

NHS Pension Scheme

A pension guide for General Practitioners

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Chapter 1: NHS Pension Scheme Membership

1:1 Overview

This guidance outlines the NHS Pension Scheme rules and responsibilities regarding GPs. It is aimed at all stakeholders including GPs, their representatives, and their 'employers'. There is no information regarding Ophthalmic Medical Practitioner or General Dental Practitioners as there is separate guidance available on the Practitioner Information page of our website www.nhsbsa.nhs.uk/nhs-pensions. Chapter 7:12 provides information about non-GP Providers.

GPs have been afforded access to the NHS Pension Scheme since 6 July 1948. To qualify for Scheme membership a GP must be a party to, or working under, a GMS (General Medical Services) contract, a PMS (Personal Medical Services) agreement, or an APMS (Alternative Provider of Medical Services) contract. A GP also has access to the Scheme if they are working solely for an OOHs (Out Of Hours) Provider that is a NHS Pension Scheme Employing Authority.

GPs are categorized into three types in NHS Pension Scheme terms, they are:

- A type 1 medical Practitioner: A GP Provider (e.g. a single handed GP, GP partner, or GP shareholder) who is a party to a GMS, PMS, or APMS contract.
- A type 2 medical Practitioner: A surgery based salaried GP, or surgery based long term fee based GP, or a GP who solely performs OOHs.
- A locum Practitioner: A freelance GP locum.

A GP may fall under more than one of the above categories depending on their NHS career pattern.

In NHS Pension Scheme terms there is no concept of a GP being whole-time or part-time regardless of how many hours they work.

Where a GP only performs CCG work under a self-employed contract for services arrangement (and they are not a GP elsewhere) they do not have access to the Scheme. If a GP is employed by a CCG under a contract of service (employment) they are an Officer in NHS Pension Scheme terms.

Where a GP only performs appraisal work under a contract for services arrangement they may only pension it in a freelance GP locum capacity.

1:2 Basic rules and NHS pension benefits

There are three parts to the NHS Pension Scheme; the 1995 Section, the 2008 Section, and the 2015 Scheme. As to which part a GP falls into broadly depends on their age and public sector pension scheme membership. Table A outlines some of the basic GP pension rules for protected 1995 Section members, protected 2008 Section members, and 2015 Scheme members.

TABLE A

Pension Rules	1995 Section	2008 Section	2015 Scheme
Annual pension accrual rate	1.4% of total GP income	1.87% of total GP income	1/54th of GP income in each year
Automatic lump sum	Yes	No	No
Commuted £1/£12 lump sum	Yes	Yes	Yes
Normal Pension Age	60	65	State Pension Age (or 65 if SPA is before 65)
Practitioner pay dynamised	Yes	Yes	No
Practitioner flexibilities	Yes	Yes	No
Pension account revalued	No	No	Yes
Minimum joining age	16	16	16
Maximum age	75	75	75
Maximum calendar membership	45 years	45 years	No maximum
Practitioner tiered employee contribution rate	Based on total GP pensionable income in year	Based on total GP pensionable income in year	Based on annualised GP pensionable income in year
Concurrent Officer service pensionable	Yes	Yes	Yes

The majority of GPs are transition members. That is, they have a mixture of 1995 Section and 2015 Scheme membership or 2008 Section and 2015 Scheme membership. GPs who remain in the 1995 Section or 2008 Section of the NHS Pension Scheme until they retire and claim their NHS pension are known as fully protected members and are afforded all of the flexibilities when calculating their NHS pension. Flexibilities mean that the GP will be awarded the most favourable pension by converting eligible Officer service to Practitioner (GP).

Tapered GP members are those who because of their age transition to the 2015 Scheme between 1 June 2015 and 1 February 2022. They retain the flexibilities up until the date they transition to the 2015 Scheme.

Whereas 1995 and 2008 Section Officer NHS pension benefits are based on pensionable service and the salary at (or near) retirement 1995 and 2008 Section GP pension benefits are based on their total GP pensionable earnings. Earlier GP pensionable earnings are uprated (e.g. dynamised) to keep their value up to date in actual terms.

Many 1995 and 2008 Section GPs also have Officer pensionable service which can, in certain circumstances under the flexibilities, be converted to Practitioner (GP) service if it results in more beneficial pension benefits. The scenarios where Officer service may convert to Practitioner or be afforded an uplift are as follows:

- Pre-Practitioner Officer service – this is common for GPs whose training normally includes periods spent in a hospital.
- Concurrent Officer service – Officer service that runs concurrently with Practitioner service; i.e. a GP who also works part-time hospital sessions.
- Sandwiched Officer service – one or more periods of Officer service that is not concurrent with any Practitioner but is both preceded and followed by one or more periods of Practitioner service is afforded an uplift .
- Post-Practitioner Officer service - Officer service that starts after or continues from when the member last ceases to be a Practitioner.



... For example:

A 1995 Section GP's total uprated (e.g. dynamised) GP pensionable income at retirement is £4,000,000.00. The annual pension is £56,000.00 (£4,000,000.00 x 1.4%) and the lump sum is £168,000.00 (£56,000.00 x 3).

There are no 'flexibilities' in the 2015 Scheme because it is a Career Average Revalued Earnings (CARE) scheme. This is a form of defined benefit lifetime income related pension scheme. A guaranteed NHS pension at retirement is payable according to a fixed formula. NHS pension benefits for all members (including GPs) are calculated using the same method and revaluation rate.

A NHS Pension Scheme year runs from 1 April of one year to 31 March of the following year. In the 2015 Scheme a 'pension pot' is accrued every year based on 1/54th of GP pensionable income in that year. Each year's 'pension pot' is individually revalued up to retirement to protect against inflation.



... For example:

A 2015 Scheme GP's pensionable income in year 2018/19 was £80,000.00. The annual pension accrued in that year, excluding future revaluation factors, is £1,481.48 (£80,000.00 ÷ 54).

1:3 Joining the NHS Pension Scheme

Where a GP joins a Practice either as a type 1 (e.g. GP Provider) or type 2 (e.g. salaried GP) medical Practitioner the Practice must inform NHS England/Primary Care Support England (NHSE/PCSE) or the Local Health Board (LHB) in Wales immediately so that they, as the Employing Authority, can create a new local GP pension record. The Practice must not create a pension record under its own unique Employing Authority (EA) code.

The Practice must inform NHSE/PCSE or the LHB of the GP's estimated pensionable income so that NHS Pension Scheme contributions are paid throughout the year on account.

NHS Pension Scheme membership for freelance GP locums is triggered solely by the completion on time of locum pension forms A and B.

1:4 CCG, OOHs, and other ad hoc work

Where an individual GP Provider (type 1) or salaried GP (type 2) performs self-employed ad hoc (e.g. OOHs) NHS GP type work they must pension it unless they trade (individually) as a limited company.

If a GP Provider or salaried GP works on a self-employed (contract for services) basis for a CCG (Clinical Commissioning Group) the SOLO form must be used unless the GP elects to 'pool' the income into the Practice account to be shared amongst the partners. The SOLO form must still be used even if the GP is put 'on the payroll'; the CCG must not create an Officer pensionable post. If however the GP Provider or salaried GP is formally employed by the CCG (under a contract of service/employment) the CCG must create an Officer pensionable post and pay over the contributions directly to NHSBSA/NHS Pensions.

Where a GP who is solely a freelance GP locum works on a self-employed (contract for services) basis for a CCG they cannot pension their CCG income. If a freelance GP locum also performs OOHs work for an OOHs Provider on a self-employed basis they are a type 2 medical Practitioner in that role and they must not record this work on their locum pension forms. This means that their pension record will show a locum Practitioner post and a type 2 medical Practitioner post.

