**GP Directorate**

**South West Peninsula**

***Application for Non-Training Practices for approval to employ a doctor under the GP Retainer Scheme***

***(numbers in brackets refer to a criterion number)***

**Practice Profile**

**Practice Name and Address**

**Telephone** ………………………………**Fax**……………………………………….

**GMS / PMS *(please delete as appropriate)***

**Educational Supervisor’s email**

**Practice List Size**

**Patients per WTE principal**

**Partners**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Qualifications | Age | Years as Principal | Full Time/ Sessions |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Outside Appointments Held (including GPwSI)**

|  |  |  |
| --- | --- | --- |
| Name | Appointment  | Sessions |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Premises (8)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Health Centre | Adapted  | Purpose Built | % Patients Seen | Distance |
| Main Surgery |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |
| Branch Surgery  |  |  |  |  |  |

**Accommodation (8)**

|  |  |
| --- | --- |
| Consulting rooms |  |
| Examination rooms |  |

What arrangements are there for the retainer’s consulting room?

**Personnel (8)**

 WTE WTE

|  |  |  |  |
| --- | --- | --- | --- |
| Manager |  | Community Nurses |  |
| Secretary / Typist |  | Midwife |  |
| Receptionists |  | Health Visitor |  |
| Practical Nurses |  | Social Worker |  |

Others (please specify):

Does each practice employee have a job description and contract? **(8)** Y N

**Clinical Care**

**Appointment System**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full |  |  Partial |  |  Open  |  |
| Advanced Access System? | Y /N |

|  |  |
| --- | --- |
| Booked Consultation Rate (patients/hour)  |  |
| Intended booking rate for Retainer  |  |

Does the practice qualify for quality payments? **(9)** Y N

**Special Clinics**  (Please attach written protocols/guidelines) (**9**)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Y N |  | Y N |
| Paediatric Development / Immunisation |  | Asthma |  |
| Antenatal |  | Diabetes |  |
| Cervical Cytology |  | Health Promotion  |  |
| Family Planning |  | Over 75s |  |

Others (please specify):

**Retainer issues**

Please describe the arrangements for continuity of care (considering the Retainer Doctor’s part-time status)

How do you plan to involve your retainer in practice development plans?

Which contract will you use?

**(13, 14)**

**Records**

**Notes** (**11)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Lloyd George |  | A4 |  | Computerised | Full |  | Partial |  |

|  |
| --- |
|  Y N |
| Are all written records tagged and in chronological order? |  |
| Are all hospital reports/letters tagged and in chronological order? |  |
|  |
| What % of notes are summarised? | Written |  | Computer |  |

How do you keep the summaries up to date?

**Prescribing** (**10)**

 Y N

|  |  |
| --- | --- |
| Does the practice use a formulary? |  |
| Is there a record of regular prescriptions? |  |
| Is there a system for reviewing repeat prescriptions? |  |

**Disease Register (9)**

 Y N

|  |  |
| --- | --- |
| Does the practice have a disease register? |  |

If yes please list diseases recorded:

**Audits (9)**

Please attach an example of 3 audits completed in the last 12 months.

**Education**

**Library**

Do you have internet access? (**12)**  Y N

Is there a Practice Library? (**12)** Y N

If Yes does it contain a copy of:- ‘Good Medical Practice’ (GMC) Y N

 ‘Maintaining Good Medical Practice’ Y N

Please have a list of books available in the practice for the retainer (note: this should contain an up-to-date General Medical Reference book and a selection of GP books of particular relevance to the less experienced doctor)

Please list the journals that are available in the library (**12**):

**Educational Supervisor**

|  |  |
| --- | --- |
| Nominated Educational Supervisor (**4)** |  |
| Have you been a principal for 3 years and with the practice for at least 1 year? (**1)** | Y N |
| Is there a practice development plan? (**2)** | Y N |
| Do you have a PLP (personal Learning plan)? (**3)** | Y N |

Please outline your Educational Qualifications / Experience / Evidence for assuming this role, and plans for your continuing development in this field (**3, 5)**:

If none, please describe your role as an Educational Supervisor for the Retained Doctor (**4)**

Please outline the anticipated educational plan for the Retained Doctor, showing how you plan to fulfil the requirements for 28 hours of educational time throughout the year, including 3 hours in the practice, based on a Learning Needs Analysis. (**6, 7)**

How will you encourage your retainer to develop their own PLP? (**7)**

Who will be available for advice at each of the Retained Doctor’s sessions? (**4)**

**The Practice wishes to apply for approval to employ a doctor under the Retainer Scheme and recognises its Educational Responsibilities to the Retained Doctor**

**Signed: (each partner)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_**

**Checklist**

|  |  |
| --- | --- |
| Attached written audit? |  |
| Protocols / Guidelines for Disease Management / Health Promotion? |  |
| List of Library Books? |  |