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**Directorate of Education and Quality**

**School of Medicine**

**Educational Supervisor Annual Report**

**Name:** **GMC Number:**  **Dates Covered:**

**Trainees:**

|  |  |  |
| --- | --- | --- |
| *SPECIALTY* | GRADE | NUMBER |
|  |  |  |
|  |  |  |
|  |  |  |

**Education Faculty Meetings attended** \_\_\_\_%

**Courses attended:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Recruitment attended:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ARCPs attended:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Number of PAs in job plan for supervisory role:** \_\_\_\_\_\_\_\_\_\_

**Date of Equality and Diversity Training:** \_\_\_\_\_\_\_\_\_\_

**Training received in areas of:**

Ensuring safe and effective care through training Y/N

Establishing and maintaining an environment for learning Y/N

Teaching and facilitating learning Y/N

Enhancing learning through assessment Y/N

Supporting and monitoring clinical progress Y/N

Guiding personal and professional development Y/N

**Trainee feedback:**

**Feedback on quality of educational supervision (incl ES Reports) from ARCP panel(s):**

**Suggested areas for development:**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_Role\_\_\_\_\_\_\_\_\_\_\_ Date:­­­­\_\_\_\_\_\_\_\_\_\_\_\_

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