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# NHS Pensions

# Annual main certificate of pensionable profits 2023/24

#### Guidance notes for the completion of the certificate

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## Introduction

This booklet is issued by, us, NHS Pensions to give guidance for the completion of the Annual Certificate of Pensionable Profits 2023/24 (the ‘certificate’). The certificate is subject to change each year, and these guidance notes are aimed specifically at the 2023/24 certificate only. Copies of guidance notes from earlier years are available on our website at: [www.nhsbsa.nhs.uk/nhs-pensions](http://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 Pensions 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 at: [www.nhsbsa.nhs.uk/information-about-nhs-pensions](http://www.nhsbsa.nhs.uk/information-about-nhs-pensions)

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

This booklet 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, NHS Pensions cannot offer any specific advice on the completion of the certificate.

The GP Member Pension Guide provides more detailed information about GPs and the NHS Pension Scheme. It is located in the Information for practitioners and non-GP providers webpage (Member hub section) on our website, www.nhsbsa.nhs.uk/member-hub/information-practitioners-and-non-gp-providers The Employer hub section (Technical Guidance) also provides recent employer newsletters and the regulations can be found on [www.nhsbsa.nhs.uk/information-about-nhs-pensions](http://www.nhsbsa.nhs.uk/information-about-nhs-pensions)

## 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 the website in the GP Member Pension Guide and under the Cost of being in the Scheme heading: [www.nhsbsa.nhs.uk/nhs-pensions](http://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. Read the guidance on our website (including the GP Member Pension Guide) and the 2023/24 annualising calculator to assist you with determining the correct percentage to use. The 2023/24 annualising calculator and guidance can be found in the Member hub area of the website: [Information for practitioners and non-GP providers | NHSBSA](https://www.nhsbsa.nhs.uk/member-hub/information-practitioners-and-non-gp-providers). www.nhsbsa.nhs.uk/member-hub/information-practitioners-and-non-gp-providers

This certificate can only be completed **after** your 2023/24 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 several different sources. If this is the case, the provider must pension all their NHS GP income and cannot opt out of pensioning certain parts of it apart from GP locum work –see further guidance from page 32.

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 medical 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 several sources, they should seek specialist professional advice as to which of their NHS posts should be pensioned.

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 qualifying limited company. The ‘Limited Company Certificate’ has its own separate guidance notes.

## When you have completed the certificate

The NHS Pension Scheme EA for GPs in England is NHS England who delegate local pension administration to Primary Care Support England (PCSE) and the local Integrated Care Board (ICB).

If you worked in England:

Forms should be submitted via: [www.pcse.england.nhs.uk/contact-us](http://www.pcse.england.nhs.uk/contact-us)

Note – although third parties (accountants) may submit the certificates on behalf of their clients using the website ‘contact us’ form, only signed forms can be accepted by PCSE. Unsigned forms will be returned.

If you worked in Wales:

The Local Health Board (LHB) is the EA, 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 10 and/or 11 and submit the signed certificate to PCSE or the LHB.

The deadline for submission of the certificate is 28 February 2025.

## Completing the certificate: Boxes A – O

**Box A: Your name**

Write your full name, do not use initials. If your surname has changed in 2023/24, please also provide your previous surname.

**Box A1: Email address**

Provide an email address should you need to be contacted about your certificate.

**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.

**Boxes C-E: National Insurance number (C), Pension Scheme membership number (SD number) (D) and GMC registration number (E)**

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

The NHS Pension Scheme membership number was previously known as your ‘SD’ number and has 8 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 omission can cause delays in the processing of your certificate or may result in your certificate being returned.

**Box F: Practice reference number and Pension Scheme EA code**

If you are a partner at a practice in England your GP practice reference number is the ODS code of the practice, you are submitting the certificate for. Your practice manager should know this code but if not, it can be found on the [NHS Digital ODS Portal](https://odsportal.digital.nhs.uk/) <https://odsportal.digital.nhs.uk/> Your certificate can only be processed if you have entered this code.

If you are a partner at a practice in Wales, your GP practice reference number is the unique reference number allocated to you by the LHB, if not known please state ‘not known’.

The NHS Pension Scheme EA code is a letter followed by 3 digits, that is, A123. Your scheme practice/payroll manager should know this code, however if not known please leave blank.

**Box G: Host PCSE or LHB**

If you have moved practice during the year, or there have been area changes to your commissioning body (PCSE/ICB/LHB), you will be required to complete more than one certificate for 2023/24.

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

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

In this situation, 2 certificates will be required and the reference in box F will be different on each.

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

In this situation, 2 certificates will be required and the references in boxes F and G 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 period not be available.

c) If a change of commissioning body occurs because 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 H1-H2: Practice accounting year ends**

The appropriate year or period end will be the accounting periods which fall into the tax year 2023/24 (the year ended 5 April 2024), for example 30 June 2023, 31 October 2023 or 31 March 2024. These are the accounting periods which form the basis for the entries contained in your 2023/24 income tax return.

Due to the basis period reform for tax purposes, an additional box has been added this year so the accounts period end to which the ’transition part’ of the basis period relates can be entered for practices previously accounting on a non-March year end basis. For example, for a practice previously with a year of 30 September, if one long set of accounts are prepared to 31 March 2024, this will be the date entered for both boxes. Whereas, if accounts were prepared to 30 September 2023 and then for a short period to 31 March 2024, 30 September 2023 would be entered for H1 and 31 March 2024 entered for H2.

If unaffected by the basics period reform, box H2 can be left blank.

Your practice accountant will be able to provide this information.

**Box I1-I2: 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 have previously differed from your practice’s accounting year end. For example, your practice year end may be 30 June, but your private fees may be accounted for on your income tax return for the year ended 5 April. Alternatively, your private fees accounting year end may be the same as your practice’s accounting year end that is, 30 June.

Either method is acceptable, however, if the second method has been used these private fees may be affected by basis period reform and entries may need to be made in both I1 and I2 in line with the guidance above for practice accounts year ends.

If unaffected by the basis period reform, box I2 can be left blank. If your accountant completes your income tax return, you should ask them which period ends should be entered in box I1-I2.

**Box J: Date of commencement**

Where you have commenced as a partner or as a single hander in 2023/24 you should enter the date here.

Where a partner has joined a practice which has previously used a non-March year end, taxable and pensionable profits will be determined on an actual basis for the period to 31 March 2024.

You should consult an appropriately qualified accountant who will be able to assist you with these calculations.

Alternatively, you will find additional detailed guidance and examples on basis period reform and overlap utilisation in the GP Certificate of pensionable profit 2023-24 basis period reform guidance note accompanying this certificate at: [www.nhsbsa.nhs.uk/nhs-pensions](http://www.nhsbsa.nhs.uk/nhs-pensions).

**Box K: Date of retirement**

Where you have left or retired from a practice in 2023/24 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 95 (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 will find additional detailed guidance and examples on basis period reform and overlap utilisation in the GP Certificate of pensionable profit 2023-24 basis period reform guidance note at: [www.nhsbsa.nhs.uk/nhs-pensions](http://www.nhsbsa.nhs.uk/nhs-pensions). 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 2023/24, you must complete a certificate for the period that you were a pensionable provider. If you have taken pension benefits, for example, in the 1995 scheme and returned to work and chosen to pension earnings in the 2015 scheme, you will need to complete a certificate. If you have taken partial retirement, you are still an active member of the scheme and will therefore need to complete a certificate.

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

**Box L: Partial retirement**

Tick Box L if you have taken partial retirement and add details at box 95.

**Box M: 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 £205,200 for 2023/24. (See the Earnings Cap factsheet, available on our Employer hub, Technical guidance for Pay and contributions page, [www.nhsbsa.nhs.uk/nhs-pensions](http://www.nhsbsa.nhs.uk/nhs-pensions))

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** tick Box M if this is the case.

Refer to the guidance notes for completion of box 43b and be aware that manual entries may be required in allocating the cap. Show the allocation and provide further information as a note in box 95.

Further information and guidance on the operation of the earnings cap can be found in the Earnings Cap factsheet, available on our Employer hub, Technical guidance for Pay and contributions page, [www.nhsbsa.nhs.uk/nhs-pensions](http://www.nhsbsa.nhs.uk/nhs-pensions))

**Box N: 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 2023/24, 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.

**Box O: Amended certificate**

When providing an amended certificate, tick box O.

## Calculating your pensionable earnings: Boxes 1-133

As a result of basis period reform for tax purposes for non-March year ends, there are 2 columns to complete in the 2023-24 certificate. Column one for the standard part and a second column for the transition part. The transition part should only be completed if you have completed box H2 and/or I2.

