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**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 Retainer Scheme Final 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. |
| **Leaving 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 |[ ] [ ]

 |
| **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 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 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 do you intend 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 has prepared 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** [ ]
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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 a final review with your Associate Adviser?** **Yes** [ ]  **No** [ ]  |
| **H Are you, or do you intend to work locum sessions during your final 6 months on the scheme?** **Yes** [ ]  **No** [ ]  |
| **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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