# ADDITIONAL PAYMENTS DURING SICKNESS

48.1 A practitioner who is absent from his or her practice on account of sickness will receive his or her full normal remuneration but in addition, and subject to the provision of this Scheme, he or she will be eligible to receive a special payment designed to reimburse him or her at least in large part for the cost of a locum or other deputy from outside the practice he or she has necessarily engaged to look after his or her patients.

# Eligibility

48.2

- i. Practitioners under 70 years of age. The Scheme will apply to all practitioners including members of a job-sharing partnership under the age of 70 years providing unrestricted general medical services who are in receipt of a basic practice allowance. Where the basic practice allowance is not paid in full, payments under the Scheme will be subject to the modification indicated in paragraphs <u>48.15</u>, <u>48.16</u> and <u>48.18</u> below.
- ii. Practitioners aged between 70 and 72 years. Until the implementation of compulsory retirement at 70, practitioners from age 70 and up to 72 years of age may receive payments for limited periods under the Scheme. After the 70th birthday, payment will be made for not more than 6 weeks in aggregate in any period of 12 months commencing on or after that birthday. The provisions of the scheme as set out below determining whether the practitioner is eligible for payment and whether payment should be at the full rate or half rate will apply and will take into account any previous periods of sickness, including periods before the practitioner's 70th birthday where appropriate. The provisions of paragraph <u>48.5</u> below will not normally apply to practitioners over 70 years of age.
- iii. Practitioners in receipt of an Associate Allowance. See paragraph <u>19.21</u> for conditions relating to payments to a practitioner in receipt of an associate allowance towards the cost of a locum from outside the practice necessarily engaged to look after his or her patients during the absence, because of sickness, of the associate.

### Scale of payments

Length of Service	Scale of Payments	
During the first year of service:	One month's full payment and (after completing 4 months' service) 2 months' half payment	
During the second year of service:	Two months' full payment and 2 months' half payment	
During the third year of service:	Four months' full payment and 4 months' half payment	
During the fourth and fifth years	Five months' full payment of service and 5 month's half payment	
After completing 5 years of service:	Six months' full payment and 6 months' half payment	

48.3 The scale of payments under the Scheme will vary according to length of service as follows:

On each occasion that a practitioner's application under the Scheme is accepted the scale of

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payments in respect of that application will be determined by deducting from the period of benefit appropriate to the practitioner's service on the first day of his or her absence from the practice, the aggregate of the periods for which payment has been made during the 12 months immediately preceding the first day of absence. For the purpose of this aggregation `one month' will be deemed to be any period of 4 weeks during which payments have been made covering 20 or more working days: 1 week will be deemed to be any period of 7 days during which payments have been made covering 5 or more working days.

48.4 `Service' for the purposes of the Scheme will be taken to mean the aggregate of all periods during which the practitioner has:

- i. been included on the list of a HA as providing unrestricted or restricted general medical services (including service as a practitioner appointed under Regulations 25(2) or 25(6));
- ii. served as a full time assistant or GP Registrar or associate doctor to a practitioner providing unrestricted general medical services;
- iii. served with any employing authority constituted under the National Health Service Acts 1946 or 1977 or the parallel legislation relating to Scotland and Northern Ireland (including the pre-registration year in the case of service with a hospital authority);
- iv. served with any local authority, or in the Civil Service or the teaching service, or in any other service approved by the Secretary of State for the purposes of Regulation 82(1) of the National Health Service (Superannuation) Regulations 1980.

Where, however, for a continuous period of 12 months or more a practitioner was not engaged in any one of these ways, his or her period of service prior to such break will not be reckonable for the purposes of the Scheme.

48.5 Where a practitioner with at least 5 years' service remains on the medical list for longer than 12 months following the first day of his or her absence (or if an earlier period of incapacity has to be taken into account beyond the period for which he or she is eligible to receive payments under the provisions of paragraph 48.3 above) his or her eligibility for a continued payment will be at the Secretary of State's discretion. Payment, where approved, will be at the half rate or at a rate equal to the rate of pension that would be payable if he or she had retired at that date on grounds of permanent incapacity and had qualified for an incapacity pension under the NHS (Superannuation) Regulations, whichever is the less. Where payment is made on the latter basis the practitioner may first use up the balance (if any) of payments at the half rate for which he or she may be eligible under the provisions of paragraph 48.3. Irrespective of whether the practitioner accepts payment under the terms of this paragraph 48.3 before resuming practice. Thereafter any subsequent payments will also be made under the provisions of this paragraph until he or she has completed a further 4 years' service exclusive of absences from the practice on account of sickness.

