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| **NHS Education for Scotland****Gp Doctors’ Retainer Scheme Annual Renewal****Form A – Annual Retainer Review****C O N F I D E N T I A L** |
| **Name:** Click or tap here to enter text. |
| **Date:** Click or tap to enter a date. |
| **Practice:** Click or tap here to enter text. |
| **Mentor:** Click or tap here to enter text. |
| **Start Date:** Click or tap to enter a date. |
| **Renewal Date:** Click or tap to enter a date. |
| **A Your Workload**

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| **Core Work** |
| Average Number of Patients Seen Per Surgery | Click or tap here to enter text. |
| Average Number of House Visits Per Week  | Click or tap here to enter text. |
| Average Number of Telephone Consultations Per Week | Click or tap here to enter text. |
| On Call Sessions in General Practice? | Click or tap here to enter text. |
| If you are on call- how many sessions per week? | Click or tap here to enter text. |
|  | **Yes**  | **No**  |
| Are You Involved in Repeat Prescribing? |[ ] [ ]
|  |
| **Additional General Practitioner Work** |
|  | **Yes** | **No** |
| Specialist Clinics in Practice – Diabetes  |[ ] [ ]
| Out of Hours  |[ ] [ ]
| Teaching |[ ] [ ]
|  |[ ] [ ]
| Organisational |  |  |
|  | **Yes** | **No** |
| GMS Contract Work |[ ] [ ]
| Practice Meetings |[ ] [ ]
| Audit/SEAs |[ ] [ ]
| Educational  |  |  |
|  | Yes | No |
| Completed annual appraisal |[ ] [ ]
| Protected Time with Mentor - 1 Hour Per Month |[ ] [ ]
| Achieved annual educational requirements for the retainer scheme |[ ] [x]

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| **Specimen Timetable Below**

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| **Monday (am)** | **Tuesday (am)** | **Wednesday (am)** | **Thursday (am)** | **Friday (am)** |
| 9-11 Surgery see 10 patients11-12 Admin11.30-12.30 1 house call finish 12.30Duty session every 2nd Monday 08.00-13.00: Friday session 09.00-10.30 9 patients. | Non-GMS session: Family Planning clinic at local Polyclinic. | Not in Practice | * 1. Surgery

see 10 patients11-12 Admin11.30 -12.30 1 house call finish 12.30 | 9-11 Surgerysee 10 patients11-12 Admin11.30-12.30 1 house call finish 12.30. |
| **Monday (pm)** | **Tuesday (pm)** | **Wednesday (pm)** | **Thursday (pm)** | **Friday (pm)** |
| Not in Practice. | Not in Practice. | Non-GMS session: 6 pm – midnight OOH | 1.30-2.30 Admin2.30 – 5.00 Surgery see 13 patients plus 2 telephone consultation slotsEvery 4th Thursday CHD clinic 2.30-5.0010 patients | Not in Practice. |

Please Fill in Your Weekly Timetable in the Blank Table Below.

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| **Monday (am)** | **Tuesday (am)** | **Wednesday (am)** | **Thursday (am)** | **Friday (am)** |
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| **Monday (pm)** | **Tuesday (pm)** | **Wednesday (pm)** | **Thursday (pm)** | **Friday (pm)** |
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| B Personal Learning* Date of last national appraisal: \_Click or tap to enter a date.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 * Please send in copy of SOAR PDP for coming year [ ]
* Please send in Educational Activity Log (template attached) [ ]
 |
| C Mentoring Sessions* Do you meet with your mentor in a protected session for one hour per month?

 Yes [ ]  No [ ] * Please send copy of record of mentoring sessions including dates and issues covered.
 |
| E Teaching Commitments* Do you have any teaching commitments?

 Yes [ ]  No [ ] If you ticked yes, please describe below what is involved in your teachingClick or tap here to enter text. |

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| F Career Intentions **What would you like to do at the end of the Retainer Scheme?*** 1. **Full Time Partner** [ ]
	2. **Part Time Partner** [ ]
	3. **Career Break** [ ]
	4. **Locums / Out of Hours** [ ]
	5. **Salaried Post** [ ]
	6. **Non-GP post** [ ]
	7. **Other** [ ]

Other (please specify below or on extra page)Click or tap here to enter text.**How well do you think the Retainer Scheme is preparing you for your ongoing career in General Practice?**1. Very well, all needs met. [ ]
2. Well, most needs met [ ]
3. Poorly, some needs met. [ ]
4. Very poorly, few needs met [ ]

**Where are your needs not being met? Do you have any suggestions for improvement?** (please describe below or on extra page)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Click or tap here to enter text. |

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| G The Practice  **Please Rate your Experience in the Practice**1. Excellent [ ]
2. Good [ ]
3. Fair [ ]
4. Poor [ ]

 Any Issues with the Practice Please detail below Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_H Do you wish to have an annual review with your Associate Adviser? Yes [ ]  No [ ]  |
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| **I Do You Propose to Undertake any Non-GMS Work in The Next Year?**  **If So, Please Give Details Below and Complete a Non-GMS Session Form from The NES Website. All Non-GMS work must be approved by the DRS Adviser.**Click or tap here to enter text. |
| **J Is your Mentor due to change in the next year? Please give details.** **Any proposed change of mentor must first be discussed with and approved by the DRS Adviser.** Click or tap here to enter text. |
| **Signed: \_**Click or tap here to enter text.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

Educational Activity Record

**Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Renewal Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Date** | **Activity** | **No of Hours** | **Approved** |
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**Please Return to Associate Adviser for Region.**

Extra Pages If Required

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