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

<table>
<thead>
<tr>
<th>Date of meeting</th>
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<thead>
<tr>
<th>Foundation doctor</th>
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<tbody>
<tr>
<td>GMC No</td>
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<tr>
<td>Training passed form</td>
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<tr>
<td>Training passed by</td>
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<tr>
<td>Local education provider</td>
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<tr>
<td>Specialty</td>
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**Supervisor's role**

<table>
<thead>
<tr>
<th>Supervisor's role</th>
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<tbody>
<tr>
<td>Educational supervisor only - please complete the “Initial Meeting with Educational Supervisor” form instead</td>
</tr>
<tr>
<td>Clinical supervisor only - please complete the “Induction Meeting with Clinical Supervisor” form instead</td>
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**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 (PDP) for this placement?*

- Yes
- No

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

- When will the PDP be agreed?:
- 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:

**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.

**Placement Supervision Group (PSG)**

The following individuals may form the PSG for this placement:

Note that this will not start the PSG feedback request process - this needs to be done separately near the end of the placement.

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
<th>Grade</th>
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*Note: This text is for information only - it is not a question.*
1. Have you been advised who your educational supervisor is and given contact details? *
   - Yes
   - 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)? *
   - Yes
   - No

3. Are there any practical procedures you feel you need extra support with in this placement? *
   - Yes (If yes, explain below. Mandatory question if 'Yes' selected above.)
   - No

4. Have you been given clear advice as to what is expected of you in your position? *
   - Yes
   - No

5. Do you know how to use the e-portfolio? *
   - Yes
   - No

6. Have you been given training and access to the necessary IT systems for you to fulfil your workload? *
   - Yes
   - No

7. Do you know what your work schedule and work intensity are and how to contact the trust's guardian of safe working? *
   - Yes
   - No

8. Have you been told how to book leave (including study leave if appropriate)? *
   - Yes
   - No

9. Are you familiar with your new place of work? *
   - Yes
   - No

10. Do you feel competent to use any essential equipment which you will be required to operate? *
    - Yes
    - No

11. Have you been told who to contact for clinical advice in hours? *
    - Yes
    - No

12. Have you been told who to contact for clinical advice out of hours? *
    - Yes
    - No

13. Do you know how to order investigations and access their results in and out of hours, if appropriate to your role? *
    - Yes
    - No

14. Do you know how to access guidelines which may be helpful to you? *
    - Yes
    - No

15. Do you know who to contact if you have personal concerns? *
    - Yes
    - No

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

**Supervisor details**

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<th>Name</th>
<th>GMC Number</th>
<th>Email</th>
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**Signatures**

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<th>Educational Supervisor Signature</th>
<th>Date signed by Educational Supervisor</th>
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<th>Foundation Doctor Signature</th>
<th>Date signed by Foundation Doctor</th>
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