# **Conditions of Payment**

48.6 Payment under this Scheme will be made only where one or more locums or other deputies from outside the practice are actually and necessarily engaged. It will normally be accepted that a single handed practitioner or a job-share partnership fulfilling the role of a single-handed practitioner will need to engage a locum or deputy when he or she (or, in the case of a job-share partnership, one or both of the partners) is incapacitated. Where, however, such a practitioner employs a full-time assistant or equivalent part-time assistants (other than a GP Registrar) the assistant(s) will be expected to be able to carry on unaided for a period of up to 4 weeks, provided the list of patients is not in excess of 2700.

48.7 Practitioners working in partnerships or groups will be expected to stand in for each other as far as possible and payment will normally be made for a locum or deputy from outside the practice only

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where the incapacity of one partner or member of the group leaves each of the others with an average number of patients as follows:

For an incapacity lasting, or expecting to last:	Full time practitioner	Three quarter practitioner	Half-time practitioner
Not more than 2 weeks	3600 or more patients	2700 patients	1800 patients
Not more than 6 weeks	3100 or more patients	2325 patients	1550 patients
Longer than 6 weeks	2700 or more patients	2025 patients	1350 patients

48.8 With regard to job-sharing practitioners, for the purposes of paragraph <u>48.7</u> the HA will calculate an individual list size by applying the proportion which the job-sharer's agreed hours constitute of the total approved hours of the job-sharing partnership to the figures at paragraph <u>48.7</u> relating to the full-time practitioner.

48.9 Where a partnership or group employs a full-time assistant (or equivalent part-time assistants) other than a GP Registrar, the assistant will be deemed to be able to handle up to 2700 patients himself or herself and this number will be deducted from the total number of patients on the lists of the partners or members of the group before calculation of the average number of patients to be cared for by the remaining partners or members of the group. Similarly where a partnership or group employs a part time assistant, the assistant will be deemed to be able to handle such a proportion of 2700 patients himself or herself as relates to the proportion of part-time hours the assistant works compared with full-time hours.

48.10 It is recognised that exceptions to the above normal requirements will be justified, particularly in rural areas where the distance would make it impracticable for a practitioner to assume responsibility for as many patients as indicated above. The HA, in consultation with the Local Medical Committee, will be prepared to make exceptions having regard to such circumstances as the organisation of the practice, the distances involved in visiting patients, the age and health of the practitioners concerned, the extent to which they may have recently provided cover for a sick member of the practice, the absence of one of the practitioners on holiday or study leave and whether there is an unusually high rate of sickness in the area at the time the practitioner falls sick.

48.11 No payment will be made where the period of incapacity does not exceed 1 week. In other cases payment will be made from the date on which the locum or deputy takes up duty or (if later) entitlement begins.

48.12 No payment will be made where a practitioner is absent as a result of an accident, if financial compensation is recoverable in respect of an accident (whether in the form of damages or otherwise). The HA may, however, agree to advance to the practitioner payments which would otherwise have been made under the Scheme subject to his or her undertaking to repay to the HA such sum as he or she may recover (as part of such compensation) for the expenses of engaging a locum or other deputy up to a maximum of the total so advanced. Where the compensation recovered is in the form of a lump sum in which no specific amount is identifiable in respect of payments for a locum or other deputy, the practitioner's liability to repay shall be related to the extent to which his or her total

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claim was successful.

48.13 Payments under the Scheme will be subject to the submission to the HA of medical certificates covering the period from the first day of absence and on the understanding that the practitioner will not engage in conduct prejudicial to his or her recovery. It will suffice if the practitioner sends to the HA the certificates of incapacity issued under the Social Security Acts. The HA will forward them to the appropriate local office of the Department of Social Security.

Where the practitioner obtains a private certificate, the frequency of submission to the HA should be the same as that of Social Security certificates provided that the examining doctor's assessment of the likely duration of incapacity is couched in terms similar to those used in paragraphs 2(a) or (b) of the Social Security medical certificate (Form MED3). In the event of the practitioner entering hospital or similar institution for treatment, he or she may submit a medical certificate on entry and on discharge instead of periodical certificates.

48.14 Payments under the Scheme will also be subject to the condition that the practitioner agrees, if requested by the HA, to submit himself or herself to examination by a doctor nominated by the HA for that purpose, and agrees to the examining doctor conveying his or her opinion to the HA.

### **Basis of Payment**

48.15 Where a full time practitioner is eligible to receive full payments under the Scheme and engages a full time locum or other deputy from outside the practice who is not a principal on the medical list of any HA, payments he or she has made to the locum will be reimbursed up to the weekly maximum shown in paragraph 1/Schedule 1.

48.16 Where a part time practitioner is eligible to receive full payments under the Scheme and engage a full time locum or other deputy from outside the practice who is not a principal on the medical list of any HA, payments he or she has made to the locum will be reimbursed up to  $\frac{3}{4}$  or  $\frac{1}{2}$ , as appropriate, of the weekly maximum shown in paragraph 1/Schedule 1.

48.17 A locum or other deputy will be deemed full time for the purposes of paragraphs  $\underline{48.15}$  and  $\underline{48.16}$  above if he or she works `normal' hours on at least 5 days a week (or the equivalent spread over 4 days) in the practice. If in doubt the HA will consult the Local Medical Committee.

48.18 Where the practitioner, whether full or part time, engages a locum or other deputy part time, the amount that practitioner will be paid will be limited to the proportion of time for which the locum or other deputy is engaged.

48.19 In the case of job sharing practitioners, the amount payable will be subject to the limit set out in paragraphs  $\underline{48.15}$ ,  $\underline{48.16}$ ,  $\underline{48.18}$  and  $\underline{48.20}$ . It will also be subject to a maximum determined by reference to the proportion which the job sharer's agreed hours constitute of the total approved hours of the job sharing partnership.

48.20 If the deputy is a principal on the medical list of any HA with a practice of his or her own, payment for the period in question will, subject to the maxima referred to in paragraphs <u>48.15</u>, <u>48.16</u> and <u>48.18</u> be at a maximum rate representing <sup>3</sup>/<sub>4</sub> of the standard capitation fees (including the higher rate of fee for elderly patients) payable for work in `normal' hours. Thus if the deputy is engaged by a practitioner during a quarter in which the income from standard capitation fees is £5,200, the practitioner would receive payment under the Scheme at the rate of  $\pounds^3/_4 \times 5200/13 = \pounds300$  per week. Where the absent practitioner is a member of a partnership or group, the sum payable to him or her by way of standard capitation fees will, for this purpose, be deemed to be the average sum payable to each member of the partnership or group, ie the aggregate of standard capitation fees payable to partnership or group divided by the number of members (including the appropriate fractions for part Section 48

### time members).

48.21 Where a practitioner is eligible to receive only half payments under the Scheme, the reduction will be applied to the weekly maxima indicated in paragraphs 48.15, 48.16 and 48.18 or to the result of any calculation made under paragraph 48.20 whichever is applicable.

48.22 Where a practitioner engages more than one locum or other deputy to cover his or her absence during a particular period, the maximum weekly amount payable to him or her under the Scheme will not exceed that to which he or she would otherwise be entitled if he or she engaged only one deputy. Where 2 or more deputies are concurrently engaged and one is not on a medical list, the total amount payable should be the sum of the amounts payable under paragraphs <u>48.15</u>, <u>48.16</u> and <u>48.18</u> in respect of each deputy, separately assessed, subject to a maximum of the total amount payable, had a single deputy who was not on any medical list been employed for the same total time.

48.23 Where both members of a job sharing partnership are absent concurrently and they employ more than one locum, the maximum amounts indicated in paragraph 48.22 will apply.

