

**To:**

**Professor Sir Bruce Keogh  
National Medical Director  
NHS England**

**Dr David Geddes  
Primary Care Commissioning Lead  
NHS England**

**Sent via Email**

**07 September 2016**

Dear Sirs

We write as the Chairs/CEOs of the major medical benevolent charities in the UK. Our organisations exist to assist doctors and their dependents in financial difficulties because of physical or mental ill-health, accident or NHS/GMC suspension. We have noted an increasing number of doctors asking us to help them with the escalating costs of a return to clinical work. This is true for doctors in all branches of the profession but is of particular concern in the case of GPs, where the service has been acknowledged to be under severe strain due to the increasing workload and the problems in recruitment. This is likely to become more acute over the next few years with many expected to retire, in part due to an unacceptable workload. And as you are aware the Government has promised an additional 5,000 GPs by 2020, a figure that appears unachievable.

In that context, assisting all GPs to return to work after a period of time out of general practice for whatever reason seems to be a priority. Our charities are able to give some financial help to such doctors to cope with the additional expenses incurred during times of low or zero income, despite the very welcome improvement following last year's announcement of re-training bursaries. Unfortunately these are not available to all GPs on retraining schemes and our experience is that there is often a considerable delay in making the related payments,

such that doctors may not receive any income for several months after starting the retraining posts. One of our applicants, coming back from working in Europe recently experienced a 12 month delay in returning to GP work in the UK, simply because of the need to take the necessary exams and assessments, find a training place, and apply for and secure a bursary. The delay caused considerable financial hardship, for which one of our charities was able to offer financial help. Such a delay is clearly excessive, and we ask that you look into ways to streamline that process.

But our main area of concern is the problems these GPs have encountered in securing adequate medical indemnity cover. Doctors working in hospitals may not need this as they are covered by the Trusts, but those in General Practice are unable to return to the Performers' List or to GP retraining without indemnity insurance. And increasingly we are finding that such GPs are not being accepted by the major Mutual Insurers, the MPS, MDU and MDDUS. They are having to resort to commercial providers at huge cost, and such insurance is often of only temporary use as it does not include 'run-off' cover. That means that unless the doctor pays an additional fee at the end of the insurance period, any future claims received will not be covered, which is disastrous both for the doctors and the many patients who might therefore be denied the compensation to which they may be entitled.

Some of our applicants have been quoted figures of around £25,000 for one year of such commercial indemnity insurance and that is just for 'claims-made' insurance with no run-off cover. That sum will require all of the retraining bursary money, assuming the doctor is eligible for that. Sums of that order are significantly above what any of our charities are able to fund. Our grants are usually much smaller than that, to provide help with living expenses.

In the context to the problems of GP recruitment and expected retirements, this additional hurdle is preventing GPs from returning to practice in the UK, and is clearly an area of concern to us, but we suggest should be a major concern to NHS England and the Government. We are aware that you have been in discussion with the BMA General Practice Committee about this matter. We urge you to reach a solution. This problem is preventing GPs wanting to return to practice from doing so.

These doctors who are retraining are doing so in fully supervised posts, and as such should surely be at a lower risk of complaints resulting in potential compensation costs. Once doctors

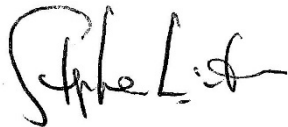
have passed that retraining period they should be considered a more acceptable risk by the Mutual MDOs. We suggest that it is the responsibility of NHS England to assist with this indemnity cost during the retraining period as the only acceptable way forward to solve this problem, and we ask you to consider the matter, which we believe to be urgent and important in helping to increase GP numbers.



Professor Roger Jones  
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Chair, Royal Medical Benevolent Fund



Stephen Crone  
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