NHS Business Services Authority

Annual main certificate of pensionable profits 2021/22 (partnership/single hander)

Guidance notes for the completion of the certificate incorporating frequently asked questions

Contents

Introduction

This guidance is issued by us, NHS Pensions, to give guidance for the completion of the Annual Certificate of Pensionable Profits 2021/22 (the certificate). The certificate is subject to change each year, and these guidance notes are aimed specifically at the 2021/22 certificate only. Copies of guidance notes and frequently asked questions from earlier years are available on our website at www.nhsbsa.nhs.uk/nhs-pensions.

In completion of the certificate, you must be mindful of the overall requirements, rules, regulations and legislation surrounding the NHS Pension Scheme. The rules of the NHS Pension Scheme are laid down in regulations agreed by Parliament. They are the National Health Service Pension Scheme Regulations 1995 (NHS Pension Scheme Regulations) and subsequent amendments, the National Health Service Pension Scheme Regulations 2008 and subsequent amendments and the National Health Service Pension Scheme Regulations 2015 and subsequent amendments. You can view these on our website (Employer Hub) at: www.nhsbsa.nhs.uk/nhs-pensions

You should also have regard to tax law surrounding the preparation of personal and partnership tax returns.

This document does not seek to offer definitive guidance in any of these areas of legislation and specialist professional advice should always be sought in the event of any uncertainties. Similarly, we = cannot offer any specific advice on the completion of the certificate.

The GP Pension Guide provides more detailed information about GPs and the NHS Pension Scheme. It is located in the Practitioner webpage (Member Hub section) on our website. The Employer Hub section (Technical Guidance) also provides recent employer newsletters and the Regulations.
Purpose of the certificate and levels of contribution

The purpose of the certificate is to calculate a provider’s pensionable NHS earnings, the level at which pension contributions need to be paid and the contributions due.

Levels of contributions payable can be found in the Member Hub area of our website in the GP Pension Guide and under the membership, pay and contributions heading www.nhsbsa.nhs.uk/nhs-pensions.

Important note – members of the 2015 Scheme may have their employee pension tier rate determined by their ‘annualised’ earnings. Please read the guidance on our website (including the GP Pension Guide) and the spreadsheet calculator to assist you with determining the correct percentage to use.

This certificate can only be completed **after** your 2021/22 personal (and, if applicable, partnership) income tax return has been completed.

This certificate must be completed by:

- individual GP providers (that is, type 1 medical practitioners)
- individual non-GP providers

who are either partners in practice or working as a single hander.

GP providers

GP providers must pension **all** their NHS GP (practitioner) income; that is all income paid to them by an NHS Pension Scheme employing authority (EA). A GP provider can earn income from a number of different sources. If this is the case, the provider must pension all of their NHS GP income and cannot opt out of pensioning certain parts of it. A provider may however opt out of pensioning salaried officer posts, such as hospital based clinical assistant posts. They cannot opt out of pensioning bed fund posts, and they cannot pension opted out officer income by a 'back door route' through the certificate. GP providers will need to have regard to other relevant forms in the completion of this certificate, namely GP solo forms and freelance GP locum forms A and B.

There is an over-riding requirement that providers must complete **one certificate for each separate contract held**. Therefore, where the same GP provider receives income from more than one general medical service (GMS) / personal medical services (PMS) / alternative provider m services (APMS) contract a separate certificate is required for each.

Non-GP providers

Non-GP providers are required to complete the certificate. They are treated as 'whole time officers' regardless of the hours they work. Non-GP providers are only permitted to pension income from one source and will only complete one certificate each year. As a non-GP provider/partner in a GP practice, their pensionable pay will be based on their share of profits from the partnership. For the avoidance of doubt, non-GP providers cannot pension solo income.

If a non-GP provider earns income from a number of sources, they should seek specialist professional advice as to which of their NHS posts should be pensioned.

Please also note that the final pay controls applicable to 1995 Section officer members with effect from 1 April 2014 apply to non-GP providers. Annex C can provide more information.

A GP who is a type 2 medical practitioner (for example, salaried GP, practice based long-term fee based GP, or career Out of Hours (OOHs) GP must complete the Type 2 Medical Practitioner Self-Assessment Form.

A separate certificate must be completed where a provider is a shareholder in a limited company. The ‘Limited Company Certificate’ has its own separate guidance notes.

When you have completed the certificate

The NHS Pension Scheme employing authority for GPs in England is NHS England who delegate local pension administration to Primary Care Support England (PCSE). Type 1 medical practitioners must complete and submit to PCSE for work in England.

The easiest way to submit this certificate to PCSE is via PCSE Online. Guidance on how to submit this form on PCSE Online can be found at GP Partners & Non-GP Partners - Primary Care Support England

Forms can also be submitted via www.pcse.england.nhs.uk/contact-us or by post to:

Primary Care Support England,
PO Box 350,
Darlington,
DL1 9QN.

In Wales the Local Health Board (LHB) is the employing authority and certificates should continue to be submitted to them as in previous years.

Once you are happy that all details contained in the certificate are correct, you should sign the relevant declaration on pages 11 and/or 12, 13, 14 and submit the signed certificate to PCSE or the LHB.

The deadline for submission of the certificate is **28 February 2023.**

Completing the certificate: Boxes A – T

Box A: Your name

Write your full name, do not use initials. If your surname has changed in 2021/22, please also provide your previous surname.

Box B: Type of contract

Specify the type of contract this certificate relates to, as in some cases, a provider may hold more than one contract to provide medical services.

Box C: National Insurance number (1), Pension Scheme SD reference number (2) and GMC registration number (3)

Enter your national insurance number, your individual NHS Pension Scheme reference number and your GMC registration number, if applicable.

The NHS Pension Scheme reference number is often known as your 'SD' number and has eight digits.

Your national insurance number is also available from the front page of your income tax return.

Your GMC reference number is also required and can be obtained from the GMC's website.

It is important to complete all these details as their absence can cause delays in the processing of your certificate.

Box D: Practice reference number and Pension Scheme employing authority code

Your GP practice reference number is the unique reference number allocated to you by PCSE or the LHB; if not known please state 'not known'. The NHS Pension Scheme employing authority code is a letter followed by three digits; for example, A123. Your Scheme practice/payroll manager should know this code, however if not known please state 'not known'.

Box E: Host PCSE or LHB

GP providers should be aware that their 'commissioning' host may be different from their 'listing' from PCSE or LHB.

If you have moved practice during the year, or there have been area changes to your commissioning body (PCSE/ delegated clinical commissioning group (DCCG)/LHB), you may be required to complete more than one certificate for 2021/22.

More than one certificate will be required in the following circumstances:

You have changed practice during the year but have remained within the same DCCG/LHB.

In this situation, two certificates will be required and the reference in box D will be different on each.

b) You have changed practice but have also moved to a different commissioning body/PCSE/DCCG/LHB.

In this situation, two certificates will be required and the references in boxes D and E will be different on each.

It is acceptable in both situations (a) and (b) to account for personal expenses, personal capital allowances and any private fee income assessed on the self-employment pages of your income tax return on a pro-rata basis should specific calculations relating to each time period not be available.

c) If a change of commissioning body occurs as a result of a practice merger, but you remain with the same practice, only one certificate should be completed and the relevant entry in box E will be the commissioning body at the end of the year.

Box F: Practice accounting year end

The appropriate year-end will be the accounting year end which falls into the tax year 2021/22 (the year ended 5 April 2022), for example 30 June 2021, 31 October 2021 or 31 March 2022. This is the accounting year which forms the basis for the entries contained in your 2021/22 income tax return.

Your practice accountant will be able to provide this information.

Box G: Private fees year end

Many providers earn private fees which are not paid into the practice's accounts. These fees will be separately accounted for on your income tax return.

The accounting year end for your private fee income may differ from your practice's accounting year end. For example, your practice year end may be 30 June 2021, but your private fees may be accounted for on your 2021/22 income tax return for the year ended 5 April 2022. Alternatively, your private fees accounting year end may be the same as your practice's accounting year end, that is 30 June 2021.

Either method is acceptable.

If your accountant completes your income tax return, you should ask them which year-end should be entered in box G.

Box H: Date of commencement

Where you have commenced as a partner or as a single-hander in 2021/22 you should enter the date here.

If the date in box F and/or G is not 31 March, you will need to account for the overlap rules in determining taxable and pensionable pay. The overlap rules work in exactly the same way for income tax and pensionable pay.

You should consult an appropriately qualified accountant who will be able to assist you with these calculations. Alternatively, you will find detailed guidance on the overlap provisions in an earlier year's certificate guidance notes at www.nhsbsa.nhs.uk/nhs-pensions.

