

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="checkbox"/>	Clinical supervisor only
<input type="checkbox"/>	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:

- 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
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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
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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
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Placement Supervision Group (PSG)

Tooltip 5

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

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

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

Tooltip 5	[Extract from Foundation Programme Curriculum 2016 p.23] 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 in each of the 20 foundation professional capabilities at the end of the year.
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Tooltip 4	Recognises and works within limits of personal competence Makes patient safety a priority in clinical practice Contributes to quality improvement
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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.

Name	Job Title	Grade

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

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

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

Tooltip 6

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

Question below appears if "Yes" selected.

Tooltip 6	The GMC Core Procedures are: 1. Venepuncture, 2. IV cannulation, 3. Prepare and administer IV medications and injections, 4. Arterial puncture in an adult, 5. Blood culture from peripheral sites, 6. Intravenous infusion including the prescription of fluids, 7. Intravenous infusion of blood and blood products, 8. Injection of local anaesthetic to skin, 9. Injection - subcutaneous (e.g. insulin or LMW heparin), 10. Injection - intramuscular, 11. Perform and interpret an ECG, 12. Perform and interpret peak flow, 13. Urethral catheterisation (male), 14. Urethral catheterisation (female), 15. Airway care including simple adjuncts (e.g. Guedel airway or laryngeal masks).
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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="checkbox"/>	Yes
<input type="checkbox"/>	No

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

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

6. 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

7. 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

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

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

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

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

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

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

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

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

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

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

13. 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

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

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

15. 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>).

Signatures

Supervisor:	
GMC/ID Number:	
Email:	
Date:	

Foundation Doctor:	
GMC/ID Number:	
Email:	
Date:	