

**Induction meeting with Clinical Supervisor**

Date of meeting

**Foundation doctor**

Name of Foundation Doctor	
GMC No	
Training period from	
Training period to	
Local education provider	
Specialty	

**Supervisor's role**

<input type="radio"/>	Clinical supervisor only
<input type="radio"/>	Joint educational and clinical supervisor - please complete the "Combined Initial and Induction Meeting" form instead

Give a brief description of the placement; for example general practice in a rural setting; haematology in university teaching hospital: \*

During this placement, the foundation doctor will be able to achieve a number of the FPCs.

<-- This text is for information only - it is not a question Only appears when the tooltip is hovered over/clicked on:

- HLO 1. An accountable, capable and compassionate doctor
- HLO 2. A valuable member of the healthcare workforce
- HLO 3. A professional responsible for their own practice and portfolio development

**Tooltip 1**  
**Tooltip 2**  
**Tooltip 3**

**Tooltip 1**

- Clinical Assessment
- Clinical Prioritisation
- Holistic Planning
- Communication and Care
- Continuity of Care

**Tooltip 3**

- Ethics and Law
- Continuing Professional Development
- Understanding Medicine

Particular opportunities / areas of focus during this placement are:

**Tooltip 2**

- Sharing the Vision
- Fitness to Practice
- Upholding Values
- Quality Improvement
- Teaching the Teacher

**Placement Supervision Group (PSG)**

**Tooltip 5**

**NOTE: A Placement Supervision Group assessment (PSG) is required in at least one placement at F1 and one at F2. Please complete the separate PSG request form towards the end of the placement.**

Are you able to identify the likely members of the PSG for this placement at this point? \*

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

Question below appears if "Yes" selected.  
Question below doesn't appear if "No" selected.

**Tooltip 5**

Within any placement, an individual healthcare professional is unlikely to build up a coherent picture of the overall performance of an individual foundation doctor. Whenever possible, the named clinical supervisor will seek information from senior healthcare professionals who will work with the foundation doctor during the placement.

These colleagues will function as a placement supervision group, commenting on whether the foundation doctor's clinical and professional practice is expected to meet or exceed the minimum levels performance required for sign off.

The following colleagues are likely to work with the trainee, be a member of the PSG and provide written feedback for the trainee for this placement:

**NOTE: This does not start the PSG request process - Please complete the separate PSG request form towards the end of the placement.**

Mandatory question if "Yes" selected above - at least one entry required.

Name	Job Title	Grade

**NOTE: A Placement Supervision Group assessment (PSG) is required in at least one placement at F1 and one at F2. Please complete the separate PSG request form towards the end of the placement.**

1. Have you been advised who your educational supervisor is and given contact details? \*

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

2. Are you aware of the requirements for satisfactory completion of your foundation year (including the benefits and required number of assessments and supervised learning events (SLEs) etc)? \*

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

3. Are there any practical procedures you feel you need extra support with in this placement? \*

**Tooltip 6**

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

Question below appears if "Yes" selected.

**Tooltip 6**

[GMC's Outcomes for graduates – Practical skills and procedures](https://www.gmc-uk.org/-/media/documents/practical-skills-and-procedures-a4.pdf?la=en&hash=9585CB5CA3DA386B768F70DAD3F62170C2E987E5]

If yes, explain below. \*

Mandatory question if "Yes" selected above.

4. Have you been given clear advice as to what is expected of you in your position? \*

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

5. Do you know how to use the e-portfolio? \*

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

6. Do you understand how to plan for and use time for self-development to achieve your curriculum outcomes (for personal and career development) and portfolio completion? \*

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

7. Have you been given training and access to the necessary IT systems for you to fulfil your workload? \*

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

8. Do you know what your work schedule and work intensity are and how to contact the trust's guardian of safe working?

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

9. Have you been told how to book leave (including study leave if appropriate)? \*

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

10. Are you familiar with your new place of work? \*

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

11. Do you feel competent to use any essential equipment which you will be required to operate? \*

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

12. Have you been told who to contact for clinical advice in hours? \*

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

13. Have you been told who to contact for clinical advice out of hours? \*

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

14. Do you know how to order investigations and access their results in and out of hours, if appropriate to your role? \*

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

15. Do you know how to access guidelines which may be helpful to you? \*

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

16. Do you know who to contact if you have personal concerns? \*

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

**Note to supervisor: By signing this form you are agreeing to follow the GMC standards for trainers ([https://www.gmc-uk.org/-/media/documents/promoting-excellence-standards-for-medical-education-and-training-0715\\_pdf-61939165.pdf](https://www.gmc-uk.org/-/media/documents/promoting-excellence-standards-for-medical-education-and-training-0715_pdf-61939165.pdf)).**

**Signatures**

<b>Supervisor:</b>	
GMC/ID Number:	
Email:	
Date:	

<b>Foundation Doctor:</b>	
GMC/ID Number:	
Email:	
Date:	