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

I am the joint educational and clinical supervisor					
	Date of meeting:				
Na	ame 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 advise details? Yes • No • [Fn: ticking	·	·		
2.	Are you aware of the r foundation year (include and supervised leaning Yes • No • [Fn: ticking	ding the benefits and reg g events (SLEs) etc?	equired number of	assessments	
3.	Have you been given position?	clear advice as to wha	t is expected of you	ı in your	

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?

 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

Signature:	Signature:
Name (print):	Name (print):
Date:	Date: