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

West: [nes.westdrs@nhs.scot](mailto:nes.westdrs@nhs.scot)

South East: [southeastdrs@nes.scot.nhs.uk](mailto:southeastdrs@nes.scot.nhs.uk)

East: [southeastdrs@nes.scot.nhs.uk](mailto:southeastdrs@nes.scot.nhs.uk)  
North: [northdrs@nes.scot.nhs.uk](mailto: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:**   |  | | --- | | **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 / 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 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. | |