The 2010 BMA survey of sessional GPs found the salaried GP experience has been highly variable with many Salaried GPs reporting frustration about not being employed on the model BMA contract 50%[i], perceived isolation[ii], lack of increments both for seniority and for DDRB uplift. Support from colleagues was the most important factor to consider when deciding whether to accept a post and morale was highest amongst GPs employed under the model contract.

Some salaried GPs want a purely clinical role and are given QoF responsibilities with no protected time; some salaried GPs want a wider role in the practice and feel marginalised as they cannot develop their interests as leaders, educators, commissioners[iii]. There is a perceived discrepancy in pay for sometimes equivalent amounts of work which was felt acutely immediately after the pay rises which came with the 2004 contract and QoF.
A significant growth in Salaried GP posts came on the back of locally negotiated PMS contracts, aiming to addressing recruitment problems in more deprived areas. There is some doubt that PMS salaried options addressed recruitment problems[iv]. Salaried posts did allow freedom from Out of hours work (for 1/5) and from practice management[v], were associated with a higher proportion of time spent on direct patient care and OOH work, and were also associated with similar levels of job satisfaction to partnership [vi]. Satisfaction with remuneration was higher even though average pay (£43K/FTW) was below target net remuneration (£52k). There was also higher satisfaction with recognition for good work.
Overall stress levels were lower for salaried GPs, but there were higher stress levels associated with professional isolation, and insufficient resources from the practice[vi]. There is evidence that salaried GP work (when compared with capitation based earning) does not adversely affect quality of care, productivity or GP behaviour[vii]. Interestingly mobility remains significantly higher for salaried GPs than for principals (26% a year versus 3% in 2004/2005 and 19% versus 10% in 1996/1997)[iv] which is a further reason to ensure that the model salaried contract retains the concept of continuity of NHS service.

To make salaried posts successful there is a need to distinguish between salaried roles according to the degree of managerial responsibility, through job planning and job descriptions[viii]. This may address mismatched expectations. Salaried GPs without a fixed base (employed locums) will have an increasing role and may suit GPs who mainly want control, security and flexibility over timing of annual leave. Practice at scale offers the opportunity to ensure terms of sickness, maternity and redundancy reflect the model contract without excessive financial risk, whilst allowing the development of robust education and support networks, with managerial effort concentrated in those that relish such roles.

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[i] BMA survey of Sessional GPs 2010. Confidential report.
[ii] Morrow G, Kergon C and Wright P (May 2010) Support for Sessional GPs Report to the Royal Medical Benevolent Fund.
[iii] http://www.rcgp.org.uk/policy/centre-for-commissioning/~/media/Files/Revalidation-and-CPD/Sessional-GPs-in-Commissioning-report.ashx
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