**Professional Development Framework**

**Supervisor Portfolio** **Documentation:**

Your portfolio for accreditation as a named supervisor should demonstrate a professional, informed and coherent approach to the supervision of trainees. The portfolio documentation has been kept as brief as possible and is aimed primarily at supporting a developmental discussion about your role as a named supervisor with a minimum of ‘paperwork’.

It is only mandatory to complete this portfolio if you have a role as a named clinical or a named educational supervisor, in which case you will be required to participate in a process of Trust- based reaccreditation every three years.

1. **Personal Information**

**Name:**

**Specialty:**

**Trust:**

**Telephone:**

**Email:**

For how many trainees do you act as the named Clinical Supervisor?

For how many trainees do you act as the named Educational Supervisor?

How many years have you acted as a supervisor?

When is your Equality and Diversity training due for renewal? Click here to enter a date.

**Note: This must be renewed every 3 years**

**Brief description of your supervisory role and any other educational roles in which you are involved:**

1. **Developmental Activities**

**In this section you are asked to document training/courses undertaken relevant to your supervisory role**.

* Guidance on mandatory training requirements can be found in the Professional Development Framework for Supervisors at [www.faculty.londondeanery.ac.uk](http://www.faculty.londondeanery.ac.uk)
* Please provide 4 – 8 example of training courses / development activities undertaken
* Further guidance can be found on Appendix 1 (eLearning Module Map)

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| --- | --- |
| **Description of courses/activities undertaken** | **Framework area (please tick)** |
| Ensuring safe and effective patient care through training | Establishing and maintaining an environment for learning | Teaching and facilitating learning | Enhancing learning through assessment | Supporting and monitoring educational progress | Guiding personal and professional development | Continuing professional development as an educator |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** |
| **Have you attended ASET, SUMMiT or Supervisors Workshop? If so, please tick 1, 2, 3, 4, 5, 6 and 7** |  |  |  |  |  |  |  |
| **Have you attended TID? If so, please tick 3, 4, 5 and 6**  |  |  |  |  |  |  |  |
| **Please add other developmental activities here and below (examples in appendix 1)** |  |  |  |  |  |  |  |
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**Please document below notable good practice in relation to your personal performance and experiences.**

* Please provide 4 – 8 separate pieces of evidence highlighting your work as an educational supervisor over the past three years.
* Evidence relating to third parties must be anonymised so that individuals are not identifiable.
* Further guidance and examples can be found on Appendix 2 (Evidence of Good Practice)

|  |  |
| --- | --- |
| **Notable Good Practice / Personal Relevant Experience** | **Framework area (please tick)** |
| Ensuring safe and effective patient care through training | Establishing and maintaining an environment for learning | Teaching and facilitating learning | Enhancing learning through assessment | Supporting and monitoring educational progress | Guiding personal and professional development | Continuing professional development as an educator |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **See appendix 2 for examples** |  |  |  |  |  |  |  |
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**C. Personal Development Plan**

**What strengths have you identified?**

**What areas for further development have you identified?**

**How will you set about addressing these?**

**How will you know whether you have achieved the goals that you have set yourself?**

**By when do you intend to have done this?**

**D. Declaration**

I confirm that this is an accurate summary of my current supervisory activities and development needs. I agree to participate in a rolling programme of reaccreditation.

**Signed:**

 **Date:** Click here to enter a date.

**E. Sign Off**

***To be completed by the Director of Medical Education (or nominated deputy or equivalent).***

**Name:**

**Specialty:**

**Department:**

**Thank you for submitting your clinical/educational supervisor’s portfolio. On the basis of the evidence provided (please check appropriate box):**

**Comments:**

**Date of next Review:** Click here to enter a date.

**Name & Position of authorising sign off:**

**Signature:**

**Date of approval:** Click here to enter a date.

This page should now be copied / printed and returned to the educational supervisor.

**Appendix 1: eLearning Module Map**

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**Appendix 2: Evidence of good practice (example table)**

Listed below are examples of activities which you may have undertaken in the last 3 years. Completion of these activities will fulfil different areas of the Professional Development Framework. The table below demonstrates which areas of the Framework certain activities are likely to fulfil. You should aim to provide between 4 and 8 separate pieces of evidence highlighting your work as an educational/clinical supervisor and this should include data from, or actions taken as a result of, the latest GMC trainee survey.

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| --- | --- |
| **Example of relevant evidence** | **Framework area (please tick)** |
| **Ensuring safe and effective patient care through training** | **Establishing and maintaining an environment for learning** | **Teaching and facilitating learning** | **Enhancing learning through assessment** | **Supporting and monitoring educational progress** | **Guiding personal and professional development** | **Continuing professional development as an educator** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** |
| **Courses attended or programmes undertaken including, face-to-face and online learning**  | **** | **** | **** | **** | **** | **** | **** |
| **GMC trainee survey results or equivalent** | **** | **** | **** | **** | **** | **** |  |
| **Feedback from patients about care received** | **** |  |  |  |  |  |  |
| **Details of measures put in place to ensure supervision appropriate to trainee’s competence and confidence** | **** |  |  |  |  |  |  |
| **Trainee audits, examples of topics critically appraised by trainees** | **** |  |  |  |  |  |  |
| **Examples of near miss/critical incident analysis** | **** |  |  |  |  |  |  |
| **Other feedback from trainees from, for example, Shared Service’s multi-source feedback tool** |  | **** | **** | **** | **** | **** |  |
| **Evidence of recent initiatives to enhance the provision of learning opportunities** |  |  | **** |  |  |  |  |
| **Details of learning programmes, study schedules, timetables for trainees and clinical teachers** |  | **** | **** |  |  |  |  |
| **Feedback from colleagues** |  | **** | **** |  |  |  |  |
| **Details of progs., study timetables for trainees indicating assessment modes, patterns, relevance** |  |  | **** | **** |  |  |  |
| **Feedback from peers, e.g. relating to external examining or professional assessment** |  |  |  | **** |  |  |  |
| **Examples of meetings, records of trainee progress**  |  |  |  |  | **** | **** |  |
| **Case studies of the management of a trainee in difficulty (anonymised)** |  |  |  |  | **** |  |  |
| **Feedback from peers, e.g. relating to involvement in organisational/professional activities** |  |  |  |  | **** |  |  |
| **Examples of support, challenge and careers guidance provided to trainees (anonymised)** |  |  |  |  |  | **** |  |
| **Feedback from peers** |  |  |  |  |  | **** |  |
| **Results of 360° appraisal, such as the Shared Service’s multi-source feedback tool**  |  |  |  |  |  |  | **** |
| **Certificates or qualifications obtained** |  |  |  |  |  |  | **** |
| **Critical comments on relevant books or articles read recently** |  |  |  |  |  |  | **** |
| **Results of peer review or professional observation of teaching** |  |  |  |  |  |  | **** |
| **Keeps up to date on specific specialty and/or Foundation training requirements** |  |  |  |  |  |  | **** |