Induction meeting with clinical supervisor

Please tick which box describes your role:

☐ Clinical supervisor
☐ Joint educational and clinical supervisor

Date of meeting:

<table>
<thead>
<tr>
<th>Name of foundation doctor:</th>
<th>GMC number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training period From:</td>
<td>To:</td>
</tr>
<tr>
<td>Local education provider:</td>
<td>Specialty:</td>
</tr>
</tbody>
</table>

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 leaning 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?
   - Yes ☐
   - No ☐ [Fn: ticking no should then automatically generate a text box]

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?
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 your 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

Signature:
Name (print):
Date:

Signed by clinical supervisor

Signature:
Name (print):
Date: