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| Name of Practice: Click or tap here to enter text. |
| Date of Visit: Click or tap to enter a date. |
| Visitor 1: Click or tap here to enter text. |
| Visitor 2: Click or tap here to enter text. |

Version : 6

Date : Posted in January 2020

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| Visitors |
| Visitor 1: |
| Visitor 2: |

**The GP Retainer Scheme in Scotland**

**Approval and Re-approval Mechanisms for Retainer Practices**

**Scottish National Criteria for the**

**Approval of Practices Employing a Doctor on the GP Retainer Scheme**

**MECHANISIM OF APPROVAL**

The Director of Postgraduate General Practice Education (DPGPE) will have responsibility for the approval of practices.

Training Practices may gain dual approval during regional training practice accreditation. This will involve modification of practice visits to include an interview with the Retainer and GP Mentor responsible for the Retainer in the Practice. Training Practices will require to notify the Department of Postgraduate General Practice Education if they wish to be approved as a Retainer Practice (in advance of the re accreditation visit) that they wish dual accreditation and complete the relevant sections of the practice application form which pertain to the Retainer scheme.

It has been agreed nationally that all proposed new Retainer Practices be visited prior to approval and that there should be an informal review one year after initial approval has been granted. This could either be as a visit or as a remote review depending on local arrangements.

For non-Training Practices, the initial assessment visit will be conducted by a minimum of two assessors approved by the Director of Postgraduate General Practice Education.

All newly approved Retainer Practices can be approved for a maximum of two years, or if a currently accredited training practice, approval can run concurrently with training approval. In the event of a first successful approval visit, the assessors will recommend an interim visit or report at one year. All new retainer practice approvals will be reviewed by the Scottish Quality Management Group for final approval. Practices may also be approved for shorter periods of time or not approved – again these will be referred to the SQMG for final ratification. Where there is a special circumstance, for example, the sharing of an individual Retainer between two practices, then this should also be referred to the Scottish Quality Management Group. New Retainer Practices are not permitted to employ a Retainer until approval is given.

Interim visits or reviews may be undertaken where there are concerns, where there has been a change of Mentor or when a new Retainer has been in post for 6-12 months. These reviews may either be in the format of a questionnaire/ telephone interview or informal visit (one visitor). These reviews will be referred to the regional Associate Adviser responsible for the Retainer scheme for any further action.

A Training Practice that has had a recent successful Training Practice accreditation visit may obtain additional approval for Retainer scheme recognition on submission of a separate Retainer application form to the regional office if no other concerns have been noted at the recent training reaccreditation visit. This is to avoid unnecessary duplication of visits but a visit will be dependent on the Associate Adviser having some contact with the practice and having been reassured that the practice are fully cognisant with Retainer scheme regulations.

The Director, or their deputy – usually the regional Retainer Scheme Associate Adviser, will be responsible for notifying the Health Board of Practices approved under the Scheme.

**GENERAL PRINCIPLES FOR APPROVAL**

##### Supporting the Retainer

The Director and Associate Advisers will have the responsibility of overseeing the educational component of the Retainer post. Practices will be required to identify a named member of the Practice who will ensure the Retainer receives the agreed educational input (the Mentor). The Mentor responsible for the Retainer must be committed to providing high quality care to patients, will be of good professional standing with patients and colleagues and be committed to developing and maintaining high educational standards within the Practice. The Practice and Mentor must subscribe to the principles of the GMC document “Good Medical Practice”.

##### Practice Organisation

It is important, in order to provide a supportive educational environment, that there is a desired level of organisation within the Practice. This is defined within the following criteria. Each criterion is followed by an indication of how the criterion will be tested. In Practices where a Retainer is in post, it is anticipated annual confidential feedback from the post-holder together with an interview during the visit will assist the assessors in forming a view on approval.

**THE PRACTICALITIES**

The following form should be completed electronically and returned to the GP Retainer Scheme Administrator at least two weeks in advance of any visit. The white space boxes are for completion by the relevant members of the practice. The grey boxes are for use by the visitors and give an indication to the practice of the evidence that will be considered and how this evidence will be collected e.g. interview, submission of documentation.

If you have any questions, do not hesitate to contact your regional administrator.

