**Appraisal of educational supervisors**

*To be done by specialty tutor, TPD or within annual appraisal.*

Name: Date:

Specialty: Hospital:

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

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

|  |  |  |
| --- | --- | --- |
| ***Initials***  ***of trainee*** | ***Prog. / Year***  ***FP / ST*** | ***Brief description of role. Any challenges / issues?*** |
|  |  |  |
|  |  |  |

**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?**

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

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

…………………………………………………………………………………………..

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

…………………………………………………………………………………………………………………………………………………………………………………………………………

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| ***What areas for further development have you identified?*** | ***How will you go about addressing them?*** | ***By when?*** | ***How will you know goals have been achieved?*** |
|  |  |  |  |
|  |  |  |  |

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

……………………………… ……………………………………………..

Signed by consultant Signed & Name of Appraiser