The standard part should be completed where you continue to have a normal 31 March annual accounting period.

If you are affected by basis period reform and have prepared a long period of account, then the figures will have to be time apportioned between the standard and transitional parts.

See the additional GP Certificate of pensionable profit 2023-24 basis period reform guidance note which accompanies these notes and the published certificate.

#### Box 1s and 1t: 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 for example.

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 for example) 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 2 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](http://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.

Refer to Annex C for specific guidance on ICB posts.

#### Box 2s and 2t: Single-handed provider/self-employed income

Box 2 is for single handers to declare their GMS, PMS, APMS and 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 which 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 3s and 3t: 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 been deducted. Also include any income that is recorded in box C of the GP SOLO form where the PCSE/ICB/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 qualifying 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 4s and 4t: 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 5s and 5t: Income pensioned separately

Box 5 is the income stated in boxes 1, 2, 3, or 4 of the certificates 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 ICB 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 6s and 6t: 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 7s and 7t: 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 8s and 8t: 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 and such.

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 EA. A list of OOHPs that are EA’s can be found in Annex B. Refer to this list to determine if OOHs income is pensionable.

#### Box 9s and 9t: Non-NHS medical related employment income

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

Box 10s and 10t: 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 11s and 11t: 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 12s and 12t: Total Non-NHS income

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

#### Box 13s and 13t: 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 45 and 46 and 95.

#### Box 14s and 14t: Partnership expenses

Box 14 must state your share of all the practice partnership expenses derived from the practice accounts, for example, staff salaries, administrative expenses, drugs and such. 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 15s and 15t: 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, NHS Pensions, have confirmed 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 16s and 16t: 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 17s and 17t: 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 18s and 18t: 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 19s and 19t: Total expenses

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

#### Box 20s and 20t: 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 21s and 21t: 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 22s and 22t: 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 23s and 23t: Other net medical related profit

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

#### Box 24s and 24t: Total taxable profit

Is the total of boxes 20 to 23.

#### Box 25s and 25t: Qualifying loan interest

See comments in respect of box 18.

#### Box 26s and 26t: 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 because of any pooled income. See guidance notes to box 5.

#### Box 27s and 27t: Total non-NHS income

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

#### Box 28s and 28t: 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 29s and 29t: Non-NHS expenses

See the notes in respect of boxes 45 and 46 and 95.

#### Box 30s and 30t: 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 45, 46 and 95.

#### Box 31s and 31t: Total pensionable income

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

#### Box 32s and 32t: 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 2023/24. 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 P on page 10 and box R on page 11. This indicates no adjustment is required and therefore no action necessary through the SOLO ‘employer’ (for example, OOHP).

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 Q on page 10 and box S on page 11 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 page 11 to each relevant SOLO employer to assist with the payment.

We, NHS Pensions, 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 P and R on pages 10 and 11 of the certificates.

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, 42 and 53 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, 42 and 53 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 94 and should be adjusted for as indicated on the certificate.

#### Boxes 33s and 33t and 34s and 34t

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 35s and 35t: Pension overlap boxes

The entries here will reflect the pension overlap figures relieved in the 2023-24 year under basis period reform. For detailed guidance you should refer to the new GP Certificate of pensionable profit 2023-24 basis period reform guidance note: [www.nhsbsa.nhs.uk/nhs-pensions](http://www.nhsbsa.nhs.uk/nhs-pensions) or to your accountant.

#### Box 36t: Transition profits to be spread

This is the balance of transitional profits after overlap relief to be spread in accordance with the method applied to spreading transitional tax profits under basis period reform.

#### Box 36s: Transition losses to be relieved

This is the amount of transition losses created by overlap which must be relieved against the standard part.

#### Box 37t: Spread of transition profits

This is the amount of transition profits to be pensioned in 2023-24 using the normal spreading period over 5 years.

#### Box 38t: Accelerated spreading

This is to add in any accelerated transition profits not being spread in the normal 20% per annum pattern. This must follow the percentage allocated for tax transitional profits. See the new GP Certificate of pensionable profit 2023-24 basis period reform guidance note.

#### Box 39s and 39t: Total pensionable profits

This is the total pensionable profits for 2023/24 across both periods.