**West:** nes.westdrs@nhs.scot

*Catrina Gordon, Joyce Quin and Adviser Jane Deighan*

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

 *Anne Bell and Adviser Alice Travers*

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

*Anne Bell and Adviser Alice Travers*

**North:** nothdrs@nes.scot.nhs.uk

*Anne Bell and Adviser Moshood Masha*

**Scottish GP Retainer Scheme**

**Mentor and Practice Accreditation**

**Standards**

It is important for NHS Education for Scotland (NES), Health Boards and Retainers to know that GP Retainer Mentors who supervise GP Retainers are performing to an appropriate standard. It is a responsible role and needs to be done well.

It is also important to know that GP Retainer Scheme Practices are performing to an appropriate standard. They need to provide an appropriate clinical and educational environment.

With this in mind, GP Retainer Mentors must understand the professional guidance contained in [*Good Medical Practice*](http://www.gmc-uk.org/guidance/good_medical_practice.asp)and the RCGP’s [*Good Medical Practice for GPs*](http://www.rcgp.org.uk/revalidation-and-cpd/~/media/Files/Revalidation-and-CPD/CPD%20Credits%20and%20Appraisal/GoodMedicalPracticeforGPsJuly2008ashx.ashx)*.*

They also require an understanding of and compliance with the following documents on the [NES GP Retainer Scheme website](http://www.scotlanddeanery.nhs.scot/your-development/gp-retainer-scheme/)

* The Role of the Mentor document,
* The Approval Mechanism for Retainer Practices document,
* The Recommended Workload for Retainer Sessions document,
* The Employers Arrangements document

To ensure that you are aware of the breadth and detail of the GP Retainer Scheme, we would ask you to complete the declaration below.

*I have read, understood and agree to act in accordance with:*

* Good Medical Practice,
* The Role of the Mentor document,
* The Approval Mechanism for Retainer Practices document,
* The Recommended Workload for Retainer Sessions document,
* The Employers Arrangements document

*Please tick here to certify the above* [ ]

**Disclosure**

In circumstances where a GP Retainer Practice also fulfils a supervisory role with GP Trainees and Foundation trainees, Quality Management processes benefit from a sharing of information included in this form for which your consent is required.

I consent to sharing of information in this document with the NES Quality Management team.

Please tick here to certify the above [ ]

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| **Some Fundamental information** ***This section is about you as a doctor and educator*** |
| **Your name:** Click or tap here to enter text. |
| **GMC number:** Click or tap here to enter text. |
| **Date of most recent GMS appraisal:** Click or tap to enter a date. |
| **Date of most recent Revalidation (if applicable):** Click or tap to enter a date. |
| **Is this your first approval for the GP Retainer Scheme?** Yes [ ]  No [ ]  |
| **If no, date of first approval as Retainer Mentor**: Click or tap to enter a date. |
| Do you currently have any restrictions on your licence to practise?Yes [ ]  No [ ] If yes, please provide details: Click or tap here to enter text. |
| **Please list your qualifications, including MRCGP & other postgraduate qualifications:**Click or tap here to enter text. |
| **Date when you commenced work in current practice?** Click or tap to enter a date. |
| **What is your weekly GP session commitment?** Click or tap here to enter text. |
| **Please list any regular external commitments you have and sessional time spent on these commitments:** |
| **External Commitments** | **Time**  |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Do you have an addition Support Mentor in the practice?** Yes [ ]  No [ ] **If yes, please give details:** Click or tap here to enter text. |

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| ***This section is about your practice demographics*** |
| **Name of Practice**: Click or tap here to enter text.  |
| **Address:** Click or tap here to enter text. |
| **Telephone number:** Click or tap here to enter text. |
| **Practice Manager’s name:** Click or tap here to enter text. |
| **Practice manager’s Email address:** Click or tap here to enter text. |
| **Name of person/s completing this form:** Click or tap here to enter text. |
| **Date of Application:** Click or tap to enter a date. |
| **Is the practice currently approved as a Scottish GP Training Practice?**Yes [ ]  No [ ]  |
| **Is the practice currently approved as a Foundation Training Practice?**Yes [ ]  No [ ]   |
| **Is the practice approved as an Undergraduate Teaching Practice?**Yes [ ]  No [ ]   |
| **Please state Practice list size:** Click or tap here to enter text. |
| **Please describe particular features of your practice and demographics that may be relevant to a Retainer. These might include split site, branch surgery, degree of deprivation, rurality etc.**Click or tap here to enter text. |

