# National GP Retention Scheme annual review form

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| **Name of Retained GP** |       |

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| Please tick which year this review relates to. |  |  |  |  | **Year 5**(Please complete the end of scheme form) |

All of the following parts of this form are mandatory for the annual review

Part A is to be completed by the retained GP (RGP)

Part B is to be completed by the educational supervisor

Part C is to be completed by the RGP, the educational supervisor and employer

Part D is to be completed by the designated NHS England workforce training and education (WTE) RGP scheme local lead

Part E is to be completed by integrated care board (ICB) lead

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## Part A: For completion by the RGP

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| 1. **Please describe your educational supervision arrangements and how well they have worked over the year.**
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| 1. **How much of your CPD allowance have you taken this year and how has it been used?**
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| 1. **Have you worked regularly in excess of your contracted hours at the practice?**

**If yes, please explain the factors contributing to this and outline any proposed changes in the job plan for the following year to address this.** |
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| 1. **Please could you state any additional support needed?**
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| 1. **Why does a regular part-time role not meet your need for flexibility?**
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| 1. **Are you planning to do more than 4 sessions, if so how many and what will these involve? (session cap has been removed April 2023)**
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| 1. **What will your normal work pattern be for the following year? Please use the job plan below.**
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| **How many weekly sessions will the post comprise of (1-4):**       |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **Practice site (should normally only be one)** |       |       |       |       |       |       |       |
| **Start time** |       |       |       |       |       |       |       |
| **Finish time** |       |       |       |       |       |       |       |
| **AM surgery:** **Number of appointments, time of first and last appointment** |       |       |       |       |       |       |       |
| **PM surgery:****Number of appointments, time of first and last appointment** |       |       |       |       |       |       |       |
| **Visit(s)** |       |       |       |       |       |       |       |
| **Time for admin** |       |       |       |       |       |       |       |
| **Meetings – title, start and finish times** |       |       |       |       |       |       |       |
| **Mentoring time slot** |       |       |       |       |       |       |       |
| **Hours worked this day** |       |       |       |       |       |       |       |
| **Comments:** **Ad hoc adjustments to allow for non weekly meetings or time in lieu for late finishes/extended hours** |       |       |       |       |       |       |       |

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| 1. **ON CALL DUTIES - using contracted time as RGP in the practice**
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| **Start and finish time, day of week** |       |
| **Frequency (number per year)** |       |
| **If extends normal day length, arrangements for time in lieu** |       |

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| 1. **Other clinical and non-clinical work**

**Please give details if applicable, to include number of hours per week. Please see GP Retention Scheme guidance for examples or work that can be undertaken.** |
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| 1. **CPD plan for the following year**

**Please give details of arrangements for your CPD within the practice.** |
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| **ACTIVITY** | **In-house education meetings: describe frequency, duration and purpose** | **Formal courses or protected learning events occurring on contracted retainer days**  | **Practice development work where aligned to PDP goals and NHS appraisal** | **Time out of practice for self-directed learning or time in lieu for CPD carried out outside of contract time where aligned to NHS appraisal PDP goals** | **Total** |
| **Details** |       |       |       |       |  |
| **Hours / year** |       |       |       |       |       |
| **Sessions / year approx.** |       |       |       |       |       |

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## Part B: For completion by the educational supervisor

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| 1. **How will you support the RGP in carrying out practice development work? (e.g. IT training, admin support, etc)**
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| 1. **What are the arrangements for booking CPD time at the practice for all the categories in the RGP’s CPD plan above?**
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|       |
| 1. **Please comment on how CPD arrangements have worked for this year, if there have been any changes in practice circumstances and how these will impact on arrangements for next year.**
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|       |
| 1. **Please describe any personal development done this year in connection with your educational supervisor role.**
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|       |
| 1. **Is there any additional support needed from the designated NHS England WTE RGP Scheme Local Lead?**
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## Part C: For completion by the RGP, Educational Supervisor and Employer

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| **I confirm that the information given in this form is accurate and is in line with the criteria of the GP Retention Scheme and that information contained in this form will be shared with NHS England for the purposes of approving the application and monitoring the scheme.** |
| Name of RGP |       |
| Signature of RGP |       | Date |       |
| Name of Educational Supervisor |       |
| Signature of Educational Supervisor |       | Date |       |
| **Please comment on how you (the educational supervisor) plan to supervise the RGP.** |
|       |
| **I confirm that I am aware that the doctor employed by the practice under the GP Retention Scheme 2017 retains full employment rights as an employee of the practice when the scheme ends at 5 years under UK Employment Law**  |
| Name of authorising employer (e.g. Practice Manager) |       |
| Signature of authorising employer (e.g. Practice Manager) |       | Date |       |

## Part D: Recommendation to be completed by the NHS England WTE RGP Scheme Local Lead

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| **Please send this form to your designated NHS England WTE RGP Scheme Lead attaching any supplementary information.** |

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| **Name of designated NHSE WTE RGP Scheme Lead reviewing application** |       |
| **Date of recommendation** |       |
| **Recommendation (annual review)** | **RGP to continue on the GP Retention scheme for another year** |       |
| **RGP to discontinue on the GP Retention scheme**  |       |
| **Reasons for recommendation (based on criteria set out within the GP Retention Scheme guidance handbook)** |       |
| **Signature of the designated NHSE WTE RGP Scheme Lead** |       |

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| **Please send this form to the local integrated care board (ICB) to make the final decision on whether the doctor can join the GP Retention Scheme.** |

## Part E: For completion by designated Integrated Care Board (ICB) Lead

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| **Named contact on behalf of the Integrated Care Board**  |       |
| **Date of decision** |       |
| **Decision** | **Agreed** | [ ]  |
| **Declined** | [ ]  |
| **Reasons for decision (based on the eligibility criteria to join the scheme, whether there is sufficient budget available through the primary care allocation and that there are no concerns with the doctor or practice)** |       |
| **Where an application to join the scheme is unsuccessful, before the decision is communicated back to the doctor the NHS England and NHS Improvement Medical Director is to review the application to facilitate an appropriate outcome.** **Where a successful outcome cannot be achieved and the application rejected, the national NHS England and NHS Improvement team must be notified by emailing this application form and a summary of the reasons for the application being rejected to** **england.primarycareworkforce@nhs.net****.**  | **Name of NHS England Medical Director reviewing application**  |       |
| **Outcome of review** |       |
| **Proposed date funding to commence** |       |
| **Signature of named contact on behalf of Integrated Care Board** |       |

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| **Once approved, the Integrated Care Board (ICB) is to notify the designated NHSE WTE RGP Scheme Lead of the decision. If successful, the relevant NHS England lead / contract manager will need to be notified to inform Primary Care Support (PCS) England of the practice that will be hosting the RGP.****The RGP may not commence in post until approval has been confirmed by the** **ICB and the Practice has been notified in writing.** |

### For monitoring purposes only (to be completed by the RGP)

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| **Please tick whether you are a principal/partner, salaried GP, locum or currently on a career break** |
| Principal/partner | [ ]  |
| Salaried GP | [ ]  |
| Locum | [ ]  |
| Currently on a career break | [ ]  |
| Other | [ ]  |

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| **Please select your age range:** |
| Under 30 | [ ]  |
| 30 - 34 | [ ]  |
| 35 - 39 | [ ]  |
| 40 - 44 | [ ]  |
| 45 - 49 | [ ]  |
| 50 - 54 | [ ]  |
| 55- - 59 | [ ]  |
| 60 - 64 | [ ]  |
| 65 and over | [ ]  |