

Combined Induction Meeting with Clinical Supervisor & Initial Meeting with Educational Supervisor

Date of meeting

Foundation doctor

Forename of Foundation Doctor:
 Surname of Foundation Doctor:
 GMC Number:

Placement

Specialty	Local education provider	Training period from	Training period to
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Supervisor's role

<input type="checkbox"/>	Joint educational and clinical supervisor
<input type="checkbox"/>	Educational supervisor only - please complete the "Initial Meeting with Educational Supervisor" form instead
<input type="checkbox"/>	Clinical supervisor only - please complete the "Induction Meeting with Clinical Supervisor" form instead

Educational Responsibilities

It is important that the educational supervisor and the foundation doctor agree a personal development plan (PDP) as part of their initial meeting.

Have you agreed a personal development plan for this placement?*

Yes
 No

If you have not agreed a PDP, please complete the following:

<-- Only appears if "No" selected above

When will the PDP be agreed?:

<-- Only appears if "No" selected above

Date

Do you want to generate a PDP following completion of this meeting form?*

<-- Only appears if "No" selected above

Yes
 No

<-- If "Yes" selected, submission of this form should open a new PDP form.

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

Clinical Responsibilities

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:

Section 1: Professional behaviour and trust
 Section 2: Communication, teamworking and leadership
 Section 3: Clinical care
 Section 4: Safety & quality

Tooltip 1
Tooltip 2
Tooltip 3
Tooltip 4

Tooltip 1 Acts professionally
 Delivers patient centred care and maintains trust
 Behaves in accordance with ethical and legal requirements
 Keeps practice up to date through learning and teaching
 Demonstrates engagement in career planning

FPC tooltip FPCs are the 20 foundation professional capabilities listed in the FP Curriculum (2016).

Particular opportunities / areas of focus during this placement are:

Tooltip 2 Communicates clearly in a variety of settings
 Works effectively as a team member
 Demonstrates leadership skills

Tooltip 3 Recognises, assesses and initiates management of the acutely ill patient
 Recognises, assesses and manages patients with long term conditions
 Obtains history, performs clinical examination, formulates differential diagnosis and management plan
 Requests relevant investigations and acts upon results
 Prescribes safely
 Performs procedures safely
 Is trained and manages cardiac and respiratory arrest
 Demonstrates understanding of the principles of health promotion and illness prevention
 Manages palliative and end of life care

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

Yes
 No

Tooltip 4 Recognises and works within limits of personal competence
 Makes patient safety a priority in clinical practice
 Contributes to quality improvement

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)? *

Yes
 No

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

Yes
 No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Note to supervisor: By signing this form you are agreeing to follow the GMC standards for trainers (<http://www.gmc-uk.org/education/standards.asp>).

Supervisor details

Name	
GMC Number	
Email	

Signatures

Educational Supervisor signature:	
Date signed by Educational Supervisor:	

Foundation Doctor signature:	
Date signed by Foundation Doctor:	