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| **List any significant changes in the practice since last approval including change of doctors, managers, premises. This should include information on whether the practice is in dispute with the Health Board over issues (e.g. property, contractual) which may have an impact on the delivery of the GP Retainer Scheme.**Click or tap here to enter text. |
| **Are any doctors currently working in the practice under GMC imposed conditions or restrictions on their license to practice?**Yes [ ]  No [ ]  **If you have answered yes, please describe how the practice has adapted to meet the requirements for safe and effective Retainer clinical supervision?**Click or tap here to enter text. |

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| **Doctors in the practice** |
| **Name** | **Status:****Partner/****Salaried/****Retainer** | **Year joined the practice** | **Weekly sessional commitment within the practice** | **Regular professional roles/commitments in addition to weekly sessions within the practice** |
| 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. |
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Please list all learners attached to the practice, including medical and nursing students, FY2s, GP Trainees, GP Retainers and career start doctors and include the names of those who have responsibility for the supervision of the various groups of learners.

Include these in the following table:

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| Learner | Supervisor | Time commitment |
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| **Please describe how other learning and teaching within the practice impacts, both positively and negatively, on the educational experience for GP Retainers:**Click or tap here to enter text. |

**THE CRITERIA**

**Pre-visit information** – to be completed by the practice as part of the application

**Information collected at the time of the visit** – to be completed by the practice visitors

# Section A – The Practice

A1. Routine and “on the day” appointments should normally be available within the practice.

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| **Pre-visit information:** |
| Please describe your Practice appointment system and availability of appointments. Click or tap here to enter text.How are appointments allocated for the Retainer?Click or tap here to enter text.  |
| **Information collected at the time of the visit:** |
| Inspection of appointments system |
| Comments: Click or tap here to enter text. |
| Discussion with Practice Manager / Mentor / Retainer |
| Comments: Click or tap here to enter text. |

A2. Doctors (including the Retainer) and nurses in the practice should normally consult at no less than 10 minute appointments.

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| **Pre-visit information:** |
| Please describe the Retainer’s surgery appointments. Click or tap here to enter text. |
| **Information collected at the time of the visit:** |
| Inspection of appointments system |
| Comments: Click or tap here to enter text. |
| Discussion with Practice Manager / Mentor / Retainer |
| Comments: Click or tap here to enter text. |

A3. The practice should be well organised and deliver quality clinical care. (All mandatory GMS contract requirements must be met)

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| **Pre-visit information:** |
| How does the practice maintain standards of clinical care now QOF has gone? Click or tap here to enter text. |
| **Information collected at the time of the visit:** |
| Discussion with Practice Manager |
| Comments: Click or tap here to enter text. |
| Review of Chronic Disease Management systems |
| comments: Click or tap here to enter text. |

A4. There should be appropriate reference and educational material readily accessible within the practice for the retainer.

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| **Pre-visit information:** |
| What access is there within the practice to IT and relevant medical texts?Click or tap here to enter text. |
| **Information collected at the time of the visit:** |

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| Discussion with Practice Manager / Mentor / Retainer |
| Comments: Click or tap here to enter text. |

A5. All GPs in the practice should undertake annual appraisal.

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| **Pre-visit information:** |
| Have all GPs in the practice undergone annual appraisal?Yes [ ]  No [ ]  |
| **Information collected at the time of the visit:** |
| Discussion with Practice Manager / Mentor / Retainer |
| Comments: Click or tap here to enter text. |

A6. The practice must treat the Retainer as a colleague.

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| **Pre-visit information:** |
| How does the practice ensure the retainer is treated as a colleague?Click or tap here to enter text. |
| **Information collected at the time of the visit:** |
| Discussion with Practice Manager / Mentor / Retainer |
| Comments: Click or tap here to enter text. |

A7. The practice must issue the Retainer with a written contract of employment.

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| **Pre-visit information:** |
| Has the Retainer signed a contract of employment? What template was used? Any issues negotiating a contract? Did you get advice from anyone about the format and contents?Click or tap here to enter text. |
| **Information collected at the time of the visit:** |
| Discussion with Practice Manager / Mentor / Retainer |
| Comments: Click or tap here to enter text. |

A8. The practice should ensure that adequate medical equipment is available for the Retainer’s use.