If a freelance GP locum is formally employed by a CCG (under a contract of service/employment) the CCG must create an Officer pensionable post and pay over the contributions directly to NHSBSA/NHS Pensions.

Table B outlines the rules in respect of CCG, OOHs, and other ad hoc GP work such as GP appraisal, GPwSI, section 12, etc.

TABLE B

Type of GP	CCG (self-employed) rule	OOHs (self-employed) rule	Other ad hoc work (self-employed) rule
GP Provider (type 1) NHS Pension Scheme member	GP must pension their CCG income on form SOLO unless they 'pool' or trade as a Ltd Co.	GP must pension their OOHs income on form SOLO unless they 'pool' or trade as a Ltd Co.	GP must pension their ad hoc income on form SOLO unless they 'pool' or trade as a Ltd Co.
Salaried GP (type 2) NHS Pension Scheme member	GP must pension their CCG income on form SOLO unless they 'pool' or trade as a Ltd Co.	GP must pension their OOHs income on form SOLO unless they 'pool' or trade as a Ltd Co.	GP must pension their ad hoc income on form SOLO unless they 'pool' or trade as a Ltd Co.
GP Provider or salaried GP who is also a freelance GP locum	GP must pension their CCG income on form SOLO unless they 'pool' or trade as a Ltd Co.	GP must pension their OOHs income of form SOLO unless they 'pool' or trade as a Ltd Co.	GP must pension their ad hoc income on form SOLO unless they 'pool' or trade as a Ltd Co.
GP who is solely a freelance GP locum NHS Pension Scheme member	GP cannot pension CCG income unless they are employed.	GP can only pension self-employed OOHs income as a type 2.	GP cannot pension any ad hoc income except for appraisals.
GP who is solely an OOHs GP NHS Pension Scheme (type 2) member	GP must pension their CCG income (because they are an OOHs/type 2) unless they trade as a Ltd Co.	GP must pension their OOHs income unless they trade as a Ltd Co.	GP must pension their ad hoc income (because they are an OOHs/type 2) unless they trade as a Ltd Co.
OOHS GP who also performs freelance GP locum work	GP must pension their CCG income as a type 2 (because they are an OOHs/type 2) unless they trade as a Ltd Co. Must not record this work on locum forms.	GP must pension their OOHs income unless they opt out or trade as a Ltd Co. Must not record this work on locum forms.	GP must pension their ad hoc income (because they are an OOHs/ type 2) unless they trade as a Ltd Co. They must not treat this income as locum income unless it is appraisal income in which case it can be regarded as either type 2 or locum income.
GP who only works for a CCG on a self-employed basis	No access to the NHS Pension Scheme.	-----	-----
GP who works for a CCG on an employed basis; i.e. under a contract of service/employment	The CCG must create an Officer post and send contributions directly to NHSBSA/NHS Pensions - no interface with NHSE/PCSE or the LHB.	GP can only pension self-employed OOHs income as a type 2.	GP must pension their ad hoc income (because they are an OOHs/ type 2) unless they trade as a Ltd Co.

1:5 Opting Out

If a type 1 or type 2 medical Practitioner (GP) elects to opt out of the NHS Pension Scheme they must do so in respect of all their type 1 and type 2 medical Practitioner pensionable posts. If they also have an Officer post they can opt out of that post too (by completing a separate SD502 opt out form) or elect to remain an active Officer scheme member. Conversely they can opt out of their Officer post and remain an active GP member. Where a transition GP member opted out whilst a 1995 Section or 2008 Section member they are regarded as having also opted out of the 2015 Scheme upon their transition.

Where a type 1 or type 2 medical Practitioner starts a new job they must automatically be re-enrolled into the NHS Pension Scheme. Therefore if they want to remain 'opted out' they must complete another SD502 opt out form. Freelance GP locums are not required to opt out because their Scheme membership is triggered solely by them completing Forms A and B.

Chapter 2: GP Pensionable Income

2:1 Overview

A GP Provider, Practice based salaried (or long term fee based) GP, or a GP who solely performs OOHs must pension all of their NHS GP income; they cannot 'pick and mix'. If they also perform freelance GP locum work they can choose whether to pension it.

Where a GP trades as a limited company in respect of their self-employed ad hoc work (e.g. OOHs, appraisals, CCG, etc) they cannot pension it. Likewise a freelance GP locum who trades as a limited company cannot pension their income.

A freelance GP locum can decide, if they wish, to pension their locum work per each engagement however if they do decide to pension it they have 10 weeks in which to do so; refer to chapter 3:6. NHS Pension Scheme membership is triggered by a freelance GP locum completing and submitting their locum pension forms A and B on time.

GP Providers and freelance GP locums, as self-employed contractors, do not have an employer as such. For NHS Pension Scheme purposes their Employing Authority is NHSE (NHS England) or the LHB (Local Health Board) in Wales; not the Practice.

Although a salaried GP is employed by a Practice, for NHS Pension Scheme purposes their Employing Authority is NHSE or the LHB; not the Practice.

Since September 2015 PCSE (Primary Care Support England) has been commissioned by NHS England to administer GP pensions in England at local level.

2:2 GP Provider (type 1) pensionable income

A GP Provider's pensionable income is their share of the Practice profits plus any ad hoc self-employed income, net of expenses. Prior to the start of every year a Practice must estimate the pensionable income for its GP Providers.

A GP Provider can be involved in several contracts (i.e. be a partner/shareholder in several Practices) and must pension all of their eligible NHS income by completing an annual Certificate of Pensionable Profits for each contract they are a party to.

A GP Provider's pensionable income (net of expenses) is derived from the following:

- Additional Services
- Adoption and fostering work (Collaborative Services)
- APMS
- Appraisal work (where an active type 1 or type 2 post is already held)
- Blue (disabled) badge scheme (Collaborative Services)
- Board and advisory work (Non-clinical GP work including CCG self-employed board work)
- Care Quality Commission (CQC)
- Case conference and other meetings arranged by Social Services (Collaborative Services)
- Certificates to enable disabled and blind people to obtain telephones (Collaborative Services)
- Certification Services
- Collaborative Services (in accordance with section 26(4) of the 1977 Health Act)
- Commissioned Services
- Contact Price (Personal Medical Services)
- Dispensing Services
- Educating medical students or GPs in a Practice (income must come from NHSE, LHB, or HEE)
- Enhanced Services
- Essential Services
- Family planning (Commissioned Services)
- Food poisoning notifications (Commissioned Services)
- Foundation Trust/Trust income where the Trust is an authorised OOHs Provider and the GP is self-employed; i.e. not formally employed by the Trust
- Global Sum (General Medical Services)
- GP's with special interests (GPsWSI/Commissioned Services)
- Health Education England (GP training grant)
- Information Technology
- Lecture fees (Commissioned Services)
- Local Authority fees (i.e. drugs misuse or contraception)
- Marriage difficulty sessions (Commissioned Services)
- NHS Standard contract and NHS Standard sub-contract
- Notional Rent
- Primary Care Networks (PCNs)
- Priority housing reports by Local Authorities (Collaborative Services)
- Prisoner Healthcare (subject to NHS England/Local Health Board paying the fees directly)
- QOF (Quality and Outcome Framework)
- Section 12/Mental Health work (Collaborative Services)
- Seniority Payments
- Social Services reports (Collaborative Services)
- Specialist Personal Medical Services (sPMS)

Income that is not pensionable includes:

- Cremation income
- Direction body and Medical School fees
- DWP fees
- Funds that a practice may inherit from another business by virtue of acquiring that business
- Housing report fees
- Income received under a GMS, PMS or APMS sub-contract arrangement
- Income in respect of renting/leasing out premises to another organisation
- Income that is held in reserve and later drawn down as a salary or dividends where the Practice is a limited company
- Independent Provider income under a contract for services
- Income where the GP is employed by a Trust/Foundation Trust as this is an Officer post
- Insurance company fees
- Local Medical Council (LMC) fees
- Ministry of Defence fees
- National Drug Intervention Programme fees
- NHSBSA fees in respect of providing medical reports
- Police fees
- Travel and vaccination fees

2:3 Salaried GP (type 2) pensionable income

Although a salaried GP is employed by a Practice their Employing Authority for NHS Pension Scheme purposes is NHSE or the LHB. A salaried GP's pensionable income is their Practice salary (including overtime) plus any ad hoc income net of expenses. The Practice must list them on the estimate form prior to the start of the year and the GP must complete the self-assessment form at year-end. Both forms are on the website.

Where a GP elects to work for a Practice on a long term self-employed basis but they are not locuming they are treated the same as though they are a salaried GP in NHS Pension Scheme terms. Their pensionable income is their surgery income plus any ad hoc income net of expenses. The Practice must list them on the estimate form prior to the start of the year and the GP must complete the self-assessment form at year-end.

2:4 Freelance GP locum pensionable income

Unlike other NHS Pension Scheme members a freelance GP locum can decide if they want to pension each individual period of work and they are not required to opt out of the Scheme. If they elect to pension a period of locum work they must pension it all. For example, if they are working in a Practice on a Monday, Tuesday and a Wednesday they cannot pension just Monday and Tuesday only.

A freelance GP locum's pensionable income is 90% of the fee (excluding the employer contributions) agreed with the Practice whilst deputising or working on a temporary basis. They may also pension 90% of appraisal income commissioned by NHS England or a LHB. Although the employer contributions are given to the locum they do not form part of the fee.

A freelance GP locum has up to 10 weeks from the last day of the period of engagement in which to declare it as pensionable income. They may pension income arranged for them via a locum chambers however they cannot pension income if they are trading as a limited company.

2:5 The HMRC pensionable earnings cap

NHS Pension Scheme membership accruing from 1 April 2008 is no longer subject to the HMRC pensionable earnings cap. However if a GP was previously subject to the cap and they are buying Added Years under a contract that started before 1 April 2008 their Added Years contributions remain capped. This is because their Added Years pension benefits remain based on capped pay.

GPs affected are, in general, those who joined the NHS Pension Scheme for the first time on or after the 1 June 1989, or who joined before then but have had a break in Scheme membership of 12 months or more that ended on or after that date. Added Years contracts that started on or after the 1 April 2008 are not subject to a cap. The notional Added Years earnings cap is:

Year 2008/09 £117,600.00	Year 2014/15 £145,800.00
Year 2009/10 £123,600.00	Year 2015/16 £149,400.00
Year 2010/11 £123,600.00	Year 2016/17 £150,600.00
Year 2011/12 £129,600.00	Year 2017/18 £154,200.00
Year 2012/13 £137,400.00	Year 2018/19 £160,800.00
Year 2013/14 £141,000.00	Year 2019/20 £166,200.00

Chapter 3: The GP pension forms

3:1 Overview

GPs are responsible for declaring their NHS pensionable income and for paying employee contributions at the correct tiered rate. To facilitate this there are pension forms that they must complete on a regular basis and when paying contributions in accordance with statutory pension legislation. They are:

- The Estimate of Pensionable Income Form
- The GP Provider/Non-GP Provider Certificate Of Pensionable Income
- The Type 2 Medical Practitioner Self-Assessment Form
- The SOLO Form
- The freelance GP locums forms A and B

The forms are available to download from the Practitioner Information page of our website www.nhsbsa.nhs.uk/nhs-pensions. They may be submitted with the relevant signature(s) or without a signature but sent via an 'nhs.net' account. The freelance GP locum forms may also be submitted via a locum chambers email account without a signature. If a GP fails to complete their statutory pension forms it may result in their pension record being incomplete and them owing NHS Pension Scheme contributions.

GPs should keep copies of all of their pension forms and cannot design their own bespoke versions.

3:2 Estimate of Pensionable Income Form

Every individual GP Practice and APMS contractor must complete and submit this form at least one month before the beginning of every NHS Pension Scheme year. If they fail to do so the GPs (excluding locums) must pay the top tiered rate regardless of their actual pensionable earnings. Where a GP is a party to several contracts they must complete separate forms.

The estimate form is used to set a provisional tiered employee contribution rate based upon a GP's estimated Practice and ad hoc NHS income. This is so that contributions are paid during the year on account via top slicing or any other agreed method. At year end if a GP has underpaid contributions in respect of their Practice income NHSE/PCSE or the LHB will recover the arrears from the Practice. If a GP has overpaid contributions the Practice is reimbursed. Where a GP has underpaid or overpaid contributions in respect of their self-employed ad hoc (SOLO) income they make the adjustments via the relevant 'employer'.

Where a GP joins a Practice after the estimate form has been submitted the Practice must submit a revised form.



... **For example:**

A Practice declares on their 2020/21 Estimate of Pensionable Income Form (that must be submitted by 28 February 2020) that an employed GP's salary will be £60,000.00 in 2020/21. The Practice also estimates that GP will earn £10,000.00 in respect of external OOHs work. The tiered rate is set at 12.5%. At year end the actual total GP pensionable income was £75,000.00 (Practice salary of £60,000.00 plus revised OOHs income of £15,000.00). Therefore the new tiered rate is 13.5%.

The Practice must pay over a further £600.00 in employee contributions; revised amount of £8,100.00 ($£60,000.00 \times 13.5\%$) less £7,500.00 already paid over ($£60,000.00 \times 12.5\%$).

The OOHs Provider will collect and pay over the appropriate contributions.

3:3 GP Provider Certificate of Pensionable Income

All GP Providers (e.g. type 1 medical Practitioners) must complete and submit an annual Certificate of Pensionable Income to NHS England/PCSE or the LHB no later than 11 months after NHS Pension Scheme year-end. They must complete a Certificate in respect of every GMS, PMS or APMS contract that they are a party to. The purpose of the Certificate is to declare the GP Provider's actual pensionable income in respect of a specific GMS, PMS, or APMS contract in the relevant Scheme year and to identify if arrears of contributions are due or if they were overpaid and need to be refunded. If a GP Provider works elsewhere as a salaried GP, long terms fee based GP, or freelance GP locum they must complete the type 2 Medical Practitioner Self-Assessment Form and/or locum forms A and B.



... **For example:**

A GP Provider submits their 2018/19 Certificate by 28 February 2020. The estimated income was £115,000.00 however the actual, as declared on the Certificate, was £120,000.00. The Practice owes a further £725.00 in employee contributions; revised amount of £17,400.00 ($£120,000.00 \times 14.5\%$) less £16,675.00 already paid over ($£115,000.00 \times 14.5\%$). The Practice also owes a further £719.00 in employer contributions; £17,256.00 ($£120,000.00 \times 14.38\%$) less £16,537.00 already paid over ($£115,000.00 \times 14.38\%$).

3:4 Type 2 Medical Practitioner Self-Assessment Form

This form is used to capture all GP pensionable income in a year and to identify any underpaid or overpaid of contributions. All type 2 medical Practitioners (e.g. salaried GPs, Practice based long term fee based GPs, and 'career' OOHs GPs) must complete and submit the form to NHS England/PCSE or the LHB Board within 11 months of year-end.

Where a type 2 medical Practitioner is also a GP Provider in the same year they must complete the annual GP Provider Certificate declaring on it their type 2 income. Where they are also a freelance GP locum in the same year they must complete the locum forms A and B if they wish to pension their locum income.