Box I: Date of retirement

Where you have left or retired from a practice in 2021/22 enter the date you have either:
left the practice where you were a partner or single-hander, (that is, moved to another practice or became salaried elsewhere)
taken 24 hour retirement
opted out of the NHS Pension Scheme
left the practice and taken your pension

Use box 98 (the explanatory information box) to confirm the dates and circumstances of your departure, including the type of retirement (full or 24 hour) that you are taking and the details of any new practice or other organisation you may be joining (if known) as either a partner or an employed position.

Once again if you are retiring or leaving a practice, you may be affected by the overlap rules. You should consult an appropriately qualified accountant who will be able to assist you with these calculations.

If you have taken full or 24-hour retirement or opted out in 2021/22, you must complete a certificate for the period that you were a pensionable provider. Where a GP returns to practice following 24-hour retirement or has opted out but continues to work they may then wish to complete a second certificate for the entire year solely for other purposes.

Full details about retiring from the NHS Pension Scheme (including taking 24-hour retirement) are available from our website at www.nhsbsa.nhs.uk/nhs-pensions.

Box J: Added years cap

Prior to 1 April 2008 members who first joined the NHS Pension Scheme on or after the 1 June 1989 were subject to the pensionable earnings cap; that is, the member could only pension NHS earnings in the NHS Pension Scheme up to a prescribed limit. If a member joined before 1 June 1989 but had a break in pensionable employment of more than a year after 1 June 1989, they were also subject to the cap.

With effect from 1 April 2008 the earnings cap has been removed and employee and employer contributions are based upon full NHS pensionable earnings.

However, if an NHS Pension Scheme member who had previously been subject to the cap is buying added years under an agreement that started before 1 April 2008, those added years remain subject to the cap. Contributions in respect of those earnings subject to the added years cap are still limited to £172,800 for 2021/22. (See factsheet Earnings Cap 1995 Section and 2008 Section).

Any added years agreements starting on or after 1 April 2008 are **not** subject to the earnings cap and contributions are payable on the full actual NHS pensionable earnings. Do **not** enter 'Yes' in Box J if this is the case.

Please also refer to the guidance notes for completion of box 38c and beware that manual entries may be required in allocating the cap, particularly where a member has 1995/2008 and 2015 earnings. Show the allocation and provide further information as a note in box 98.

Further information and guidance on the operation of the earnings cap can be found on www.nhsbsa.nhs.uk/nhs-pensions and in the Earnings Cap factsheet, in the employers' hub area of the website under practitioner forms.

Box K: Provisional tax returns

There are circumstances where it will be necessary to use provisional information on your income tax return, such as in your first year of self-employment or when joining a new practice. If you have completed a provisional tax return for 2021/22, you should enter 'Yes' in this box.

When an amended income tax return is submitted, a corresponding amended certificate should be completed and submitted to your commissioning body, even though the submission date of the amended certificate is after the deadline for filing.

Boxes L and M

Some GPs may have joined the 2015 Scheme on or after 1 April 2015. If so, their tiered contribution rate may be based upon annualised earnings. Since 2017/18 there has been new guidance and a spreadsheet calculator to enable the tiered rate to be calculated for the 2015 membership. Annualisation should not apply where membership is seamless throughout the year, even when the member has moved into the 2015 Scheme.

A different method of Annualisation was implemented in 2018/19 that may also be utilised for earlier years. Application forms to do this are available on our website.

If you have moved into the 2015 Scheme in 2021/22, tick box L and enter the relevant date in box M.

Boxes O and P

Box O should be ticked in the following circumstances:

you were a member only of the 1995/2008 Scheme in the scheme year (for whatever duration) and were not a member of the 2015 Scheme

you were a GP member of an NHS Pension Scheme (1995/2008 and/or 2015) on 1 April 2021 and on 31 March 2022 and there was no applicable break between those two dates. We have produced guidance concerning continuous service and applicable breaks. Please consult our website for further details and worked examples.

If you have ticked box O, your pensionable pay will be based upon your aggregate practitioner earnings, and you should complete the remainder of page 6.

When you cannot tick box O, you will have 2015 Scheme membership with some missing service, which could be before, during or after 2015 Scheme membership. If this is the case, do no **not** tick box O or complete page 6, but move on to page 7 and tick box P. Annualisation of 2015 earnings will be required in this instance.
In 2019/20 we produced new guidance and a spreadsheet calculator to assist with the calculation of the 2015 pension tier. Please consult our website for further information.

A different method of annualisation was implemented in 2018/19 that may also be utilised for earlier years, which can consequently be amended. Application forms to do this are available on our website.

Boxes Q and R (1995/2008) and S and T (2015)

Please see the special notes to box 32 regarding these boxes.

Calculating your pensionable earnings: Boxes 1-119

Box 1: Provider’s share of partnership income

The figure in box 1 should be your share of total medical related **income** derived from the appropriate partnership accounts.

This figure should allow for any prior shares of income allocated to you, for example property income, medical examination fees, appraisals etc.

Single handers should enter ’Nil’ in this box and proceed to box 2.

Tax adjustments to income (such as bank interest received, non-taxable income and certain legacies and bequests) should be excluded.

Special note – salaried appointments/solo income

Pooled salary income

GP providers often share income from their employed positions with their fellow partners in their practices. This is known as ’pooled’ income.

A GP provider who is a partner in a practice can have this income taxed in one of two ways:

By the ’statutory’ method

This is where the pooled salaried position paid into the practice has been deducted for tax purposes on the partnership computation and taxed on the employment pages of the individual’s tax return.

By the ’concessionary’ method

This is where the pooled salaried position has been treated as self-employed (that is partnership) income in accordance with HMRC guidance noted at www.hmrc.gov.uk/manuals/eimanual/EIM03000.htm and subsequent pages.

Care should be taken when preparing accounts, tax calculations and the certificate because pooled income may need to be grossed up for employer contributions to ensure sufficient earnings are pensioned.

Solo income

Income declared on a GP solo form should be included gross.

If a provider has pooled any superannuable fee-based income this **cannot** be declared on a GP solo form. This income should be included on the certificate as gross income plus employer contributions.

Please refer to the Annex C for specific guidance on CCG posts.

Box 2: Single-handed provider/Self-employed income

Box 2 is for single-handers to declare their GMS, PMS, APMS and specialist personal medical services (SPMS) income, private income and reimbursements.

Box 2 is also for GP partners who have private fees that are not included in the partnership tax return but are reported separately on the self-employment pages of their individual income tax return. This box will include GP SOLO income on a fee paid basis (that is, not an employed position) and locum income.

If you are a partner in practice with private fee income that is fed into the partnership tax return, and not reported on the self-employment pages of your personal return, there should be no entry in this box as the income will be included in box 1 above.

Box 3: Income from employment pages of income Tax Return

Box 3 must include all salaried income where the GP provider is in receipt of a P60. This includes salaried employment income (for example, clinical assistant, community medical officer, salaried GP, and bed fund posts) where income is subject to PAYE, regardless of whether tax or national insurance has actually been deducted. Also include any income that is recorded in box C of the GP solo form where the PCSE/DCCG/LHB/OOHP has paid it under PAYE.

Where you receive a P60 in respect of a salaried position, but that income is pooled in the partnership (that is the ’concessionary method’ as described in the guidance to box 1), you **should not** include this income in box 3.

If, however, your salaried income has been treated as employment income on your income tax return this figure **should** be included in box 3 (that is, the ‘statutory method’ as described in the guidance to box 1).

Where a figure is to be included in box 3, it will equate to the figure in box 1 of the employment pages of the income tax return, that is, taxable salary **excluding** any grossing up for employer superannuation contributions.

Do **not** include a salary received from a limited company that holds a GMS, PMS, or APMS contract. The pensioning of such salaries will be dealt with through the separate certificate for limited companies.

Box 4: Other medical related income

Box 4 must include any ad hoc private work (for example, university or medical school) and any fee based NHS work that was not salaried and is not included in boxes 1, 2 or 3 above. This may include income before a deduction for expenses reported at box 16 of page TR3 of your main tax return.

Do **not** include pensionable income derived from a limited company. Whilst the provider's salary and dividend income from such a source may be pensionable, this will be dealt with through the separate limited company certificate.

Box 5: Income Pensioned Separately

Box 5 is the income stated in boxes 1, 2, 3, or 4 of the certificate which has already been 'pensioned'. This is likely to be NHS income from freelance GP locum work (the full amount before 10% reduction for notional expenses) and pensionable income from salaried NHS work (that is, clinical assistant, hospital practitioner, salaried GP, bed fund and CCG officer posts). This will also include any salaried income pensioned through the University Superannuation Scheme.

