

Mid-placement Review

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	

Please choose which describes your role *

<input type="radio"/>	Educational Supervisor Only
<input type="radio"/>	Clinical Supervisor Only
<input type="radio"/>	Joint Educational and Clinical Supervisor

What evidence is there that the trainee is making progress in line with their Personal Development Plan (PDP) / induction meeting discussion (for example supervised learning events)? *

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What areas still need to be addressed? *

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Has any assessment, feedback from the placement supervision group or aspect of performance highlighted any concerns which should be addressed within the PDP?

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

Further comments/recommendations *

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Supervisor details

Name	
GMC Number (if applicable)	
Email	

Signatures

Supervisor signature:	
Date signed by Supervisor:	

Foundation Doctor signature:	
Date signed by Foundation Doctor:	