... For example:

A salaried GP submits their 2018/19 Type 2 Medical Practitioner Self-Assessment Form by 28 February 2020. Their actual 2018/19 Practice salary at year-end was the same as their estimated, £60,000.00.

The GP, via the Practice, paid £7,500.00 (60,000.00 x 12.5%) in employee contributions throughout the year. However when completing the Self-Assessment Form the GP also declared £5,000.00 in freelance GP locum pensionable income resulting in total GP pensionable income of £65,000.00 which is still within the 12.5% tiered rate threshold.

If the GP applied a lower rate than 12.5% to their freelance GP locum pensionable income they must pay the arrears immediately to NHSE/PCSE or the LHB.

3:5 GP SOLO Form

This form is used to record pensionable self-employed ad hoc income (e.g. OOHs, CCG, appraisal, 'section 12', etc) performed by a type 1 or type 2 medical Practitioner who wants to be credited with the pensionable income rather than the fee being paid into the Practice account; i.e. 'pooled'.

Where an individual GP is trading as a limited company in respect of their ad hoc work they cannot pension it.

It is the responsibility of the GP and 'employer' to submit the SOLO form and contributions to NHSE/PCSE or the LHB within 7 days of the payment/fee being made to the GP. NHSE/PCSE or the LHB then has a further 12 days to forward the SOLO contributions to the NHSBSA/NHS Pensions. The SOLO form must state the correct tiered employee contribution rate taking account of the global GP pensionable income in the relevant year.

Where a GP is solely an OOHs GP the OOHs Provider may use the SOLO form to facilitate payment of contributions and for NHSE/PCSE or the LHB to update the pension record.

3:6 Freelance GP Locums Forms A & B

Freelance GP locums must use forms A and B if they wish to pension their income.

Freelance GP locum work in NHS pension terms is deputising for an absent Practice based GP, temporary Practice work, or completing appraisals. In addition to the agreed fee the Practice must pay over 14.38% of the pensionable element of the fee directly to the GP. The pensionable element is 90% of the actual fee excluding employer contributions. The completed pension forms and all contributions must be submitted to NHSE/PCSE or the LHB no later than the seventh day of the month following the month that locum form B relates to.



... **For example:**

A freelance GP locum must submit their May locum form B no later than 7 June.

A freelance GP locum cannot declare work on locum forms A and B that is more than 10 weeks old.



... **For example:**

A freelance GP locum ended a period of engagement at Practice on 5th April 2019. The locum has up to 14 June 2019 (10 weeks from 5th April) to declare that work on locum form A. In reality however the locum must submit the locum form A along with the May locum form B in late May or early June. If they submit the form A with the June form B at the end of June or in early July 2019 they will have exceeded the 10 week window.

Chapter 4: Contributions and annualising

4:1 Overview

The guidance in this chapter provides a basic overview of the rules and tiered rates with effect from 1 April 2015. More detailed guidance can be found the 'GP Tiered Contributions Guide' located on the Practitioner Information page of our website www.nhsbsa.nhs.uk/nhs-pensions.

GPs must account for all of their aggregated GP pensionable income during the year (e.g. Practice + freelance GP locum + OOHs + CCG + Bed Fund) when setting their tiered employee contribution rate. They must apply the same rate to all their GP pensionable income.

GPs who are members of the 2015 Scheme must annualise their GP pensionable income in order to establish the correct tiered employee contribution rate. The tiered employee contribution rate for fully protected 1995 Section and 2008 Section GPs is based on their actual aggregated GP pensionable income during the year; they are not subject to annualising.

NHS Pension Scheme employer contributions are included in the budget (e.g. global sum/contract price) agreed between the GMS/PMS/APMS contractor and the commissioner.

4:2 Tiered employee contribution rates

Table C illustrates the GP employee contribution rates from 1 April 2015 to 31 March 2021.

TABLE C – Tiered rates - 1 April 2015 until 31 March 2021.

Tier	Total actual or annualised GP pensionable income in the NHS Pension Scheme year	Tiered employee contribution rate
1	Up to £15,431.99	5%
2	£15,432.00 to £21,477.99	5.6%
3	£21,478.00 to £26,823.99	7.1%
4	£26,824.00 to £47,845.99	9.3%
5	£47,846.00 to £70,630.99	12.5%
6	£70,631.00 to £111,376.99	13.5%
7	£111,377.00 and over	14.5%

The rate is assessed each year and no account is taken of a previous year's pensionable income. Where a GP also holds an Officer (e.g. salaried hospital doctor) post that post is afforded its own tiered rate based on their whole-time equivalent Officer pay. The Officer pay is excluded when setting the GP's tiered employee contribution rate.

4:3 How to pay arrears of employee contributions and recover overpaid contributions

Where a GP Provider or a salaried GP has underpaid employee contributions the relevant Practice (not the individual GP) is responsible for paying the arrears over immediately to NHSE/PCSE or the LHB if in Wales. The Practice should then liaise with the GP to recover the monies from them even if they have left.

Where there are arrears of contributions and the Practice has merged with another Practice the new merged Practice is liable to pay over the arrears.

Where there are arrears of contributions however the Practice no longer exists (e.g. the GMS, PMS, or APMS contract terminated) the individual GP is responsible for paying over any arrears directly to NHSE/PCSE or the LHB if in Wales.

Where a freelance GP locum has underpaid employee contributions they must pay the arrears immediately to NHSE/PCSE or the LHB.

Where a GP Provider or a salaried GP has overpaid contributions the contributions are returned to the GP via the Practice.

Where a freelance GP locum has overpaid contributions the contributions are returned directly to the GP.

4:4 Fully protected GPs

A fully protected 1995 or 2008 Section GP is not subject to annualising. Their tiered rate is based on their aggregated actual GP pensionable (e.g. Practice and ad hoc) income during a year. Any breaks in pensionable service are not relevant when setting the rate.



... **For example:**

A fully protected 1995 (or 2008) Section GP's Practice income in year 2019/20 was £80,000.00. They also performed Out of Hours work earning £7,000.00 and irregular freelance GP locum work (that they elected to pension) earning £10,000.00.

Total GP pensionable income = £97,000.00 = 13.5% tiered rate.

Employee contributions = £13,095.00 (£97,000.00 x 13.5%).

4:5 2015 Scheme type 1 and 2 GPs and annualising

2015 Scheme GP Providers, salaried GPs, and OOHs GPs are subject to annualising. They must take account of any non-pensionable service in the year when setting the tiered rate.

From 1 April 2015 to 31 March 2019, 2015 Scheme these GPs were afforded concessionary breaks of up to a month between posts before their pensionable income was subject to annualising. More detailed information can be found the 'GP Tiered Contributions Guide' located on [the Practitioner Information page](http://www.nhsbsa.nhs.uk/nhs-pensions) of our website www.nhsbsa.nhs.uk/nhs-pensions.

With effect from 1 April 2019 there are no concessionary breaks meaning that all non-pensionable service regardless of length must be taken account of when setting the tiered rate. To assist GPs there is a 2019/20 annualising calculator located in the Practitioner section of the website.

Where a GP has several GP posts in the same year they must apply the 'add then annualise' method. That is, they must aggregate their total GP pensionable income and then factor in any non-pensionable service. The 2019/20 annualising calculator provides guidance.

Where a GP Provider, salaried GP, or OOHs GP performs self-employed ad hoc work (e.g. CCG, appraisal, etc) as recorded on form SOLO, their ad hoc (SOLO) income is not individually annualised. Their actual ad hoc/SOLO income is added to their Practice annualised income before setting the tiered rate.



