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

Supervisor's role

☐ Educational supervisor only
☐ Joint educational and clinical supervisor - please complete the "Combined Initial and Induction Meeting" form instead
☐ Clinical supervisor only - please complete the "Induction Meeting with Clinical Supervisor" form instead

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:

When will the PDP be agreed?:

Date

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

☐ Yes
☐ No

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

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:

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* This field is only relevant if the answer to the previous question is "No."