**Please complete this form electronically and email to one of the following:**

West: nes.westdrs@nhs.scot

South East: southeastdrs@nes.scot.nhs.uk

East: southeastdrs@nes.scot.nhs.uk
North: northdrs@nes.scot.nhs.uk

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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.**A 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 of 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 the Retainer for 1 hour per month?** Choose an item. ***Please supply record of meetings (topics/dates)*** **Has the Retainer completed a PLP?** Choose an item. **Has the Retainer undertaken National Appraisal?** Choose an item. **If yes, please note date of appraisal:** 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 What are the Retainer’s career plans on leaving the scheme?**Click or tap here to enter text. |
| **F 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. |
| **G Do you wish the Retainer to have an annual review with the NES 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. |