Fee based (self-employed) income that has had superannuation paid upon it and recorded on the GP solo form should **not** be included in box 5. Solely for the purpose of the certificate this income is not regarded as being pensioned separately.

Note that this box should only include income included in boxes 2, 3 and 4 that has been pensioned separately. No entry should be made in this box in respect of salaried appointments that have been pooled in the practice. However, where the salaried position has been recorded on the employment pages of the individual's income return (that is the 'statutory' method) you will be required to enter here the amount included in box 3 that relates to pooled income. See the guidance to box 1.

Box 6: Total medical NHS and non-NHS income

Box 6 is the total NHS and non-NHS income, which has not already been pensioned elsewhere, for the purposes of this certificate.

Box 7: Share of partnership non-NHS income

The figure in box 7 should be your share of non-NHS income from the practice accounts for example, clinical trials, insurance medicals, Department of Work and Pensions (DWP) medicals, private patients, police work, medical school and university income paid direct from the school/university, medico legal reports.

Box 7 will also include external locum income not already pensioned on Locum A and B forms for example. locum work carried out on behalf of practices other than the one in which you are a partner.

Box 7 should also include any funding received via the small business grants scheme.

Commission or incentive payments received in relation to business bank accounts which form part of the practice's taxable profits should also be included in box 7.

The 'new to partnership scheme' money is also non-pensionable and should be included in box 7.

Box 8: Single-handed provider and self-employed non-NHS income

The figure in box 8 should be the non-NHS income reported through your self-employment pages; clinical trials, insurance medicals, DWP medicals, private patients, police work, medical school income paid direct from the school, medico legal reports for example.

Box 8 will also include external locum income not previously pensioned on Locum A and B forms.

For income from an Out of Hours Provider (OOHP) to be pensionable, the OOHP needs to be an NHS Pension Scheme Employing Authority. A list of OOHPs that are Employing Authorities can be found in Annex B. Please refer to this list to determine if OOHs income is pensionable.

Box 9: Non-NHS medical related employment income

This figure should be the non-NHS income reported on the employment pages of your tax return.

Box 10: Non-NHS medical related income declared elsewhere on Income Tax return

Box 10 must include any non-NHS ad hoc private fee work and fee based medical related work that was not salaried and is not included in boxes 7, 8 or 9 above. This may include income reported at box 16 of page TR3 of your main tax return.

Box 11: Non-NHS income pensioned separately

It will be rare to have an entry here, as there are few types of non-NHS income that will already be pensioned separately. One example, however, would be university income received direct and already pensioned through the University Superannuation Scheme.

Box 12: Total non-NHS income

Box 12 is your total non-NHS income that has not already been pensioned.

Box 13: Ratio of non-NHS Income to total medical related income

Box 13 provides the ratio to determine the percentage of expenses attributable to non-NHS income under the standard and alternative methods of calculation. See notes to boxes 39, 40 to 45 and 98.

Box 14: Partnership expenses

Box 14 must state your share of all of the practice partnership expenses derived from the practice accounts, for example, staff salaries, administrative expenses, drugs. Exclude expenses that are disallowed for tax purposes, for example depreciation, entertaining. Capital allowances claimed on practice assets such as computer equipment and furniture should be included.

Where personal expenses and capital allowances have been claimed and fed through the partnership tax return for tax reporting purposes, they should be included in box 14 after adjustment for private use.

Box 15: Single-handed provider/Self employed expenses

This will include a single-hander's total expenses, adjusted for tax purposes.

For providers in partnership, box 15 will include the tax adjusted personal expenses and capital allowances that are **not** set against profits in the partnership tax return but are set against private fee income declared on the self-employment pages of the personal return.

In 2017/18 HMRC introduced a trading allowance of £1,000 that it may be possible to claim against self-employed income. We can confirm that this is not an allowable expense for pension calculation purposes. Only actual expenses incurred may be allowable in the pensionable pay calculation. It is possible, therefore, that in this case tax return entries and what is included in the certificate will not match. Where a figure is included for the trading allowance at box 16.1 of the self-employment (full) pages (box 10.1 of the short pages), the entries to include in box 15 of your certificate are what the self-employed page box numbers referred to on the certificate would have been had the trading allowance not been claimed.

Box 16: Employment expenses

Box 16 will include the tax relievable expenses entered on the employment pages in respect of employment income. Expenses set against employment income earned prior to commencing or after ceasing as a provider should **not** be included.

Box 17: Other medical related expenses

Includes tax relievable expenses included, or set against income declared, elsewhere on your tax return, for example, at box 17 of page TR3 of your main tax return.

Box 18: Qualifying loan interest

Box 18 is interest payable on your share of a loan held personally for professional purposes not already declared in boxes 14 to 17 and will usually reflect the entry made at box 5 under 'Other tax reliefs' on page 2 of the additional information pages of your tax return.

Box 19: Total expenses

These are your total expenses incurred in respect of **all** your income for the purposes of this certificate.

Box 20: Partnership taxable profit

This figure will reflect your share of taxable partnership profit (box 1 less box 14) and should correspond to box 8 of the partnership pages of your income tax return.

Box 21: Single-handed provider/Self employed taxable profit

This figure will reflect taxable single- hander or private fee based self-employed profit (box 2 less box 15) and should correspond to box 31 of the self-employed (short) pages or box 64 of the self-employment (full) pages of your tax return, subject to any adjustment made for the trading allowance.

Box 22: Net taxable employed pay

This figure will be your taxable employment pay (box 3 less box 16) and will reflect box 1 less the total of boxes 17, 18, 19 and 20 from the employment pages of your income tax return.

Box 23: Other net medical related profit

Will be your taxable medical related profit declared elsewhere on your tax return.

Box 24: Total taxable profit

Is the total of boxes 20 to 23.

Box 25: Qualifying loan interest

See comments re box 18.

Box 26: Income pensioned separately included in box 24

This total needs to include any elements of income included in boxes 20 to 23 which have been pensioned at source.

This box will include:

Salaried appointments net of expenses (included in box 22)
Locum income pensioned on Locum A and B forms (included in boxes 20 and/or 21)

This box will **exclude** GP solo income

Where salaried appointments have been pooled (also see guidance on boxes 1, 3 and 5) it will be necessary to include the GP provider's taxable pay that is, the figure as noted on their P60 **plus** employee and added years contributions, and any employer's contributions where the practice's accounts have been grossed up. (For the avoidance of doubt this figure will **not** be just the provider's share of the pooled salaried income).

Where salaried income has not been pooled, or the statutory method has been used for pooled salaried income, the income will have been recorded on the employment pages of the individual provider's income tax return. The relevant figure will be the figure at box 22.

It should be noted that box 26 will not necessarily be equal to box 5 as a result of any pooled income. See guidance notes to box 5.

Box 27: Total non-NHS income

The figure to be stated in box 27 is the figure in box 12.

Box 28: Any pensionable NHS GP income

Box 28 should include any ad hoc NHS income (inclusive of employer contributions) not already declared on this certificate and not already pensioned elsewhere.

Box 29: Non-NHS expenses

See the notes in respect of boxes 39, 40 to 45, and 98.

Box 30: Non-standard method of apportionment

This box should be ticked if the standard method of non-NHS expense allocation is not being used. See the notes in respect of boxes 39, 40 to 45, and 98.

Box 31: Total pensionable income

This is your total pensionable income inclusive of GP solo income prior to adjustment for employer contributions.

Box 32: GP solo income

Box 32 is the total of all income, from whatever source, declared in box C of the GP solo forms for the accounting year that falls in 2021/22. Reference should also be made to guidance notes referring to pooled income in box 1.

Special note – GP solo income

Where a GP provider has performed solo work, the solo employer should have deducted employee contributions at the correct rate taking account of the GP provider's global practitioner pensionable income. Where the correct rate has been applied the GP provider should enter 'Yes' in box R on pages 11 and 13 (1995/2008 scheme) and/or box T on pages 12 and 14 (2015 scheme) as appropriate. This indicates no adjustment is required and therefore no action necessary through the solo 'employer' (for example, OOHP) or practice.

Where a GP provider has performed solo work and the solo employer has **not** collected tiered employee contributions at the correct rate the GP provider should enter 'Yes' in box R on pages 11 and 13 (1995/2008 scheme) and/or box T on pages 12 and 14 (2015 scheme) as appropriate and arrange to pay the arrears of solo contributions directly to the relevant solo employer.

The GP provider must ensure that their solo income is apportioned to each relevant solo employer and send a copy of pages 13 and/or 14 to each relevant solo employer to assist with the payment.

