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| PART A: Personal Details (to be completed before entry interview with regional adviser) |

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| Surname | Click or tap here to enter text. | | First Name | | | Click or tap here to enter text. | |
| Home Address | Click or tap here to enter text. | | Post Code | | | Click or tap here to enter text. | |
| Home telephone and/or mobile | Click or tap here to enter text. | | Email | | | Click or tap here to enter text. | |
| GMC Number | Click or tap here to enter text. | | CCT or JCPTGP Number | | | Click or tap here to enter text. | |
| Qualifications & Dates | Click or tap here to enter text. | | Click or tap to enter a date. | | Click or tap here to enter text. | | Click or tap to enter a date. |
| Click or tap here to enter text. | | Click or tap to enter a date. | | Click or tap here to enter text. | | Click or tap to enter a date. |
| Click or tap here to enter text. | | Click or tap to enter a date. | | Click or tap here to enter text. | | Click or tap to enter a date. |
| Eligibility | Click or tap here to enter text. | | | | | | |
| Career Plans | Click or tap here to enter text. | | | | | | |
| Previous Member of Retainer Scheme | Choose an item. | If Yes please give details | | Click or tap here to enter text. | | | |

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| Please attach a brief CV (1 side of A4 should be adequate) |

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| PART B: Practice Details (to be completed following practice employment interview) |

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| Proposed start date | Click or tap to enter a date. | Number of sessions per week (2 – 4 per week) | | | Click or tap here to enter text. | |
| The Retainer Scheme starts on the 1st of a month | | Total duration on the Scheme is 5 years | | | | |
| Name of Educational Supervisor | Click or tap here to enter text. | Approved as a GP Trainer (Y/N) | Choose an item. | Last approval date | | Click or tap to enter a date. |
| Practice Address | Click or tap here to enter text. | Approved as a Retained Doctor Educational Supervisor (Y/N) | Choose an item. | Last approval date | | Click or tap to enter a date. |
| Practice Code | Click or tap here to enter text. | Practice Type (GMC or PMS) | Click or tap here to enter text. | | | |
| Practice Telephone | Click or tap here to enter text. | Mobile of RD/ES | Click or tap here to enter text. | | | |
| Name of Practice Manager | Click or tap here to enter text. | Tel Direct Dial | Click or tap here to enter text. | | | |
| Practice Manager Email Address | Click or tap here to enter text. | Educational Supervisor Email Address | Click or tap here to enter text. | | | |

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| PART C: Work and Educational Arrangements (to be completed following practice employment interview) |

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| 1. What induction is planned for you within the practice? |
| Click or tap here to enter text. |

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| 2. What will your normal work pattern be? (*please refer to workload recommendations on NES website for guidance*) |
| Click or tap here to enter text. |

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| 3. Non-General Medical Services Work  If applicable, please give details including no of hours per week and normal work pattern |
| Click or tap here to enter text. |
| Such work is undertaken subject to the advice of the Associate Adviser. Approval will normally be given for work relevant to general practice, up to a maximum of 2 extra sessions per week. |

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| 4. Educational Arrangements  Please give details of arrangements for your education within the practice |
| *Eg one hour monthly meeting with mentor timetabled in advance with learning needs defined by retainer*  Click or tap here to enter text. |
| You will be required to produce a learning plan (education development plan) for the first year, within 6 weeks of your start date. The plan should be discussed with your Educational Supervisor and submitted to your Associate Adviser. |

**Please return to one of the following:**

**West –** [**nes.westdrs@nhs.scot**](mailto:nes.westdrs@nhs.scot) **South East –** [**southeastdrs@nes.scot.nhs.uk**](mailto:southeastdrs@nes.scot.nhs.uk) **East –** [**southeastdrs@nes.scot.nhs.uk**](mailto:southeastdrs@nes.scot.nhs.uk) **North –** [**northdrs@nes.scot.nhs.uk**](mailto:northdrs@nes.scot.nhs.uk)

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| PART D: Scheme Requirements |

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| These are requirements for Deanery approval of the GP Retainer Scheme regardless of practice type | *Double click to select*  YES | *Double click to select*  NO |
| Will you have a BMA model contract |  |  |
| Have you thought about your Personal Development Plan for your CPD |  |  |
| Have you discussed your study leave entitlement with your practice |  |  |
| Have you agreed your pay |  |  |
| If yes, how much is your hourly rate |  |  |
| Have you agreed your annual leave entitlement |  |  |
| Have you planned your annual appraisal |  |  |
| Are you on a Primary Medical Performers List **\*** |  |  |
| Do you have PVG registration **\*** |  |  |
| Do you have medical indemnity for the GP Retainer Scheme **\*** |  |  |
| Do you have your CCT or equivalent **\*** |  |  |
| Are you on the GMC register **\*** |  |  |
| Please submit evidence confirming these areas **\*** | | |

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| PART E: For completion by the Educational Supervisor |

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| I confirm that the information given is accurate and agrees to the current Scotland Deanery Retainer Guidelines. Please comment on how you plan to supervise over the first year. | | | |
| Click or tap here to enter text. | | | |
| Educational Supervisor Signature | Click or tap here to enter text. | Date | Click or tap to enter a date. |

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| PART F: Recommendation to be completed by the Associate Adviser |

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| I recommend Click or tap here to enter text.  Dr Click or tap here to enter text.  For membership of the GP Retainer Scheme as of Click or tap to enter a date. toClick or tap to enter a date. | | | |
| Associate Adviser Signature |  | Date |  |