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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:**   |  | | --- | | **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/Audit  Click 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. | | | |
| **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**](mailto:nes.westdrs@nhs.scot) **- Catrina Gordon, Joyce Quin and Adviser Jane Deighan**

**South East –** [**southeastdrs@nes.scot.nhs.uk**](mailto:southeastdrs@nes.scot.nhs.uk) **- Anne Bell and Adviser Alice Travers**

**East –** [**southeastdrs@nes.scot.nhs.uk**](mailto:southeastdrs@nes.scot.nhs.uk) **- Anne Bell and Adviser Alice Travers  
North -** [**nothdrs@nes.scot.nhs.uk**](mailto:nothdrs@nes.scot.nhs.uk) **- Anne Bell and Adviser Moshood Masha**