

**Dental Directorate Thames Valley & Wessex
Ongoing Recognition to be an Educational Supervisor and/or Named Clinical
Supervisor to a Dental Trainee**

It is Educational and Named Clinical Supervisor responsibility to complete the Renewal Form and then return it to the Dental Directorate Thames Valley & Wessex

You are required to:

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

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

2. Complete a minimum of 10 hours of CPD development courses of your choice over the five-year cycle.

Renewal Form

I confirm that I am	
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. Please enter Yes or No	
I have appropriate time in my job plan to meet my educational responsibilities. Please enter Yes or No If No, what action has been agreed to raise this with your Line Manager/Director of Medical Education.	
I give permission for my details (as below) to be kept on the Thames Valley & Wessex Dental Directorate supervisor database, and shared with trusts, for the duration of my recognition period. Please enter Yes or No 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.	

Educational/Clinical Supervisor Details & Signature	
Full Name of ES/CS	
GDC Number	
Dental Specialty	
Employing Organisation	
Date	
Signature	
Appraiser Details & Signature	
Full Name of Appraiser	
GDC Number	
Dental Specialty	
Employing Organisation	
Date	
Signature	

Please return this form to the Dental Directorate Thames Valley & Wessex
Dental.TV@hee.nhs.uk

The Dental Team will confirm your re-approval for a further five years and update your individual record