#### Box 40t: Memo for transition profit/loss

This box records the remaining transition profits to be spread over the next 4 years, or the remaining transitional loss to be carried back to the 2022-23 certificate.

#### Box 41: Total pensionable profit

This is the total for both periods excluding Solo income.

#### Box 42: Solo Profits

This is the pensionable income in total for both periods from Solo income.

#### Box 43: Total pensionable profit for 2022/23

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

#### Box 43a: Other excluded income

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

#### Box 43b: Amount of pension cap for added years purposes only

See notes to box M. 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 2023/24 £205,200. 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 £205,200 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 2024 cannot exceed £205,200.

We, NHS Pensions, 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 95 should be used to explain how the cap has been applied. The pensionable pay for added years must, therefore, be entered manually on pages 10 and 11 to ensure the correct amount is pensioned.

#### Boxes 44a to 44b: Overlap memo

These boxes record the utilisation of the overlap profits in 2023-24 and reconcile any unused losses to carry back into 2022-23.

#### Box 45s and 45t: 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 46s and 46t to 51s and 51t: Alternative method of calculation of non- NHS expenses

Even though the conditions at box 45 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 95. 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 95. If an alternative method is to be used, remember to tick box 30.

#### Boxes 52 to 60: Establishing tier rates for employee contributions

Page 12 provides full details of the tier rates applicable.

With all NHS Pension members contributing to the 2015 Scheme from 1 April 2022, there is a requirement to calculate the annualised earnings to determine which tier rate(s) apply.

Box 59 should be completed using the annualisation calculator for 2023-24 provided on our website.

Box 60 pre-populates with the tiered rate due based on the figure in box 59. It is therefore necessary to complete these boxes even if you have been a member of the scheme throughout and annualisation is not ordinarily applicable.

The purpose of these boxes is to determine the employee tiered rate that is to apply to practitioner pensionable pay for 2023-24 and which appears in boxes 61, 78, 100 and 117.

#### GP providers

Where a GP is a member of the 2015 Scheme during year 2023-24 and they have had no breaks in service their tiered rate is based upon their total NHS GP income.

Where a GP provider is a member of the 2015 Scheme during the year 2023-24 and there has been a break at some point, ‘annualisation’ of 2015 Scheme GP income may need to occur. We, NHS Pensions, have produced guidance and an annualising calculator to assist members in determining their tiered rate for 2023-24.

#### 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**

Salaried GPs should complete a Type 2 medical practitioner Self-Assessment form.

Where it transpires that, following assessment and allocation to a tier, the incorrect percentage of employee contributions have been paid on 2023-24 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 contributions for salaried GP or locum posts are outside the scope of this certificate, refer to the notes on the Type 2 medical practitioner Self-Assessment form and GP locum form B for further information.

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 42. See notes to boxes 32 and 32t regarding under/overpayments for SOLO work. Where, however, only GP SOLO work is performed, a Type 2 medical practitioner Self-Assessment form should be completed and any adjustments will not occur through this certificate, but through the OOHP and/or PCSE or LHB as appropriate.

#### Added years

Where an added years contract ends in 2023-24, 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 63 (and 80) 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. Do not enter details in respect of any free standing AVCs.

**Additional pension (AP) purchase**

Where an AP contract exists in 2023-24 it will be necessary to enter the contributions due in boxes 67b and 84. Contributions for AP can be made either by a single lump sum or monthly payments. For single lump sum payments made during 2023-24 enter this sum in boxes 63b and 80b. Where payments are made monthly, enter the monthly amount multiplied by the number of whole months paid

**Early retirement reduction buy out (ERRBO)**

Where an ERRBO agreement exists in 2023-24 it will be necessary to enter the contributions due in boxes 67 and 84.

If you terminated or suspended your ERRBO agreement during 2023-24 any ERRBO contributions that you have paid during 2023-24 should have been returned for this year only. Enter zero in boxes 63c, 67, 71, 80c, 84, and 88.

For further guidance about added years, Money purchase AVCs, AP and ERRBO, visit: www.nhsbsa.nhs.uk/nhs-pensions.

**Boxes 65 to 68 and Boxes 82 to 85: Contributions due**

These figures equate to the pension contributions due for the year. As noted earlier in the guidance, 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 67 (84) will match that in box 63a (80a).

Where you have an AP contract, the figure in box 67 (84) will match that in box 63b (80b).

Where you have a combination of both arrangements the amount at box 67 (84) will reflect the total amount.

#### Boxes 69 to 72: Contributions already paid

These boxes must state the practice-based contributions already paid that relate to 2023-24 (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 amounts deducted from your global sum or contract price payment ‘on account’ throughout the year by PCSE or the LHB and any additional ad hoc payments you have made to NHS England 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 2023-24 that were paid or deducted by PCSE or the LHB before this certificate is submitted.

#### Boxes 73 to 76: 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 77: Total under/over payment (main contract)

This is the total of the practice contribution adjustments in boxes 73 to 76.

If the provider has underpaid contributions, the arrears will be collected through adjustments to contract payments by PCSE or the LHB. Overpayment of contributions will be adjusted through contract payments made to the practice.

#### Boxes 82 to 85: GP SOLO contributions

These boxes mirror those for boxes 65 to 68 above, but for GP SOLO income only. Also refer to the special note on page 18 about GP SOLO income.

#### Boxes 86 to 89 Contributions paid in respect of GP SOLO income

These figures should include payments made to or deducted on your behalf by NHS Pension Scheme EA 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 2024 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 2023-24. The contributions shown in these boxes will always be those from April to March.

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

#### Boxes 90 to 93: Contributions due less contributions paid (GP SOLO Income)

These are the final payable (or refundable) GP SOLO contributions for 2023-24 after taking account of the contributions that have already been paid.

#### Box 94: Total under/over payment (GP SOLO Income)

This is the total of the GP SOLO contribution adjustments in boxes 90 to 93.

See note regarding adjustments and the completion of page 11.

#### Box 95: Explanatory information

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

This will include justifications for using the alternative method of calculating non-NHS expenses 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 and so forth.

#### Boxes 96 to 99: Agent details

As noted earlier in these notes and with regards to GP providers in England, certificates of pensionable profits can be completed and submitted via PCSE Online. 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 100 to 133: Total contributions

The figures for total contributions due and paid in respect of 2015 scheme memberships will self-populate from entries earlier in the certificate. However, please see the notes above regarding entries that need to be made in boxes P, Q, R and S .

Signed and dated copies of pages 10 and 11 should be sent to the relevant EA as indicated in the instructions given on those pages.

## Annex A GP providers pensionable pay 2023/24

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 Integrated Care Boards (ICB) 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

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

Integrated Care Boards (ICBs) payments directly from ICBs are pensionable from April 2013. See Annex C for further details. (Formerly CCGs)

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 EA

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/ICB/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/ICB/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 ICB 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 EA 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 2023/24

BARDOC Limited (Primary Care Locality Service) OOH (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 (OOH) (W101) (previously CUEDOC Ltd (Choc))

DHU Health Care C.I.C (OOH) (W225) (previously Derbyshire Health United Ltd)

East Berkshire Primary Care OOHs Services (W306)

East Lancs Medical Services (ELMS) Ltd (W117)

FCMS (NW) Ltd(W103) (Fylde Coast Medical Services (NW) Ltd)

Herts Urgent Care Ltd (W227)

HUC South West Limited (OOH) (W303) previously Devon Doctors Ltd

Integrated Care 24 LTD (W313)

Local Care Direct Limited (W112)

London Central West Unscheduled Care Collaborative (W213)

Mastercall Healthcare (EA Code W108)

NEMS Community Benefits Service Ltd (W202)

North Hants Urgent Care (W304)

Partnership Of East London Co-Operatives (PELC) Ltd (W216)

Primary Care 24 (Merseyside) Limited (W113) (previously Urgent Care 24 Ltd)

South Doc Services Limited (Katie Road Urgent Treatment Centre) OOH (W223)

St Helens Rota Limited (W115)

The Shropshire Doctors’ Co-operative Ltd (W201)

## Annex C General completion information

**What happens if you do not complete the Certificate**

It is a legal requirement under the NHS Pension Scheme Regulations and the SFE (Statement of Financial Entitlement) 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 ICBs.

**Not all OOH providers are EAs. How to find out which ones are:**

Refer to Annex B that lists OOH providers 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.

Certificates 2023/24 should be submitted via: [www.pcse.england.nhs.uk/contact-us](http://www.pcse.england.nhs.uk/contact-us)

Certificates for 2015/16 to 2022/23 can be submitted to PCSE via PCSE Online via their online contact form. [www.pcse.england.nhs.uk/contact-us](http://www.pcse.england.nhs.uk/contact-us)

### 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 2 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.

**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 2022/23.

**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, and such**

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**

If you work as a freelance GP locum in another practice, you can pension this work. However, you can choose not to pension it if you do not wish to. If you do wish to pension this work, you must record your freelance GP locum work on forms A and B and submit them within 10 weeks. 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**

If you work as a freelance GP locum in another practice, but choose not to pension this work, you are not required to complete form SD502. You simply do not complete the locum forms. 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**

In certain circumstances a salaried GP can also work as a GP locum in the same practice. 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 K.

**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 2023 to the date of opting out and one from the date of opting back in to 31 March 2024. The reason for this is that the process may involve relieving and generating overlap profits. However, a pragmatic approach may be taken in these cases, and it may be that completion of one Certificate will suffice, providing the same outcome is achieved.

### Accountancy and tax related information

**Including your tax return entries on the certificate for a period that finishes 5 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 2024 corresponds, and falls into, the NHS pension year 31 March 2024.

**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, NHS Pensions, 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’ and basis period reform**

You should seek assistance from an accountant or alternatively refer to the new GP Certificate of pensionable profit 2023-24 basis period reform guidance note. Overlap guidance notes provided for previous years certificates can be found on: [www.nhsbsa.nhs.uk/nhs-pensions](http://www.nhsbsa.nhs.uk/nhs-pensions).

Further information is also below for periods to 31 March 2023.

**You retired from practice in 2022/23. 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 (OOH, locum and such), 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 2022/23 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 small businesses may have chosen to use a cash accounting basis. 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 the 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 2023. 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 2022 but continues to perform OOHs work thereafter, they are regarded as a Type 2 medical Practitioner from 1 January 2024. They must complete the Type 2 self-assessment form for this period. You may need to consider whether it is appropriate to tick boxes N, O, P or Q on pages 10 and 11 if SOLO adjustments are required.

### Pensionable treatment of income

**Pensionable status of primary care network (PCN) income**

See the separate section page

**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 notpensionable.

**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 ICB 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 an ICB (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 an ICB as an individual under a fee based (contract for services) arrangement the income is pensionable, but the ICB must not create an officer post. Where the ICB pays fees directly to an individual GP the ICB and GP must jointly complete a SOLO form and forward it and all contributions to PCSE or the LHB. Where the ICB deducts PAYE and National Insurance contributions (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 an ICB as individuals under a fee based (contract for services) arrangement however they elect for the fees to be paid directly to their practice the ICB must include the 14.38% employer contributions within the fee. A SOLO form is not required. However, the ICB 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 ICB under a limited company arrangement cannot pension their ICB 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**

Where a practice receives monies from a federation (that is, under a sub-contracting arrangement) those monies are not pensionable in 2023/24. Mult speciality Community Provider and Vanguard Sites are not currently NHS Pension Scheme EA.

**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 is, a ‘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 (that is, contract of employment) to be a clinical director with a limited company (that is an NHS Pension Scheme direction EA) created to oversee the PCN, you may join the NHS Pensions 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. 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/National Insurance.

**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. 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, NHS Pensions, should be contacted for advice on this matter. There is more information in the GP Member Pension Guide located on our website www.nhsbsa.nhs.uk/member-hub/information-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 2023/24. 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 Member Pensions Guide on our website [www.nhsbsa.nhs.uk/member-hub/information-practitioners-and-non-gp-providers](http://www.nhsbsa.nhs.uk/member-hub/information-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 3 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.

### Annualisation for tiered contribution rate

**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 Member Pension Guide: on our website www.nhsbsa.nhs.uk/member-hub/information-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 2023/24 ÷ days of GP pensionable service in 2023/24 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.

**How we use your information**

For more information about how the NHSBSA processes your personal data, please see our Privacy Notice - [www.nhsbsa.nhs.uk/our-policies/privacy/nhs-pensions-privacy-notice](http://www.nhsbsa.nhs.uk/our-policies/privacy/nhs-pensions-privacy-notice)

**NHS Pensions**

# Annual main certificate of pensionable profits 2023/24

[www.nhsbsa.nhs.uk/nhs-pensions](http://www.nhsbsa.nhs.uk/nhs-pensions)

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