



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 on how to return, examples of possible roles and information where to access additional support to suit your personal circumstances.

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## (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 are proactively seeking to help in whatever way they can.

**Wherever and however you can help, your expertise and experience are 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 to 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 further relevant guidance from government and other organisations. This document is not intended to be exhaustive and does not cover onboarding processes for specific roles.

This guidance will be relevant to anyone who has previously qualified to work as a GP in the UK and is seeking 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](#). Furthermore, this guidance does not apply to non-GPs, who may in extremis be redeployed into primary care during the COVID-19 pandemic, and for whom different processes will apply.

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](#).

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\* Current GPs may not be treated as “returners” by organisations such as the GMC and devolved healthcare bodies, as they will already be fully registered, and will therefore not need to complete all of the same steps in order to contribute to the COVID-19 response.

## (B) Emergency registration

Current regulations mean that the majority of patient facing roles will require inclusion on the GP register with licence to practise and inclusion on a Medical Performers List (MPL), even where individual scope of practice is limited. Some roles may have more limited requirements

As of April 2020, the General Medical Council (GMC) has provided emergency registration (and restoration of licence to practise) for any doctors who have been off the register for up to six years. This threshold may be further increased if needed. The GMC has also restored the licence to practise to any GP who has maintained GMC registration but voluntarily surrendered their licence (creating a second cohort of returners who may have left active practice at any point since the licence to practise was introduced in 2009). Further information on emergency registration and how to get in touch if you have not been contacted can be found on the [GMC website](#).

Time limits for re-including GPs on MPLs vary by country. NHS England will consider GPs who have been off the list for up to ten years for re-inclusion on the MPL (with distinct routes and roles for those who off the list for up to five years, and those off the list for between five and ten years), in Northern Ireland the limit is five years, in Wales three years. In Scotland, we expect the limit to be set at three years, however arrangements may vary between health boards. If you wish to be re-included on your national or health board MPL, and have not been contacted, you should engage with the relevant body, using the links to national guidance in section (A) *Introduction to this guidance*, above.

## (C) Key aspects to consider about returning

Every clinician can and should decide for themselves what role they are willing and able to play. It is common to feel some anticipatory anxiety when taking on new roles, but after adequate induction and support this should abate. However, no clinician should take on a role in which they do not feel competent or safe.

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. Individuals who have been out of practice for more than five years may prefer to return to a Medical Support Worker (MSW) role, working with limited clinical responsibility under the supervision of another GP.
- 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 a role which does not involve face-to-face clinical care.
- The **types 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.

This guidance is not a substitute for individual judgement or using the appropriate local routes and guidance available. 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 should receive appropriate training, support and supervision for that role. In the event of areas of uncertainty, you should be able to explore these with a colleague, supervisor or line manager. If you have any concerns about your work, always raise them with your employing organisation.

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](#).

## (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 [Health Education England](#), [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 Aquilina, LCARM Chair on [majkla@btinternet.com](mailto:majkla@btinternet.com).

There are a range of wellbeing resources available within the RCGP COVID-19 resource hub, [here](#), and via [NHS Practitioner Health](#). NHS England has brought together information on how to additional support [here](#). 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

NHS England is currently encouraging returners to join the NHS 111 COVID-19 Clinical Assessment Service (CCAS), which supports NHS 111 in triaging patients who may need admission to hospital due to COVID-19 and which is currently managing high demand. This work can be done remotely (including in other nations of the UK), without patient contact, making it a low-risk option. More information on CCAS can be found [here](#).

Not all returners will wish to join CCAS, and a range of other roles may be open to returners. The RCGP is here to support members, however they feel able to support the COVID-19 response. We have summarised various types of role below.

NB. Further guidance is being developed by national NHS organisations relating to those returning to clinical practice through the emergency processes into core general practice. 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). Specific roles may not be open to all individuals or in all nations, and some routes are still in development.

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

*Requires GMC registration and inclusion on the MPL.*

#### a) Remote triage

- Working for 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. GPs based in Wales, Scotland or Northern Ireland can support CCAS in England remotely, by using NHS England's Fast Track COVID-19 returner pathway to be included on the English MPL, instead of on their national or health board list. More information on the fast track route can be found in section (F) *Key information and next steps*, below.

