

## Supplementary Lists: An Analysis of the Non-Principal GP Experience

### Introduction

Following a request from the RCGP, the National Association of Non-Principals (NANP) asked its members whether they or any other Non-Principal colleagues had faced problems with the introduction of supplementary lists. Within 24 hours, 26 NANP members had emailed their replies, with their experiences of list organisation and administration, a further 13 responding the following day.

The analysis herein examines the comments of all 39 respondents, noting common areas of criticism of the supplementary list system, the difficulties experienced by Non-Principals in registering on the lists and the wider implications for the health service arising from these problems. Table A below records the issues identified in the doctor's responses, alongside the numbers of respondents citing these issues.

Issues around Supplementary Lists	Cited by:	
	No. of Respondents	Percentage
Administration: O.K.	12	30.8%
Administration: poor	13	33.3%
Duplication	11	28.2%
Inappropriate registration times (too short)	7	17.9%
Paperwork/bureaucracy/red tape	16	41%
Referee/reference problems - burden on practices	12	30.8%
Slow processing/delays	10	25.6%
Superannuation/pension problems	8	20.5%

Table A: Issues arising from the Non-Principal Experience of Supplementary Lists

### The Burden of Paperwork

As Table A shows, it is the "paperwork" related to the supplementary list system that receives the most criticism from Non-Principals, with 41% of respondents condemning the sheer volume and density of paperwork required for registration. As a direct consequence, NANP members found they were spending a considerable amount of time completing the various forms – application forms, criminal disclosure forms etc. – sent to them by Primary Care Trusts (PCT). And yet, as a number of respondents (around 18%) remarked, the supplementary list "paperwork" problems were exacerbated by the inappropriate timescales given for completing and returning all the forms and supporting evidence. For instance, in one case, a doctor applying for inclusion on the list *"was given only 3 days, from receipt of the registration forms near the end of March, to complete and return them, along with all the relevant documents and referees names. Fortunately I had got all the information, documents and names ready in advance after reading the guidelines on the NANP website. I am not sure what would have happened if I had been on holiday and missed the closing date."* Similarly, another NANP member reported that their PCT *"didn't actually have any forms available until after the closing date for applications! When the forms did become available they then wanted them returned within 7 days, which as they required references, left little time to write to referees etc."*

A number of respondents commented on the poor quality of the application forms themselves. One doctor felt that *"the form was badly designed and would have been considerably less informative than my careful C.V. (which accounts for all career breaks)"*, whilst another found the forms *"were very badly worded"* and *"...it was unclear [what] needed to be included..."* More importantly, having checked the questionnaire that was sent to his two clinical referees, one Non-Principal noted that *"it was so vague and bland as to be totally meaningless. Nowhere in the questionnaire were there any questions re possible drug or alcohol abuse...or any other meaty matters. There was certainly nothing in the questionnaire to give any protection to the public from mad or bad doctors."*

Another common criticism levelled by GPs, in regard to the paperwork involved with supplementary lists, related to the reams of evidence required in support of applications. One another Non-Principal recalls the volume of supporting evidence that had to be presented along with the application form: *"every form of ID from my passport to birth and marriage certificates, GMC certificate etc"*.

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And another remarked that she found the process *“unnecessarily unwieldy...we were asked for GMC cert, MPS cert, GP training certs (despite my GP accreditation being on the GMC cert) and medical school cert (which also is unnecessary with the GMC cert)...then about 6 weeks later there was the criminal disclosure procedure ... plus - for some bizarre reason - my marriage licence.”*

### Increased Workload for Other Health Professionals

Procedures around the obtaining references for supplementary list registration and locum work raised a number of issues for Non-Principals, 30.8% citing difficulties in this area. Firstly, there are the unnecessary problems caused by tight deadlines – mentioned above – which obliged applicants to rush to find referees and press them for speedy references in support of applications. Secondly, the most common criticism regarding references concerned the subsequent need for practices to then collect further references for doctors. As one doctor comments: *“The...really annoying thing is practice managers having to get 2 references on you. I thought the whole point of supplementary lists was that you had been checked out and approved by the HA/PCT[,] that they would hold 2 references on you and practice managers could request copies...If practices require all the same info that they use too in some cases more what is the point of the Supplementary lists. It just seems like it is adding further to your referees, usually other GPs, work load.”*

Similarly, another NANP member makes a similar point regarding the additional work placed on practices: *“Once the HA has collected the references and satisfied themselves that I can be on the list, why should every single practice I work for be expected to do the same? The practice that I was in on Friday said that if I was on the HA list, that was good enough for them. They checked my identity then checked with the HA and the GMC that I was registered, and I got on with seeing patients!”*

Of more concern is the fact that some NANP members found themselves unable to undertake any work because of the overly inflexible referee criteria set by their local PCT. For example, one retired GP who could produce only one recent clinical reference, having had other references from County Council occupational health employers rejected, was told by the PCT that he/she would be unable to work. On pursuing the case, the doctor *“was contacted by their Medical Adviser who agreed to make an exception and let me on the list. But at the same time he has made it impossible for me to now work because I am still required to produce two clinical references as well as my Supplementary List Certificate before any practice can employ me to do a locum.”*

### Inefficient Administration

*“The impression left by the whole supplementary list process is one of chaos & confusion rather than smooth transition”.* The thoughts of this Non-Principal are reflected in the experience of others – one in three NPs – who had experienced deficient administration procedures, when registering for inclusion on their local list. NANP members typically complained of paperwork being mislaid and of poor communication from PCTs, for example, not hearing back from administrators after completing and returning forms. One doctor reported, too, that he and other NP colleagues had had problems recovering certificates and other forms of identification, which had been sent in as supporting evidence. *“Sending original documents with the application form: I had to chase up the return of these. Other NPs also took time to receive documents back including passports. The form failed to give any idea of turn around time for documents”.*

The most common criticism, with regard to the administration of supplementary lists, concerned the length of time taken to process applications. The NANP members reported delays of several months before being accepted onto the list, for instance, one member had to wait from the beginning of February until the 1st June for a reply, whilst another said: *“the approval itself did not arrive until about a week ago. I was fortunate in that I was not in need of this registration during the period February - July 02, otherwise it would have been rather difficult during the recent months as all the agencies I was registered with was constantly pestering me for confirmation of successful registration.”* Such delays, of course, are particularly significant because doctors are unable to see and treat patients without being on the list, prohibiting them from earning a living and, moreover, impeding the provision of local primary healthcare.

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There was also dissatisfaction amongst respondents (around 28%) over the apparent duplication arising from the current system. Not only is there the aforementioned duplication of reference gathering for practices, but there also seems to be replication of effort for locums and Non-Principals who work in two health authority areas and are therefore required to complete the forms for both PCT lists. Other respondents found that, having applied to join a particular supplementary list, their registration expired after one year, and they feared having to repeat existing registration procedures for subsequent years of practice.

However, it should be noted that 12 of the 39 Non-Principal GPs responding (around 31%) said that they had been satisfied with the administration of supplementary lists in their local area, with no particular problems to highlight.

### Conclusions

*“The whole business, at least as organised in [my area], seems a waste of time...the form that I had to complete was red tape gone mad.”*

Such impressions of the supplementary list process clearly indicate that there is strong feeling that the current system is not working well, neither for Non-Principals nor for practices. The burden of paperwork is significant, both for the doctors applying to be registered with their local PCT, for those colleagues acting as clinical referees, and for the practices subsequently employing them. Inefficient administration at PCT level is a common problem, which has led to delays for doctors wanting to practice. And unnecessary duplication – *“different health authorities where I work, are asking practices to get me to fill out forms etc. regarding supplementary lists”* – is adding, yet again, to the workload of healthcare staff.

More worrying, however, is the specific evidence that demonstrates the inefficacies of the supplementary list system are, in some cases, inhibiting doctors from practising. One doctor confirmed that a fellow GP was going to delay looking for locum work in the local area due to all the list registration problems others had experienced. In this doctor’s words: *“It all seems designed to reduce the number of locums who will be available. And there are already too few in [xx] - as elsewhere presumably”*.

And finally, another member underlines his frustrations: *“Government ministers say they want retired GPs to contribute to the NHS, [but] I am being prevented from working by them at every step”*.