

# **ARRS GP ROLES FREQUENTLY ASKED QUESTIONS (FAQs)**

## **1. What is meant by recently qualified?**

- It is less than 2 years from the date the GP's GMC certificate of completion of training was issued

## **2. Can we use the ARRS funding to employ a locum or contracted GP until the end of March 2025?**

- The ARRS funding can only be claimed if the GP is contracted directly with the practice or PCN. If the GP has been a locum or still is a locum, either elsewhere or at this PCN or practice, for any additional sessions to qualify for ARRS monies, the individual must be contracted for these via a fixed term contract of employment not via a locum contract, i.e. the contract must not be for "as and when" but for specific sessions which provide additional patient contact time. The importance is the status of the contract – it must be a contract of employment with an individual only

## **3. Does the contract need to be permanent?**

- Ideally yes, but you could engage via a fixed term contract until the end of March 2025 or add a clause in your permanent contract about reviewing from 1<sup>st</sup> April depending on funding (an example of the wording to use can be obtained from [lynn.marsland1@nhs.net](mailto:lynn.marsland1@nhs.net))

## **4. What if the GP has been employed in our PCN or practice before the 1<sup>st</sup> October? Can we now start to claim via the ARRS portal?**

- The ARRS funding is specifically to support "additionality" of service provision for a specific group of recently qualified GPs. If you have employed a GP who meets these criteria from 1<sup>st</sup> April 2024 in anticipation of the changes to the DES and ARRS funding, providing they have been supplying additional sessions to those which you had available before their contract began then you can claim for these additional sessions but only from 1<sup>st</sup> October via the ARRS portal

## **5. What if the GP has been employed elsewhere (either within another PCN, locality or somewhere else in England?)**

- Providing they meet the less than 2 years since qualification criteria, any contract they take on for the new practice or PCN provides additional sessions to the current number available for patients at that practice or PCN and they are formally contracted with the PCN or practice either permanently or fixed term, these sessions can be claimed via the ARRS portal

**6. We have a GP who is from overseas, trained with us and passed their UK GMC certification less than 2 years ago. Could they qualify for ARRS for any additional sessions worked via a contract of employment?**

- Providing they meet all the criteria regarding sessions that are being claimed additional to any previously worked for the PCN / practice or offered by the PCN / practice before this GP was contracted, or are additional since April 2024, and they have a contract of employment, either permanent or fixed term, then these additional sessions could be claimed under ARRS from 1<sup>st</sup> October

**7. Can a GP be employed to work additional sessions in more than 1 practice or PCN or across a PCN?**

- Providing they meet all the all criteria regarding date of GMC qualification being less than 2 years, sessions that are being claimed for are additional to any previously worked for the PCN / practice or offered by the PCN / practice before this GP was contracted, and they have a contract of employment, either permanent or fixed term, then these additional sessions could be claimed under ARRS from 1<sup>st</sup> October

**8. What is the GM ARRS PCN entitlement and what does this mean?**

- The calculated 2024/25 PCN Entitlement for all 65 GM ICB PCNs is [attached for clarity](#). The overall PCN Maximum entitlement is £X (Column I as per attached- calculated @ £1.303 \* PCN Weighted list size @ 01.01.24 ) for your PCN for 24/25. Any costs above that are non-reimbursable by the ICB

**9. If the PCN / practice hasn't recruited a GP in time for the 1<sup>st</sup> October start date, they will not have been able to spend all of their ARRS GP allocation by the end of March 2025. Once they have been able to recruit a GP who meets all the DES requirements, could they offer a contract up to the end of March 2025 for additional sessions per month to ensure they can utilise all of the available monies in this financial year?**

- Yes. The ARRS GP allocation is for the 6 months from October to end March so providing all the other DES criteria are met, they can be employed from any time after the 1<sup>st</sup> October and their sessions claimed for via the ARRS portal. Depending on the ARRS funding for 2025/26 however, the practice or PCN may need to revise the GP's contract for the number of additional hours to be worked going forward

**For Further clarification**

The principal factors and constraints from a finance perspective relating to the new General Practitioners role are:

- The maximum reimbursable amount per GP role per month equates to £7,705.17 (Including on costs) as per the DES, to be claimed via the ARRS Portal but only eligible to claim from October 24 onwards. This is based on 1 WTE = 37.5 hour, and based on the Annual equivalent Max Reimbursable rate per GP role which is £92,462 (Outer London rates)

- The overall PCN Maximum entitlement is calculated as £X (calculated @ £1.303 \* PCN Weighted list size @ 01.01.24 ) for 2024/25, any costs above that are non-reimbursable by the ICB
- The PCN is required to meet the 2 criteria for reimbursement in addition to the constraints of the DES

**For example:** If a PCN's calculated Max Entitlement was £78k October 24 to March 25, they could claim as follows within their £78k Max Entitlement for the period of October 24 to March 25. (The examples are for illustration purposes only)

- $10 * 1 \text{ WTE} - \text{GPs employed for the month of March 25 for example or } (10 * £7,705.17) = £77,051.70$
- $5 * 0.5 \text{ WTE GP's employed Dec -March } (£7,705.17 * 0.5 \text{ WTE} = £3,852.59 * 5 \text{ GP's } * 4 \text{ months}) = £77,051.80$

#### **10. What will happen to the funding from 1<sup>st</sup> April 2025?**

- NHSE recently stated that this ARRS funding would continue into 2025/26 however no formal communication from NHSE has been published to date