#### 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**

*Medical Support Worker (MSW) roles (England only) require GMC registration and inclusion on the MPL, whether or not they are prescribing roles. 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 an MSW. The MSW role (England only) is designed to utilise returners’ existing skills and training, within a limited scope of practice and under the supervision of a GP. An example job description for the MSW role provided by NHS England can be found [here](#), and an indicative task list [here](#).
- Suitable for individuals who are no longer willing or able to take on the full responsibilities of a GP, particularly those who have been out of practice for five years or more, but who are at lower risk from COVID-19 and wish to provide “frontline” care. In the future, with appropriate training and support, it may be possible for returners to move from MSW to GP roles.
- It may be possible to support a practice as a healthcare assistant without securing licence to practise and inclusion on the MPL. This should be discussed locally.

**4. Mentoring, assessment and educational support**

*All roles require GMC registration. Depending on nation, some roles require licence to practise and inclusion on the MPL.*

- Providing professional (non-clinical) mentoring to other doctors, particularly trainees and returners.
- 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 may require GMC registration, depending on duties. Specific role requirements should be discussed with the employing organisation.*

- Providing administrative support to a practice, network or federation (e.g. dealing with prescriptions, hospital communications and appointments or supporting business management), or assisting with the administration of NHS and public health functions such as central administration and contract tracing.
- 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 practise (some non-clinical 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. Any GP who has maintained their professional registration, but has voluntarily surrendered their licence to practise, has also had that restored. For more information on emergency registration, see: <https://www.gmc-uk.org/registration-and-licensing/temporary-registration/information-for-doctors-granted-temporary-registration>.
2. All returners should read national FAQs, which provide more information on the process. These can be found here:
  - [England](#)
  - [Northern Ireland](#) and [here](#)
  - [Scotland](#) and [here](#)
  - [Wales](#)
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 role they could fill.
4. All returners (including those currently working in general practice) should complete a return process through their national body, specifying the types of work they are willing to do. Where necessary this process will include re-inclusion on the relevant MPL.
  - i. In England, returners who have been off the MPL for less than five years should complete and return the appropriate form which be found [here](#).
  - ii. In England, returners who have been off the MPL for over five years should use the Fast Track COVID-19 application form, which can be found [here](#). This separation is designed to ensure that those GPs who have been out of practice longer are provided with a more structured and supported returner role, either as an MSW or as an “Emergency Registered Practitioner (Fast Track COVID-19)” to work as a GP with a restricted scope of practice. Emergency Registered Practitioners (Fast Track COVID-19), will be able to work either with CCAS or in the community. Questions on this route should be directed to [england.ftc19@nhs.net](mailto:england.ftc19@nhs.net).
  - iii. Returners based in Northern Ireland, Scotland and Wales who wish to support the response in their nation can do so by following the links under *point 2*, above. Alternatively, if they wish to support CCAS, they can apply for inclusion on the English performers list using the Fast Track COVID-19 route described above (*point 4.ii*).
  - iv. Where applicable, returners should provide details of the practice they plan to support.

- v. If a returner does not have a specific practice to return to or wishes to support a national service such as CCAS, 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. Although information should be shared automatically, returners who wish to join CCAS may also find it helpful to complete the CCAS onboarding form for “GP Increasers, returners, locums and sessional GPs”, available [here](#) (with FAQs [here](#)). Further questions about CCAS should be directed to [covid19.cas@nhs.net](mailto:covid19.cas@nhs.net).
  - vi. 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](mailto:returning@hee.nhs.uk), and in Northern Ireland, Dr Louise Sands (Associate Director for GP Career Development, NIMDTA), [louise.sands@hscni.net](mailto:louise.sands@hscni.net).
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, health and safety, and references. Employers will also apply for a criminal record (DBS or equivalent) check. Employers may be able to access a fast track processes for criminal record checks, so individuals are advised not seek to secure a check independently. Onboarding should also include provision of appropriate training and any equipment needed for the role (such as laptops to enable remote working). Returning GPs who do not already hold personal indemnity cover will be covered by state- or employer-backed indemnity schemes (exact details vary across the four nations) but may also wish to secure personal cover with a medical defence body.

Specific queries not covered by national FAQs listed above (*point 2*), should be sent to the following addresses:

- In England: [medicalGP.returners@nhs.net](mailto:medicalGP.returners@nhs.net)
- In Scotland: [COVID19Recruitment@nes.scot.nhs.uk](mailto:COVID19Recruitment@nes.scot.nhs.uk)
- In Northern Ireland: [gprevalidation@hscni.net](mailto:gprevalidation@hscni.net)
- In Wales: [HSSWorkforceOD@gov.wales](mailto: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 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](mailto:COVID19@rcgp.org.uk).