For example:

A salaried GP was a 2015 Scheme member on 1 April 2019 and worked continually until 31 March 2020. Their pensionable salary in 2019/20 was £60,000.00. They did not perform any other GP work.

GP pensionable income = £60,000.00

Annualised income = £60,000.00 (£60,000.00 ÷ 365 days pensionable service x 365 days)

Tiered rate = 12.5%

Employee contributions = £7,500.00 (£60,000.00 x 12.5%).



For example:

A salaried GP was in continuous 2015 Scheme membership from 1 April 2019 to 31 March 2020. Their 2019/20 pensionable salary was £60,000.00. They also performed irregular freelance GP locum work of 20 days in total that they elected to pension and earned £10,000.00.

Aggregated GP pensionable income = £70,000.00

Annualised income = £70,000.00 (£70,000.00 ÷ 365 days pensionable service x 365 days)

Tiered rate = 12.5%

Employee contributions = £8,750.00 (£70,000.00 x 12.5%).

(Concurrent GP pensionable service is not counted twice for annualising purposes).



... **For example:**

2015 Scheme GP became a partner on 1 May 2019 and remained so until 31 March 2020 (335 days). Their 2019/20 pensionable income was £110,000.00; they performed no other work.

Actual GP pensionable income = £110,000.00

Annualised income = £119,850.75 ($£110,000.00 \div 335 \text{ days pensionable service} \times 365 \text{ days}$)

Tiered rate = 14.5%

Employee contributions = £15,950.00 ($£110,000.00 \times 14.5\%$).



... **For example:**

A 2015 Scheme GP was a partner from 1 June 2019 until 31 March 2020 (304 days) which was their first GP pensionable post in year 2019/20. Their 2019/20 pensionable income was £80,000.00. Whilst a partner they also performed Out of Hours work earning £15,000.00.

Aggregated GP pensionable income = £95,000.00

Annualised income = £114,062.50 ($£95,000.00 \div 304 \text{ days pensionable service} \times 365 \text{ days}$)

Tiered rate = 14.5%

Employee contributions = £13,775.00 ($£95,000.00 \times 14.5\%$).

(The GP must pension their OOHs income. As the OOHs income is not from a separate pensionable post it is not annualised separately).



... **For example:**

2015 Scheme salaried GP from 10 April 2019 to 31 December 2019 (266 days); pensionable salary was £45,000.00. During January, February, and March of 2020 they performed pensionable freelance GP locum work of 20 days in total earning £10,000.00.

Aggregated GP pensionable income = £55,000.00

Annualised income = £70,192.31 ($£55,000.00 \div 286 \text{ days pensionable service} \times 365 \text{ days}$)

Tiered rate = 12.5%

Employee contributions = £6,875.00 ($£55,000.00 \times 12.5\%$).

4:6 2015 Scheme freelance GP locums and annualising

2015 Scheme freelance GP locums are subject to annualising. When setting their tiered rate they must take account of all non-pensionable service. That is, all breaks or non-working days.

From 1 April 2015 to 31 March 2019, 2015 Scheme freelance GP locums were afforded concessionary breaks of up to three months between locum posts before their pensionable income was subject to annualising. With effect from 1 April 2019 there are no concessionary breaks meaning that all non-pensionable service (regardless of length) must be taken account of when setting the tiered rate.

If a freelance GP locum has several GP posts in the same year they must apply the 'add then annualise' method. That is, they must aggregate their total GP pensionable income and then factor in any non-pensionable service. More detailed information can be found the 'GP Tiered Contributions Guide' located on the [Practitioner Information page of our website www.nhsbsa.nhs.uk/nhs-pensions](http://www.nhsbsa.nhs.uk/nhs-pensions). There is also a 2019/20 annualising calculator located in the Practitioner section of the website.

Due to their unique working patterns the following rules apply:

- Freelance GP locums can choose to pension their Practice or appraisal income though they have 10 weeks to do so. (They must inform their 'employer' in advance of their intentions).
- Freelance GP locum pensionable service is recorded as actual working days in a pensionable capacity.
- If they work one session, rather than two in a day, that is one day of pensionable service. If they work two sessions in the same day, either at the same or different Practices, that is regarded as one day of pensionable service.
- Where a freelance GP locum is also a GP Provider or salaried GP any concurrent pensionable service is only counted once for the purposes of annualising.
- Where a freelance locum is contracted by a Practice to work consecutive days (i.e. Monday, Tuesday, and Wednesday) they should record all three days on locum form A.
- Where a freelance GP locum is contracted by a Practice to work non-consecutive days (i.e. Monday, Wednesday, and Friday in the same week they should record all three days on locum form A.



... **For example:**

During year 2019/20 a 2015 Scheme freelance locum GP worked 120 days in total in several Practices. Their total GP locum pensionable income was £60,000.00. They were exclusively a freelance GP locum and did not perform any other GP work in year 2019/20.

Actual GP pensionable income = £60,000.00

Annualised income = £182,500.00 ($£60,000.00 \div 120$ days pensionable service x 365 days)

Tiered rate = 14.5%

Employee contributions = £8,700.00 ($£60,000.00 \times 14.5\%$).



... **For example:**

During year 2019/20 a 2015 Scheme freelance locum GP worked in total 90 days in several Practices and also performed appraisal work on 10 different (non-concurrent) days. Their Practice pensionable income was £45,000.00 and their appraisal pensionable income was £4,635.00.

Total GP pensionable income = £49,635.00

Annualised income = £181,167.75 ($£49,635.00 \div 100$ days pensionable service x 365 days)

Tiered rate = 14.5%

Employee contributions = £7,197.08 ($£49,635.00 \times 14.5\%$).



... **For example:**

During year 2019/20 a 2015 Scheme freelance locum GP worked in total 80 days from April 2019 to September 2019 in several Practices and earned £40,000.00. From 1 October 2019 to 31 March 2020 (182 days) they took up a salaried GP post with no breaks and earned £30,000.00.

Total GP pensionable income = £70,000.00

Annualised income = £97,519.08 ($£70,000.00 \div 262$ days pensionable service x 365 days)

Tiered rate = 13.5%

Employee contributions = £9,450.00 ($£70,000.00 \times 13.5\%$).



... **For example:**

From April 2019 until June 2019 a 2015 Scheme GP performed pensionable freelance locum work over 20 days earning £10,000.00. On 1 July 2019 they took up a permanent salaried GP post and worked continuously until 31 March 2020 (274 days) earning £45,000.00. Whilst a salaried GP they continued to perform pensionable locum work and earned a further £8,000.00. They therefore had a total of 294 days pensionable service. (Concurrent service is only counted once).

Total GP pensionable income = £63,000.00

Annualised income = £78,214.29 ($£63,000.00 \div 294$ days pensionable service x 365 days)

Tiered rate = 13.5%

Employee contributions = £8,505.00 ($£63,000.00 \times 13.5\%$).

4:7 Employer contributions

A GMS, PMS or APMS contractor's budget includes their liability to pay NHS Pension Scheme employer contributions. A GMS, PMS, or APMS contractor must forward type 1 and 2 GP employer contributions to NHSE/PCSE or the LHB in Wales within seven days of month end.

From 1 April 2015 to 31 March 2017 the employer contribution rate was 14.3%. From 1 April 2017 to 31 March 2020 the employer contribution rate was 14.3% however an additional 0.08% was added in respect of the administration levy meaning the total rate is 14.38%. (In year 2019/20 any increase has been centrally funded.)

Where a Practice engages a freelance GP locum it must forward the employer contributions onto the locum however this must not form part of the agreed fee. The same applies where a freelance GP locum is performing pensionable appraisal work.

