National GP Retention Scheme Application and Annual Review Form

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| **Name of Retained GP/Applicant** |       |

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| Application Form  | **Yes / No** |
| 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 APPLICATION / ANNUAL REVIEW

PART A IS TO BE COMPLETED BY THE RETAINED GP (RGP) / APPLICANT

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

PART F IS TO BE COMPLETED ONLY FOR **ANNUAL REVIEW** BY **ALL**

PART A: To be completed by prospective applicant / retained GP (RGP)

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| **Surname** |       | **First name(s)** |       |
| **Home address** |       | **Post code** |       |
| **Telephone** |       | **Email** |       |
| **GMC number** |       | **Are you on the National Medical Performers List, and listed within the correct region?** |       |
| **Date when you last worked in clinical practice** |       |  |
| **Qualifications and dates** | **Qualification** | **Date** | **Awarding organisation** |
|       |       |       |
| **Have you previously been on the scheme? If yes, please state when, where and the number of years that you were on the scheme for.** |       |
| **Please send a brief CV along with this form (1 side of A4 should be adequate)** |

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| **ELIGIBILITY FOR SCHEME TO BE COMPLETED FOR APPLICATION:****Please give a detailed explanation for your application. Where appropriate, supporting evidence should be included, e.g. letter of resignation, appraisal documents, medical evidence, statement of intent to leave, evidence of accessing pension etc. These will be treated as confidential documents and held securely.** 1. **Reasons why you are considering leaving or have left general practice**
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|       |
| 1. **Why does a regular part-time role not meet your need for flexibility?**
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|       |
| 1. **What additional educational support do you need?**
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|       |
| 1. **Please list any attachments below to support your application. These will be treated as confidential documents and held securely.**
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|       |
| 1. **Career plans**

**Please describe your career intentions for the future** |
|       |
| **You will be required to undergo a review every 12 months with the designated NHSE RGP Scheme****Lead to assess whether you continue to need the scheme’s support.****The duration of the scheme is for a maximum of 5 years** |

PART A: To be completed by retained GP (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.** |
|       |
| 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 year? Please use the job plan below.**
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| **How many weekly sessions will the post comprise:**       |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **Practice site**  |       |       |       |       |       |       |       |
| **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 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.**
 |
|       |
| 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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|       |

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| **Proposed start date** |       | **Number of sessions per week** |  |
| **Total period of participation on the scheme is 5 years unless an extension is giver (see GP Retention Scheme guidance)** |
| **Name of educational supervisor**  |  | **Please describe the relevant experience that the educational supervisor has for this role** |  |
| **Email for educational supervisor**  |  | **Telephone for educational supervisor** |  |
| **Practice Address** |       | **Practice Code** |  |
| **Practice type****GMS/PMS/APMS** |  | **Practice list size** |  |
| **Practice telephone** |       |
| **Name of practice manager** |       | **Email for practice Manager** |  |

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| **Clinical staff at practice** |
| **Number of GPs** | **Partner(s) : Salaried :**  |
| **Number of clinical sessions offered by practice GPs over a week in total** |  |
| **Specialist roles and outside interests of GPs working at the practice**  |  |
| **Number of practice nurses** |  |
| **Number and type of allied health professionals** |  |
| **Number and type of learners the practice is approved to have in place at any** **one time (if applicable)** |  |

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| **If the RGP is to work at more than one site please list them below (i.e. a branch surgery, night shelter, other sites, other PCN sites etc)****Please also state the supervision available**  |
| **Designation (type)** | **Address and contact telephone** | **Supervision and support available** |
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| **What induction is planned (or has already taken place) for the RGP within the practice?** |
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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 (initial application)****Complete section F is annual review** | **Recommend for GP Retention Scheme** |       |
| **Do not recommend for 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 for application form)

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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 | [ ]  |

## PART F: For completion for annual review only by RGP and Educational Supervisor

To be completed by RGP

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| **Annual Review****If year 5 complete end of scheme form** |
| **Year 1 annual review****(yes/no)** |  | **Year 2 annual review****(yes/no)** |  | **Year 3 annual review****(yes/no)** |  | **Year 4 annual review****(yes/no)** |  |

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| **Please describe your educational supervision arrangements and how well they have worked over the year** |
|  |
| **You will be having annual appraisals but would it be useful to know how much of your CPD allowance you have taken this year and how it has been useful?** |
|  |
| **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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| **Please state any additional support needed** |
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| **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:**      **Has this changed from previous year? (yes/no):**  |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **Practice site**  |       |       |       |       |       |       |       |
| **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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| **ON CALL DUTIES - using contracted time as RGP in the practice** |
| **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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| **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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| **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.** |       |       |       |       |       |
| **To be completed by the Educational Supervisor – How will you support the RGP in carrying out practice development work? (e.g. IT training, admin support, etc)** |
| **To be completed by the Educational Supervisor – What are the arrangements for booking CPD time at the practice for all the above categories?**  |

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To be completed by the Educational Supervisor

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| **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 next year** |
|  |
| **Please describe any personal development completed this year in connection to your education supervisor role** |
|  |
| **Is there any additional support needed from the designated NHSE WTE Local Scheme Lead?** |
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To be completed by the RGP and Educational Supervisor

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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 |       |

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

To be completed by the NHSE WTE RGP Scheme Lead

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| **Name of designated NHSE WTE RGP Scheme Lead reviewing application** |       |
| **Date of recommendation** |       |
| **Recommendation (annual review)****Complete section D if initial application** | **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** |       |

To be completed by the 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.** |