**IMT Educational Supervisor Feedback Form**

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| **Specialty** |  |
| **Date of ARCP panel** |  |
| **Panel Chair** |  |
| **Educational Supervisor** |  |

|  |  |  |
| --- | --- | --- |
|  | Y/N | **Comment** |
| **Educational supervisor form completed?** |  |  |
| **Evidence of regular meetings with trainee?**(Minimum once per month documented meetings on average). |  |  |
| **All generic and clinical CiPs rated appropriately in the curriculum and ES report with comment for each CiP?**Ratings should be appropriate to the evidence presented and the stage of training. |  |  |
| **Procedural skills rated appropriately?** |  |  |
| **All other areas of ES report completed with comments to justify ratings?** |  |  |
| **Is there evidence that any concerns raised in the portfolio have been discussed with the trainee?** |  |  |

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| **Overall quality of ES report and curriculum review** (please tick one) | **Summary comment*** evidence supporting your overall assessment
* suggestions for improvement
* suggested action required (if rated as needs improvement)
 |
| **Improvement required** |  |  |
| **Acceptable**  |  |
| **Excellent** |  |

Person for ES to contact in event of queries:

Form to be sent to the ES (copied to CT/TPD).

ES to reflect on the feedback in their consultant appraisal.