We recognise that in some circumstances it is impractical for arrears of solo contributions to be collected by the relevant solo employer. Therefore, in these circumstances, the GP provider may pay the arrears through the certificate. In this case they should enter 'Yes' in box Q and/or S on pages 11 to 14 of the certificate.

The GP provider must inform the solo employer that they have paid any arrears through this certificate.

Solo income should be recorded in the month to which the payment relates that is the month the work was done.

Contributions made monthly in arrears should be accounted for as creditors in the practice accounts. This enables reconciliation of boxes 32, 37 and 47 of the certificate to the payment system for solo income accounted for to a 31 March year end. (This would also enable the use of annual solo forms). Where the figures do not reconcile, the PCSE or LHB are entitled to query this with the GP/accountant.

If solo income has not been accounted for to a March year end, the PCSE or LHBs will not be able to reconcile figures from the payment system to boxes 32, 37 and 47 of the certificate.

Whilst reconciliation is not possible, this method of accounting for solo income is acceptable and correct. This may result in an under or over payment of contributions due to timing differences. These under or over payments will be shown in box 97 or 97a and should be adjusted for as indicated on the certificate.

Boxes 33 and 34

The figure calculated in box 33 is the pensionable income after extracting GP solo income. This is necessary as the treatment of the employer contribution in practice income and GP solo income is different. Whilst the GP solo income received does not include the employer contribution, practice income is assumed to be gross of 14.38% employer contributions. Box 33 therefore reflects practice pensionable income inclusive of the employer contribution and must therefore be reduced to the net amount of actual pensionable pay. The fraction of 100/114.38 is applied to box 33 and produces your pensionable pay in respect of your practice income.

Boxes 35, 35a, 35b and 35c: Pension overlap boxes

The entries here will reflect any pension overlap figures calculated as a result of changes in accounting reference dates or cessation or retirement. For detailed guidance you should refer to the previous guidance notes on overlap relief on www.nhsbsa.nhs.uk/nhs-pensions or to your accountant. There are also comments included with this guidance regarding moving to the 2015 Scheme and cessation and losses.

Box 36: Pensionable profit for 2021/22

This is your individual GMS, PMS, APMS or SPMS pensionable profits after adjustment for any relevant pension overlap amount.

Box 37: Pensionable profit for GP solo purposes

This is the figure from box 32.

Box 38: Total pensionable profit for 2021/22

This is your total NHS pensionable profits (including solo income) prior to any potential ‘capping’ that may apply for added years purposes.

Box 38b: Other excluded income

This box should be any other excluded income not already removed from pensionable pay at box 26.

Box 38c: Amount of pension cap for added years purposes only

See notes to box J. Enter a figure in this box if you are capped for added years purposes only. The figure in this box would normally be the earnings cap relevant to 2021/22 (£172,800). However, salaried income (for example, clinical assistant posts) may have been pensioned at the full amount thereby reducing the amount of the cap to below £172,800 for the remaining income sources such as partnership pensionable income. An allocation of the earnings cap may also need to be made between OOH income and main practice income.

Where the cap applies to your added years contract, your total NHS pensionable pay from all NHS sources in the year ended 31 March 2022 cannot exceed £172,800.

We cannot advise on the application of the cap to any particular source of NHS pensionable income. Professional assistance should always be sought on this issue from an appropriately qualified independent financial adviser.

For the above reasons, it is not possible for the Excel version of the spreadsheet to determine where the cap is first to be applied. Box 98 should be used to explain how the cap has been applied. The pensionable pay for added years must, therefore, be entered manually on pages 11-14 to ensure the correct amount is pensioned.

Box 39: Standard method for calculation of Non-NHS expenses.

Non-NHS expenses are calculated using the standard method where:

Non- NHS income (box 12) is less than 10% of total income (box 6), **and**
Non- NHS income (box 12) is less than £25,000.00

The standard method apportions the total expenses from box 19 in relation to the ratio of non-NHS income to total income (box 12 over box 6).

Boxes 40 to 45: Alternative method of calculation of Non-NHS expenses

Even though the conditions at box 39 above are met, it is not imperative that the standard method is used. The alternative method may be used, providing explanation and justification is given at box 98. Where both the standard and alternative methods of allocating expenses do not provide a fair conclusion, you must use your own method of allocating expenses and clearly explain the reasons and methodology at box 98.

If an alternative method is to be used, please remember to tick box 30.

Box O and boxes 46 to 53: Establishing tier rates for employee contributions

Employee contributions in 2020/21 range from 5% to 14.5% as stated on page 6 of the certificate. These tiered rates are absolute and should not be time apportioned for anyone who is a member of the scheme for less than 12 months.

The purpose of these boxes is to determine the employee tiered rate that is to apply to practitioner pensionable pay for 2021/22 and which appears in boxes 64, 64a, 81, 81a, 103, and 103a.

Tick box O if you have been a member of an NHS Pension Scheme throughout the year or were only a member of the 1995/ 2008 scheme.

GP providers

The tier rate payable in 2021/22 may be determined differently to previous years, depending upon the provider's circumstances, when they have moved to the 2015 Scheme. Different rates may apply to 1995 (or 2008) pensionable pay than to 2015 pensionable pay.

Where a GP provider is a member of the 1995/2008 Scheme only in 2021/22, their tiered rate is based upon their total NHS GP income even if they have had breaks.

Where a GP is a member of the 2015 Scheme during year 2021/22 and they have had no breaks in service (. a seamless transfer from 1995/2008 or a complete year of 2015 membership) their tiered rate is based upon their total NHS GP income (that is, the sum of 1995/2008 and 2015).

Where a GP provider is a member of the 2015 Scheme during the year 2021/22 and there has been a break at some point, 'annualisation' of 2015 Scheme GP income may need to occur. NHS Pensions has produced guidance and a spreadsheet calculator to assist members in determining their tiered rate for 2021/22. This utilises a method of 'add and annualise' rather than 'annualise and add' that may have been used in previous years. This guidance will enable you to assess whether you need to tick box O.

Non-GP providers

Non-GP providers can only pension income from one source and therefore tier allocation will be based on their pensionable earnings from that single source.

Important note – Freelance GP locum work and employed practitioner posts

Where it transpires that, following assessment and allocation to a tier, the incorrect percentage of employee contributions have been paid on 2021/22 GP locum income through forms A and B, salaried practitioner or bed fund posts, the GP must contact

PCSE or the LHB to correct any arrears/apply for a refund. Any arrears or refunds in respect of such contributions are outside the scope of this certificate. Please refer to the notes on the Type 2 Medical Practitioner Self-Assessment Form and GP Locum form B for further information.

In the rare circumstance that the organisation no longer exists and there are tier adjustments to the contributions, please contact our Stakeholder Engagement Team (nhsbsa.stakeholderengagement@nhs.net) for further advice.

GP solo income is not, for the purposes of this certificate, considered as income pensioned separately, although its pensioned amount is split out at box 37. See notes to box 32 regarding under/overpayments for solo work. Where, however, only GP SOLO work is performed, the adjustments will not occur through this certificate, but through the OOHP and/or PCSE or LHB as appropriate.

Boxes 54, 54a, 55, and 55a

It is also necessary to determine the pensionable pay separately where there is membership in two different schemes in the year. Pensionable income will have to be allocated to the correct scheme record. For GP practices, this will involve a time apportionment of pensionable profits. For certain sources of income, such as OOH and GP locum work, it may be more possible to identify the specific period in which income falls. We (NHS Pensions) take a pragmatic approach and will time apportion all practitioner income around the transition date.

Non-March year ends

A GP practice with a year end of 31 March should have little difficulty apportioning pensionable profits, but a non-March year end practice may perceive problems. Correctly speaking, a non-March year end GP leaving the 1995/2008 scheme ought to be treated as leaving that scheme. This may entail including additional profit and deducting pension overlap. Entry into the 2015 scheme will then create new pension overlap to carry forward and may entail the use of estimated profits for the next period and an amendment to the 2021/22 certificate when the following year's accounts have been finalised. This would also mean that tax return entries would not be the starting point for the certificate as the tax position remains on a current year end basis without any cessation in practice.

It is recognised that the pension overlap brought forward in the 1995/2008 Scheme may closely resemble the pension overlap created in the 2015 Scheme and that treatment as a cessation and restart may add considerable additional cost. By concession, therefore, where a member moves from one scheme to another in a particular year, it is permissible to merely transfer the brought forward overlap in the 1995/2008 Scheme into the carry forward in the 2015 Scheme.

Boxes 56 to 63: Contribution tier rates continued

If you have ticked box P, please use the information here, above and the guidance and spreadsheet calculator to complete boxes 56 to 63.
This possibly entails apportioning income between schemes, together with the ‘annualisation’ of 2015 income. These boxes are being completed as the tier rate for each scheme is assessed differently. Boxes 56 to 62, where applicable, will all have income relating to the period when 1995/2008 membership ceased. Similarly, boxes 56a to 62a will only contain income from the date of joining the 2015 Scheme.

It will be necessary to apportion main practice income from box 36 between boxes 56 and 56a, on a daily basis, dependent upon the date the 2015 Scheme was entered. Do not include the days of any gap between moving from 1995/2008 to 2015; use the actual days of service. This will also need to occur for type 1 income from other type 1 certificates. The same date of transition will apply for each, so the same days are to be used.

Boxes 64 to 67: Other contribution tier rates

When the employee tier rate has been calculated, this will apply to all practitioner positions within the relevant scheme. Box 64 may therefore be different to Box 64a.

These remaining boxes state the percentages at which the varying classes of contribution are paid for both main contract and GP solo income.

Added years

Where an added years contract ends in 2021/22, an apportioned percentage for the days to the end of the contract should be calculated. Remember the earnings cap may apply to the added years contract. If you are uncertain about this contact, us, NHS Pensions.

Money purchase additional voluntary contributions (AVCs)

The figure in box 66 (and 83) is your provisional NHS Pension Scheme money purchase AVCs if you have an NHS money purchase AVC contract with Prudential, Standard Life or Utmost Life and Pensions (formerly Equitable Life). This is generally based on a percentage of your pensionable pay, but in some cases may be a fixed amount. Where the contribution is a fixed amount, the annual amount should be entered in boxes 66a (and 83a) rather than boxes 66 (and 83). The amount in boxes 66a (and 83a) should then be copied into boxes 70 (and 87).

Do not enter details in respect of any free standing AVCs.

Additional pension purchase (AP)

Where an AP contract exists in 2021/22 it will be necessary to enter the contributions due in boxes 66b (and 83b) for the period from 1 April 2021, or commencement if later, up to 31 March 2022 or the date that membership moved into the 2015 scheme.

Contributions for AP can be made either by a single lump sum or monthly payments. For single lump sum payments made during 2021/22 enter this sum in boxes 66b (and 83b). Where payments are made monthly, enter the monthly amount multiplied by the number of whole months paid during the year ended 31 March 2022 or the period relating to a particular Scheme's membership.

Early retirement reduction buy out (ERRBO)

Where an ERRBO agreement exists in 2021/22 it will be necessary to enter the contributions due in box 66f (and 83f and 105f) for the period from 1 April 2021.

Where your agreement has been completed in 2021/22, an apportioned percentage for the days to the end of the contract should be calculated.

If you terminated or suspended your ERRBO agreement during 2021/22 any ERRBO contributions that you have paid during 2021/22 should have been returned for this year only. Please enter zero in boxes 66f, 83f and 105f.

For further guidance about added years, money purchase AVCs, additional pension and ERRBO, please visit www.nhsbsa.nhs.uk/nhs-pensions.

Boxes 68 to 71 (and boxes 85 to 88): Contributions due

These figures equate to the pension contributions due for the year. As noted in the guidance to box 38c above, manual entries must be made in respect of added years contracts. The default formulae in these boxes assume that no apportionment will be necessary. These default formulae may therefore need to be overwritten.

Where you have an NHS money purchase AVC paid as a fixed amount, the figure in box 70 (87) will match that in box 66a (83a).

Where you have an additional pension contract, the figure in box 70 (87) will match that in box 66b (83b).

Where you have a combination of both arrangements the amount at box 70 (87) will reflect the total amount.

Boxes 72 to 75: Contributions already paid

These boxes must state the practice-based contributions already paid that relate to 2021/22 (that is, not including payments made in respect of a previous year) for the particular Scheme alone that the page relates to.

These figures should include payments already made to PCSE or the LHB or deducted from your global sum or contract price payment ‘on account’ throughout the year by PCSE or the LHB.

It should be emphasised that there is no link between the figures in these boxes and the level of contributions which are claimed for tax relief. The entry in these boxes will relate to those contributions made in respect of 2021/22 that were paid or deducted by PCSE or the LHB before this certificate is submitted.

Boxes 76 to 79: Contributions due less contributions paid (main contract)

These are the balance of contributions to be paid (or refunded) in respect of the provider’s main contract pensionable pay.

Box 80: Total under/over payment (main contract)

This is the total of the practice contribution adjustments in boxes 76 to 79.

If the provider has underpaid contributions, the arrears will either be adjusted through contract payments by PCSE or the LHB or must be paid immediately to PCSE or the LHB. Refunds of contributions will be adjusted through contract payments made to the practice.

Boxes 81 to 88: GP solo contributions

These boxes mirror those for boxes 64 to 71 above, but for GP solo income only. Please also refer to the special note about GP solo income after the notes to box 32 above.

Boxes 89 to 92: Contributions paid in respect of GP solo income

These figures should include payments made to or deducted on your behalf by NHS Pension Scheme EAs in respect of GP solo income. They include a credit for employer contributions deemed to have been paid by that EA, and which are entered on the payment system as relating to the pension year ended 31 March 2022 or the particular period of scheme membership.

The entries will reflect the totals from boxes D, E and F of all your GP solo forms relating to income for the year or period 2021/22. This will be the case even where the income assessed on this certificate as pensionable is for an accounting year other than the pension year (that is, a non-March year-end). The contributions shown in these boxes will always be those from April to March.

OOH providers registered as NHS Pension Scheme EAs are listed in Annex B.

Boxes 93 to 96: Contributions due less contributions paid (GP solo income)

These are the final payable (or refundable) GP solo contributions for 2021/22 after taking account of the contributions that have already been paid.

Box 97: Total under/over payment (GP solo income)

This is the total of the GP solo contribution adjustments in boxes 93 to 96.

Please see note to box 32 regarding adjustments and the completion of pages 13 and 14.

Box 98: Explanatory information

You should include here **any** explanatory information or points that will assist PCSE/DCCG/LHB in processing your certificate.

This will include justifications for using the alternative method of calculating non-NHS expenses entered at box 29 even where the conditions for use of the standard method described above are met.

You should also use this box to provide dates and reasons for leaving a partnership/practice for example, 24 hour retirement, full retirement, providing details of any new posts after leaving a partnership. Also provide dates relating to opting out of the scheme, and any information regarding added years apportionment or application of the earnings cap.

Boxes 99 to 102: Agent details

As noted earlier in these notes and with regards to GP providers in England, there is a new method available for submitting certificates of pensionable profits for 2021/22 via PCSE’s online GP Pensions and Payments system. Where the member includes details in these boxes, the declarations have been amended to include authorisation for PCSE to contact the agent regarding any queries.

Boxes 103 to 119: Total contributions

The figures for total contributions due and paid in respect of both 1995/2008 and 2015 scheme memberships will self-populate from entries earlier in the certificate. Please see, however, the notes to box 32 regarding entries that need to be made in boxes Q to T.

Signed and dated copies of pages 11 to 14 should be sent to the relevant employing authority as indicated in the instructions given on those pages.

Annex A - GP providers pensionable pay 2021/22

GP providers (Type1/principal practitioners) pensionable income is listed below and is subject to the payments being net of expenses. The fees must be in respect of NHS primary medical services and be paid **directly** to the GP (or practice) by PCSE, an LHB, or OOH provider (that is an NHS Pension Scheme EA).

GP providers must pension income in respect of the following:

Additional services

Adoption and fostering work (collaborative services)

APMS (where they are the contract holder)

Appraisal work

Blue (disabled) badge scheme (collaborative services)

Board and advisory work; that is, non clinical NHS work including appraisals and CCG Board work

Case conference and other meetings arranged by Social Services (collaborative services)

Certificates to enable chronically disabled/blind persons to obtain telephones (collaborative services)

Certification services

Clinical commissioning groups (CCGs) payments directly from CCGs are pensionable from April 2013.

Collaborative services (in accordance with section 26(4) of the 1977 Health Act)

Commissioned services

Contract price (PMS)

Dispensing

Dispensing services (that is, the provision of drugs, medicines, and appliances).

