

End of Placement Meeting with Academic Supervisor

Date of meeting *	
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Foundation doctor

Name of Foundation Doctor:	Auto-filled
GMC No	Auto-filled
Training period from	Auto-filled
Training period to	Auto-filled
Local education provider	Auto-filled
Specialty	Auto-filled

N.B. This form is an optional addition to the Clinical Supervisor's End of Placement Report.

The main Clinical Supervisors Report must be completed regardless of whether this form has been completed. The foundation doctor cannot be signed off unless the Clinical Supervisor's End of Placement Report is completed.

This is an optional resource to support the planning and demonstration of academic achievements.

What ACADEMIC outcomes did you achieve during the placement? How did these compare with your initial aims? If there are any outcomes you have not achieved, why is this the case? *

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In addition to the above outcomes, did you produce any of the following during this placement: (and if so, by which date were they achieved? Please provide a comment if necessary.)

Publication:

<input type="radio"/>	Yes	If yes, date:	<input type="text"/>
<input type="radio"/>	No		
<input type="radio"/>	Not applicable		

Comment	
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Presentation:

<input type="radio"/>	Yes	If yes, date:	<input type="text"/>
<input type="radio"/>	No		
<input type="radio"/>	Not applicable		

Comment	
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Other:

<input type="radio"/>	Yes	If yes, date:	<input type="text"/>
<input type="radio"/>	No		
<input type="radio"/>	Not applicable		

Comment	
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Are there any other key learning points that you can take forward?

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Do you think you have excelled in any particular area?

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Please record any comments or notes as discussed and agreed during the meeting:

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Supervisor feedback

Has the foundation doctor reached the expected ACADEMIC standard for this stage of training?

<input type="radio"/>	Yes
<input type="radio"/>	No

How can the doctor improve? Any other comments?

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Supervisor details

Name	
GMC Number (if applicable)	
Email	

Signatures

Academic Supervisor signature:	
Date signed by Academic Supervisor:	

Foundation Doctor signature:	
Date signed by Foundation Doctor:	