| Combined Induction Meeting with C | Clinical Supervisor & Initial Meetin | g with Educational 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 | | | | |
| 0 | Joint educational and clinical supervisor | | | |
| 0 | Educational supervisor only - please complet | e the "Initial Meeting with Educational Supervisor" fo | rm instead | |
| 0 | Clinical supervisor only - please complete the | "Induction Meeting with Clinical Supervisor" form in | stead | |
| Educational Responsibilites | | | | |
| It is important that the educational supervisor and | d the foundation doctor agree a personal deve | lopment plan (PDP) as part of their initial meeting. | | |
| Have you agreed a personal development plan for | or 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 widget | | |
| Do you want to generate a PDP following comple 0 | etion of this meeting form?*: | < Only appears if "No" selected above < If "Yes" selected, submission of this form shoult | ld open a new PDP form. | |
| 0 | No | | | |
| Please record any comments or notes as discuss | sed and agreed during the meeting: | | | |
| | | | | |
| Clinical Responsibilites | | | | |
| Give a brief description of the placement; for exa | ample general practice in a rural setting; haema | atology in university teaching hospital: * | | |
| | | | | |
| During this placement, the foundation doctor will | be able to achieve a number of the FPCs. | Tooltip 1 < This text is for Tooltip 1 | FPCs are the 13 foundation professional capabilities listed in the FP Curriculum (2021). | |
| | | information only - it is not a question | Terrar and a second | |
| HLO 1. An accountable, capable and compassio HLO 2. A valuable member of the healthcare wo | | Tooltip 2 Tooltip 2 | | Tooltip 4 FPC 11: Ethics and Law |
| HLO 2. A valuable member of the helpfulcare workforce Toolty 3 FFC 2: Clinical Prioritisation FFC 2: Continuing Professional Development FFC 12: Continuing Professional Development FFC 13: Continuing Professional Development FFC 13: Unique Professional | | | FPC 13: Understanding Medicine | |
| FPC 3: A pricessional responsible for their own practice and portionio development. Today 4 FPC 4: Communication and Care FPC 4: Communication and Care | | | 11 0 10. Onderstallding interiorie | |
| Pro-4. Continuon and Cale | | | | |

Particular opportunities / areas of focus during this placement are:

FPC 6: Sharing the Vision FPC 7: Fitness to Practice FPC 8: Upholding Values FPC 9: Quality Improvement FPC 10: Teaching the Teacher

| Placement Supervision Group (PSG) | Tooltip 5 | | 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 |
|--|---|--|---------------|---|
| NOTE: A Placement Supervision Group asse separate PSG request form towards the end | | cement at F1 and one at F2. Please com | plete the | 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 |
| Have you discussed the importance of the PSG Further information on the importance of the PS | | //foundationprogramme.nhs.uk/curriculum | , | clinical and professional practice is expected to meet or exceed the minimum levels performance required for sign off. |
| 0 | Yes No | | | |
| | | | | |
| Have you been advised who your educational O | supervisor is and given contact details? * | | | |
| 0 | No | | | |
| If no, give further information below: | | | | |
| | | | | |
| 2. Are you aware of the requirements for satisfar | ctory completion of your foundation year (includi | ng the benefits and required number of ass | sessments and | d supervised learning events (SLEs) etc)? * |
| 0 | Yes No | | | |
| If no, give further information below: | J. 1- | | | |
| ir no, give ruttier information below. | | | | |
| Are there any practical procedures you feel you | au nood outro aumout with in this placement? * | Tootip 6 | Tooltin 6 | [GMC's Outcomes for graduates – Practical skills and procedures][https://www.gmc-uk.org/- |
| 0 | Yes | Question below appears if "Yes" selected | | /media/documents/practical-skills-and-procedures-a4_pdf- 78058950.pdf?la=en&hash=9585CB5CA3DA386B768F70DAD3F62170C2E987E5] |
| 0 | No | | | |
| If yes, explain below. * | | Mandatory question if 'Yes' selected above | e. | |
| | | | | |
| Have you been given clear advice as to what O | is expected of you in your position? * Yes | | | |
| 0 | No | | | |
| If no, give further information below: | | | 1 | |
| | | | | |
| 5. Do you know how to use the e-portfolio? * | ٦ | | | |
| 0 | Yes No | | | |
| _If no, give further information below: | | | _ | |
| | | | | |
| Do you understand how to plan for and use tir | me for self-development to achieve your curricule | um outcomes (for personal and career dev | elopment) and | d portfolio completion? * |
| 0 | Yes No | | | |
| If no, give further information below: | - | | | |
| no, give rataler information bolow. | | | | |
| 7. House you been given training and access to the | no necessary IT austoma for you to fulfil your wo | * Chookly | | |
| Have you been given training and access to the output of the control of the | Yes | rkioad? " | | |
| 0 | No | | | |
| If no, give further information below: | | | | |
| | | | | |
| 8. Do you know what your work schedule and we | ork intensity are and how to contact the trust's gr | uardian of safe working? | | |
| 0 | No | | | |

| If no, give further information below: | |
|--|--|
| | |
| | |
| 9. Have you been told how to book leave (includ | ing study leave if appropriate)? * |
| 0 | Yes |
| 0 | No |
| If no, give further information below: | |
| | |
| | |
| 10. Are you familiar with your new place of work | ? * |
| 0 | Yes |
| 0 | No |
| If no, give further information below: | |
| | |
| | |
| 11. Do you feel competent to use any essential e | equipment which you will be required to operate? * |
| 0 | Yes |
| 0 | No |
| If no, give further information below: | |
| in no, give rather information below. | • |
| | |
| 12. Have you been told who to contact for clinical | al advice in hours? * |
| 0 | Yes |
| 0 | No |
| | • |
| If no, give further information below: | |
| | |
| | |
| 13.Have you been told who to contact for clinica | |
| 0 | Yes No |
| |]110 |
| If no, give further information below: | |
| | |
| | |
| 14. Do you know how to order investigations and | access their results in and out of hours, if appropriate to your role? * |
| 0 | Yes |
| 0 | No |
| If no, give further information below: | |
| in the, give rather information below. | |
| | |
| 15. Do you know how to access guidelines which | n may be helpful to you? * |
| 0 | Yes |
| 0 | No |
| | |
| If no, give further information below: | |
| | |

| 16. Do you kno | w who to contact if | you have | personal concern | ns? * |
|----------------|---------------------|----------|------------------|-------|
| | • | | V | |

| 0 | Yes |
|---|-----|
| 0 | No |

If no, give further information below:

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

Supervisor details

| Name | |
|------------|--|
| GMC Number | |
| Email | |

Signatures

| Educational Supervisor signature: | |
|--|---|
| Date signed by Educational Supervisor: | |
| | • |
| Foundation Doctor signature: | |
| Date signed by Foundation Doctor: | |