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| **Pre-visit information:** |
| What equipment is available for the retainer to use? Click or tap here to enter text. |
| **Information collected at the time of the visit:** |
| Discussion with Practice Manager / Mentor / Retainer |
| Comments:Click or tap here to enter text. |

A9. There must be a process of induction when the Retainer joins the practice.

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| **Pre-visit information:** |
| Please describe your induction for a new retainer Click or tap here to enter text.Please submit a copy. |
| **Information collected at the time of the visit:** |
| Discussion with Practice Manager / Mentor / Retainer |
| Comments: Click or tap here to enter text. |

 A10. The practice must make arrangements for appropriate support of:

Consultations, Home visits, On-call, Prescribing, Referrals

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| **Pre-visit information:** |
| How does the practice ensure appropriate support for:(Please describe)ConsultationsClick or tap here to enter text.Home visitsClick or tap here to enter text.On-callClick or tap here to enter text.PrescribingClick or tap here to enter text.ReferralsClick or tap here to enter text. |
| **Information collected at the time of the visit:** |
| Discussion with Practice Manager / Mentor / Retainer |
| Comments: Click or tap here to enter text. |

A11. There must be one consulting room available for each entire Retainer consulting session.

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| **Pre-visit information:** |
| How does the practice ensure that there is a consulting room available for each entire Retainer consulting session? Please describe:Click or tap here to enter text. |
| **Information collected at the time of the visit:** |
| Discussion with Practice Manager / Mentor / Retainer |
| Comments: Click or tap here to enter text. |

A12. Arrangements should be made to ensure that most consulting workload involves core General Medical Services work.

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| **Pre-visit information:** |
| How do you ensure most consulting work for the retainer includes core GMS? Click or tap here to enter text. |
| **Information collected at the time of the visit:** |
| Discussion with Practice Manager / Mentor / Retainer |
| Comments: Click or tap here to enter text. |

A13. There is a robust and reliable system in place to ensure that messages and home visit requests are recorded and that the appropriate doctor/team member receives and acts on them (including the Retainer).

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| **Pre-visit information:** |
| How do you ensure that there is a robust and reliable system in place for messages and home visit requests to be recorded and that the appropriate doctor/team member receives and acts on them (including the Retainer)?Click or tap here to enter text. |
| **Information collected at the time of the visit:** |
| Discussion with Practice Manager / Mentor / Retainer |
| Comments: Click or tap here to enter text. |
| Inspection of message taking and home visit requests |
| Comments: Click or tap here to enter text. |

A14. There is a robust and reliable system in place to ensure that letters and results are received by the appropriate doctor / nurse and that the Retainer is included in this system.

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| **Pre-visit information:** |
| How do you ensure that the Retainer receives letters and results on their patients? Click or tap here to enter text. |
| **Information collected at the time of the visit:** |
| Discussion with Practice Manager / Mentor / Retainer |
| Comments: Click or tap here to enter text. |

A15. Patients should have information available about the Retainer including their name, status, role and hours worked in the practice.

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| **Pre-visit information:** |
| How do you provide information about the retainer to patients? What information do you provide? Click or tap here to enter text.  |
| **Information collected at the time of the visit:** |
| Discussion with Practice Manager / Mentor / Retainer + check practice leaflet/website |
| Comments: Click or tap here to enter text. |
| Inspection of the practice leaflet and / or practice website |
| Comments: Click or tap here to enter text. |

# Section B – The Retainer

B1. The Retainer should work a minimum of two sessions per week to maximise their educational experience.

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| **Pre-visit information:** |
| How many sessions does your current retainer work?  Number of sessions + hours of work: Click or tap here to enter text. |
| **Information collected at the time of the visit:** |
| Discussion with Practice Manager / Mentor / Retainer |
| Comments: Click or tap here to enter text. |

B2. The Retainer must comply with the requirements for annual appraisal and revalidation.

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| **Pre-visit information:** |
| Does the Retainer meet the requirements for annual appraisal and revalidation? Click or tap here to enter text.Date of last appraisal? Click or tap to enter a date. |
| **Information collected at the time of the visit:** |
| Review of the Retainer’s PDP |
| Comments: Click or tap here to enter text. |

## Section C – The Mentor

C1. The practice will nominate a Mentor.