Arrangement from 2020/21 will be announced in due course.

4:8 Added Years contributions

Taking out an Added Years contract is no longer an option however GPs with an existing contract must pay the additional contributions in all of their pensionable posts; e.g. Practice plus ad hoc/SOLO work. Where a GP is buying Added Years they pay their additional contributions via NHSE/PCSE or the LHB if in Wales. A GP may terminate their Added Years contract before the contract end date. As such they would be afforded a partial pensionable service credit.

4:9 Additional Pensions contributions

Where a GP has an Additional Pension contract they pay their additional contributions to NHSE/PCSE or the LHB through one source only; e.g. via their Practice if they are a GP Provider or salaried GP. If they are a freelance GP locum they must ensure they pay the contributions on each occasion they perform pensionable work.

A GP may terminate their Additional Pension contract before the contract end date if they wish. As such they would be afforded a partial Additional Pension credit.

4:10 ERRBO contributions

Where a 2015 Scheme GP has an ERRBO (Early Retirement Reduction Buy Out) contract they pay their additional contribution (via NHSE/PCSE or the LHB) on all of their GP pensionable income; e.g. Practice plus ad hoc/SOLO and any pensionable locum income. A GP may terminate their ERRBO contract before the contract end date if they wish. As such the 2015 Scheme pension earned whilst paying the ERRBO contributions will benefit from the purchased early retirement age. All other periods will be subject to the member's normal pension age.

4:11 NHS Money Purchase AVC contributions

Where a GP has a NHS Money Purchase AVC contract and they elect to pay as a percentage of their pensionable income they must pay their additional contribution via all of their GP pensionable posts. If they elect to pay a fixed amount every month (e.g. £100.00) they may pay via one source only. When considering whether to take out a NHS Money Purchase AVC contract the GP should in the first instance contact the relevant provider; i.e. Standard Life or the Prudential whose contact details are on our website www.nhsbsa.nhs.uk/nhs-pensions. The additional contributions are paid to the provider via NHSE/PCSE or the LHB.

Where a freelance GP locum has a NHS Money Purchase AVC contract they can only pay into it if in active pensionable service and not between jobs.

4:12 Free Standing AVC contributions

If a GP elects to take out a free standing AVC they must liaise directly with their chosen provider and pay the contributions directly to that provider. There is no interface with NHSE/PCSE or the LHB.

Chapter 5: NHS Pension Scheme Life Assurance/Death Benefits

5:1 Overview

This chapter provides a basic overview as there is more detailed information in the 'Survivors Guide' in the Member Hub section of our website www.nhsbsa.nhs.uk/nhs-pensions.

The amount of life assurance/death benefits payable differ depending on if a GP dies in pensionable service, between pensionable posts, as a deferred member, or as NHS pensioner.

Where a GP dies whilst in active pensionable service any death benefits payable will be provisional and reviewed when the relevant forms and Certificates outlined in Chapter 3 are completed by the GP's legal personal representatives.

5:2 Lump sum

A lump sum is payable even if a GP dies on day one of first joining the NHS Pension Scheme. It is paid to the legal spouse, registered civil partner, or nominated qualifying partner, unless the GP nominated someone else on form DB2. If there is no legal spouse, registered civil partner, nominated qualifying partner, or nominated 3rd party, the lump sum is paid to the estate and therefore may be subject to Inheritance Tax.

When a GP dies in pensionable service the lump sum is broadly based on twice their pensionable income however this is calculated differently depending on which part of the NHS Pension Scheme the GP is a member of at time of death. If they are a transition/tapered member the lump sum is based solely on 2015 Scheme GP pensionable income.

If a GP dies between pensionable posts or as a deferred member (e.g. after leaving pensionable service but before claiming their NHS pension) the lump sum is based on a multiplication of their accrued annual pension.

If a GP dies within five years of receiving their NHS pension there may also be a lump sum payable.

If the lump sum is not paid within two years of notification of death it is subject to a HMRC tax charge of 45%.

5:3 Adult survivor pension

In the event of a GP's death an adult survivor pension may be payable. If they die in pensionable service, and with more than two years NHS Pension Scheme membership, a short term pension (based on the GP's most recent pensionable income) is payable for six months. This is followed by the permanent adult survivor pension based on a percentage of the GP's notional ill-health pension if they died before normal pension age, or a percentage of the GP's notional age pension if they died after normal pension age.

An adult survivor pension may also be payable in respect of a deferred GP member or a GP who dies whilst on pension however these pensions are calculated differently.

5:4 Child pension

In the event of a GP's death a child pension is payable however it usually ceases when the child reaches the age of 23 unless there are extenuating circumstances, such as the child being unable to earn a living due to ill health, allowing for it to continue. The amount of child pension payable depends on the number of children and if the GP died in pensionable service, as a deferred member, or as a pensioner.

5:5 Steps to take in the event of a the death of a GP

In the event of a GP's death NHSE/PCSE, or the LHB, and NHSBSA/NHS Pensions must be notified immediately because if a death lump sum is delayed it may be subject to a HMRC tax charge. Where a GP dies in pensionable service NHSE/PCSE or the LHB is responsible for completion of the appropriate pension forms. If the deceased GP is solely a freelance GP locum death in service benefits are only payable if they died on an actual pensionable working day.

Where a deferred GP member dies form AW9P should be downloaded from [our website www.nhsbsa.nhs.uk/nhs-pensions](http://www.nhsbsa.nhs.uk/nhs-pensions) by the spouse, partner, next of kin, legal personal representative, etc.

Where a GP pensioner dies the NHSBSA/NHS Pensions must be notified straightaway usually by a family member or representative to avoid overpayment of their ongoing pension benefits and to facilitate payment of any dependents benefits.

In addition to the relevant forms being completed certain certificates (e.g. death certificates) may be required as proof of entitlement and to facilitate payment of benefits.

Chapter 6: Retirement and claiming NHS pension benefits

6:1 Overview

A GP in pensionable service who wants to claim their NHS pension benefits must contact NHSE/PCSE or the LHB (if in Wales) and jointly complete form AW8.

Where a GP is a deferred NHS Pension Scheme member they must complete form AW8P and send it directly to NHSBSA/NHS Pensions. There is more detailed information in the Member Hub section of our website www.nhsbsa.nhs.uk/nhs-pensions

6:2 24 hour retirement

A GP claiming their 1995 Section, or 2008 Section, or 2015 Scheme, pension benefits in full must satisfy the 24 hour retirement rule which is summarised as follows:

- A GP Partner must resign from the partnership and not return to the NHS within 24 hours.
- Where the Practice is a limited company the GP shareholder must cease to be a shareholder and must not return to the NHS within 24 hours. Their shares must be assigned to an eligible person (e.g. another GP) and not be 'held in trust'.
- A GP single-hander must terminate their GMS/PMS/APMS contract and not return to the NHS within 24 hours.
- A salaried GP must terminate their contract of employment and not return to the NHS within 24 hours.
- A long term surgery or OOHs fee based GP must terminate their contract for services and not return to the NHS within 24 hours.
- A freelance GP locum must terminate their contracts for services and not return to the NHS within 24 hours.

These rules also apply if a GP has opted out of the NHS Pension Scheme but has remained working for the NHS.

If the GP has concurrent Officer NHS posts elsewhere these must end too for a minimum of 24 hours regardless of if they are pensionable posts or not. If a GP is a fully protected 1995 Section member and has concurrent Officer posts that do not exceed 16 hours a week in total they do not need to take 24 hour retirement in these Officer posts but they must cease to be pensionable.

