Educational/Clinical Supervisor Recognition and Approval evidence

| Name | |
|------------------------|--------|
| Educational Supervisor | Yes/No |
| Clinical Supervisor | Yes/No |

Meeting the GMC standards – HENW requirements

To be fully recognised as a 'Named' Clinical or Educational Supervisor, trainers are required to document evidence from the domains, as indicated below, to demonstrate their engagement in educational activity

Clinical Supervisor Domains/Evidence:

| Clinical Supervisor Requirement | Domain | What is the evidence to support you meeting this domain? |
|------------------------------------|--|--|
| Yes | 1. Ensuring safe and effective patient care | |
| Yes | Establishing and maintaining an environment for Learning | |
| Yes | Teaching and Facilitating Learning | |
| Yes | Enhancing Learning through Assessment | |
| No | 5. Supporting and monitoring educational progress | |
| No | Guiding personal and professional development | |
| Yes | Continuing professional development as an educator | |

Educational Supervisor Domains/Evidence

| Clinical Supervisor Requirement | Domain | What is the evidence to support you meeting this domain? |
|------------------------------------|--|--|
| Yes | Ensuring safe and effective patient care | |
| Yes | Establishing and maintaining an environment for Learning | |
| Yes | Teaching and Facilitating Learning | |
| Yes | Enhancing Learning through Assessment | |



| Yes | 5. Supporting and monitoring educational progress |
|-----|---|
| Yes | Guiding personal and professional development |
| Yes | 7. Continuing professional development as an educator |

Externally Accredited Courses

Please detail below any externally accredited courses which you may have attended such as Edge Hill, the AoME, Royal College Course, Train the Trainers etc.

| Have you attended any externally accredited courses? | Yes | No |
|--|-------------------------------|------------------------|
| If so, please provide the de | tails of each course attended | & modules contained |
| within the course | | |
| Name of Course & | Date Attended | Details of Course |
| Provider | | Including module names |
| | | |
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| | | |
| | | |
| | | |

Once completed, please return the form and any supporting documents, including evidence of course module completion, letters & certificates of attendance etc. to Emily Croucher, Postgraduate Education Manager <u>Emily.croucher@nhs.net</u>, who will take to the DMCE for checking & sign off.

If approved, we will let you know & we will update your details with the GMC.

| Comments from Director of Medical & Clinical Education (If Any): | | |
|--|--------|--|
| DMCE Signature to confirm evidence checked & approved: | Date : | |

