**Appendix 5- HEEoE Approval/Re-approval of Clinical Educators including Clinical and Educational Supervisors**

***This form is to be used in all Local Education Providers (LEPs) to select or re-select clinical educators.*** *It may be required by HEEoE or the GMC to demonstrate that clinical educators have been selected having demonstrated understanding of the areas of the AoME clinical supervisor framework. It must be completed* ***by the supervisor*** *to support initial approval as a supervisor within a LEP and again on re-selection, normally every 3 years. HEEoE expects that by September 2017 every clinical and educator supervisor will have been selected using this form at least once.*

*Please complete the details form below*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | **Speciality:** |  | **Position:** |  | **Email:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **GMC Number:** |  | **Educational role (delete):** | **Clinical Supervisor Educational Supervisor Other** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Preparatory course title & Institution: (E.g. College or local course)** |  | D**ate course completed:** |  | **E&D Certificate date:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of last educational review at appraisal:** |  | E**ducational PAs in the job plan:** |  | **Speciality/ies of trainees to who supervision is provided (e.g foundation, GP)** |  |

*Please complete the table below (please see overleaf)*

|  |  |  |
| --- | --- | --- |
| **Domain areas** | **Suggested evidence** | **Supervisor to complete** |
| 1. **Ensure safe & effective patient care through training** | *How do you ensure education contributes to patient safety?*  *Describe the aims of your trainee induction.* |  |
| 1. **Establish & maintain an educational environment** | *Describe a clinical setting where you feel the learning environment is good or one that could be improved, stating your reasons* |  |
| 1. **Teach & facilitate learning** | *Describe a learning activity you have facilitated. What prompted it, how was it delivered and how did you measure the outcomes? Briefly describe feedback from evaluations where possible* |  |
| 1. **Assess** | *Describe an assessment you undertake in your role; describe the principles of feedback. In which WPBA have you been trained?* |  |
| 1. **Guide personal & professional development of trainees**   **(ES only)** | *Describe an example of a review of a trainee’s progress you feel went particularly well. Explain why?* |  |
| 1. **Act as a Mentor and Appraiser**   **(ES only)** | *Give an example of how you develop and support colleagues in your role* |  |
| 1. **Develop as a medical educator** | *Confirm that you have a personal reflective learning log as an educator; including learner feedback, MSFs, complaints and SEAs* |  |

**FOR DoME USE:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Approved by:** |  | **Role:** |  | **Date:** |  | **Date for re-approval: (Usual approval period is 3 years)** |  |

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