Combined: Induction meeting with clinical supervisor & initial meeting with education supervisor

I am the joint educational and clinical supervisor

Date of meeting:

Name of foundation doctor:  
GMC number:

Training period From:  
To:

Local education provider:  
Specialty:

Educational responsibilities:

Have you agreed a personal development plan for this placement?
If not; when will this be agreed?

Clinical responsibilities:

Give a brief description of the placement; for example general practice in a rural setting; haematology in university teaching hospital.

TEXT box

Identify specific outcomes from the Foundation Programme Curriculum which the foundation doctor is expected to develop during this placement

[Fn: drop down list of those outcomes and procedures set out in the Personal and Professional Development Section – can generate up to 50 options]

1. Have you been advised who your educational supervisor is and given contact details?
   Yes ☐  No ☐  [Fn: ticking no should then automatically generate a text box]

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 ☐  [Fn: ticking no should then automatically generate a text box]

3. Have you been given clear advice as to what is expected of you in your position?
   Yes ☐  No ☐  [Fn: ticking no should then automatically generate a text box]

4. Do you know how to use the e-portfolio?
5. Have you been given training and access to the necessary IT systems for you to fulfil your workload?
   Yes ☐ No ☐ [Fn: ticking no should then automatically generate a text box]

6. Have you been told what your working pattern will be and the banding associated with the post?
   Yes ☐ No ☐ [Fn: ticking no should then automatically generate a text box]

7. Have you been told how to book leave (including study leave if appropriate)?
   Yes ☐ No ☐ [Fn: ticking no should then automatically generate a text box]

8. Are you familiar with your new place of work?
   Yes ☐ No ☐ [Fn: ticking no should then automatically generate a text box]

9. Do you feel competent to use any essential equipment which you will be required to operate?
   Yes ☐ No ☐ [Fn: ticking no should then automatically generate a text box]

10. Have you been told who to contact for clinical advice in hours?
    Yes ☐ No ☐ [Fn: ticking no should then automatically generate a text box]

11. Have you been told who to contact for clinical advice out of hours?
    Yes ☐ No ☐ [Fn: ticking no should then automatically generate a text box]

12. Do you know how to order investigations and access their results in and out of hours, if appropriate to you role?
    Yes ☐ No ☐ [Fn: ticking no should then automatically generate a text box]

13. Do you know how to access guidelines which may be helpful to you?
    Yes ☐ No ☐ [Fn: ticking no should then automatically generate a text box]

14. Do you know who to contact if you have personal concerns?
    Yes ☐ No ☐ [Fn: ticking no should then automatically generate a text box]

Signed by foundation doctor

Signed by the joint educational and clinical supervisor

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