6:3 Special rules for transition/tapered GP members

If a 1995/2015 GP transition/tapered member wants to claim their 1995 Section pension only and defer taking their 2015 Scheme pension until later they must still take 24 hour retirement. If they return to the NHS they cannot re-join the NHS Pension Scheme meaning that their accrued 2015 Scheme pension is deferred.

If a 2008/2015 GP transition member wants to claim their 2008 Section pension only and defer taking their 2015 Scheme pension until later they must still take 24 hour retirement. If they return to the NHS they can accrue further 2015 Scheme membership up to the age of 75.

6:4 Returning to the NHS

Some GPs who return to the NHS after claiming their NHS pension are allowed to return to the NHS Pension Scheme and some are not. The rules are summarised as follows:

- A fully protected 1995 Section GP cannot re-join the NHS Pension Scheme after claiming their pension unless they are in receipt of the ill-health pension and return to the NHS before age 50.
- A fully protected 2008 Section GP can re-join the NHS Pension Scheme (up to the age of 75) after claiming their pension but cannot exceed a total of 45 years membership.
- A 1995/2015 transition/tapered protected GP cannot re-join the NHS Pension Scheme after claiming either their 1995 Section pension only or their combined 1995 Section and 2015 Scheme pensions.
- A 2008/2015 transition/tapered GP can re-join the NHS Pension Scheme (up to age 75) after claiming either their 2008 Section pension only or their combined 2008 Section and 2015 Scheme pensions. There is no limit on years of membership.
- A 2015 Scheme GP can re-join the NHS Pension Scheme (up to age 75) after claiming their pension and there is no limit on years of membership.

Because a fully protected 1995 Section or 1995/2015 transition/tapered salaried GP cannot re-join the NHS Pension Scheme after claiming their pension the Practice, as the actual employer, must provide them with alternative pension arrangements under DWP auto-enrolment legislation if they return to work.

Where a GP returns to NHS work on a self-employed basis after claiming their NHS pension, and they are not eligible to re-join the NHS Pension Scheme, there is no obligation under auto-enrolment legislation for the Practice, NHSE/PCSE, or the LHB, to offer the GP alternative pension arrangements.

6:5 Partial retirement/drawdown

GPs who are fully protected 2008 Section members, 2015 Scheme members, or 2008/2015 transition/tapered members may elect for partial retirement and drawdown some of their accrued NHS pension benefits.

They can take between 20% and 80% of their accrued pension benefits under drawdown.

A GP can take up to two partial retirements/drawdowns before finally taking the remainder of their NHS pension benefits in full.

Although under partial retirement/drawdown a GP is not required to take 24 hour retirement they must be at least age 55, must remain in pensionable service immediately after drawdown, and must reduce their commitment to the NHS by at least 10% for a minimum of 12 months after the event.

A GP who is a fully protected 1995 Section member is not eligible for partial retirement/drawdown.

A GP who is a 1995/2015 transition/tapered members may take partial retirement/drawdown in respect of their 2015 Scheme benefits.

6:6 How to claim the NHS pension

Where an active GP member wishes to claim their NHS pension in full they and their Employing Authority (NHSE/PCSE or the LHB) must complete form AW8 which can be downloaded from the NHSBSA/NHS Pensions website.

Where a deferred GP member wishes to claim their NHS pension in full they must complete form AW8P which can be downloaded from our website www.nhsbsa.nhs.uk/nhs-pensions

In addition to the relevant forms being completed certain certificates (e.g. birth or marriage certificates) may be required as proof of entitlement and to facilitate payment of benefits.

Chapter 7: Miscellaneous

7:1 Primary Care Networks

Since July 2019 every Practice in England must be part of a PCN (Primary Care Networks). A typical PCN will comprise of several Practices covering 30,000 to 50,000 patients.

Although a Practice is part of a PCN it retains its own identity as a GMS/PMS/APMS contractor.

Staff employed by a Practice to undertake PCN work have access to the NHS Pension Scheme as Practice Staff, or as type 2 medical Practitioners if they are salaried GPs. The GP Providers must pension the profitable element of their PCN income.

Where a Federation is involved in a PCN the staff may have access to the NHS Pension Scheme under certain circumstances.

There is more detailed information about PCNs located on the Practitioner Information page of our website www.nhsbsa.nhs.uk/nhs-pensions

7:2 Trading as a limited company

Although most Practices are partnerships (or are single-handed) under certain circumstances a GMS, PMS, or APMS contractor may be a company limited by shares.

However if a type 1 or 2 GP elects to trade as a limited company in respect of their ad hoc (e.g. OOHs) work they cannot pension their ad hoc income.

Similarly where a freelance GP locum trades as a limited company they cannot pension their GP locum income. A freelance GP locum whose work is arranged via a locum/medical chambers may pension their income so long as they are locuming as person and not as a company.

7:3 GP Registrars

GP Registrars are Officers in NHS Pension Scheme terms and their tiered contributions rules are different to the GP tiered contribution rules. Whereas a GP's tiered rate is based on their in year pensionable income a GP Registrar's tiered rate is based on the previous year's pensionable pay assuming they were in the same post the previous year. If they were not in post the previous year then their pensionable pay is annualised to set the tiered rate.

7:4 Freelance GP locums and the six month rule

If a freelance GP locum is engaged by the same GP Practice initially on a short term basis however their engagement continues for more than six months they may, prospectively, regard them self as a type 2 medical Practitioner.

Where a freelance GP locum elects to become a type 2 medical Practitioner after the initial six months has elapsed they must inform the Practice so that the Practice can take the appropriate steps such as completing a revised estimate of pensionable income form and paying the employer and employee contributions directly to NHSE/PCSE or the LHB as though the GP was a salaried GP. Although the GP is no longer required to complete anymore GP locum pension forms A and B they must complete the type 2 self-assessment form at year end.

The extra statutory six month rule will be reviewed from April 2020.

7:5 Maternity, paternity, adoption and sick leave

Where a Practice based salaried GP goes on approved leave (e.g. maternity, paternity, adoption, or sick leave) their contract of employment will outline their legal rights. If the contract of employment stipulates that the GP remains on full pay whilst on approved leave the GP and the Practice continue to pay the same contributions as before the approved leave commenced.

If after a period of time the pay is reduced the salaried GP pays contributions on their reduced pay however their tiered rate does not alter. The Practice must pay employer contributions based on the full (unreduced) pay.

If the salaried GP does not qualify for full or half pay but qualifies for statutory maternity pay (SMP) they pay employee contributions on their SMP however their tiered rate does not alter. The Practice must pay employer contributions based on the full (unreduced) pay.

If the salaried GP goes onto 'nil pay' but is still employed by the Practice they can elect to remain an active NHS Pension Scheme member by paying employee contributions based on their Practice salary immediately before they went into a nil pay situation. The Practice however must pay employer contributions based on the full (unreduced) pay.

When the Practice informs NHSE/PCSE or the LHB of the GP's pensionable pay it must declare the unreduced pay as though the GP had not gone on approved leave.

In summary when a salaried GP is on approved leave although their actual salary may reduce their pension record must not show any reduction in their pensionable pay.

Where a GP Provider goes on maternity, paternity, adoption, or sick leave their partnership agreement will determine their pensionable income whilst absent. If the Practice qualifies for any additional approved leave income from the commissioner that income is pensionable net of expenses.

As freelance GP locums are not afforded maternity, paternity, adoption, or sick leave under their freelance contracts for services they do not qualify for NHS Pension Scheme membership or pensionable income whilst on leave.

7:6 Deemed pensionable sick pay

Type 1 and 2 GPs are entitled to deemed pensionable sick pay however they must apply directly to the NHSBSA/NHS Pensions for deemed sick pay.

