# Educator Self Declaration Form

## This form is to be used for the ongoing quality management of educators within NHS England East of England. Please answer all the relevant questions before submitting the form. You will be asked to provide a self-declaration every 4 years as part of NHS England processes. Please answer the questions honestly as failure to do so will be viewed as a probity issue.

## You are not required to provide any further evidence as part of the self-declaration but you do need to maintain records so that if a quality concern is raised you will be able to provide this upon request.

## Please see the NHS England [website](https://heeoe.hee.nhs.uk/general_practice/ongoing-quality-monitoring) for further information on the requirements for quality management and how to complete the self-declaration.

### Personal Information

The information entered within this form will be used by the local training hubs (THs) and Primary Care School to maintain a database of all current Primary Care educators within the East of England and to maintain the GMC register of approved educators.

1. Surname\*

Click or tap here to enter text.

1. Forename\*

Click or tap here to enter text.

1. GMC Number\*

 Click or tap here to enter text.

1. Email Address \*

 Click or tap here to enter text.

1. Which PCN do you currently work for? \*

Click or tap here to enter text.

1. Which organisation within the PCN do you currently work for? \*

 Please include the address

 Click or tap here to enter text.

1. How many clinical sessions do you work for your educational organisation? \*

 [ ]  1

 [ ]  2

 [ ]  3

 [ ]  4

 [ ]  5

 [ ]  6

 [ ]  7

 [ ]  8

 [ ]  9

 [ ] 10

1. In which ICS area are you based \*

 [ ]  Bedfordshire & Luton

 [ ]  Cambridgeshire &Peterborough

 [ ]  Hertfordshire & West Essex

 [ ]  Mid & South Essex

 [ ]  Norfolk & Waveney

 [ ]  Suffolk & North East Essex

1. With which training programme are you affiliated?\*

Choose an item.

1. Are you still actively involved in training and supervision? \*

If stopping in the near future please indicate "Other" and give a date. Add any comments at the end of the form regarding transfer of educational responsibility.

[ ]  Yes

[ ]  No

Other Click or tap to enter a date.

Comments Click or tap here to enter text.

**Ongoing Quality Management as a Primary Care Educator**

Please answer all questions honestly. If the information provided within this form is later found out to be incorrect this will be treated as a probity issue. There will be no requirement to provide additional evidence with this form. We would expect that you keep a separate record of any relevant educational development, that you have reflected on this and that you have had a discussion regarding this at your annual NHS appraisal.

1. Please confirm that you hold a valid equality and diversity certificate and that you intend to update this every 3 years. \*

[ ]  Yes

[ ]  No

1. Please confirm that you have attended Active [bystander training](https://heeoe.hee.nhs.uk/general_practice/gp-courses-and-events/gp-educator-events) and that you intend to complete this every 3 years. \*

 [ ]  Yes

[ ]  No

1. Please indicate the date of your last GMC revalidation \*

 Click or tap to enter a date.

1. Please declare any health issues that may affect your role as a GP educator.

 If none please state "none”. \*

 Click or tap here to enter text.

1. Please declare any, convictions, cautions or GMC investigations/conditions that restrict your role or license to practice. If none please state "none"\*

Click or tap here to enter text.

1. Please confirm that if there are any changes in your future personal circumstances that may affect training that you will discuss this with the relevant training programme director (TPD) or associate dean (AD)\*

[ ]  Yes

1. For how long have you been approved as an educator at your current tier?\*

[ ]  Up to two years

[ ]  More than two years

1. If up to two years, please confirm that you have completed everything below\*

 [ ]  Attended at least 50% of trainers' workshops/OOH CS Clinical Meetings

 [ ]  Attended at least one GP educator Spring/Autumn Seminar

1. Which tier of educator are you currently approved at? \*

[ ]  Tier 2A - OOH Clinical Supervisor

[ ]  Tier 2B - Associate Trainer

[ ]  Tier 3 - Educational Supervisor

1. I have protected time or appropriate remuneration to undertake my educational role and the associated administrative responsibility this entails.

☐ Yes

☐ No

1. **Tier 2A -** Please indicate that you have achieved all of the activities below within the last 4 years\*

[ ]  Regular attendance at OOH clinical and educator support meetings as provided by your OOH provider

[ ]  Benchmarking of COTs/Audio-COTs

[ ]  Peer review of teaching or feedback from sessions delivered centrally for NHS England

[ ]  Attended the equivalent of at least one Autumn Seminar or Spring Symposium (4 Sessions - including asynchronous watching of recorded material)

[ ]  Attended the equivalent of at least one GP educator day (as above)

1. **Tier 2B** **-** Please indicate that you have achieved all of the activities below within the last 4 years\*

[ ]  Attendance at 50% of trainer workshops

[ ]  Attendance at a local ARCP panel as an observer

[ ]  Benchmarking of COTs/Audio-COTs

[ ]  Benchmarking of CBDs

[ ]  Peer review of teaching or feedback from sessions delivered centrally for NHS England

