Mid-placement review

Please tick which box describes your role: Educational supervisor only Clinical supervisor only Joint educational and clinical supervisor		
The mid-placement review is not mandatory but strongly encouraged, particularly if you or your supervisor have concerns.		
Name of foundation doctor:	GMC number:	
Training period From:	То:	
Local education provider:	Specialty:	
Development Plan (PDP)/induction 2. What areas still need to be addres	n meeting discussion (for example assessments)?	
	earning event, feedback from the placement supervision ighlighted any concerns which should be addressed w	
Yes □ No □		
If yes, please provide further explanatory c	omments:	
Signed by foundation doctor	Signed by educational/clinical supervisor	
Signature:	Signature:	
Name (print):	Name (print):	
Date:	Date:	