**HEE - Approval/Re-approval of Clinical Supervisors for the Public Health Training programme – application form**

*This form is required by HEEoE and the GMC to demonstrate that clinical educators have been selected having demonstrated understanding of the seven areas of the AoME clinical supervisor framework. It must be completed by the supervisor**to support* ***initial approval*** *as a clinical supervisor and again on re-selection, normally* ***every 3 years****.* ***Please refer to the accompanying EoE Public Health Training Supervisor Competency Framework*** *for guidance on more detailed competencies required for Clinical Supervisors and suggested learning outcomes for excellent and effective educators. Minimum expectations are described in italics in the table of seven competency areas overleaf.*

*Please complete the details form below*

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| Name: |  |
| Position: |  |
| GMC number or registration: |  |
| Address: |  |
| Email: |  |
| Contact telephone number: |  |
| Role applied for:  (*If you wish to be considered as both an ES and CS please complete the ES form*) | Clinical Supervisor |
| Date of application / re-accreditation: |  |
| Date of last educational review at appraisal: |  |

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| Educational qualification (PG Cert/Dip/MA) & date of completion (if any): |  |
| Educational courses completed in the last 5 years: |  |
| Equality & Diversity training completed in last year: |  |
| Supervisor training days attended in last year: |  |

*Please write a reflective note for each of the seven competency areas describing how you can demonstrate competence and learning in each, identifying any learning needs and describe ongoing professional development to improve in each area. One or more forms of evidence should be attached for each area.*

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| **GMC Area** | **Reflective note to demonstrate how you meet competence or learning outcomes**  **(*minimum expectations*)** | **Evidence attached**  **(*minimum expectations*)** |
| 1. **Ensure safe & effective population and patient care through training** *- demonstrate the highest standards of public health practice, and incorporate high quality training into your practice* | * *Reflective note from at least one educational training event in the past year;* | * *Job plan objectives – demonstrating protected teaching time & CPD* |
| 1. **Establish & maintain an environment for learning *-*** *identify and use a wide variety of learning opportunities and promote a culture of learning within your unit.* | * *Note reflecting on participation in the training location QA process or review of the last QA & actions, including your role in induction for registrars;* | * *Equality & Diversity certificate gained in past 3 years* * *Evidence of involvement in induction* |
| 1. **Teach & facilitate learning** - *plan and implement suitable learning and training activities for all your Registrars.* | * *Note reflecting on the contents of the Supervisor Pack (core curriculum, programme & FPH documents);* * *Note on experience or development of skills in identifying and assessing learning needs;* | * *Example of learning needs assessment or action plan translating LNA into a workplan* |
| 1. **Enhancing learning through assessment** - *use available assessment tools to assess and progress your Registrar’s performance in all aspects of public health practice.* | * *Note on experience or development of skills in giving feedback;* * *Note on experience or development of skills in workplace based assessment of competence;* | * *Example of Feedback given* |
| 1. **Supporting and monitoring educational progress** - *set appropriate goals and review your Registrar’s progress in regard to these and the agreed curriculum* | * *Note on experience or development of skills in supporting registrars in difficulty;* | * *E.g. e-module, self-directed learning, attendance at workshop* |
| 1. **Guiding personal and professional development** - *act as a role model and source of guidance in the wider sphere of professionalism in the public health workforce.* |
| 1. **Develop as a medical educator** - *continuously review and enhance your own performance as a supervisor.* | * *Note on CPD or appraisal discussion demonstrating identification of own learning needs or development;* * *Note reflecting on feedback from registrars, students and/or training programme.* | * *FPH CPD certificate for last year* * *Inclusion of educational role in appraisal* * *Example of feedback from registrar e.g. 360* |

*Please identify one or more learning objectives for your ongoing development as a Clinical Supervisor below and add any further information you would like to submit or any requests for information or support as EoE PH Educator faculty. We welcome all feedback and suggestions: alternatively you can contact the Faculty Development Lead directly.*

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| Learning needs/objectives identified for next year: |  |
| Any other information or comments: |  |

Signature of Clinical Supervisor:

Date:

|  |
| --- |
| Feedback on application: |

Approved as an accredited Clinical Supervisor by

Signature of EoE PH Training Programme Faculty Development SES:

Date: