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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**   |  |  |  | | --- | --- | --- | | **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 |  |  | | |
| **Specimen Timetable Below**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Monday (am)** | **Tuesday (am)** | **Wednesday (am)** | **Thursday (am)** | **Friday (am)** | | 9-11 Surgery see 10 patients  11-12 Admin  11.30-12.30 1 house call finish 12.30  Duty 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 patients  11-12 Admin  11.30 -12.30 1 house call finish 12.30 | 9-11 Surgery  see 10 patients  11-12 Admin  11.30-12.30 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 Admin  2.30 – 5.00 Surgery see 13 patients plus 2 telephone consultation slots  Every 4th Thursday CHD clinic 2.30-5.00  10 patients | Not in Practice. |   Please Fill in Your Weekly Timetable in the Blank Table Below.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Monday (am)** | **Tuesday (am)** | **Wednesday (am)** | **Thursday (am)** | **Friday (am)** | |  |  |  |  |  | | **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 teaching  Click 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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