 Application form to be completed

C2. The Mentor will demonstrate a commitment to their own professional development and continuing medical education.

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| **Information collected at the time of the visit:** |
| A list of CME/CPD activity for the past year should be available. The Mentor should be able to show evidence of proposed and recent educational activity.Evidence of educational activity in the annual mentor report. If a new mentor, then a copy of current PDP should be available at visit. |
| Comments: Click or tap here to enter text. |

C3. The Mentor should have some expertise in teaching and be able to discuss progress with the Retainer.

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| **Pre-visit information:** |
| What teaching / training experience does the Mentor have? Please describe:Click or tap here to enter text.What mentor related training has the mentor undertaken in the past 3 years?Click or tap here to enter text. |
| **Information collected at the time of the visit:** |
| Discussion with the Mentor |
| Comments: Click or tap here to enter text. |

C4. The practice will organise protected time (a minimum of one hour per month) to provide meeting time for the Mentor and Retainer. These sessions must be recorded in the Retainer’s annual appraisal form. The Retainer should complete an annual Retainer appraisal form.

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| **Pre-visit information:** |
| How are mentoring sessions arranged within the practice?Click or tap here to enter text.How often are they held? Click or tap here to enter text.How have these mentoring sessions been recorded? Click or tap here to enter text. |
| **Information collected at the time of the visit:** |
| Discussion with Practice Manager / Mentor / Retainer to include inspection of dates and topics covered in mentoring sessions and inspection of annual Retainer report. |
| Comments: Click or tap here to enter text. |

C5. The Mentor should encourage the Retainer to devise their own learning plan.

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| **Pre-visit information:** |
| How have you helped your retainer with devising their PDP? Click or tap here to enter text. |
| **Information collected at the time of the visit:** |
| Discussion with Mentor / Retainer  |
| Comments: Click or tap here to enter text. |

C6. The Mentor should encourage the Retainer to take part in practice activities including partnership and practice meetings.

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| **Pre-visit information:** |
| How do you get the retainer involved in the practice? Click or tap here to enter text. |
| **Information collected at the time of the visit:** |
| Discussion with Practice Manager / Mentor / Retainer  |
| Comments: Click or tap here to enter text. |

C7. The Mentor should encourage the Retainer to ensure they meet the requirements for annual appraisal / revalidation and the educational requirements to remain on the Retainer scheme.

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| **Pre-visit information:** |
| How do you ensure your retainer is meeting the requirements for annual Appraisal and Revalidation? Click or tap here to enter text. |
| **Information collected at the time of the visit:** |
| Discussion with Practice Manager / Mentor / Retainer  |
| Comments: Click or tap here to enter text. |

C8. The Mentor should be prepared to manage concerns about the performance of the Retainer.

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| **Pre-visit information:** |
| What experience have you had of dealing with performance/ health concerns in a retainer? What resources do you know of that would help you? Click or tap here to enter text. |
| **Information collected at the time of the visit:** |
| Discussion with Mentor |
| Comments: Click or tap here to enter text. |

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| Name of Practice: Click or tap here to enter text.  |
| Address: Click or tap here to enter text. |
| Retainer Mentor: Click or tap here to enter text. |
| Practice Manager’s name : Click or tap here to enter text. |
| Date of Meeting / Visit | Click or tap to enter a date. |
| Purpose of Meeting / Visit e.g.  | First approval Mentor / Retainer Practice [ ] First reapprovalMentor/Retainer Practice [ ] Reapproval Mentor/Retainer Practice [ ] Triggered Visit [ ] Other Click or tap here to enter text. |
| Names of Meeting participants/visitors  | Click or tap here to enter text. |
|  | Yes | No |
| Fundamental Information Complete |[ ] [ ]
| Demographics Information Complete |[ ] [ ]
| Criteria Met? |[ ]
| **Section A – The Practice** |
| **Comments** | Click or tap here to enter text. |
| **Section B – The Retainer** |
| Comments | Click or tap here to enter text. |
| **Section C – The Mentor** |
| Comments | Click or tap here to enter text. |
| Recommendations and follow up actions | Click or tap here to enter text. |
| Report completed by | Click or tap here to enter text. |
| Date of Report | Click or tap to enter a date. |