***This form is to be used in all East of England Trusts to approve or reapprove clinical educators.*** *It may be required by NHSE EoE 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 Trust and again on re-selection, normally every 3 or 5 years.*

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| **Personal Details** | | | |
| **Name:**  ***Full name as registered on GMC*** |  | **Specialty:**  ***Please select from dropdown as must be specialties approved and listed on GMC*** | Please select from dropdown |
| **Work Email:** |  | **Trust name** |  |
| **GMC Number:** |  | **Educational role**  ***Tick as appropriate*** | **Clinical Supervisor  Educational Supervisor** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Evidence of Training**  **Please select one option and provide details of training completed**  *Training required every 3 or 5 years* | | | | |
| **Option 1** | ***Course delivered by College***  *Please provide details of course. Content must be checked and approved by DME* | *Date course completed (DD/MM/YYYY)* |  | |
|  | | | | |
| **Option 2** | ***Local Hub Day (Trust Course)***  *NB. this applies for courses approved in 2022 onwards* | *Date course completed (DD/MM/YYYY)* |  | |
|  | | | | |
| **Option 3** | ***Online Training Modules (Bridge)***  *All three modules must be completed: Educational Theory, Faculty Development and Equality, Diversity and Inclusion (EDI)* | *Date modules completed*  *(DD/MM/YYY)* |  | |
| **Option 3**  **(p*re-March 2024 only)*** | ***Tiered Approach (pre-March 2024 only)***  *Both components must be completed:*   * *University (HEI) course* * *Online Content – Faculty Development* | *University (HEI) course*  *Date course completed (DD/MM/YYYY)* |  | |
| *Clinical (HEE) online content*  *Date course completed (DD/MM/YYYY)* |  | |
| *In addition to the above, please confirm you are up to date with the curriculum requirements of your School, and are aware of the following specialty specific processes: Induction, ESR’s, ACRPs, Exams and Study Leave* | | | |  |

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| --- | --- | --- | --- | --- | --- |
| **Date of last educational review at appraisal:** |  | E**ducational PAs in the job plan:** | **Yes/No** | **Speciality/ies of trainees to who supervision is provided (e.g. foundation, GP)** |  |

**FOR DME/MEM USE:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sign off**  **Must be signed by Director of Medical Education (DME) or Medical Education Manager (MEM) below** | | | | | | | |
| **Educator approved by:** |  | **Role:** |  | **Date:** |  | **Date for re-approval:**  *Approval period is 3 or 5 years from date of recent training* |  |

Please ensure all fields of the form have been completed. Once completed and signed off, please send completed form to: [england.educatorsfaculty.eoe@nhs.net](mailto:england.educatorsfaculty.eoe@nhs.net).

GMC Connect details will be updated by NHSE East of England Faculty Support Team and confirmation will be emailed to DME/MEM.