Feedback on GP roles under the Additional Roles Reimbursement Scheme

The RCGP welcomed the Government's announcement in August 2024 to add newly qualified GPs, with ring-fenced funding for these roles, to the Additional Roles Reimbursement Scheme (ARRS) to address the shortage of GP posts. However, we were clear that we viewed this as a short-term emergency measure and that ultimately, we needed to see increased investment via the core GP contract.

The College provided suggestions to DHSC and NHSE in July 2024 on how these roles could be presented attractively to newly qualified GPs, including geographical flexibility, learning development and mentorship support, locating the roles in a single practice, streamlining the application process, ensuring easy sponsorship for international medical graduates (IMGs) and guaranteeing a long-term solution to GP employment issues.

However, on publication of the Network Contract DES specification covering new GP roles under ARRS, the College was concerned that these suggestions had not been implemented, and raised our concerns about the details of the scheme in a letter to NHSE in October 2024. These concerns included: insufficient visa sponsorship support for international medical graduates (IMGs), a lack of clarity regarding the long-term maintenance of ARRS funding beyond the current financial year, limited developmental support and mentoring for newly qualified GPs, and inadequate consistency of training and continuity of care due to the possibility of ARRS GPs being expected to work across multiple practices within a PCN.

However, the College is pleased to provide an example of one area where the scheme is being promoted attractively and appears to be working successfully, promoting workforce sustainability and development. Birmingham and Solihull Integrated Care Board (BSol ICB) is prioritising the professional development of its ARRS GPs by offering bespoke Continuing Professional Development (CPD) opportunities, dedicated peer support networks and structured mentoring. To make the application process as transparent and easy as possible, it hosts a central recruitment platform, provides a detailed guidance pack, and engages prospective candidates through targeted webinars. It also provides vital additional support for IMGs in recognition of their specific needs. The RCGP is unclear whether GPs employed under ARRS in BSol ICB are based in one practice or working across PCN footprints. As above, the College would encourage the former arrangement.

Unfortunately, we have also received significant feedback from RCGP members, in particular our GP Registrar community, regarding challenges with the new GP ARRS roles. Key themes from this feedback are set out below:

Visa sponsorship issues

IMG GPs have been particularly affected by job shortages. Many IMGs require visa sponsorship to continue working in the UK and their feedback suggests that most ARRS jobs do not provide this. Our members report experiencing significant difficulties in finding jobs in practices that support visa sponsorship. Some have had job interview invitations and job offers rescinded due to practices not having visa sponsorship licences. Others express frustration at GP IMGs not being eligible to apply for Indefinite Leave to Remain (ILR) on completion of training.

> 'I have had personal difficulties with finding salaried GP jobs due to many practices not able to offer jobs to those on a visa stating they do not have a licence to sponsor visas. I have

had one interview invitation revoked and frustratingly one written job offer withdrawn as well for the above reason.'

'I am a newly qualified GP. I CCTed in August 2024. I have been trying to secure a salaried role since then without success. My visa is expiring at the end of this month. I desperately need a job for me to continue to stay. Most of the ARRS jobs do not sponsor visa.'

'I am actually struggling to get a job to sponsor me. In fact I got an ARRS role and the offer was withdrawn because they won't offer visa sponsorship.'

No fixed practice or clinical setting

The expectation under ARRS for newly qualified GPs or GPs within two years of qualifying to work effectively across numerous practices is impractical, unrealistic and not conducive to job satisfaction, morale or retention. It also fails to facilitate continuity of care.

We have received feedback from one primary care network (PCN) that struggled to recruit to a single post working across the 6 practices within their PCN. It received a much better response when it advertised roles that were based in individual practices. Having a home base in a practice was a more attractive prospect for GPs.

'Moreover, the proposed ARRS roles are not ideal without a clear idea of their longevity and also without a fixed place of practice.'

Eligibility limitations for ARRS roles

ARRS roles are only open to GPs who have qualified within the last two years and have not yet held any substantive post (although we understand that the determination as to whether a GP has or has not been substantively employed is subject to local discretion). These narrow criteria create a cohort of early career GPs who are ineligible for the scheme.

'[…] ARRS G.P jobs are only available to newly qualified Hence I am not eligible to work as ARRS G.P because I have worked in primary care for 3 months previously.'

Low pay

While pay and conditions are a matter for the BMA, some RCGP members draw attention to the fact that salaries for ARRS posts are generally well below what GPs receive on the model contract. For some, this has caused difficulties with visa sponsorship, something which makes the scheme impracticable, as over 50% of our GPSTs are now IMG and many will need visa extensions.

'I eventually secured ARRS role late November with a visa sponsorship which is still posing a great challenge as the pay offered was not up to the Home Office pay scale threshold for my role.'

Impact on mental health

Difficulties in securing jobs, principally due to visa issues, and the frustration and uncertainty this causes has unsurprisingly had a negative impact on members' mental health. Uncertainty surrounding the continuity of the scheme has also caused stress. Despite the SoS Wes Streeting clearly saying that these were to be substantive posts, a number of ICBs have only advertised them to the end of the current financial year.

> 'This has caused me considerable mental distress and affect on my self esteem.'
>
> 'This is really not a good experience for a doctor who have gone through the hassles of training to qualify as a GP, this makes one feel unwanted and this takes a toll on someone's mental health.'
>
> 'This creates avoidable uncertainty and distress for individuals who have already demonstrated long-term commitment to the NHS.'

The College makes the following recommendations:

1. That NHS England provides further **robust reassurance to ICBs, PCNs and newly qualified GPs that contract funding for ARRS GP posts will continue for 2025/26**.

2. That **further support is given to GPs and employers to ensure that those who need it can obtain visa sponsorship**. The College ultimately wants all IMG GPs to have the right to apply for ILR as soon as they qualify as GPs. In the meantime, we urge NHS England to support IMGs in securing swift access to posts that can provide visa sponsorship and ensure that practices receive the support they need to process visa sponsorship quickly.

3. **That ARRS posts are based in a single practice or clinical setting** to allow early career GPs to build their experience, benefit from peer support and avoid burnout. This also facilitates continuity of care, with better outcomes for patients.

4. That NHS England **loosens the eligibility criteria to allow more GPs to apply for ARRS roles**; for example, GPs who are three years out of training and are still looking for work, or GPs who have worked briefly in substantive roles.

5. **That mentorship, protected learning time and peer support, as offered by BSol ICB within its comprehensive package of support**, **are embedded within GP ARRS posts.** This and its other initiatives have been well-received by its ARRS GPs, and the enhanced workforce capacity provided by these GPs has significantly benefited PCNs across the area. New to practice support improves job satisfaction and increases retention rates.

6. **That salary scales are reviewed to ensure they are appropriate.** While predominantly a matter for the BMA and while the RCGP understands from NHSE that the salary scales for these new GP posts within ARRS have been pitched at the low end of the GP salary scale deliberately, as they are intended for newly qualified GPs, this is devaluing their already well demonstrated skills and knowledge, and risks causing difficulties for GPs seeking sponsorship for an extension of their level 2 visas.

While the RCGP would like to see the above improvements to the GP roles in ARRS implemented urgently, we would reiterate that ultimately, we must see sufficient core funding for practices. This is key to ensuring there are enough roles for GPs across the country, GP to patient ratios can be reduced to safe levels and patients can promptly access the care that they need.

February 2025