National GP Retention Scheme – End of scheme form

This form is to be completed together by both the retained GP (RGP) and the designated NHS England workforce training and education RGP scheme lead on the RGPs last day of the scheme.

## Part A: personal details

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| **Surname** |  | **First names** |  |
| **Home address** |  | **Post code** |  |
| **Telephone** |  | **GMC number** |  |
| **Email** |  | **Date joined GP Retention Scheme** |  |

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## Part B: the scheme

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| **Please explain why you were considering leaving general practice and how the scheme supported you?** |
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| **How many months in total were you on the scheme for (including any breaks for sickness/maternity)?** |
|  |
| **What was the main reason you left the scheme? Please tick all those that apply and comment when appropriate** |
| End of allowed time on the scheme |  |
| An option arose which met my needs better |  |
| The scheme did not meet my needs (please give reasons why) |  |
| Moving out of the locality |  |
| Retiring |  |
| Other – please describe |  |

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| **On leaving the scheme what is the probability that you will remain in general practice? Please tick all those that apply** |
| For 1 year or less |  |
| For 2 years or less |  |
| For 5 years or less |  |
| For 6 years or more |  |
| Please describe why this is the case? |  |

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| **If you are continuing in general practice after you leave the scheme:** |
| How many clinical sessions will you be working? |  |
| How many non-clinical sessions will you be working? |  |
| Please describe the type of work that you will be undertaking? |  |

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| **Are there any ways that you feel the scheme can be improved in terms of the national guidance?** |
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| **Is there anything which could be done to improve the way the scheme is run locally?** |
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## Part C: practice details

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| **Name of educational supervisor** |  |
| **Practice address** |  |
| **Practice code** |  | **Practice type****GMS/PMS/APMS** |  |
| **Practice telephone** |  | **Telephone of educational supervisor** |  |
| **Name of practice manager** |  | **Email of educational supervisor** |  |

## Part D: For completion by the NHSE WTE RGP Scheme Lead

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| **Name of designated NHSE WTE RGP Scheme Lead reviewing end of scheme form** |  |
| **Please confirm the date on which the RGP has left or is to leave the scheme** |  |
| **Please provide any comments if necessary regarding the RGP** |
|  |
| I can confirm thatDr ………………………………………………………………………………………………………………………………GMC No. ……………………………………………………………………………………………………………………Leaves / has left the GP Retention Scheme on ……………………………………………………………………………….. |
| **Signature of the designated NHSE WTE RGP Scheme Lead** |  | **Date** |  |

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| **When Sections A – D have been completed this form should be retained by the designated NHSE WTE RGP Scheme Lead. RGP application records will be retained by NHS England for audit purposes for six years.** |