



# Appraisal of educational supervisors

Exact model to be determined locally – to be done by specialty tutor, TPD or within annual appraisal.

Name:  
Specialty:

Date:  
Hospital:

GMC Reference Number-
Clinical Supervisor Role- <b>Yes/No</b>
Educational Supervisor Role <b>Yes/No</b>
First Specialty of Trainer- <b>Please Provide</b>
Second Specialty of Trainer- <b>Please Provide</b>
Training Undertaken In Equality and Diversity- <b>Yes/No</b>
Date of Equality and Diversity Training- <b>Please Provide Date</b>

### 1. List trainees you act as named educational supervisor for (max. 4 trainees)

<i>Initials of trainee</i>	<i>Prog. / Year FP / ST</i>	<i>Brief description of role. Any challenges / issues?</i>

### 2. How long have you been an educational supervisor? .....

### 3. Which of the following Education & Training activities are you involved with? Would you like some more training in this activity?

<i>Activity</i>	<i>Brief description of YOUR achievements this year. Any challenges / issues? Any evidence submitted?</i>	<i>Further Training Yes / No</i>
<b>GMC domains</b>		
<b>Teaching</b> (formal & informal) GMC domains 1 Training in Ensuring Safe and Effective Patient Care 2 Training in Establishing and Maintaining Environment for Learning. 3 Training in Teaching and facilitating Learning		
<b>Assessment / Observation</b> GMC domain 4. Training in Enhancing Learning through Assessment		
<b>Appraisal / Coaching</b> GMC domain 5. Training in Supporting and Monitoring Educational Progress 6. Guiding Personal and Professional Development		
<b>Organising / Managing</b>		

<b>training processes</b>		
<b>Evaluation of education / training</b>		
<b>Programme / Course review &amp; development</b>		

**4. What training in any aspects of training & education have you received in the previous 12 months?**

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**5. What strengths & weaknesses have you identified?**

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**Personal Development Plan – *please carry this forward onto your final PDP***

As an educational supervisor you should have something educational on your PDP

<i>What areas for further development have you identified?</i>	<i>How will you go about addressing them?</i>	<i>By when?</i>	<i>How will you know goals have been achieved?</i>

**Sign off.** Form to be copied & forwarded to specialty tutor for ST / local Foundation Administrator for FP.

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Signed by consultant

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Signed & Name of Appraiser