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| --- | --- |
| **MENTOR:** Click or tap here to enter text.**DEPUTY MENTOR:** Click or tap here to enter text. | **RETAINER:** Click or tap here to enter text. |
| **PRACTICE/ADDRESS:** Click or tap here to enter text. | **SESSIONS WORKED PER WEEK:** Click or tap here to enter text. |
| **DATE RETAINER STARTED ON SCHEME:** Click or tap to enter a date. | **RENEWAL DATE:**Click or tap to enter a date. |
| **A** PUNCTUALITY SATISFACTORY Choose an item.**B** CLINICAL PRACTICE SATISFACTORY Choose an item.**C** ADMINISTRATION SATISFACTORY Choose an item.**WORKLOAD:**

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| --- |
| **Timing and days worked by Retainer:** Click or tap here to enter text. |
| **Surgeries:** Timing of surgeries: Click or tap here to enter text. Number of patients seen per surgery: Click or tap here to enter text.  |
| **House calls:**  How often undertaken: Click or tap here to enter text. Number patients seen per week. Click or tap here to enter text. |
| **Telephone triage:** How often: Click or tap here to enter text. Number of patients dealt with: Click or tap here to enter text. |
| **Practice on call sessions:** Frequency: Click or tap here to enter text. Duration of session: Click or tap here to enter text. |
| **Involvement in specialised Clinics within Practice:**Please specify type and frequency, e.g. Diabetes/Family Planning/Minor Surgery/Cytology.Click or tap here to enter text.  |
| **Involvement in Practice administration:**Please specify e.g. Practice meetings, Contract responsibility/AuditClick or tap here to enter text.  |
| **Involvement in Teaching:**Please specify frequency and whether undergraduate or postgraduate.Click or tap here to enter text.Other (please specify):Click or tap here to enter text. |

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| **B** **ARE THERE ANY AREAS OF CLINICAL / ADMINISTRATIVE WORKLOAD WHICH COULD BE DEVELOPED?** Click or tap here to enter text. |
| **C HOW HAS THE RETAINER PROGRESSED OVER THE PAST YEAR? ARE THERE ANY AREAS CAUSING DIFFICULTY OR CONCERN?**Click or tap here to enter text. |
| **D DO YOU MEET WITH RETAINER FOR 1 HOUR/MONTH** Choose an item. ***Please supply record of meetings (topics/dates)*** **HAS RETAINER COMPLETED A PLP?** Choose an item. **HAS RETAINER UNDERTAKEN NATIONAL APPRAISAL?** Choose an item. **If yes, date of appraisal please:** Click or tap to enter a date. ***In what areas do the Retainer’s educational and personal development needs lie?*** Click or tap here to enter text. |
| **E CAREER PLANS ON LEAVING SCHEME.**Click or tap here to enter text. |
| **F** **COMMENTS.**Click or tap here to enter text. |
| **G MENTOR ACTIVITY.** **What educational activities relevant to your role as Mentor have been undertaken in the last year?**Click or tap here to enter text. **What sessions do you work in the Practice each week? What overlap is there with the Retainer?**Click or tap here to enter text. **What range of activities do you undertake within the Practice?**Click or tap here to enter text. |
| **H DO YOU WISH THE RETAINER TO ALSO HAVE AN ANNUAL REVIEW WITH THE ASSOCIATE ADVISER?****YES** [ ]  **or NO** [ ]  |
| **Practice Clinical Mentor Signature:** Click or tap here to enter text. **Date:**Click or tap to enter a date.**Retainer’s Signature:** Click or tap here to enter text. **Date:** Click or tap to enter a date. |

**Please return completed form electronically to:**

**West –** **nes.westdrs@nhs.scot** **- Catrina Gordon, Joyce Quin and Adviser Jane Deighan**

**South East –** **southeastdrs@nes.scot.nhs.uk** **- Anne Bell and Adviser Alice Travers**

**East –** **southeastdrs@nes.scot.nhs.uk** **- Anne Bell and Adviser Alice Travers
North -** **nothdrs@nes.scot.nhs.uk** **- Anne Bell and Adviser Moshood Masha**