a "hot site"), to manage patients with confirmed or suspected COVID-19.
- Suitable for individuals who are clinically competent but wish to limit the range of duties fulfilled, and who are at lower personal risk from COVID-19, although no individual should agree to work in any setting with which they are uncomfortable.
- N.B. "Hot sites" are not operating in all parts of the UK.

2. Routine clinical practice

Requires GMC registration and inclusion on the MPL.

Separation of remote and in-person general practice provision may not be possible in all contexts; exact roles should be discussed with employing organisations.

a) Remote consultation

- Delivering clinical sessions for a practice or out-of-hours provider, using technology such as telephone or video conferencing to conduct consultations.
- Suitable for individuals who are clinically competent across the full range of general practice, but who do not wish to undertake direct patient contact.

b) Face-to-face consultation

- Delivering face-to-face clinical sessions for a practice or out-of-hours provider.
- Suitable for individuals who are clinically competent across the full range of general practice, and who are at lower personal risk from COVID-19.

3. Face-to-face healthcare support

Prescribing roles will require GMC registration. No roles require inclusion on the MPL.

Specific role requirements should be discussed with the employing organisation.

- Supporting direct patient care in a practice, out-of-hours setting, or COVID-19 “hot site” as a “Medical Support Worker”. Exact duties will vary but are likely to be analogous to a Physician Associate, Medical Assistant or Healthcare Assistant role.
- Suitable for individuals who are no longer willing or able to take on the full responsibilities of a GP, but who are at lower risk from COVID-19 and wish to provide “frontline” care.

4. Mentoring, assessment and educational support

Requires GMC registration but not inclusion on the MPL.

- Providing professional (non-clinical) mentoring to other doctors, particularly trainees and returners, or supporting exams such as CSA (when exams restart).
- Suitable for individuals with experience as clinical academics, educators or examiners, especially those who do not wish to return to clinical practice.
- In England, HEE is developing the returner processes for these roles.
- We also encourage GPs to support one another through informal personal networks.

5. Non-clinical support

Roles supporting practices or PCNs may require GMC registration, depending on duties.

Specific role requirements should be discussed with the employing organisation.

- Providing administrative support to a practice or PCN (e.g. dealing with prescriptions, hospital communications and appointments or supporting business management), or assisting with the administration of central NHS functions to free up clinician time.
- Suitable for individuals who are no longer willing or able to provide direct patient care, and who are at higher personal risk from COVID-19, or who have particular administrative skills.
- If you would prefer to take on a voluntary role, which does not require registration or licencing, schemes operate across all four nations. More information can be found here: [England](#), [Scotland](#), [Northern Ireland](#) and [Wales](#).

(F) Key information and next steps

Exact processes for returning to work vary across the UK. However, after identifying appropriate possible roles, most returners will need to follow these steps:

1. Most returners will need to be registered with the GMC and hold a licence to practice (some non-medical roles may not require GMC registration). As of 16 April, anyone out of practice for up to six years is being considered for emergency registration and will be notified if registered. For more information on emergency registration, see: <https://www.gmc-uk.org/registration-and-licensing/temporary-registration/information-for-doctors-granted-temporary-registration>.
2. Returners wishing to take on a medical role will need to be included on their national or health board medical performers list (MPL). As of 16 April, NHS England is considering anyone out of practice for up to five years for inclusion on the English MPL (or up to ten years if going through the fast track process to work for CCAS), in Northern Ireland the limit is three years, in Wales two years. Details for other nations vary. More information on returning to the MPL (and wider FAQs for emergency returners) can be found here:
 - [England](#)
 - [Scotland](#) and [here](#)
 - [Northern Ireland](#) and [here](#)
 - [Wales](#)

Support roles may not require inclusion on the MPL, however all returners who have been out of the workforce will need to complete identity, professional registration and employment history checks. (Doctors currently working in general practice will not need to complete these checks).

3. Returners wishing to support a known specific practice or service provider should have early discussions directly with the practice, to agree what type of work they can carry out, and a clear role description should be agreed.
4. All returners (including those currently working in general practice) should complete a return process through their national body (see links in point 2., above), specifying the types of work they are willing to do.
 - i. Where applicable, returners should provide details of the practice they plan to support.
 - ii. Alternatively, if a returner wishes to support a national service such as CCAS, or does not have a specific practice to return to, national/local bodies will match the returner with an appropriate employer (though some roles have not yet been developed and may be a lower priority for placing returners). This process may take some time. National teams are handling large volumes of requests from returners; please see this as a positive sign and be patient.

- iii. Returning clinical educators and academics wishing to take on a mentoring role may be able to specify this to their national body. In England, they should also contact returning@hee.nhs.uk, and in Northern Ireland, Dr Louise Sands (Associate Director for GP Career Development, NIMDTA), louise.sands@hscni.net.
 - iv. Returners who specifically wish to support CCAS, can use the “Fast Track COVID-19 application form for inclusion on the national medical performers list (England)”. This route is open to GPs who were included on the English Medical Performers List more than five years ago and GPs who are, or who were within the last five years, included on the Medical Performer Lists of Wales, Scotland, Northern Ireland, the Channel Islands or the Isle of Man, as well as a few other groups. More information on that process can be found [here](#).
5. The employer will then take the returner through their specific onboarding process. This will include a range of pre-employment checks covering qualifications, right to work, criminal record (DBS), health and safety, and references. It should also include provision of appropriate training and any equipment needed for the role (such as laptops to enable remote working). Returning GPs in all four nations who do not already hold personal indemnity cover will be covered by state- or employer-backed indemnity schemes (exact details vary across the nations). Specific queries not covered by national FAQs should be sent to the following addresses:
- In England: medicalGP.returners@nhs.net
 - In Scotland: COVID19Recruitment@nes.scot.nhs.uk
 - In Northern Ireland: gprevalidation@hscni.net
 - In Wales: HSSWorkforceOD@gov.wales

National bodies are rapidly implementing and iterating processes and dealing with large volumes of enquiries. This will be a marathon not a sprint, so please be patient when navigating these processes; the need for your input is not going away imminently. Do let the College know if you face particular challenges, by visiting our [member forum](#), or emailing COVID19@rcgp.org.uk.