

Mid-year review of progress

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	

The mid-year review of progress is an opportunity to discuss how the foundation doctor is progressing in line with the requirements of the Foundation Programme towards sign off at the end of the year. Although not mandatory, a mid-year review is recommended.

Please choose which describes your role *

<input type="radio"/>	Educational Supervisor Only
<input type="radio"/>	Joint Educational and Clinical Supervisor
<input type="radio"/>	Foundation Programme Director/Postgraduate Clinical Tutor
<input type="radio"/>	Postgraduate administration staff

Specialties undertaken by the foundation doctor so far:

Placement 1 specialty	
Placement 1 start and end date	
Placement 2	
Placement 2 start and end date	
Placement 3 (if applicable)	
Placement 3 start and end date (if applicable)	

The foundation doctor is up to date with the required number of ES and CS meetings.

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

If no, please provide further information:

The ES and CS meetings confirm adequate progress towards portfolio outcomes and engagement with the Foundation Curriculum.

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

If no, please provide further information:

The foundation doctor is engaging satisfactorily with supervised learning events (SLEs), audit/quality improvement, quality assurance processes and reflection.

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

If no, please provide further information:

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Attendance at generic foundation teaching sessions is satisfactory.

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

If no, please provide further information:

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What career option(s) is the foundation doctor considering?

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Comment on any particular achievements of the foundation doctor (e.g. 'evidence based medicine' activity, leadership roles):

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Has any assessment (including TAB), SLE, feedback from the placement supervision group or aspect of performance highlighted any particular requirements or concerns that should be addressed within the PDP, or elsewhere?

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

If yes, please provide further information:

Any other comments:

Supervisor details

Name	
GMC Number (if applicable)	
Email	

Signatures

Supervisor signature:	
Date signed by Supervisor:	

Foundation Doctor signature:	
Date signed by Foundation Doctor:	