Educating medical students or GPs in a practice (The fees must come directly from the commissioning Body/EA and not a medical school or university)

Enhanced services (direct, local, or national)

Essential services

Family planning (commissioned services)

Food poisoning notifications (commissioned services)

General/Personal Dental Services

General Ophthalmic Services

Global sum (GMS)

GMS (where they are the contract holder)

GP locum work (This work must always be recorded on GP locum forms A and B which can be downloaded from our website. It must never be recorded on form solo or paid (as pooled pensionable income) into the practice accounts. A GP provider cannot record locum work in their own practice that is internal locum work, on Locum forms A and B)

GPsWSI (GPs with special interests) work (commissioned services)

Health Education England payments directly to individual GPs or practices

IT

Lecture fees (commissioned services)

Local authority work in England in respect of collaborative services, section 75 work and local enhanced services

Marriage difficulty sessions (commissioned services)

Medical certificates (as listed in the GMS Contracts Regulations)

NHS Standard Contract income (where the GP is the contract holder)

Out of Hours work for an LHB, trust, or an OOHP that is an employing authority.

PCO administered funds

PMS (where the GP is the contract/agreement holder)

Practice Based Commissioning (PBC) (Only if paid direct to a GP, or GMS/PMS practice, by PCSE/DCCG/LHB)
Premises (for example, cost or notional rent)

Prime Minister's Challenge Fund (where the GP holds an existing APMS/PMS/GMS contract)

Primary care networks (refer to Annex C)

Priority housing reports requested by local authorities (collaborative services)

Prisoners' healthcare (fees in respect of prisoners' healthcare are pensionable subject to PCSE/DCCG/LHB paying the fees directly to the GP/practice)

QOF (quality and outcomes framework)

Regional/AT sessions (commissioned services)

'Section 12' or mental health work (collaborative services)

Sessional work commissioned by family planning clinics (collaborative services)

Social services reports (collaborative services)

SPMS (Specialist personal medical services)

Trainers grant

GP providers must not pension fees paid to them or their practice by the following:

A direction body (that is, a hospice)

Department of Work and Pensions (DWP)

A GP Federation

An independent provider

A local authority

A Local Medical Committee

A medical school

The Ministry of Defence

NHS England or the CCG in respect of 'The New to Partnership Scheme'

NHS Pensions (in respect of NHS ill health pension or Injury Benefit Scheme medical reports)

Police

Prisoners' healthcare – fees paid to a GP or their practice by an organisation that is not an NHS Pension Scheme employing authority in respect of the national 'Drug Intervention Programme', private fees (that is, travel vaccination fees not funded by the NHS), and cremation fees.

Fees paid to a GP by a hospital under an 'honorary contract' or under a service level agreement are not generally pensionable. Contact NHS Pensions for further guidance. An exception to this is where a GP is paid a fee by a hospital trust for a commissioned service (for example, lecture fees), this remains pensionable.

Funds that a practice may inherit from another business, by virtue of acquiring that business, and that are drawn down later as a salary or dividends are not pensionable in the NHS Pension Scheme.

GP providers cannot pension income they receive from another GMS/PMS/APMS surgery under a sub-contracting arrangement.

Non-GP providers

Non-GP providers can only pension income in respect of one GMS/PMS/APMS contract even though they may be party to several contracts.

Where a practice has a mixture of GP and non-GP partners, the non-GP partner pensionable income cannot exceed the GP partner pensionable income if they are all equal share partners.

A non-GP provider is a whole-time officer member in NHS Pension Scheme terms. Where a non-GP provider has 1995 Scheme membership the practice may be subject to a final pay control charge if their NHS pension benefits exceed the allowable amount.

Annex B - Out of Hours providers with NHS Pension Scheme employing authority (EAs) status during 2021/22

BARDOC (W107)
BEDOC (Bedford On Call) (W206)
Birmingham & District GP Emergency Room Ltd (W215)
BRISDOC Healthcare Services Ltd (W316)
COMMUNITY BASED HEALTHCARE LIMITED (W116)
Core Care Links ltd (W118)
Cumbria Health On Call Limited (W101)
Devon Doctors Ltd (W303)
DHU Health Care CIC (W225)
East Berkshire Primary Care OOHs Services (W306)
East Lancs Medical Services (ELMS) Ltd (W117)
Fylde Coast Medical Services (NW) Ltd (W103)
GOTODOC Ltd (W106)
Herts Urgent Care Ltd (W227)
Integrated Care 24 LTD (W313)
Local Care Direct Limited (OOHP) (W112)
London Central West Unscheduled Care Collaborative (W213)
Mastercall Healthcare OOHs Services (EA Code W108)
NEMS Community Benefits Service Ltd (W202)
North Hampshire Urgent Care (W304)
Partnership Of East London Co-Operatives (PELC) Ltd (W216)
Primary Care 24 (Merseyside) Ltd (W113)
Shropshire Doctors' Co-operative Ltd (W201)
SOUTH DOC Services Ltd (W223)
St Helens Rota Limited (W115)
Wolverhampton Doctors on Call (W224)

Annex C - General completion information

What happens if you don't complete the Certificate

It is a legal requirement under the NHS Pension Scheme Regulations and the Statement of Financial Entitlement (SFE) that providers must complete an annual Certificate of pensionable income. Non-completion may have a detrimental effect on your NHS pension at retirement, and dependent's pension benefits. The SFE also states that monthly contractual payments may be withheld if a provider fails to complete the Certificate.

Why the Certificate has to be completed on an annual basis

Since 2004 a provider's pensionable pay is based on their NHS income, less expenses. Therefore, the only way to measure pensionable pay is for them to complete a Certificate.

The name of a GP provider's or non-GP provider's NHS Pension Scheme EA

In Wales it is the Local Health Board (LHB). In England it is NHS England who devolve local responsibility to PCSE and CCGs.

Not all OOHPs are EAs. How to find out which ones are

Please refer to Annex B that lists OOHPs with NHS Pension Scheme EA status.

A GP provider's/non-GP provider's 'host board' in NHS Pension Scheme terms

It is the body that commissions the GMS/PMS/APMS contract.

The legislative requirements placed upon a LHB or NHS England's agents in respect of validating the Certificate

The NHS Pension Scheme Regulations place no specific legal requirement for them to validate all the figures declared on the Certificate. The declaration signed by PCSE or the LHB recognises that some of the income declared will have come from other sources.

Where to send the Certificate after it has been validated

PCSE or the LHB keeps the original. The provider (or their accountant) must retain a copy. From 2016/17 PCSE use their online contact form to submit certificates. Please refer to PCSE's website for more information.

General GP status information

Completing the Certificate as a fixed share partner

The NHS Pension Scheme Regulations state that every provider must complete the Certificate. Your share of profits will be used to calculate the NHS and non-NHS elements in exactly the same way as a ‘percentage profit share’ partner.

The reasons why a GP Provider in two or more separate practices/contracts needs to complete more than one Certificate

A GP provider must, in law, complete a separate Certificate in respect of every GMS, PMS, and APMS contract they are a party to. Remember that each contract will have its own budget, contractual obligations, and possibly different expenses ratio.

There are different rules for non-GP providers; see below.

Completing more than one Certificate when you have several commissioners

If you relocated during the year, then you must complete a Certificate in respect of each practice. However, if your host commissioning body changed due to a commissioning body merger (but you did not change practices) only one Certificate is required.

If you moved from England or Wales to Scotland or Northern Ireland, you will need to complete one Certificate in respect of England/Wales and another in respect of Scotland or Northern Ireland.

Mid-year incorporation

You must complete the main Certificate whilst as a partnership and the limited company Certificate covering the period when you were the shareholder of the limited company.

Other forms to complete as well as the Certificate if you are a GP provider and also a salaried GP directly employed (that is, PAYE earnings) by another practice

You also have to complete the type 2 medical practitioner self-assessment form for 2021/22.

Declaring income from other practices

This is strictly forbidden under the NHS Pension Scheme Regulations.

Pensioning income when you have set up a limited company for the purposes of your NHS fringe/ad hoc work such as OOHs, prison work.

You cannot pension this income.

Working as a freelance GP locum in your own practice(s) where you are a GP provider

If you provide locum cover in your own practice, you cannot use locum A and B forms to pension this income. You must pension this income on your GP provider Certificate of pensionable profit as either part of your partnership share of profits or self-employed income.

Working as a freelance GP locum in other practices

You can, but you can elect not to pension this work if you do not wish to. If you do wish to you must record your freelance GP locum work on forms A and B., Remember that your tiered employee contribution rate is based on all your GP pensionable income.

Opting not to pension the freelance GP locum posts when you are a GP provider in your own practice and also perform freelance GP Locum work elsewhere

You can, however you are not required to complete form SD502. You simply do not complete the locum forms. Please remember that, if you choose not to pension your locum work, you must inform the practice of this so that they are aware not to pay the employer contributions and administration levy totaling 14.38%.

When a salaried GP (including a GP retainer) can also work as a GP locum in their practice

Only in certain circumstances. Any locum work carried out by the salaried GP would need to be on a short-term deputising basis.

