****

**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)

|  |
| --- |
| **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**   |  |  |  | | --- | --- | --- | | **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**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **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 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 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** |

|  |
| --- |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Activity** | **No of Hours** | **Approved** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Extra Pages If Required**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_