

**APPLICATION FORM FOR RECOGNITION AS**

**AN ASSOCIATE EDUCATIONAL SUPERVISOR**

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| **1. Instructions** |
| Before completing this application form please read the Associate Educational Supervisor person specification (Appendix A). Please complete all sections of this form, and provide supporting documents if applicable. Incomplete application forms will not be processed and will be returned to the applicant.  Please return your completed application form and supporting documents to:  Specialty Training Manager  Faculty of Pharmaceutical Medicine  19 Angel Gate  326a City Road  London  EC1V 2PT |

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| **2. Personal Details** | | |
| Title: | Surname: | Forename: |
| Correspondence address: | | |
| Tel No: | | |
| Mobile No: | | |
| Email address: | | |

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| **3. Qualifications** |
| * I hold a scientific qualification, e.g. BSc and/or postgraduate medical or scientific diploma or degree, e.g. MSc, PhD |

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| **4. Experience** |
| * I have a minimum of five (5) years experience in the pharmaceutical industry, and can demonstrate the necessary breadth of experience in my specialty associated with pharmaceutical medicine     (*Please attach a copy of your current CV with this application form)* |

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| **5. Educational Supervisor** |
| Please state the name and email address of your nominated Educational Supervisor (ES):  Name:  Email:  Has the ES been recognised by the Specialist Advisory Committee?  Yes  No  If you ticked “No” your nominated ES must apply to be recognised to perform the role. Please go [here](https://www.fpm.org.uk/trainingexams/pmst/educational_supervisors) to find the ES application form. |

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| **6. Introductory workshop for Educational Supervisors and Associate Educational Supervisors** |
| As part of your application to become a recognised Associate Educational Supervisor in pharmaceutical medicine, you need to attend the Faculty’s ‘Introductory Workshop for Educational Supervisors and Associate Educational Supervisors’. We will book you on to the first available workshop, but you may request an alternative date after your application has been processed. The dates of the workshops are [listed here](https://www.fpm.org.uk/trainingexams/pmst/educational_supervisors).  There is a registration fee of £95 per person for the introductory workshop; please indicate below to whom the Faculty should send the invoice.  Please send me the invoice for the registration fee of £95.  Invoice address if different from your correspondence address:  Address:  Postcode:  Please send my employer the invoice for the registration fee of £95. Their correspondence details are as follows:  Name of invoice recipient:  Company/organisation name:  Address:  Postcode:  **Terms and conditions:** You will receive a full refund of the paid registration fee if you cancel your attendance on the introductory workshop two (2) weeks before the workshop. Refunds will be made, less a £50 cancellation fee, if you notify us one (1) week before the workshop. The Faculty reserves the right to change the venue if circumstances arise that require such changes. In the event of cancellation by the Faculty, a full refund of the registration fee only will be given; we recommend you take out insurance to cover any travel and accommodation expenses. Your personal details will be used for the purposes of event administration only. Please note the [Faculty’s data protection policy](https://www.fpm.org.uk/aboutus/aboutthefaculty/data_protection). |

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| **7. Declaration** |
| I declare that the information given on this form is true to the best of my belief and knowledge. I give permission for my personal details to be made available to a third party or parties as required for the purposes of monitoring, and assessing my recognition as an Associate Educational Supervisor as per Appendix B on Data Protection.  **Applicant’s name:**  **Applicant’s signature:**  **Date**: |

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| **8. Conditions on becoming an Associate Educational Supervisor** |
| By submitting this completed application form I agree to meet the following conditions:   * undertake induction training before I am fully recognised as an Associate Educational Supervisor, and attend update sessions about every two (2) years or as required * be prepared to be an Associate Educational Supervisor for a trainee, recognising the time commitment that this entails * be willing to provide on-going supervising and monitoring of trainees’ performance in accordance with the GMC’s *Good Medical Practice* * be willing to attend each annual review; Annual Review of Competence Progression (ARCP) * be prepared to provide support, if required, for a reasonable period (e.g. 12 months) after the trainee has been awarded an Outcome 6 to ensure that the trainee is entered on the GMC’s Specialist Register * actively undertake Continuing Professional Development (CPD) in the specialty associated with pharmaceutical medicine.   **Applicant’s name:**  **Applicant’s signature:**  **Date**: |