48.24

- i. No abatement will be made where the gross receipts from private practice undertaken by a practitioner constitute less than 10% of his or her total practice receipts. Where, however, the gross receipts are greater, payments under the Scheme, subject to paragraph <u>48.24.ii</u>. below, will be reduced in accordance with a scale, viz by 10% where 10% but not more than 20% of gross receipts are from private practice, by 20% where 20% but not more than 30% etc.
- ii. Where a practitioner undertakes private work for which he or she is not expected to provide a locum himself or herself or work which his or her locum is not qualified to undertake on his or her behalf, and the HA accept that this is the position, they will exclude from both sides of the computation described in <u>48.24.i</u>. above receipts from work which the locum is not engaged to undertake on behalf of the absent practitioner.

48.25 Where a practitioner is a member of a partnership or group, the provisions for abatement set out in paragraph 48.24 will be applied in relation to the amount of private practice carried out by the partnership or group as a whole.

#### **Claims for payments**

48.26 Responsibility for dealing with claims under the Scheme will rest with the responsible HA. Payments will be made monthly following the receipt of claims submitted to that HA.

48.27 Payments will be made only in respect of applications accepted by the HA. Accordingly, when a practitioner wishes to take advantage of the Scheme, he or she should make a claim to the responsible HA as soon as arrangements have been made for the engagement of a locum or deputy. The application must be accompanied by a medical certificate covering the period since the first day of his or her absence from the practice.

The HA will advise the practitioner as soon as possible whether his or her application has been accepted. Where the application is accepted, further medical certificates issues subsequently must be sent to the HA without delay. Where exceptionally a practitioner is unable to submit an application personally the HA may accept an application submitted on his or her behalf.

48.28 Claims for payment should be submitted at the end of each calendar month, or on resumption of practice, or on the termination of engagement of a particular locum or deputy, whichever is the earliest. In all cases a certificate must be completed and signed by each locum or deputy in respect of whom payments are being claimed.

48.29 Where there is a change in the deputising arrangements, the HA must be informed immediately and supplied with details. The submission of further claims should await the HA's acceptance of the revised arrangements for purposes of payment under the Scheme.

48.30 In order to avoid confusion in the annual surveys of practice expenses carried out by the Inland Revenue, practitioners are asked to ensure that their expenses on the engagement of a locum or other deputy during absence on account of sickness are shown `gross' in the accounts. Payments under the Scheme should be brought to account as `income' in exactly the same way as capitation fees and other receipts.

#### Absence of assistants

48.31 A practitioner in receipt of an assistant's allowance will be eligible to receive payment towards the cost of a locum or other deputy from outside the practice necessarily engaged by him or her to look after his or her patients during the absence because of sickness of the assistant subject to the following conditions.

48.32 Practitioners will be eligible to receive payments only in respect of the absence of an assistant who has been employed by the practitioner for a period of at leat 3 months. Payment may be made in respect of an assistant who is employed only part time subject to the adjustment of the amounts in accordance with paragraphs 48.15, 48.16 and 48.18 appropriately modified. Payment will also be subject to the assistant receiving full pay from the employing practitioner during the period of any absence through sickness which attracts payment under the Scheme.

48.33 The scale of payment in respect of an assistant's absence will be one month at the full rate and (after he has completed 4 months' service) 2 months at half rate. The provisions of paragraph  $\underline{48.3}$  will apply in determining payments on each occasion.

48.34 The provisions of paragraphs  $\underline{48.6}$ - $\underline{48.30}$  will apply with any necessary modifications to the absence of assistants, eg the provisions of paragraph  $\underline{48.6}$  will apply so that a single handed practitioner will be expected to be able to carry on unaided during the absence of his or her assistant for a period of up to 4 weeks provided the list of patients is not in excess of 2700.

#### **Arrangements Under Regulation 25**

48.35 Where under regulation 25(15) an HA deducts from a practitioner's remuneration the cost in whole or in part of any arrangements it has made for securing the treatment of persons on the list of the practitioner following action under regulation 25(2)(a) in respect of a sick practitioner or a report under regulation 25(6)(a), the HA shall offset from the deduction made a sum in place of the amount of any payment which the practitioner would have been eligible to receive under this Scheme had he or she employed locums or other deputies and applied for payment under paragraph <u>48.27</u> above. The amount of any offset shall be the sum (up to the weekly maximum shown in <u>paragraph 1/Schedule 1</u>) the practitioner would have been reimbursed under the terms of the Scheme had he or she applied and his or her application had been accepted by the HA or the actual cost incurred by the HA in employing locums or other deputies, whichever is the less.

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