**Please complete this form electronically and email to one of the following:**

West: nes.westdrs@nhs.scot

South East: southeastdrs@nes.scot.nhs.uk

East: southeastdrs@nes.scot.nhs.uk
North: 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**

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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. |
| 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**

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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.**
 |
| **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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