|  |  |
| --- | --- |
| Trainer Details | Appraiser details |
| GMC No. |  | Name |  |
| Name |  | Appraisal period |  |
| eMail |  | Appraisal date |  |
| Healthboard |  |
| Specialty |  |
| Base location |  |
| Revalidation date: |  |
| Role(s) |

|  |
| --- |
| [ ]  LEAD COORDINATOR OF UNDERGRADUATE TRAINING |
| [ ]  OVERSEEING STUDENTS EDUCATIONAL PROGRESS |
| [ ]  EDUCATIONAL SUPERVISOR |
| [ ]  CLINICAL SUPERVISOR |

 |

**PERIOD COVERED BY THIS SUMMARY FORM: TO**

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| RoT submission |
| Section A: Educational Governance Requirements |
| [ ]  1) I have a GMC Licence to Practice. |
| [ ]  2) I have completed equality and diversity training as required by my employer. I am currently practising within the field(s) relevant to my training role(s). |
| [ ]  3) I have appropriate time allocated within my role. |
|  |
| Section B: Role‐specific requirements |
| [ ]  By ticking the checkbox, you confirm the following: |
| 4) I understand the requirements of my role and how that role fits with other educational and clinical roles.5) I know how to get support if needed.6) I understand the curriculum and career stage of my students/trainees.7) I am aware of the quality management requirements for Recognition of Trainers and that I may be asked to provide further information on my eligibility for recognition. |
| Section C: Generic Trainer Skills |
| You must provide evidence of an appropriate level of teaching development. For most trainers this will involve providing supporting information mapped to the GMCs framework areas. |
| [ ]  By ticking the checkbox, you confirm that you have collected appropriate supporting information and can satisfy the requirements of the GMC framework areas: |
| 1) Ensuring safe and effective patient care through training2) Establishing and maintaining an environment for learning3) Teaching and facilitating learning4) Enhancing learning through assessment5) Supporting and monitoring educational process (not required for Clin Sup)6) Guiding personal and professional development (not required for Clin Sup)7) Continuing professional development (CPD) as an educator |

You should discuss your educational role and review the supporting information during your annual appraisal, and you may also be asked to demonstrate compliance during a quality management review by the relevant Education Organisation.

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| Supporting information for appraisal |
| This should include appropriate documentary evidence for Section C and an equality and diversity training certificate (where appropriate). |
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***If documentary evidence is not available, an appropriate narrative should be provided below.***

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| Additional Information |
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| Appraiser Comments |
| **Discussions** |
|  |
| **Issues** |
|  |
| **Actions** |
|  |

Trainer

Signature: Date:

|  |
| --- |
| **Note for Trainers:**1. It is now your responsibility to ensure that this 5yr summary form, along with the previous 4 annual forms are submitted to your DME in a timely fashion, to enable re-recommendation as a trainer.
 |

**DME RECOMMENDATION**

[ ]  I confirm that I have seen all summary forms / supporting information covering this period and am confident that all requirements have been met.

[ ]  I am happy to re-recommend this trainer for ongoing recognition.

DME

Signature: Date: