**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.

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Signed by consultant Signed & Name of Appraiser