

Version : 1

Date : Posted in April 2018

**The GP Retainer Scheme in Scotland**

**Mentor Approval Document**

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|  **Some Fundamental information** *This section is about you as a doctor and educator* |
| Your name: Click or tap here to enter text.  |
| GMC number: Click or tap here to enter text. |
| Date of most recent GMS appraisal: Click or tap to enter a date. |
| Date of most recent Revalidation (if applicable): Click or tap to enter a date. |
| Is this your first approval for the GP Retainer Scheme? Choose an item. |
| If no, date of first approval as Retainer Mentor: Click or tap to enter a date. |
| Do you currently have any restrictions on your licence to practise?Choose an item.If yes, please provide details: Click or tap here to enter text. |
| Please list your qualifications, including MRCGP & other postgraduate qualifications:Click or tap here to enter text. |
| Date when you commenced work in current practice? Click or tap to enter a date. |
| What is your weekly GP session commitment? Click or tap here to enter text. |
| Please list any regular external commitments you have and sessional time spent on these commitments: |
| Outside Commitments | Time  |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Do you have an additional Support Mentor in the practice? Choose an item.If yes, please give details: Click or tap here to enter text. |

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| *This section is about your practice demographics* |
| Name of Practice: Click or tap here to enter text.  |
| Address: Click or tap here to enter text. |
| Telephone number: Click or tap here to enter text. |
| Practice Manager’s name: Click or tap here to enter text. |
| Practice manager’s Email address: Click or tap here to enter text. |
| Name of person/s completing this form: Click or tap here to enter text. |
| Date of Application: Click or tap to enter a date. |
| Is the practice currently approved as a Scottish GP Training Practice?Choose an item.  |
| Is the practice currently approved as a Foundation Training Practice?Choose an item.  |
| Is the practice approved as an Undergraduate Teaching Practice?Choose an item. |
| Please state Practice list size: Click or tap here to enter text. |
| Please describe particular features of your practice and demographics that may be relevant to a Retainer. These might include split site, branch surgery, degree of deprivation, rurality etc.Click or tap here to enter text. |

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| List any significant changes in the practice since last approval including change of doctors, managers, premises. This should include information on whether the practice is in dispute with the Health Board over issues (e.g. property, contractual) which may have an impact on the delivery of the GP Retainer Scheme.Click or tap here to enter text. |
| Are any doctors currently working in the practice under GMC imposed conditions or restrictions on their licence to practise?Choose an item.If you have answered yes, please describe how the practice has adapted to meet the requirements for safe and effective Retainer clinical supervision?Click or tap here to enter text. |

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| **Doctors in the practice** |
| **Name** | **Status:****Partner/****Salaried/****Retainer** | **Year joined the practice** | **Weekly sessional commitment within the practice** | **Regular professional roles/commitments in addition to weekly sessions within the practice** |
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Please list all learners attached to the practice, including medical and nursing students, FY2s, GP Trainees, GP Retainers and career start doctors and include the names of those who have responsibility for the supervision of the various groups of learners.

Include these in the following table:

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| Learner | Supervisor | Time commitment |
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| Please describe how other learning and teaching within the practice impacts, both positively and negatively, on the educational experience for GP Retainers:Click or tap here to enter text. |

**THE CRITERIA**

**Pre-visit information** – to be completed by the practice as part of the application

**Information collected at the time of the visit** – to be completed by the practice visitor

## The Mentor

1. The practice will nominate a Mentor.

 Application form to be completed

2. The Mentor will demonstrate a commitment to their own professional development and continuing medical education.

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| **Information collected at the time of the visit:** |
| A list of CME/CPD activity for the past year should be available. The Mentor should be able to show evidence of proposed and recent educational activity.Evidence of educational activity in the annual mentor report. If a new mentor, then a copy of current PDP should be available at visit. |
| Comments: Click or tap here to enter text. |

3. The Mentor should have some expertise in teaching and be able to discuss progress with the Retainer.

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| **Pre-visit information:** |
| What teaching / training experience does the Mentor have? Please describe:Click or tap here to enter text.What mentor related training has the mentor undertaken in the past 3 years?Click or tap here to enter text. |
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| **Information collected at the time of the visit:** |
| Discussion with the Mentor |
| Comments:Click or tap here to enter text. |

4. The practice will organise protected time (a minimum of one hour per month) to provide meeting time for the Mentor and Retainer. These sessions must be recorded in the Retainer’s annual appraisal form. The Retainer should complete an annual Retainer appraisal form.

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| **Pre-visit information:** |
| How are mentoring sessions arranged within the practice? How often are they held? Click or tap here to enter text.How have these mentoring sessions been recorded?Click or tap here to enter text. |
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| **Information collected at the time of the visit:** |
| Discussion with Practice Manager / Mentor / Retainer to include inspection of dates and topics covered in mentoring sessions and inspection of annual Retainer report. |
| Comments:Click or tap here to enter text. |

5. The Mentor should encourage the Retainer to devise their own learning plan.

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| **Pre-visit information:** |
| How have you helped your retainer with devising their PDP? Click or tap here to enter text. |
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| **Information collected at the time of the visit:** |
| Discussion with Mentor / Retainer  |
| Comments:Click or tap here to enter text. |

6. The Mentor should encourage the Retainer to take part in practice activities including partnership and practice meetings.

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| **Pre-visit information:** |
| How do you get the retainer involved in the practice? Click or tap here to enter text. |
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| **Information collected at the time of the visit:** |
| Discussion with Practice Manager / Mentor / Retainer  |
| Comments:Click or tap here to enter text. |

7. The Mentor should encourage the Retainer to ensure they meet the requirements for annual appraisal / revalidation and the educational requirements to remain on the Retainer scheme.

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| **Pre-visit information:** |
| How do you ensure your retainer is meeting the requirements for annual Appraisal and Revalidation? Click or tap here to enter text. |
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| **Information collected at the time of the visit:** |
| Discussion with Practice Manager / Mentor / Retainer  |
| Comments:Click or tap here to enter text. |

8. The Mentor should be prepared to manage concerns about the performance of the Retainer.

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| **Pre-visit information:** |
| What experience have you had of dealing with performance/ health concerns in a retainer? What resources do you know of that would help you? Click or tap here to enter text. |
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| **Information collected at the time of the visit:** |
| Discussion with Mentor |
| Comments:Click or tap here to enter text. |

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| Name of Practice: Click or tap here to enter text.  |
| Address: Click or tap here to enter text. |
| Retainer Mentor: Click or tap here to enter text. |
| Practice Manager’s name: Click or tap here to enter text. |
| Date of Meeting/Visit | Click or tap here to enter text. |
| Purpose of Meeting /Visit e.g. * First approval Mentor / Retainer Practice
* First *re-approval* Mentor / Retainer Practice
* Re-approval Mentor / Retainer Practice
* Triggered Visit
 | Click or tap here to enter text. |
| Names of Meeting participants/visitors  | Click or tap here to enter text. |
|  | Yes | No |
| Fundamental Information Complete |[ ] [ ]
| Demographics Information Complete |[ ] [ ]
| Criteria Met? |[ ]
| Section – The Mentor |  |  |
| Comments | Click or tap here to enter text. |
| Recommendations and follow up actions | Click or tap here to enter text. |
| Report completed by | Click or tap here to enter text. |
| Date of Report | Click or tap to enter a date. |

Any queries please contact one of the following:

**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**