**TA2 Re-Approval Form**

**Educational/Clinical/Foundation Supervisor Approval and Re-approval Form: Thames Valley and Wessex**

Educational / Clinical Supervisors first re-approval will take place no later than 2 years, and 5 yearly thereafter to maintain GMC recognition. Please see guidance notes below to ensure sufficient information is supplied on completion of this form.

An Interview (typically 45-60mins) will be carried out to check the details of the form and make recommendations as required.

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| **Applicant’s Details** | | | | | | | | | | | | |
| Applicant’s Name  (full name and known as) | |  | | | | | | | | | | |
| GMC Number | |  | | | Applicants Email | | |  | | | | |
| Practice Name and Full Address  (including branch /merged practices) | |  | | | | | | | | | | |
| Practice Manager name and email | |  | | | | | | | | | | |
| Practice NACS Code  (e.g. J12345) | |  | | | | | Patch | | |  | | |
| Patch Associate Dean | |  | | | | | | | | | | |
| Supervisor type \* | | ES | | | | ECS | | | | | | F2 CS |
| Other Practice members interviewed (optional): | |  | | | | | | | | | | |
| Date of last (re)-approval: | |  | | | | | | | | | | |
| \* ES – Educational Supervisor  ECS – Enhanced clinical supervisor  F2 CS – Foundation year 2 clinical supervisor  **CQC rating of practice with date (include recommendations and actions if applicable)** | | | | | | | | | | | | |
| **Progress with previous areas for development / agreed actions (from last report)** | | | | | | | | | | | | |
| **Please describe how you ensure safe and effective patient care** | | | | | | | | | | | | |
| **How do you establish and maintain an environment for learning?** | | | | | | | | | | | | |
| **Describe how you teach and facilitate learning** | | | | | | | | | | | | |
| **Please describe your timetable and the protected time you are given for your supervisor duties and development** | | | | | | | | | | | | |
| **How do you enhance learning through assessment?** | | | | | | | | | | | | |
| **How do you support and monitor educational progress?** | | | | | | | | | | | | |
| **How do you guide personal and professional development of your trainee?** | | | | | | | | | | | | |
| **How do you ensure continuous professional development as an educator? (Attach PDP, trainers meetings / faculty day attendance dates)** | | | | | | | | | | | | |
| **Are there any issues you need help or advice with?** | | | | | | | | | | | | |
| **Do you have any GMC or health-related concerns?** | | | | | | | | | | | | |
| **Please attach feedback from your trainees** | | | | | | | | | | | | |
| Date of most recent trainer course**/** Experienced trainer course (latter minimum 5 yearly) | | | |  | | | | | | | | |
| Have you discussed your supervisor role at your annual appraisal? | | | | Yes | | | | | | | No | |
| Have you received feedback regarding your e-portfolio use and WPBA? | | | | Yes | | | | | | | No | |
| **SECTION to be completed by assessor:** | | | | | | | | | | | | |
| **Highlights and Agreed areas for development**  Highlights:  Requirements:  Observations: | | | | | | | | | | | | |
| Lead Educator approving | Name | | | | | | | | Date | | | |
| Approval granted? | Yes | | No | | | | | | | Approval interval: | | |
| Comments on requirements |  | | | | | | | | | | | |
| No of trainees approved to train |  | | | | | | | | | | | |

Section to be completed by 2nd reviewer (Approvals team):

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| Name of 2nd Reviewer |  |
| Date |  |
| Comments |  |

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| Report Approved by GP-STC | Dr Manjiri Bodhe  Head of School of Primary Care (GP), NHS England Thames Valley and Wessex  Date: |

**Guide for Educational / Clinical / Foundation Supervisors for completing this form: Thames Valley and Wessex**

This form has been created to ensure that supervisor re-approval is in keeping with the standards set by the [GMC](https://www.gmc-uk.org/education/how-we-quality-assure/postgraduate-bodies/recognition-and-approval-of-trainers#:~:text=Recognition%20and%20approval%20of%20trainers%20-%20GMC%20Doctors,will%20have%20their%20recognition%20extended%20by%2012%20months).

This guide is designed to help supervisors complete sufficient information in the form in keeping with the GMC and RCGP recommendations: [Promoting excellence for General Practice](https://www.rcgp.org.uk/-/media/Files/GP-training-and-exams/Information-for-deaneries-trainers-supervisors/Promoting-Excellence-for-General-Practice---2021.ashx?la=en)

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| **Question:** | **Helpful evidence and information to include:** |
| Please describe how you ensure safe and effective care | Induction plans  Clinical supervision/Debriefing arrangements for trainees/ including when trainer is away.  Trainee workload arrangements  How patients are selected for trainees  Equipment provision for trainees  Learners made aware how to escalate concerns |
| How do you establish and maintain an environment for learning? | Reflection on learning culture  Systems for raising concerns.  Demonstrate the trainee is facilitated / encouraged to attend practice meetings (including complaint / significant event discussions/patient care meetings / management meetings)  Demonstrate collecting and responsiveness to trainee feedback  Quality improvement activity in practice leading to team learning  Consideration of Equality and Diversity |
| Describe how you teach and facilitate learning | How the trainer assesses learning needs of trainees  How patients are selected for trainees to optimise learning/ gain a full range of clinical experience  Teaching methods used  Feedback methods used  Trainee timetable compliant with contract, 70/30 clinical / educational split.  2-hour weekly tutorial (pro-rata) |
| Please describe your timetable, the protected time you are given for your ES duties and development | Minimum amount of protected time for ESs:  1 trainee: 4 continuous hours / 1 session per week.  For additional trainees allocated to the same trainer – a minimum of a further 2 hours per trainee. (gold standard however would be 1 session per trainee)  In addition: Time to attend faculty days and trainers meetings/ away days  Minimum amount of protected time for Foundation Supervisors and CSs: 2 continuous hours per week to allow for tutorial time (gold standard however is 1 full session per trainee)  Trainer working minimum of 4 clinical sessions in practice (of which 1 can be replaced with tutorial time).  Trainer aware to inform TPD team of absences more than 2 weeks, or significant practice changes |
| How do you enhance learning through assessment? | Assessments done by approved trainer only  Assessments sequenced and progressive  Support and feedback given  Assessments mapped to curriculum requirements  Trainer attended regular training in calibration of WPBAs  (For CSs: Mandatory attendance at Nuts and Bolts for COTs and CBDs every 5 yrs) |
| How do you support and monitor educational progression? | Use of videos in teaching  Opportunities to collect feedback on trainees’ performance from other team members |
| How do you guide the personal and professional development of your trainee? | Awareness of where to discuss / escalate concerns about a trainee  Exam preparation support offered |
| How do you ensure continuous professional development as an Educator? | Mandatory to attach PDP  Please ensure PDP is SMART  Locally stipulated minimum attendance at trainers’ meetings.  Faculty day attendance  Equality and Diversity certificate  Relevant learning plan in keeping with experience as an educator |
| Please attach feedback from your trainees | Minimum requirement to attach trainee questionnaire feedback from current trainee(s) (Please check local information for correct form). Additional tutorial or end of placement feedback can be supplied (recommended) |
| Have you received feedback regarding your e-portfolio use and WPBA? | If you have received Panel feedback, please comment on this.  If No: Approver/Assessor will be able to review and offer feedback within this process |