If a GP opts out of the NHS Pension Scheme and becomes a deferred member

Where a GP is considering opting in and out, they need to consider the full implications such as which scheme they will be eligible to re-join and the life assurance benefit differences between being an active member and a deferred member.

A provider is required to complete a Certificate of pensionable profit to the date of opting out of the NHS Pension Scheme. This may involve relieving overlap profits. The date of opting out must be noted in box I.

If a GP opts out of the NHS Pension Scheme and then back in again during the same pension/financial year

Strictly speaking, one Certificate will be completed for the period from 1 April 2021 to the date of opting out and one from the date of opting back in to 31 March 2022. The reason for this is that the process may involve relieving and generating overlap profits. Care must be taken, however, to recall that a member may at some point in 2021/22 pass a date at which continued NHS Pension Scheme membership would be in the 2015 Scheme and different rules may apply for tier assessment.

A pragmatic approach may therefore be taken in these cases. If the membership is purely 1995/2008, or there is a gap between leaving the 1995/2008 scheme and joining the 2015 scheme that is dealt with fairly using the current certificate, it may be that completion of one Certificate will suffice.

Accountancy and tax related information

Including your tax return entries on the certificate for a period that finishes five days earlier when your accounting year end is 5 April, which falls after the NHS pension year end of 31 March in a fiscal year.

31 March is the NHS Pension Scheme year-end corresponding to the tax year end. Whilst the tax year ends on 5 April each year, the NHS Pension Scheme year-end finishes on 31 March each year. The 5-day difference between these dates can be ignored and it can be assumed that an accounting year ended 5 April 2022 corresponds, and falls into, the NHS pension year 31 March 2022. The golden rule is that the tax return entries form the basis of pensionable pay.

The effect of all pension schemes aligning their pension input periods to 5 April tax year on the Certificate of pensionable profits.

The certificating of pay and contributions for pension benefit purposes is a separate matter from looking at one's potential exposure to any annual allowance pension tax charges. We will consider the matter for each GP and Non-GP provider internally and issue pension savings statements as appropriate.

The meaning of 'pensioned separately' on the main Certificate

This will be income that has already been pensioned elsewhere in the NHS, that is, contributions will have already been deducted. For example, if a GP works for a hospital and is paid a salary, the GP will have already paid pension contributions on this income at source. GP solo income is **not** regarded as 'income pensioned separately' for the purposes of this Certificate and must be declared in the relevant boxes in the Certificate.

When you are subject to 'pensions overlap'

You should seek assistance from an accountant or alternatively refer to the overlap guidance notes provided in earlier year's guidance notes on the Certificate which can be found on www.nhsbsa.nhs.uk/nhs-pensions. Further information is also below.

You retired from practice in 2021/22. Your pensionable profit for the final period was £40,000, but your pension overlap brought forward was £60,000. This means a pensionable loss of £20,000 which needs to be offset.

Pension overlap exists to prevent income being pensioned twice, which will have occurred in non-March year end practices either when the new GMS contract was introduced in 2004 or when a GP joins a non-March year end practice. When a pension loss is created by the deduction of overlap, this must be offset against practitioner pensionable pay in the same year (for example, OOH, locum), or, if none or insufficient to relieve the whole loss, then carried back against the previous and earlier years.

The impact on your pension record if your practice failed in 2021/22 and you handed the contract back to the commissioner. You made a loss in the final set of accounts, with your pensionable share being calculated as £24,000. You also have pension overlap brought forward of £62,000.

Where a commercial trading loss occurs, leading to the calculation of a pensionable loss, your pensionable pay is treated as zero. Income has still, however, been pensioned twice as described above. The pension overlap must relieve this. There will therefore be a pensionable pay loss of £62,000 for the year, to be set against other practitioner pay in the year or carried back to the previous and earlier years if insufficient to utilise the whole £62,000.

How to know if I am, or ever was, subject to the pensionable earnings cap

If you first joined the NHS Pension Scheme on or after 1 June 1989 you will be subject to the cap. This will also apply if you joined before 1 June 1989 but had a break of 365 days or more that ended on or after 1 June 1989. However, since April 2008, the cap has not been applicable to your main pensionable earnings but may still affect your added years contract. You should seek advice from an appropriately qualified professional adviser.

Pension provision if VAT is included on the solo form

There are no provisions to pension VAT under the NHS Pension Scheme Regulations.

Using accounts and tax prepared on a cash basis to complete the Certificate

Some very small businesses (income of £150,000 or less in 2021/22) may have chosen to use a cash accounting basis from April 2013. The general medical services Statement of Financial Entitlements directions 2013 and subsequent amendments indicate in several sections that an accruals basis should be used by contractors for accounting and pension purposes. The certificate has therefore been drafted on this basis that all GP providers are using an accruals basis.

The treatment of redress monies in respect of interest rate hedging products on the Certificate

The superannuation treatment follows the tax relief treatment. The redress monies should be included in the superannuation certificate calculations in the year of receipt. There is no requirement to go back and amend prior year certificates. Basic redress (which represents the refund of excess payments for the hedging product) should be accounted for as a negative expense in the superannuation calculations.

The expectation is that a GPs pensionable profit should only increase in the year the redress is received, to the extent of past reductions due to product costs incurred. Therefore, if the product refund extends before 2004 when the current superannuation methodology was introduced, or the non-NHS income ratio varies significantly over the years concerned then an alternative method of expense allocation may be required.

The 8% compensatory interest on the repayments will be added back in the tax computation and taxed as interest so it will not form part of the pensionable profits. If this treatment results in the GP paying superannuation at a higher employee tier rate than would have been the case had the refund been accounted for in the year(s) to which it relates, then you may need to consider if a consequential loss claim is appropriate.

A consequential loss claim such as one made for costs, tax or superannuation losses should be treated as non-NHS income. Where a loss claim significantly affects the non-NHS income ratio an alternative method of expense allocation may be required to ensure a fair pensionable profit is arrived at. GPs who have retired from a partnership, but still been allocated a share of redress monies from an interest rate hedging product may wish to consider amending Certificates but this is not mandatory.

You are a GP partner who leaves a practice on 31 December 2021. You have also worked OOHP shifts for the entire year from 1 April to 31 March and you need to know whether to include the OOHP income earned from January to March that is, that earned after you have ceased to be a partner, on the GP provider Certificate.

Certificates should only capture partnership income and ad hoc income when a GP is actually a GP provider, that is, a partner. Under the NHS Pension Scheme Regulations where someone ceases to be a GP provider/type 1 medical practitioner on 31 December 2021 but continues to perform OOHs work thereafter they are regarded as a type 2 medical Practitioner from 1 January 2022. They must complete the type 2 self-assessment form for this period. You may need to consider whether it is appropriate to tick boxes Q, R, S or T on page 11 to 14 if solo adjustments are required.

Pensionable treatment of income

Pensionable status of primary care network (PCN) income

Please see the separate heading below.

Pensionable status of medical school income

Although some medical schools are granted special NHS Pension Scheme direction/EA status any fees paid to a GP (or practice) are not pensionable.

Pensionable status of the trainer grant

The trainer grant received by training GPs/GP practices is pensionable. The income received is deemed to include the 14.38% employer contributions. The employer contributions are then stripped out in the adjustment between boxes 33 and 34.

Pensionable status of prison work or blue badge income

Only if the fees are being paid **directly** to the GP/practice by an EA or it's agent.

Pensionable status of income in respect of the 'New to Partnership Scheme'

This income is not pensionable

The way CCG income should be pensioned, and (HMRC) 'office holder' posts

This depends on whether the post is a formal employment (contract of service) or a fee-based arrangement (contract for services/service level agreement).

Where anyone (including a GP) is formally employed by a CCG (contract of service) they are an officer in the NHS Pensions Scheme. An officer post must be set up with

NHS Pension Scheme contributions deducted at source and paid directly to NHS Pensions via the direct debit method. The special note within box 1 provides guidance on the treatment of pooled salaried posts.

Where a GP works for a CCG as an individual under a fee based (contract for services) arrangement the income is pensionable, but the CCG must **not** create an officer post. Where the CCG pays fees directly to an individual GP the CCG and GP must jointly complete a SOLO form and forward it and all contributions to PCSE or the LHB. Where the CCG deducts PAYE and NIC at source in accordance with HMRC's 'office holder' rules the SOLO form **must** still be used. An officer post must **not** be created.

Where a GP (or group of GPs) work for a CCG as individuals under a fee based (contract for services) arrangement however they elect for the fees to be paid directly to their practice the CCG must include the 14.38% employer contributions within the fee. A SOLO form is not required. However, the CCG must make it clear that the employer contributions are within the 'cash envelope'. This income will be pensioned on the GP provider Certificate. No solo entries should be made on the Certificate with reference to this income.

