#

# HEE Wessex – Ongoing Recognition to be an Educational Supervisor or a Named Clinical Supervisor

It is your responsibility to ensure that *you* complete the form (overleaf) and ask your appraiser to sign it and then return to quality.wx@hee.nhs.uk . The Quality Team will confirm re-approval for a further five years and will update both the HEE Wessex and GMC registers. You are required to:

1. Discuss the role of Educational and/or Named Clinical Supervisor at **each annual appraisal** as part of your full scope of practice.

|  |  |  |
| --- | --- | --- |
| **Named Clinical Supervisor** | **GMC Standards for Medical Educators** | **Educational Supervisor** |
| Tick |  1. Ensuring safe and effective patient care | Tick |
| Tick |  2. Establishing and maintaining an environment for learning | Tick |
| Tick |  3. Teaching and facilitating learning | Tick |
| Tick |  4. Enhancing learning through assessment | Tick |
|  |  5. Supporting and monitoring educational progress | Tick |
|  |  6. Guiding personal and professional development | Tick |
| Tick |  7. Continuing professional development as an educator | Tick |

1. Completed a minimum of 10 hours of CPD over the five-year cycle, with reflections. A range of development [courses](https://wessex.hee.nhs.uk/learning-and-development/courses/supervisors-and-educators/ed-clin-sup-secondary-care/) are available in Wessex. However, you can undertake any CPD that you and your appraiser consider to be appropriate. Please refer to the [ES-CS reaccreditation example CPD log](https://wessex.hee.nhs.uk/supervisors-and-educators/general-medical-council/secondary-care-pathway/ongoing-recognition/) for further guidance.
2. For Educational Supervisors only, have received written feedback, on at least one ES ARCP report in a five-year cycle and discussed with written reflections at your annual appraisal. (If you have not written an ARCP report discuss and document this at your appraisal as to the reasons).

## Dental

If you are an Educational Supervisor working with dental trainees, please could you copy in Dr Jane.Powell@hee.nhs.uk Associate Postgraduate Dental Dean and Dental.TV@hee.nhs.uk submitting your completed form to the Quality Team.

It is your responsibility to:

* ensure that this form is completed during the year before your recognition expires, and that you ask your appraiser to sign it.
* let quality.wx@hee.nhs.uk know if there is going to be a delay in returning your form.
* let the quality team know if you change organisation.

**Please send the completed form to** **quality.wx@hee.nhs.uk**

# Wessex Educational and/or Named Clinical Supervisor Renewal Form

I can confirm that:

|  |  |  |
| --- | --- | --- |
|  | Renewal Criteria | Select Answer |
| 1 | I am an Educational Supervisor / Named Clinical Supervisor. | ES onlyCS onlyBoth ES & CS |
| 2 | The role of supervisor was discussed at my latest appraisal as part of the scope of practice and at each annual appraisal since the last date of recognition, | Yes / No |
| 3 | I have in the last 5 years provided evidence of feedback on an ARCP report and their written reflection.*If no, please give further information (e.g., have not had a trainee, are a Named Clinical Supervisor)* | Yes / No |
| 4 | I have provided evidence of 10 hours of relevant CPD. | Yes / No |
| 5 | I have appropriate time in my job plan to meet my educational responsibilities.*If no, what action has been agreed to raise this with your line manager / DME.* | Yes / No |
| 6 | I give permission for my details (as below) to be kept on the Wessex supervisor database, and shared with trusts, for the duration of my recognition period.*If permission is not given, HEE will be unable to provide information updates relevant to your role or send a reminder to you to gain reapproval.* | Yes / No |

**Name of Supervisor:**

(GMC registered name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GMC number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organisation Email address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Specialty:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employing Organisation and Site:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signed – Appraiser Name:** ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appraiser GMC number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_