

Notification of Changes to Medical Practice Personnel

These forms must be used to notify the Area Team of any changes to the arrangements for GP Principals, Salaried GP's or Trainee GP's in the practice. All Performers must be included on the English National Medical Performers List. When complete, they should be returned to Contractor Administration, PCSS (Preston Office), 3 Caxton Road, Fulwood, Preston.PR2 9ZZ

Practitioners who are joining a practice in England and who are not currently included on the list must make a full application. Forms for this are available from www.performer.england.nhs.uk

Changes to GP Performers (Partners) in the practice may require a change to the practice contract to provide services. In these cases, approval to contract changes must be received prior to engagement of the performer and a copy of the approval letter submitted with this notification. Forms for this purpose are available directly from the Area Team.

Changes to personnel in the practice will also necessitate revision to the Estimates of Pensionable Profit/Pay. This document is available from www.lasca.nhs.uk select the Contractor Services Tab and request Documents, Guides and Forms.

Practice Details	
Name	Address Post Code
Practice Code	Contact at Practice
Telephone Number	Nhsnet Email

New Doctor Joining the Practice	
Section 1 (to be completed in all cases)	
Surname	Forename(s)
GMC Registration No	DOB
Home Address	
Postcode	
Email	Tel No
Start Date at the Practice	
Is the doctor included in the National Performer List (A separate Performer List Application is required for those joining the list for the first time) YES/NO	
If you answered No to above, please proceed to Section 3	
Section 2 (Performers included on the National List)	
Please provide details of their current practice, address and the status in which they are included in the Performers List, e.g. Partner, Salaried, Trainee etc. If the performer is a not attached to a practice e.g.locum, please provide their GMC registered address:	
Status	
Practice Name	
GMC or Practice Address	
Post Code	
Will they continue to provide services at the above location? YES/NO	
If you answered YES to the above, where will they undertake the majority of work?	
Who is their Responsible Area Team?	

Section 3 (to be completed in all cases)

Please indicate in what capacity Doctor will be engaged (Choose one option)

GP Performer Type 1 (e.g. partner)

Salaried GP Type 2 (including long term fee based sessional GP)

GP Trainee

GP Retainer

GP Returner

Level of Commitment

Please indicate the basis the doctor will be working in the practice. If not full time, state the number of sessions –

For guidance:- 1 Session = 4 hours and 10 minutes

Full-time = 9 sessions or 37 hours and 30 minutes per week

Practice Contract Variation - GP Performers (Partners) only.

(Delete as appropriate)

The practice has applied for and received approval for a contract variation (**copy of approval letter attached**)

OR

There is no requirement for contract variation

Doctor Leaving the Practice	
Surname	Forename(s)
GMC Registration No	DOB
Please indicate in what capacity the Doctor is engaged	
GP Performer Type 1 (e.g partner)	<input type="checkbox"/>
Salaried GP Type 2 (including long term fee based sessional GP)	<input type="checkbox"/>
GP Trainee	<input type="checkbox"/>
Date of Leaving the Practice	
Reason for Leaving (delete as appropriate)	Resignation/Retirement/Completion of Training/Other
Forwarding Address	
Will the practice be arranging for replacement	Y/N
Please provide any further relevant information:	