[ ]  Attended the equivalent of at least one Autumn Seminar or Spring Symposium (4 Sessions - including asynchronous watching of recorded material)

[ ]  Attended the equivalent of at least one GP educator day (as above)

[ ]  Attended a workshop on improving exam success for GP trainees

1. **Tier 3 -** Please indicate that you have achieved all of the activities below within the last 4 years\*

[ ] Attendance at 50% of trainers workshops

[ ]  Acted as a panel member in a local/central ARCP panel

[ ] Benchmarking of COTs/Audio-COTs

[ ]  Benchmarking of CBDs

[ ]  Peer review of teaching or feedback from sessions delivered centrally for NHS England

[ ]  Attended the equivalent of at least one Autumn Seminar or Spring Symposium (4 Sessions - including asynchronous watching of recorded material)

[ ]  Attended at least two GP Educator days (8 sessions)

[ ]  Reflected on ESR feedback

[ ]  Attended a workshop on improving exam success for GP trainees

1. If you are not already approved as a tier 3 educator (educational supervisor) please indicate below if you have plans to become one.

[ ]  I have no plans to become a tier 3 educator

[ ]  I would like to do this before my next accreditation

[ ]  I am planning to do this in the very near future

[ ]  I have already started the process of becoming a tier 3 educator

1. If there were any additional recommendations following your initial educator recognition or last accreditation, please indicate what these were and that they have been addressed. If there were none, please state "none" \*

Click or tap here to enter text.

1. Have any quality concerns been highlighted to you? This may include TPD reports, placement reports, NETs or CQC\*

[ ]  Yes

[ ]  No

1. If you selected yes above, in no more than 200 words please provide reflection on how the concerns were resolved and your learning from them. \*

Click or tap here to enter text.

1. Please confirm that you have discussed your role as an educator and developed learning objectives for this role at your most recent NHS appraisal. \*

[ ]  Yes

[ ]  No

1. Please provide 3 personal key learning points in respect of your role as an educator within the past 4 years or those discussed and agreed in your NHS appraisal. \*

Click or tap here to enter text.

1. Please complete your self-declared ratings of the following areas in relation to teaching and training. \*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Green  | Amber | Red |
| Mitigates risks to patient safety due to any factors affecting learners | [ ]  | [ ]  | [ ]  |
| Ensures the welfare of learners | [ ]  | [ ]  | [ ]  |
| Assessment of initial learning needs | [ ]  | [ ]  | [ ]  |
| Planned approach to individual learner induction | [ ]  | [ ]  | [ ]  |
| Clear approach to clinical supervision | [ ]  | [ ]  | [ ]  |
| Understand the principle of giving feedback to learners | [ ]  | [ ]  | [ ]  |
| Seeking regular feedback from learners | [ ]  | [ ]  | [ ]  |
| Supporting learners to gain a wide range of learning opportunities | [ ]  | [ ]  | [ ]  |
| Use of weekly educational time to support learners | [ ]  | [ ]  | [ ]  |
| Full understanding of UUC capabilities and role in assessment | [ ]  | [ ]  | [ ]  |
| Promotion of employment opportunities within the local primary care system | [ ]  | [ ]  | [ ]  |

1. Where you have answered amber or red, please provide further details below\*

Click or tap here to enter text.

1. Additional Comments

Please make any comments about the state of GP Training whether personal, in the practice or in the area. The Primary Care School is very conscious that Educators are often undertaking many different and increasingly demanding roles\*

Click or tap here to enter text.

**Equality, Diversity, and Inclusivity**

We are passionate about celebrating the diversity of our educators and ensuring we continue to build an inclusive environment for our educators and learners.

It is important for us to understand the needs of our educators and how we can ensure that our faculty development programmes and support is inclusive and promotes equitable opportunity. We also feel that highlighting the diversity of our educators is one way of demonstrating to our learners that becoming an educator is a career path that everyone, regardless of background or circumstance can consider.

We would be grateful if you could complete the form contained within the link below, however, please note that you are under no obligation to do so if you do not wish to partake.

<https://forms.office.com/Pages/ResponsePage.aspx?id=K5Gn_5ewMUGcD9DoB1Wyqw12vAsa9vxJoHcOLdJpjhdUQ1pHTkk5QUk5SUVGUE8wRjRMVlRWODUxVy4u>

The data collected in this form is totally anonymised and your name and contact information will not be recorded.

Many thanks for your kind consideration.

**Form Complete**

Please return your completed form to your local training hub:

|  |  |
| --- | --- |
| **Training Hub** | **Email Address**  |
| Bedfordshire, Luton, and Milton Keynes | ccs.blmk.traininghubqualityteam@nhs.net  |
| Cambridgeshire & Peterborough | cpth.qualityteam@nhs.net |
| Hertfordshire & West Essex | hwetraininghub@nhs.net  |
| Mid and South Essex | primarycare.workforce@nhs.net  |
| Norfolk & Waveney | nwicb.primarycareworkforce@nhs.net |
| Suffolk & North East Essex  | training.hub@snee.nhs.uk  |