Professor Maureen Baker CBE DM FRCGP DRCOG DCH  
Chair of Council

Rt Hon Jeremy Hunt MP  
Secretary of State for Health  
Department of Health  
Richmond House  
79 Whitehall  
London  
SW1A 2NS  
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Sent by email to chris.bird@dh.gsi.gov.uk

Dear Jeremy,

Retention of older GPs

As you know the Government has set the ambitious target of increasing the number of doctors working in general practice by 5,000 by 2020.

The Royal College of General Practitioners (RCGP) has been working with partners to increase the number of GPs working in England. However, achieving the Government’s target will not be possible without a massive effort to retain older GPs in the workforce. We estimate that 467 practices in England have 75% or more of their GPs aged 55 and over. Early retirement can create a risk of practice closures if practices struggle to replace retiring GPs. It is simply not sufficient to turn the tap on without first putting the plug in.

To begin to address this, we recommend the urgent introduction of a five point older GP retention scheme. This should include:

1. **A comprehensive, flexible careers planning scheme for older GPs.** This should explore opportunities to work flexibly in terms of the GP’s time (e.g. part-time working or working a limited number of months per year) and in terms of the work that the GP does. The focus should be on looking for opportunities to keep older GPs engaged in the workforce in whatever capacity is appropriate for them.

2. **A bursary to support continuing professional development and to help older GPs meet the costs of indemnity.** Older GPs may need to support to continue to grow their skills and to apply them in new contexts. There is also evidence that the cost of indemnity is a barrier to older GPs continuing to work flexibly.

3. **Government should review pension arrangements** to ensure that pensions do not present a disincentive to continuing to work for older GPs.

4. Practices with a high number of **older GPs should be prioritised in the rollout of the medical assistants pilot** under the GP Forward View. The ‘Releasing Time for Patients’ development programme could also focus on these practices. High administrative burdens are often cited as contributing to GPs’ decisions to retire early.

5. **A mentoring and job sharing scheme** that matches older GPs with GPs returning to work after having children. This would enable retained GPs to have a staged return to practice while older GPs have a staged retirement. It would also support the transfer of knowledge from older GPs to younger GPs.
Older GPs should be considered a valuable resource to help deliver the initiatives in the GP Forward View. In addition to their significant experience and wide networks across the sector, older GPs may be able to work in a flexible way that will support specific initiatives. For example, older GPs could play a useful role supporting and advising struggling practices as part of the resilience scheme.

The College would welcome the opportunity to work with NHS England to develop and implement a retention scheme for older GPs which could be pursued as part of the GP Forward View.

I look forward to discussing these issues further with you at our upcoming meeting.

Yours sincerely,

Professor Maureen Baker
Chair of Council