# National GP Retention Scheme – extension 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.**

## Part A: personal details

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| **Surname** |  | **First names** |  |
| **Home address** |  | **Post code** |  |
| **Telephone** |  | **GMC number** |  |
| **Email** |  | **Date joined GP Retention Scheme** |  |
| **Original end date**  |   | **Proposed end date (a maximum extension can be granted for 24 months in exceptional circumstances)** |   |

## Part B: reason for extension

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| **Why are you applying for an extension (please see section 8.3 of the guidance which sets out the reasons why an extension of up to 24 months may be granted)** |
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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 extension form** |  |
| **Please provide any comments if necessary regarding the review of this form** |
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| I recommend thatDr ………………………………………………………………………………………………………………………………GMC No. ……………………………………………………………………………………………………………………Should have an extension of **XX months** on the GP Retention Scheme.  |
| **Signature of the designated NHSE WTE RGP Scheme Lead** |  | **Date** |  |

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

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| **Name of Integrated Care Board Lead (or nominated deputy either within NHS England or ICB reviewing extension.** |  |
| **Date of decision** |  |
| **Decision** | **Agreed** |  |
| **Declined** |  |
| **Reasons for decision (based on the eligibility criteria to join the scheme, is in line with the General Medical Services Statement of Financial Entitlements Amendment Directions 2017 (paragraph 20A.2) and that there are no concerns with the doctor or practice)** |  |
| **Signature of Integrated Care Board Lead (or nominated deputy either within NHS England or ICB reviewing extension.** |  |

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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.** |