**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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| **PART A – TO BE COMPLETED BY RETAINER** |
| **Name of Retainer:** Click or tap here to enter text. | **GMC:** Click or tap here to enter text. |
| **Home Address:**Click or tap here to enter text. | **Email Address:**Click or tap here to enter text. |
| **Practice worked at:** Click or tap here to enter text.**Date leaving Scheme:** Click or tap to enter a date. |
| **Destination upon leaving Scheme:**1. **GP partner (full-time)** [ ]  **(part-time)** [ ]  **Location:** Click or tap here to enter text.
2. **Salaried GP (full-time)** [ ]  **(part-time)** [ ]  **Location:** Click or tap here to enter text.
3. **GP locum** [ ]
4. **Non-GP medical job** [ ]
5. **Career break** [ ]
6. **Moved away** [ ]
7. **Five years on scheme, no job** [ ]
8. **Retainer scheme elsewhere** [ ]
9. **Other please specify:**

Click or tap here to enter text.  |
| **PART B – TO BE COMPLETED BY NES ASSOCIATE ADVISER** |
| **I recommend Dr ………………………………………’s membership of the GP Retainer Scheme should cease from** Click or tap to enter a date.**Signature:………………………………………………………….. Date:** Click or tap to enter a date. **GP Retainer Scheme, Associate Adviser** |

**Please continue to feedback section below**

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| **Your time on the Retainer Scheme** |
| 1. **How many sessions did you work?** Click or tap here to enter text.
 |
| 1. **Did you work any non-GMS sessions?**

 **Yes** [ ]  **No** [ ]  |
| 1. **Did you carry out additional locum work in your practice under the COVID allowance?**

 **Yes** [ ]  **No** [ ]  |
| 1. **Did you have any periods of maternity leave whilst on the scheme?**

 **Yes** [ ]  **No** [ ]  **If yes, was this of benefit? Why?** Click or tap here to enter text. |
| 1. **What were the benefits from the scheme for…**
	1. **Your clinical knowledge:**

Click or tap here to enter text.* 1. **Your clinical skills:**

Click or tap here to enter text.* 1. **Your personal circumstances:**

Click or tap here to enter text. |
| 1. **Please rate your experience in the Practice:**
2. **Excellent** [ ]
3. **Good** [ ]
4. **Fair** [ ]
5. **Poor** [ ]

**What worked well in the Practice?** Click or tap here to enter text.**What could have been better in the Practice?** Click or tap here to enter text. |
| 1. **Were your mentor sessions of benefit?**

 **Yes** [ ]  **No** [ ]  |
| 1. **Would you recommend the GP Retainer Scheme?**

 **Yes** [ ]  **No** [ ]  |

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| 1. **What would your work/career options/plans have been if the scheme were not available? eg locums, part-time partner/salaried GP, stop practising, other ?**

Click or tap here to enter text. |
| 1. **Have you any suggestions for possible improvements to the scheme?**

Click or tap here to enter text. |
| 1. **Any other comments or feedback:**

Click or tap here to enter text. |
| **Signed:** Click or tap here to enter text.  **Date:** Click or tap to enter a date. |