**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)

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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. |