A GP who works for a CCG under a limited company arrangement cannot pension their CCG income.

Pensionable status of local authority income

With effect from 1 April 2013 payments made by a local authority (under The Health and Social Care Act 2012) to a GP provider (or their practice) in England in respect of collaborative services, section 75 work, and local enhanced services are pensionable income.

Where the fee-based payment has been made to an individual GP in England the local authority must complete a solo form and send this to the PCSE with all contributions due; for example, the GP will have received a fee net of superannuation.

Where the fee has been paid to a practice the local authority should have made it clear that the fee includes the employer contribution element. These fees should be treated as pensionable income on the GP provider Certificate.

Pensioning income as a GP provider as NHS primary care is changing, with new funds of money available for primary care, such as the Prime Minister's Challenge Fund, GP Access, Vulnerable Practice Fund and the General Practice Resilience Programme.

Where these are sourced and paid to a practice by NHS England or the LHB they must be pensioned.

If my practice receives new monies from a Federation, Vanguard Site, or a Multi-speciality Community Provider (MCP)

Where a practice receives monies from a Federation (that is, under a sub-contracting arrangement) those monies are not pensionable in 2021/22. MCPs and Vanguard Sites are not currently NHS Pension Scheme EAs.

Pensioning funds if I receive earnings as an independent self-employed sessional GP working for a Federation.

If the Federation is a ‘classic’ APMS EA you must pension this income either as a freelance GP locum if you are deputising, or as a type 2 medical practitioner if you are employed.

If the Federation is an independent provider EA, you can only be in the NHS Pension Scheme (as an officer member) if you are employed; not self-employed.

If I perform GP OOHs work for an NHS trust/foundation trust which is the local out of hours provider

If you work under a contract for services (self-employed) arrangement the trust must superannuate the income by completing form solo. As an alternative to the solo if you are a GP provider you may agree to have the fees paid directly into your practice account. However, the 14.38% employer contributions must be included in the ‘cash envelope’.

If you are formally employed (contract of service) by an NHS trust/foundation trust to perform OOHs they must put you into the NHS Pension Scheme as an officer.

If income is pensionable where a third party uses some of the practice premises or equipment

If GP provider or practice receives income from a third party for use of its premises or equipment, that isa ‘service charge’ and a profit is made this is not pensionable even if the income is from an NHS body. It may be necessary to use an alternative method of expense allocation when preparing the Certificates to eliminate profit relating this income stream.

Primary care networks (PCN)

Working directly for a PCN

This is not possible because a PCN as it is not a legal entity

PCN income that is distributed to the practices.

Where a network of practices receive PCN income each practice's share of this income is pensionable net of expenses in the same way as any other direct enhanced service. This income will include PCN participation payment, core funding, development funding, extended hours access funding, support payments and reimbursements for additional roles and clinical directors.

Nominated practices holding PCN fund

Where a nominated practice is holding the PCN funds it does not 'own' the whole amount. Therefore, it has no entitlement to pension anything other than its own share. It cannot pension PCN income that it distributes to the other practices.

I am a GP provider partner in a practice and also the appointed PCN clinical director; my practice receives additional funding to cover my clinical director costs

The income will be pensionable and 'prior shared' via the allocation of profits and declared as part of the partnership income on your Certificate. Your practice must ensure that it receives the appropriate funding to cover the extra NHS Pension Scheme employer contributions. Your practice would be wholly liable to comply with pension legislation and would therefore be responsible for paying any arrears of NHS Pension Scheme contributions.

If you, as an individual, have a contract for services (for example, self-employed arrangement) for the Clinical Director role with the PCN, that is, with each individual practice within the PCN, you cannot pension your income because this does not fall under the definition of GP pensionable income under the NHS Pension Scheme Regulations.

I am a GP provider partner in a practice and also the PCN Clinical Director on an employed (contract of service) basis

If you have a contract of service (for example, contract of employment) with a specific practice other than your own to be the PCN clinical director you are eligible to join the NHS Pension Scheme as a practice staff member if you so wish. This is because this type of work falls under the definition of being a practice staff member under the NHS Pension Scheme Regulations. As this is not a GP post 'per se' you could opt out of pensioning it by completing form SD502 however you should seek expert advice.

If you have a contract of service (for example, contract of employment) to be a clinical director with a limited company (that is a NHS Pension Scheme direction E A) created to oversee the PCN, you may join the NHS Pension Scheme as an officer member if you wish. If, however you are engaged by the limited company under a contract for services (self-employed) arrangement you cannot join the NHS Pension Scheme.

Adjustment to contributions

Payment of any arrears of NHS Pensions Scheme practice-based contributions

The practice rather than the individual GP (or non-GP) provider is responsible for paying arrears of contributions immediately. The PCSE or the LHB is within its rights to recover any arrears from future payments it makes to the practice. If the provider has left or retired, it is the practice who is still responsible for paying arrears. GP (and non-GP) providers should seek expert advice from an accountant with experience in GP finances in respect of paying arrears and the effect on tax relief/NI.

If you have not paid the correct rate of tiered contributions in respect of your solo work (that is, OOHs).

Your tiered contribution rate is based on your global GP pensionable income, not just your solo income. Therefore, if you have paid contributions at the incorrect tiered rate in respect of solo income you must liaise with the relevant solo ‘employer’ in order to pay the correct rate. If this is not possible you may exceptionally pay the arrears via the Certificate. Please refer to the guidance notes to box 32 of the Certificate.

If contributions have been overpaid because a provider’s NHS pensionable pay was over estimated

The host PCSE or the LHB must repay the overpaid contributions to the practice.

Other information

Deemed pensionable sick pay

GP providers who suffer a genuine loss of pensionable income as a result of illness may qualify for deemed pensionable sick pay to be credited to their pension records. Deemed pensionable sick pay is **not** recorded on the Certificate. We should be contacted for advice on this matter. There is more information in the GP Pension Guide located on our website; NHSBSA/NHS Pensions > Member Hub > Information for practitioners and non-GP providers.

The rules regarding claiming the NHS pension

All providers must resign from any involvement with a GMS, PMS, or APMS contract for at least 24 hours to access their NHS pension benefits. Single-handers/ sole trader providers must completely terminate their GMS, PMS, SPMS or APMS contract.

If they are a partner or shareholder, they must cease to be a partner or shareholder for at least 24 hours and must resign from pensionable employment in any external clinical posts (for example, hospital posts) for at least 24 hours.

A GP provider or non-GP provider who retires from the 1995 scheme on normal age (or voluntary early retirement) grounds and who exceeds 16 hours per week NHS work in the first calendar month following retirement will **not** have their pension suspended in year 2021/22. However, this may change in future years. Those who retire due to ill health may have their pension abated if they return to work and earn over a certain amount.

Further guidance can be found in the GP Pensions Guide on our website. (NHSBSA/NHS Pensions > Member Hub > Information for practitioners and non-GP providers).

Non-GP providers who are a party to more than one GMS, PMS, or APMS contract

If you, as a non-GP provider, are party to more than one contract you must elect from which singular contract you wish to superannuate your profits. In basic terms you can only ‘pension’ income from one contract even though you may be involved in several contracts.

Final pay controls

Final pay controls are applicable from 1 April 2014 to officer and practice staff members with 1995 Section membership. This includes non-GP providers.

If a surgery employee (excluding salaried GPs) or a non-GP provider receives an increase in pensionable pay that exceeds the allowable amount in any of the three years prior to their last day of service, the surgery **may** be liable for a final pay control charge depending on individual circumstances. The allowable amount for a relevant year is determined by increasing a member’s pensionable pay in the year immediately preceding the relevant year by CPI + 7% (formerly 4.5%).

From July 2021, the rules regarding final pay controls were updated and are applied retrospectively to all charges issued from 1 April 2018. Further information is contained in the Employer Hub section on our website.

Pension tier annualisation

If ‘annualisation’ applies to you in the 2015 Scheme

There is a detailed guidance and a spreadsheet calculator on our website. Further information is in the GP Pension Guide; NHSBSA/NHS Pensions > Member Hub > Information for practitioners and non-GP providers.

‘Annualising earnings’ in the 2015 Scheme

The method is known as ‘add and annualise.’ Income from all GP sources is added together before being annualised according to service length. The formula is:

Total GP pensionable income in 2021/22 ÷ days of GP pensionable service in 2021/22 x 365

Trading allowance

The effect of the trading allowance on your pensionable self-employment income

The trading allowance does not form any part of the NHS Pension Regulations. Only legitimate incurred expenses may be claimed.