

*Developing people
for health and
healthcare*

**Health Education East of England
Framework for the Professional
Development of Clinical Educators**

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Health Education East of England Supporting Educator Development – November 2014

1.0 Introduction

1.1 In January 2012 the East of England launched a programme to support the development of clinical educators in the East of England^{1,2}. The programme recognised the need to support this group and to make becoming a clinical educator a “badge of honour”. The programme was also designed to prepare for the GMC’s requirement introduced in August 2012³ to properly train, select and appraise medical supervisors. This set milestones and actions for individual educators, Trusts and employers and education organisers such as Deaneries and Medical schools.

1.2 The GMC used the Academy of Medical Educator’s Framework (AOME)⁴ as the basis for the training and selection of named clinical and educational supervisors in all medical specialties. This framework constitutes the minimum set of standards which all educators must meet. The GMC requirements were:

- **Milestone one** – submit a timeline for implementation of trainer recognition (by 31 December 2012)
- **Milestone two** – confirm that criteria and systems are in place and ready for data entry (by 31 July 2013)
- **Milestone three** – confirm that full information has been entered for all medical trainers in the two roles and that the trainers have all been categorised as provisionally or fully recognised (by 31 July 2014)
- **Milestone four** – confirm that all medical trainers in the two roles, or entering any of the two roles, are fully recognised, without use of interim concessions by July 2016

1.3 HEEoE have complied with the milestones to date, having gathered the required information from Local Education Providers.

1.4 The East of England programme included an East of England Clinical Educator Development Framework taken from the AoME criteria but mapped against GMC requirements in “The Trainee Doctor”, the AoME Professional Standards and the NMC standards for nurse educators (Appendix 1). This framework was used to produce a template used to approve courses for clinical educators (Appendix 2) and to produce a suggested reflective self-assessment form for educators suitable for including in an NHS appraisal (Appendix 3).

2.0 Developing Clinical Educators in the East of England

2.1 A Faculty Development group has been set up to develop, support and professionalise healthcare educators in the east of England. The group will act as a central conduit to champion the work of clinical educators within HEEoE creating a Faculty of Educators, improving the quality of training of all healthcare professionals and, therefore, improving patient care.

2.2 The group considered the current resources available to support educators. In general, clinical supervisors are trained in Trusts using the model course for supervisors distributed

¹ “Educational Equity and Excellence” –East of England Multi-professional Deanery, October 2011

² “Implementing Educational Equity and Excellence” –East of England Multi-professional Deanery, January 2012

³ Recognising and Approving Trainers: The Implementation Plan. GMC, August 2012

⁴ A framework for the professional development of Postgraduate Medical Supervisors. AoME, November 2010

by the former East of England Deanery. Educational supervisors attend a variety of courses to be trained:

- A series of courses run by the University of Bedford at Madingley, which is based on the former “Teaching the Teachers” course run by the old East of England Deanery
- Some courses in Local Education Providers, again based on the old regional Deanery course
- Courses for educational supervisors from medical Royal Colleges
- Some groups, for example general practice, require educational supervisors to have a Certificate of Postgraduate Education (PGCertEd or PGCertMMed).

2.3 HEEoE has to date provided significant financial support for educator development, with recurring contributions in excess of £1m per annum. Expenditure has supported:

- Bursaries for established clinicians and trainees to encourage formal educational qualifications
- The establishment of non-medical clinical Tutors in Foundation Trusts to support clinical education across the entire workforce
- The establishment of multi-professional Tutors in Partnership Trusts to support clinical education across the entire workforce
- Funding for Trust clinical supervisor courses
- Funding for the University of Bedford courses at Madingley
- Funding for Trust educator appraisal processes
- Funding for Trust Faculty groups to support educators locally

2.4 After reviewing the work to date, the group has concluded:

1. That clinical supervisor courses should continue in Trusts.
2. That the Madingley courses should be developed in to a new regional course for Educational Supervisors (likely to be available from the summer of 2015).
3. That Directors of Medical Education should now work with HEEoE to establish consistent processes allowing quality assurance of educator development in accordance with regulatory requirements.

3.0 Assuring Quality and compliance with the GMC Trainer approval process

3.1 Educational quality management as an Education Organiser can occur through assuring the providers of courses or by controlling the content of applicant approval processes, or by a mixture of the two. In general terms, attempts to quality assure course provision are relatively simple but do not allow an assessment of the learning and capability of the learners.