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| **9. Email network for Educational Supervisors, Associate Educational Supervisors and Specialty Advisers** |
| The Faculty of Pharmaceutical Medicine has set up an email network for Educational Supervisors (ESs), Associate Educational Supervisors (AESs), and Specialty Advisers (SAs), which is permission based. The list itself will be maintained and updated by the Faculty office, and distributed to those on the list each quarter. It will be marked confidential and ESs, AESs, and SAs will be asked not to pass these data on to other parties or to use the list for purposes not related to inter communication with other ESs, AESs, and SAs. Official communications from the Faculty will not be sent via this network.  Please note that the Faculty is unable to accept responsibility for any misuse or onward distribution of these data.  If you are happy for your email address to be circulated to other ESs, AESs and SAs please tick this box . |

**Appendix A**

**Associate Educational Supervisor Person Specification**

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| **Associate Educational Supervisor – Description of role** |

The AES carries out the same role and has the same responsibilities as an ES and can act as a signatory on PMST documents and attend ARCP meetings with his/her respective trainees. The one difference however, is that the sign-off documents – such as annual appraisals, supervisor’s reports and the e-portfolio - will need to be counter-signed by the ES or SA.

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| **Person Specification – Essential Criteria** |
| **Qualifications**  Holds a scientific qualification, e.g. BSc and/or postgraduate medical or scientific diploma or degree, e.g. MSc, PhD.  **Experience**  Has a minimum of five (5) years experience in the pharmaceutical industry, and can demonstrate the necessary breadth of experience in their specialty associated with pharmaceutical medicine.  **Personal Qualities**   * Must undertake induction training before full recognition as an Associate Educational Supervisor and attend update sessions about every two (2) years or as required. * Must be prepared to be an Associate Educational Supervisor for a trainee, recognising the time commitment that this entails. * Must be willing to provide on-going supervising and monitoring of trainees’ performance in accordance with the GMC’s *Good Medical Practice*. * Must be willing to attend each annual review; Annual Review of Competence Progression (ARCP). * Must be prepared to provide support, if required, for a reasonable period (e.g. 12 months) after the trainee has been awarded an Outcome 6 to ensure that the trainee is entered on the GMC’s Specialist Register. * Must be actively undertaking Continuing Professional Development (CPD) in their specialty associated with pharmaceutical medicine. |

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| **Notes**   1. The Specialist Advisory Committee, the Chair of the Specialist Advisory Committee or a delegated member of the Specialty Advisory Committee will review all applications. 2. An Associate Educational Supervisor must have an Educational Supervisor to oversee them. 3. Continuity is important for the trainee during the training period but it is recognised that a change of company by either trainee or supervisor may raise issues of confidentiality or practical difficulties, such as location in different countries, necessitating a change in Associate Educational Supervisor. 4. If the Specialist Advisory Committee decides that for any reason a potential or current Associate Educational Supervisor is not able to fulfil the requirements of the role effectively, recognition may be declined or withdrawn at any time.   *Associate Educational Person Specification Version 6.0 December 2017.* |

**Appendix B**

**Data Protection**

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| **Data Protection** |
| To comply with the General Data Protection Regulation (GDPR), it is essential that we have your permission to use personal data held on you, for the Faculty of Pharmaceutical Medicine, on behalf of the Pharmaceutical Medicine Virtual Deanery, to carry out any reasonable activity for the efficient administration of its statutory and regulatory obligations regarding the recognition and approval of Associate Educational Supervisors in pharmaceutical medicine. These data will only be disclosed, as part of the process of administering the recognition of Associate Educational Supervisors, with (as appropriate):   * The relevant regional and national training bodies. * Postgraduate medical deans and their staff. * Relevant royal colleges and faculty officers, representatives and staff. * Associate Educational Supervisors, Educational Supervisors and Specialty Advisers. * The General Medical Council. * Specialist and trainee societies and organisations. * Employing organisations. |