If a type 1 or 2 GP's earnings are reduced or cease due to absence from work by reason of ill health their pensionable pay can be deemed to have stayed at the same rate as it was during the previous 12 months. The total of the deemed and any actual pensionable pay earned whilst off sick cannot exceed the pay in the previous 12 months. Once the 12 month deeming period has elapsed if they are still off sick and still in pensionable service only their actual GP income agreed at Practice level can be regarded as pensionable pay.

Type 1 and 2 GPs, NHSE/PCSE, and the LHB do not pay contributions in respect of deemed pensionable sick pay.

It is unlikely that a salaried GP will need to apply for deemed sick pay because their contract of employment should provide for paid sick leave.

Freelance GP locums are not entitled to deemed pensionable sick pay.

7:7 Pensionable career breaks

Type 1 and 2 GPs are afforded the same pensionable career break rights of up to two years as other NHS Pension Scheme members.

If a type 1 or 2 GP takes a pensionable career break of up to six months they must pay the employee contributions and any additional contributions in respect of Added Years, Additional Pension, or ERRBO. The Practice must pay the employer contributions. All contributions are paid to NHSE/PCSE or the LHB. If the GP elects to extend their career break for up to a further 18 months they must pay all the contributions to NHSE/PCSE or the LHB via the Practice. All contributions must be paid in full during the break; not at the end.

Freelance GP locums are not entitled to pensionable career breaks.

7:8 Auto enrolment

The Department for Work & Pensions (DWP) auto-enrolment legislation was first introduced on 1 April 2012 however not every GP is subject to it.

Type 1 GPs and freelance GP locums are not subject to auto enrolment because they are self-employed contractors. The same applies to GPs who elect to work for a Practice under a (self-employed) contract for services arrangement but who are not freelance GP locums.

Salaried GPs who are formally employed by a Practice are subject to auto-enrolment. As automatic enrolment has a three year cycle the Practice must enrol a salaried GP back into the NHS Pension Scheme three years after the initial staging date and then at every three year interval thereafter by liaising with NHSE/PCSE or the LHB. The salaried GP has to complete another SD502 opt out form if they wish to remain 'opted out' of the Scheme.

Where a salaried GP employed by a Practice is not eligible to join the NHS Pension Scheme (e.g. they are in receipt of a 1995 Section pension) the Practice must offer them alternative pension arrangements under auto-enrolment legislation.

7:9 Pensions On Divorce

When calculating a CETV (cash equivalent transfer value) for divorce purposes NHSBSA/NHS Pensions shall use the most up to date information it holds on the GP when calculating the initial CETV. Once the Pensions Sharing Order is received from the Court the CETV will be recalculated at the date specified on the Order. The CETV is not reviewed thereafter.

7:10 Final Pay Controls

Final pay controls were first introduced on 1 April 2014 to counteract excessive pensionable pay increases leading up to retirement resulting in inflated and unrepresentative NHS pension benefits. Only pensionable pay increases from 1 April 2014 are subject to the final pay control mechanism.

Final pay controls only apply to fully protected 1995 Section and 1995/2015 transition/tapered Officer/Practice Staff members. Although GPs as members are not subject to final pay controls they are as employers. This is because if a non-GP Provider or Practice Staff member with 1995 Section membership has a pay rise that exceeds the allowable amount and results in an inflated pension the Practice is subject to a final pay control charge.

The charge must be paid by the Practice directly to the NHSBSA/NHS Pensions within one calendar month of being invoiced. If the Practice fails to pay the charge on time it will be subject to administration and interest charges in addition to the original charge. The charge is not regarded as a pensionable expense when the GP Providers and non-GP Providers are completing their Certificates of pensionable income otherwise their own pensionable pay would spiral down. Where a Practice is subject to the charge the existing and former partners must resolve any financial issues between themselves in accordance with their partnership/business agreement.

7:11 Suspended GPs

If a single-handed GP is suspended from work but remains the named Provider/Contractor they may be entitled to suspension pay. The suspension pay is pensionable (net of expenses) and they must pay all contributions. However if a suspended single-hander no longer holds a GMS, PMS, or APMS contract they cannot pension any suspension income they receive.

If a GP partner is suspended from work but remains part of the partnership they may be entitled to suspension pay. The suspension pay is pensionable net of expenses. The GP the Practice must pay all contributions. If a suspended GP partner is allowed to resign, or is removed from the partnership, they cannot pension any suspension pay they receive.

If a GP shareholder is suspended from work but remains a shareholder of the limited company that holds the GMS, PMS, or APMS contract they may be entitled to suspension pay. The suspension pay is pensionable net of expenses. The GP and the Practice must pay all contributions. If the GP ceases to be a shareholder they cannot pension any suspension income they receive.

If a salaried GP or long term fee based GP is suspended from work but their contract of service (or for services) continues they may be entitled to suspension pay. The suspension pay is pensionable net of expenses. The GP and the Practice must pay all contributions. If however the contract of service (or for services) ceases the GP cannot pension any suspension income they receive.

Freelance GP Locums are not entitled to suspension pay.

7:12 Reservist GPs

Where a type 1 or 2 GP is called upon by the armed forces the Ministry of Defence will step in and pay their NHS Pension Scheme contributions. The pensionable pay whilst away on duty for a self-employed type 1 or 2 GP is the same as for deemed sick pay; i.e. based upon total pensionable income in the 12 months prior to being called away. The pensionable pay for a salaried GP is based upon their salary, and any ad hoc income, in the 12 months prior to being called away.

It is usually more practical for the Ministry of Defence to send the contributions directly to NHSBSA/NHS Pensions who will update the pension record.

7:13 Appraisals

Type 1 and 2 GPs must pension their appraisal income on form SOLO and pay the correct tiered rate based on their aggregate GP pensionable income.

Where a GP is freelance GP locum they may pension their appraisal income. If they decide to pension it they must declare on locum forms A and B within the 10 week 'window'.

7:14 Annual Benefit Statements

The NHSBSA/NHS Pensions may only release an Annual Benefit Statement if it is in possession of all the relevant information. For example, the NHSBSA/NHS Pensions may release an Annual Benefit Statement to a GP in August 2020 (providing details of their pension benefits up to 31 March 2019) if it has a record of the GP's pensionable income in year 2018/19, and also in previous years.

7:15 Non-GP Providers

Under certain circumstances a non-GP may be a Practice partner, shareholder, or single-hander. In NHS Pension Scheme terms they are known as non-GP Providers.

Whereas a GP Provider must pension all of their GP income (net of expenses) from every GMS/PMS/APMS contract they are party to, a non-GP Provider who is a party to several contracts can only pension income (net of expenses) from one contract. This is because non-GP Providers are regarded as whole-time Officers limiting their pensionable income to one source.

Pension benefits paid to a non-GP Provider at retirement are based on their certified pensionable income; i.e. actual pensionable profits from one contract only.

If a non-GP Provider is part-time their pensionable income is not increased (e.g. scaled up) when calculating benefits.

Every Practice that has a non-GP Provider must declare their estimated pensionable income on the estimate form.

At year end the non-GP Provider must complete the end of year Certificate.

Chapter 8: Contacting the NHSBSA/NHS Pensions

There is a dedicated NHSBSA/NHS Pensions email address for GP pension related queries:
nhsbsa.pensionmember@nhs.net

If an enquiry is tax related please refer to the guidance provided in the Member Hub section of our website www.nhsbsa.nhs.uk/nhs-pensions.

If a query relates to a local issues such as submitting (or amending) pension forms, paying over contributions, new or retiring GPs, etc, please contact NHSE/PCSE at

www.pcse.england.nhs.uk/contact-us

or if in Wales

primarycareservices@wales.nhs.uk