3.2 Clinical supervisor courses, given their number and frequency, should continue to be quality controlled by the Director of Medical Education in each Trust. HEEoE will require quality assurance through a number of measures:

1. Internal Trust review of the curriculum, using the HEEoE course approval framework. This should be done by a selection of stakeholders from the Local Education Board or equivalent, for example the Non-Medical Clinical Tutor, an external education facilitator and an experienced trainer
2. Use of course evaluation sheets based on the HEEoE course approval template (see Appendix 4)
3. An annual report to the DoME from the course provider including 1 & 2 and an educational development plan for the course. The annual reports will inform HEEoE educational data collection and quality metrics for the GMC.

3.3 Courses for **Educational Supervisors** are provided by different agencies, some of which are outside the East of England system. For this reason and to recognise the greater responsibility of this group of educators, HEEoE will ensure that there is active evidence of **selection** by local providers of educational supervisors against the required skills and capabilities rather than accepting simple attendance at an approved course. In order to assure quality and consistency, educational supervisor course providers such as Universities and Trusts will also wish to review at least annually the content and delivery of their courses against the East of England approval framework; HEEoE will wish to see the results of this review and any subsequent development plan. Courses provided by national organisations such as Royal Colleges will be recognised by HEEoE and are outside this guidance, but course providers within HEEoE such as Trusts and Universities should demonstrate that they meet AoME guidance by annual completion and submission of the HEEoE course approval form (appendix 2).

3.4 Although HEEoE has to date provided the educator development framework and the educator appraisal template, Directors of Medical Education have sought further guidance on the selection of educational supervisors. The supervisor selection form in Appendix 5 has been developed by the working group to meet this need. DoMEs in Local Education Providers should use the form as part of their selection processes to select and subsequently re-select educational supervisors every 3 years. The form should be partly completed by the DoME or delegate and the questions in each AoME domain answered by the prospective supervisor.

3.5 Therefore HEEoE will require from DoMEs as assurance that Trust educational supervisors have been trained, selected and appraised appropriately:

1. Evidence that all educational supervisors have been selected against the AoME criteria using the selection template in Appendix 5
2. Evidence that educational supervisors are having the educational component of their role appraised annually and that re-selection occurs every 3 years for the role.
3. Annual submission of the HEEoE course approval form (appendix 2).
4. In addition to generic training in educational processes, specialties will want to ensure that educational supervisors receive specific training in the curricula and assessments of specialties they are supervising. The course approval form therefore asks providers for an overview of the process for educational supervisors to gain an understanding of the relevant curricula and assessments for their learners.
5. Acceptance of the suitability of educational supervisor courses by HEEoE will be dependent on approval by the Faculty development group of the provider's course approval submission and an annual report including the provider's development plan for the course.

3.6 HEEoE recognises the following courses as being suitable to prepare educational supervisors:

1. The University of Bedford Teaching the Teachers course (T3).
2. All Royal College courses for educational supervisors.
3. All East of England University Postgraduate Certificates of Medical Education or Education.
4. HEEoE Schools of Postgraduate Medicine courses such as the School of Public Health Educational Supervisor course or the School of General Practice Associate Trainer conversion course.

This list is not exhaustive. Other courses may be included subject to demonstrating that they are delivering the curriculum set out in the East of England Educational Development

framework and provide an annual development report and development plan. For further information about this process please contact HEEE.EducatorsFaculty@nhs.net.

3.7 The Faculty development group will work with the HEEoE quality team to further incorporate educator development quality metrics in to HEEoE's QM processes for medical and non-medical staff.

4.0 Summary – The Quality Assurance of clinical educator development in HEEoE

This document draws together previous guidance with regard to educator development in HEEoE. It institutes a system for the quality assurance of postgraduate clinical educator development courses in the East of England. Given the significant funding committed to educator development by HEEoE, participation in the QA process is mandatory. The HEEoE Faculty Development group will continue to develop the systems and supporting infrastructure for clinical educators in the East of England.

APPENDIX 1- Framework for the Professional Development of Clinical Educators in East of England

A) CLINICAL SUPERVISORS SHOULD DEMONSTRATE:				
What? The educator needs to...	Why? Framework areas and Standards	How? Recommended content of training	Demonstrated by? Examples of relevant evidence for selection or re- approval	Possible Patient / educational outcomes of implementation
1) Ensure safe & effective patient care through training	Area 1: Focus on patients Ensuring training environment safe for patients & trainees AoME Standards: 2.1.2, 2.1.5, GMC 1.1,1.2, 1.3,1.4, 1.6, 2.1, 5.1, 5.4, 6.1, 6.10, 6.11, 6.29 NMC Establishing effective relationships	Placement induction Mandatory training Encouraging trainees to take responsibility for training Balancing service with education Using education to improve patient care, e.g. in handover and transitions Patient consent	EWTR reports Critical incident reports / analysis; patient complaints Service improvements (trainee led) Regulator (e.g. GMC, NMC) or deanery surveys Portfolio including induction/teaching programme Trainee feedback PQAF monitoring	CNST reports Patient mortality (hospital data) ITU admissions/ readmissions at key transition points Patient complaints/satisfaction CQUIN – safety thermometer SUIs and never events
2) Establish & maintain an educational environment	Area 2: A good learning environment enhances healthcare education AoME Standards: 2.1.2, 2.1.5, 2.2.2 GMC 3.1, 5.1, 5.2, 5.4, 6.6, 6.7, 6.12, 6.17, 6.30, 8.1-8.7 NMC Facilitation of learning; Context of practice	Feedback Creating learning environments Development of learning communities/sets Evaluating learning and training Equality / diversity training Protecting Learners The Learning Relationship The societal and legal framework Multi-professional learning and teaching NHSI improvement projects (non-medical)	Course registers / certificates Regulator (e.g.GMC) or Deanery surveys (esp. bullying / undermining scores) Attendance registers for local education training Minutes local training committees (attendance) Learner evaluations Team records/ inventories Colleague feedback Mentor Registers (NMC) NMC visits AHP reviews	CNST / QIPP Board & annual hospital reports MPD visit reports PQAF Monitoring CQC reports

<p>3) Teach & facilitate learning</p>	<p>Area 3: Improve teaching & training skills AoME Standards: Domain 1 and 2 GMC 1.3, 5.9 NMC Facilitation of learning Context of practice</p>	<p>Assessing learning needs Reflection Teaching / training skills Small group teaching Feedback Simulation Peer teaching / coaching Curriculum development Teaching methodologies and technology</p>	<p>Course certificates / registers Regulator (e.g. GMC) surveys Evaluation teaching sessions 360 appraisal Teaching programmes Development new educational programmes Student feedback</p>	<p>ARCP or equivalent outcomes Exam performance Substantive appointments for learners PQAF</p>
<p>4) Assess</p>	<p>Area 4: Valid & reliable assessment accelerates learning Identifies trainees in / with difficulty early AoME Standards: Domain 3 GMC 5.9, 5.10, 5.12, 5.15-5.18, 6.8, 6.30 NMC Assessment and Accountability</p>	<p>Principles Feedback WPBAs ARCPs or equivalent assessments Calibration</p>	<p>Course certificates Regulator (e.g. GMC) surveys Calibration meetings Number & quality of WPBAs undertaken Supervisor reports Involvement in ARCPs Feedback from external teaching/assessing Student passports</p>	<p>Training outcomes - CCT / CESR Numbers of CCT holders/course graduates Number of graduates referred to regulator within first five years (how would this be monitored?) ??</p>
<p>B) IN ADDITION EDUCATIONAL SUPERVISORS SHOULD DEMONSTRATE:</p>				
<p>5) Guide personal & professional development of trainees</p>	<p>Area 5: Supporting and monitoring educational progress of trainees Prepares trainees for annual ARCP/assessment AoME Standards: 1.1.3,1.1.6, 2.1.4, 2.1.6, 2.2.6, 2.3.10, 2.3.11,5.2.3 GMC 1.7, 1.8, 5.15-5.18, 5.20, 6.2, 6.3-6.8, 6.31-6.33 NMC Evaluation of Learning</p>	<p>Goal setting/ learning plans Educational contracts Records and Portfolios Framework for appraisal Trainees in / with difficulty Provision of annual trainee report Mentor preparation and Good practice guidance (NMC) Enhanced communication and reflection Strategies for change</p>	<p>Course certificates Regulator (e.g. GMC) survey Identification trainees in difficulty - case studies Audits of educational supervisor reports Record of involvement in recruitment PQAF monitoring Programme outcomes Mentor Registers Fitness to Practice Feedback</p>	<p>Early identification trainees in / with difficulty Feedback from HEIs on Fitness for Practice</p>

<p>6) Act as a Mentor and Appraiser</p>	<p>Area 6: Good professional behaviour and relationships; team working and high quality patient care AoME Standards: 1.1.4, 1.1.6, 1.2.5, 1.2.7, Domain 2 GMC 5.18, 5.20, 6.1-6.28 NMC Assessment and accountability, Create an environment for learning</p>	<p>Career advice Developing learning plans Trainee and colleague appraisal Mentoring & advocacy Role modelling Team working (e.g. human factors courses)</p>	<p>Courses attended 360 appraisal / annual appraisal Career advice case studies GMC / NMC surveys Feedback from appraisees/mentees</p>	<p>Reduction of trainees in / with difficulty Involvement in appraisal/mentoring Substantive appointments for learners</p>
<p>C) FOR COMPLETION BY ALL SUPERVISORS</p>				
<p>7) Develop as a medical educator</p>	<p>Area 7: Continuing professional development in education AoME Standards: 1.2.7, 2.1.4, 2.1.6, 2.2.9, 4.2.2, 4.2.4, 5.1 GMC 6.35, 6.36 NMC Evaluation of Learning/ Evidence Based Practice</p>	<p>Evaluation of teaching/training Critical reflection on practice Research / audit in education Leadership Management and educational governance</p>	<p>Courses attended Other personal academic development or leadership projects (e.g. PG Cert) Appraisal documents CPD records 360 appraisal (5 yearly) Peer review of teaching Research/writing and other scholarly activity</p>	<p>Leadership by clinical educators</p>

Appendix 2- Health Education East of England - Approval for Clinical & Educational Supervisor courses 2014

Introduction

Training providers must ensure that their courses for trainer development are approved by Health Education East of England using this approval process. All teaching materials, course records, assessments and evaluations must be available at any time for review by Health Education East of England if required. All sections must be completed. In addition to a curriculum that meets the development framework, all providers must ensure supervisors are aware of the relevant specialty curriculum including required trainee assessments. All courses undertaken by supervisors should include a recognized evaluation process.

This framework is based on the Academy of Medical Educator's Framework for the development of medical supervisors. This has been mapped to GMC Generic Standards for training, the Higher Education Academy UK professional standards framework for teaching and supporting learning, the Academy of Medical Educators Professional Standards and the GMC generic standards for appraisal and assessment. The East of England framework includes mapping to NMC Standards to support Learning and Assessment in Practice guidance for Mentors (who are equivalent to Educational Supervisors in medical programmes) so that it is suitable for all educators. The evidence and outcomes sections are suggestions only at this stage and it is likely that these areas of the framework will be modified after piloting and varied by local circumstances.

Trusts/education providers as well as named individual trainers/supervisors must be able to demonstrate that they have completed an East of England approved course including the following:

Clinical supervisors need to demonstrate that they:

Were selected

Meet requirements of areas 1-4 of the development framework

Participate in annual appraisal & review of their role – fulfilling reflection, evaluation of teaching and educational appraisal - Area 7.

Educational supervisors need to demonstrate that they:

Were selected

Meet requirements of all 7 areas of framework

Participate in annual appraisal & review of their role.

Evidence can be either individual, departmental or hospital / unit based. Ideally a selection of all 3 levels of evidence should be presented at the annual review.

Instructions –

- 1- Please assess your course against the recommended content and suggested evidence areas in the HEEoE educator development framework
- 2- For content areas currently included in your course, please state how each element is taught
- 3- For content areas not included, please state proposed changes to incorporate all required area
- 4- Submit completed form to HEEE.EducatorsFaculty@nhs.net who will confirm course approval

Course:		Position:	
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Completed by:		Date:	
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AoME standards	Content of training	Achieved by course	Evidence/Changes to course to meet standards
Ensure safe & effective patient care through training	<ol style="list-style-type: none"> 1) Placement/programme induction 2) Mandatory training 3) Encouraging trainees to take responsibility for training 4) Balancing service with education 5) Using education to improve patient care, e.g. in handover and transitions 6) Patient consent 		
Establish & maintain an educational environment	<ol style="list-style-type: none"> 1) Creating learning environments 2) Evaluating learning and training 3) Protecting/challenging learners 4) The Learning Relationship 5) Multi-professional learning and teaching 		

AoME standards	Content of training	Achieved by course	Evidence/Changes to course to meet standards
Teach & facilitate learning	<ol style="list-style-type: none"> 1) Assessing learning needs 2) Reflection 3) Teaching / training skills 4) Small group teaching 5) Feedback 6) Simulation 7) Peer teaching 8) Curriculum development 9) Teaching methodologies & technology 		
Assessment	<ol style="list-style-type: none"> 1) Principles 2) WPBAs 3) ARCPs or equivalent assessments 4) Calibration 		
Guide personal & professional development of trainees	<ol style="list-style-type: none"> 1) Goal setting/ learning plans 2) Educational contracts 3) Records and Portfolios 4) Frameworks for appraisal 5) Trainees in / with difficulty 6) Provision of annual trainee reports 7) Strategies for change 		
Act as a Mentor and Appraiser	<ol style="list-style-type: none"> 1) Career advice 2) Supporting long term learning plans 3) Peer appraisal 4) Mentoring, coaching & advocacy 5) Role modelling 6) Team working and learning 		
Develop as a medical educator	<ol style="list-style-type: none"> 1) Evaluation of personal teaching/training 2) Personal critical reflection 3) Research / audit in education 4) Leadership 5) Educational governance 		

Please now complete the following:

- 1 Please describe how your institution/course ensures supervisors are aware of the relevant specialty curriculum followed by their current or future students/trainees:**

- 2 Please describe how you evaluate and develop your course; please attach examples of recent course evaluations:**

FOR HEEoE USE:

Form Reviewed by:		Date:		Status (delete):	Approved	Not Approved
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Health Education East of England - Framework for the Professional Development of Clinical Educators

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Appendix 3- Health Education East of England – Reflective Template for the Appraisal of Clinical Educators

Introduction

1. This reflective template is intended to aid clinical trainers (clinical and educational supervisors) to reflect on their performance in their role. It is intended to both aid individual educators NHS appraisal and to assist Directors of Medical Education in evidencing the development of their educational faculty. Use of the form is not mandatory, but Health Education England would expect to see a similar model in use in each LEP including each section of the educator development framework as appropriate.

Appraisal of Clinical Educators

2. The educational appraisal should be a discrete part of the employer appraisal and job planning. This template is designed to assist the appraisee to produce supporting information for the educational component of their work and to reflect on their development needs. This completed template should be taken to an individual educators NHS appraisal. A copy should also be sent to the Director of Medical Education in the Trust.
3. The process consists of two parts – the first to review the previous year's progress and the second to complete a new personal educational development plan. Objectives should be SMART, i.e. Specific, Measurable, Achievable, Realistic and Timely. The second part should be discussed with your appraiser.
4. In order to complete the appraisal template the educator should refer to the Academy of Medical Educators (AoME) Professional Standards Framework. Suggested evidence supporting each section is documented more fully in the framework than in the appraisal form itself. Used sequentially over several appraisals, this template allows educators to build evidence which can be used across the Domains of the AoME Standards, eventually supporting Membership or Fellowship of AoME.
6. The Appraisee should pre-populate the educational appraisal template based on his/her own views and evidence prior to the appraisal meeting. The template should be sent to their appraiser at least two weeks prior to the appraisal meeting.
7. It is suggested that three copies should be taken of the completed and signed appraisal template. A copy should be retained in the NHS appraisal and by the appraisee. It is good practice for the third copy to be retained by the Director of Medical Education in the Trust.

Appraisal Template for Clinical Educators

Name of Appraisee:		Start Date and role:	
Name of Trust:		Name of Responsible DoME:	
Date of the Start of Year Appraisal:		Date of the End of Year Appraisal:	

Section One – Review of Educational activities

This section should be completed by the appraiser and is concerned with discussion of the educational role overall. It may include reviewing past objectives.

