**Please complete this form electronically and email 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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| **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. | | | Do you complete 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 –  eg Diabetes / Family Planning / Minor Surgery / Cytology |  |  | | 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 |  |  | |

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| **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)** | |  |  |  |  |  | |
| **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.** | |
| **D 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. | |
| **E 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)**  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**   **If your needs are not being met do you have any suggestions for improvement? (please describe below)**  Click or tap here to enter text. | | |

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| **F 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. |
| **G Do you wish to have an annual review with your Associate Adviser?**  **Yes**  **No** |
| **H Do you propose to undertake any new 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 GP Retainer Adviser.)**  Click or tap here to enter text. |
| **I 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 GP Retainer 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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**Extra Pages If Required**

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