

Initial Meeting with Educational Supervisor

Date of meeting	
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Foundation doctor

Name of Foundation Doctor	
GMC No	
Training period from	
Training period to	
Local education provider	
Specialty	

Supervisor's role

<input type="radio"/>	Educational supervisor only
<input type="radio"/>	Joint educational and clinical supervisor - please complete the "Combined Initial and Induction Meeting" form instead
<input type="radio"/>	Clinical supervisor only - please complete the "Induction Meeting with Clinical Supervisor" form instead

It is important that the educational supervisor and the foundation doctor agree a personal development plan (PDP) as part of their initial meeting.

Have you agreed a personal development plan for this placement?*

<input type="radio"/>	Yes
<input type="radio"/>	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

Do you want to generate a PDP following completion of this meeting form?*

<-- Only appears if "No" selected above

<-- If "Yes" selected, submission of this form should open a new PDP form.

<input type="radio"/>	Yes
<input type="radio"/>	No

Please record any comments or notes as discussed and agreed during the meeting:

Note to supervisor: By signing this form you are agreeing to follow the GMC standards for trainers (https://www.gmc-uk.org/-/media/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:	