**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)

The current Retainer Scheme allows doctors on the Scheme to undertake, in addition to the maximum of 4 GMS sessions, up to 2 further sessions in work out with the general practice setting. This must be approved by the Director of Postgraduate General Practice Education responsible for the GP Retainer Scheme in Scotland.

The Retainer must be able to demonstrate that the work undertaken will have relevance to a future service commitment in General Practice and that the proposed position will offer sufficient educational opportunities for further personal development.

Examples could include:

* Family Planning Sessions
* Hospital/Clinic based sessions in a speciality which is relevant to General Practice
* Research projects relevant to General Practice
* Undergraduate teaching

Retainers should complete the form and discuss their application with the Director or Associate Adviser.

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| **Name:** Click or tap here to enter text. | **E-Mail:** Click or tap here to enter text. |
|  | |
| **Home Address:**  Click or tap here to enter text. | **Practice Address:**  Click or tap here to enter text. |
| **Tel No:** Click or tap here to enter text. | **Tel No:** Click or tap here to enter text. |
|  |  |
|  | |
| **Practice Address:**  Click or tap here to enter text. | **No. of GP Sessions worked in practice per week:**  Click or tap here to enter text. |
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| --- |
| **Proposed Activity:**  Click or tap here to enter text. |
|  |
| **Location:**  Click or tap here to enter text. |
|  |
| **Number of proposed non-GMS sessions per week:** Click or tap here to enter text. |
|  |
| **Educational Objectives:**  Click or tap here to enter text. |
|  |
| **Future value for General Practice:**  Click or tap here to enter text. |
|  |
| **Have you discussed with your local Associate Adviser? YES  NO**  **If Yes, who?** Click or tap here to enter text.  RETAINER SIGNATURE: …………………………………………DATE: Click or tap to enter a date. |
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