Achievements, successes and possible areas for improvement <i>In this section you should describe your educational role overall and your main achievements since the last appraisal in this role. Discuss any changes that may have affected your role and any high points and achievements, as well as thinking about things that could have been better.</i>

Objectives / Job Responsibilities <i>In this section you should describe any evidence of achievement against each area listed for the past year. Consider whether and how you might develop in each area; can you describe learning objectives for the coming year? If so, what might be your anticipated indicators of achieving those goals? Record these in the final column.</i> <u>Areas in grey should not be completed by clinical supervisors; all areas should be completed by educational supervisors</u>				
Domain areas	Suggested evidence of activity	Record below your examples/reflections	Possible SMART Objectives for development	What will be the outcome if you achieve this objective?
1) Ensure safe & effective patient care through training	<i>Give an example of how you ensure education contributes to patient safety</i>			
2) Establish & maintain an educational environment	<i>Describe a unit where you feel the learning environment is good or one that could be improved, stating your reasons</i>			
3) Teach & facilitate learning	<i>Describe a learning activity you facilitated during the year; what prompted it, how was it delivered and how did you measure the outcomes? Include evaluations where possible</i>			

<p>4) Assess</p>	<p><i>Describe an assessment you undertook in your role, explaining its relevance; include an example of your feedback</i></p>			
<p>5) Guide personal & professional development of trainees</p>	<p><i>Describe an example of a review of a trainee's progress you feel went particularly well. Explain why?</i></p>			
<p>6) Act as a Mentor and Appraiser</p>	<p><i>Give an example of how you develop and support colleagues in your role</i></p>			
<p>7) Develop as a medical educator</p>	<p><i>Provide your personal reflective learning log as an educator; including learner feedback, MSFs, complaints and SEAs</i></p>			

Section Two: Development Discussion at the Appraisal

The development discussion between the appraiser and appraisee at the appraisal should aim to confirm a PDP focussing on development needs of the individual within their job role. When development needs are discussed, consider opportunities and constraints; how best can the appraisee achieve their goals?

Opportunities and Constraints

Record opportunities for the educator as well as any foreseeable constraints that might affect their future development.

--

This section is about summarising the educational component of appraisal and is an opportunity for appraiser and appraisee to add any additional comments.

Overall Performance Summary:

Achievements in educational role

--

Agreed Personal Development Objectives

- 1
- 2
- 3

--

We agree that the above is an accurate summary of the educational element of the appraisal discussion and agreed action, and of the agreed personal educational development plan.

Appraisee's Signature:

--

Appraiser:

--

DoME:

--

Date:

--

It is good practice to send a copy of this form to:

- The Director of Medical Education

- The Appraisee

- The NHS appraiser

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Appendix 4- Universal Learning Event Evaluation Sheet

An example evaluation sheet for use by educators after any learning episode, or short course to provide evidence for the effectiveness of their supervision/teaching

1) What were the 3 best things about this learning event?

1. ____
2. ____
3. ____

2) How would you improve this learning event?

1. ____
2. ____
3. ____

3) How will this event change your care of patients?

4) Describe how the learning event felt – circle as many of the following as you wish:

Stimulating	Restrictive	Interactive	Irrelevant to me	Fun
Challenging	Sets the agenda	Innovative	Empowering	Boring

5) How would you rate the importance of this learning event to your clinical practice?

1(none) 2 3 4 5 6 7 8 9 10 (very important)

6) Do you have any comments about the organisation or supervision of the learning event, including meetings such as induction, midpoint and final if relevant?

7) Please record any further comments here, including ideas for future learning events.

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):	<input type="checkbox"/> Clinical Supervisor	<input type="checkbox"/> Educational Supervisor	<input type="checkbox"/> Other		
Preparatory course title & Institution: (E.g. College or local course)		Date course completed:		E&D Certificate date:			
Date of last educational review at appraisal:		Educational 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	<i>How do you ensure education contributes to patient safety? Describe the aims of your trainee induction.</i>	
2) Establish & maintain an educational environment	<i>Describe a clinical setting where you feel the learning environment is good or one that could be improved, stating your reasons</i>	

3) Teach & facilitate learning	<i>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</i>	
4) Assess	<i>Describe an assessment you undertake in your role; describe the principles of feedback. In which WPBA have you been trained?</i>	
5) Guide personal & professional development of trainees (ES only)	<i>Describe an example of a review of a trainee's progress you feel went particularly well. Explain why?</i>	
6) Act as a Mentor and Appraiser (ES only)	<i>Give an example of how you develop and support colleagues in your role</i>	
7) Develop as a medical educator	<i>Confirm that you have a personal reflective learning log as an educator; including learner feedback, MSFs, complaints and SEAs</i>	

FOR DoME USE:

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