Industian masting with Clinical Communi					
Induction meeting with Clinical Supervi	sor				
Date of meeting					
Foundation doctor					
Name of Foundation Doctor				7	
GMC No					
Training period from					
Training period to					
Local education provider					
Specialty					
Supervisor's role					
0	Clinical supervisor only				7
0	Joint educational and clinical supervisor	- please complete the "Combined Initial	and Induction Meeting"	form instead	
-	point oddodronal and omnoul outportion	produce comprete the Comprise mitta	and madeton moeting	Tominotoda	
Give a brief description of the placement; for example	general practice in a rural setting; haemate	ology in university teaching hospital: *			
During this placement, the foundation doctor will be ab	le to achieve a number of the FPCs.	< This text is information only -	tor Only appears whe	n the tooltip is hovered over/clicked on:	
HLO 1. An accountable, capable and compassionate d	loctor Toolt	in 1 not a ques	Tooltip 1	Clinical Assessment	Tooltip 3 Ethics and Law
HLO 2. A valuable member of the healthcare workforce			TOORD T	Clinical Prioritisation	Continuing Professional Development
HLO 3. A professional responsible for their own practic				Holistic Planning	Understanding Medicine
		•		Communication and Care	,
				Continuity of Care	
Particular opportunities / areas of focus during this plan	cement are:		Tooltip 2	Physics the Affects	7
			Tooltip 2	Sharing the Vision Fitness to Practice	
				Upholding Values	
				Quality Improvement	
				Teaching the Teacher	
	The state of			1870 Company of the C	7
Placement Supervision Group (PSG)	Tooltip 5		Tooltip 5	Within any placement, an individual healthcare professional is unlikely to build up a coherent picture of the overall performance of an individual foundation doctor. Whenever possible, the named clinical supervisor will	
NOTE: A Placement Supervision Group assessmer	ot (PSG) is required in at least one place	ement at F1 and one at F2 for ARCP	Please complete the	seek information from senior healthcare professionals who will work with the foundation doctor during the	
separate PSG request form towards the end of the		ement at 11 and one at 12 for Artor .	lease complete the	placement.	
.,				These colleagues will function as a placement supervision group, commenting on whether the foundation	
Have you discussed the importance of the PSG?				doctor's clinical and professional practice is expected to meet or exceed the minimum levels performance required for sign off.	
Further information on the importance of the PSG can	be found on the UKFPO website - https://f	foundationprogramme.nhs.uk/curriculum			
0	Yes				
0	No				
Have you been advised who your educational super O	Yes Yes				
0	No.				
<u> </u>	7140				
2. Are you aware of the requirements for satisfactory of	ompletion of your foundation year (including	ng the benefits and required number of a	ssessments and super	vised learning events (SLEs) etc)? *	
0	Yes				
0	No				
O And the second selection of the second sec	d and an arranged with to this other.	Track 0		(CMC)s Outcomes for graduates. Prostless skills and procedures (littless/busin gare strend	7
Are there any practical procedures you feel you need O		Tootip 6	Tooltip 6	(GMC's Outcomes for graduates – Practical skills and procedures)[https://www.gmc-uk.org/- /media/documents/practical-skills-and-procedures-a4_pdf-	
U	Yes Ques	stion below appears if "Yes" selected.		78058950.pdf?la=en&hash=9585CB5CA3DA386B768F70DAD3F62170C2E987E5]	

Mandatory question if 'Yes' selected above.

If yes, explain below. *

. Have you been given clear advice as to what is expected of you in your position? *	
0 Yes	
O No	
Source and the second s	
. Do you know how to use the e-portfolio? * O Yes	
0 No	
O JNO	
. Do you understand how to plan for and use time for self-development to achieve your curriculum outcomes (for personal and career development) and portfolio completion? *	
o Yes	
0 No	
The state of the s	
. Have you been given training and access to the necessary IT systems for you to fulfil your workload? * O Yes	
0 Yes 0 No	
O JNO	
. Do you know what your work schedule and work intensity are and how to contact the trust's guardian of safe working?	
O Yes	
o No	
. Have you been told how to book leave (including study leave if appropriate)? *	
. Have you been told now to book leave (including study leave if appropriate) / * O Yes	
0 No	
0. Are you familiar with your new place of work? *	
O Yes	
o No	
1. Do you feel competent to use any essential equipment which you will be required to operate? *	
1. Do you lear competent to use any essential equipment winch you will be required to operate? O Yes	
0 No	
2. Have you been told who to contact for clinical advice in hours? *	
O Yes	
o No	
3. Have you been told who to contact for clinical advice out of hours? *	
S, nave you been not write to contact for crimical advice but of hours? O Yes	
0 No	
4. Do you know how to order investigations and access their results in and out of hours, if appropriate to your role? *	
O Yes	
<u> </u>	
5. Do you know how to access guidelines which may be helpful to you? *	
0. Do you know now to access gardenines winter may be neprot to you?	
0 No	
J **	
6. Do you know who to contact if you have personal concerns? *	
O Yes	
o No	
tote 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.p	df)
oue to supervisor, by signing and rorming on the agreemy to follow the time stational is for it interest (https://www.ginc-ur.org//inequadocuments/promoting-excenence-stationalus-for-medical-education-and-training-0/15_pdf-01939105, proceedings of the contraction of the contract	<i>11)</i> .

Supervisor:	
GMC/ID Number:	
Email:	
Date:	
Foundation Doctor:	
Foundation Doctor: GMC/ID Number:	