**Initial Educational Supervisor Meeting**

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| **Resident’s details:** | Name |  |
| GMC |  |
| Training Grade and Stage |  |
| Dates of this placement |  |
| Hospital Trust |  |
| Last ARCP date / outcome |  |
| Next ARCP date (approx.) |  |
| **Educational Supervisor’s Name:** | |  |
| **Date of meeting:** |  | |
| **Wellbeing check:**  *Suggest include: health and wellbeing in current role, commute, rota, leave. Registered with GP?* | | |
|  | | |
| **Introduction and Progress/Stage of Training Review:**  *Receipt of induction? Any outstanding induction to be completed?*  *Clinical progress to date and open HALOs?*  *Generic Professional Capability interests/ activity/ongoing project work and open HALOs?*  *Any deadlines this placement? e.g. Exams/ Courses/ ARCP/ submissions etc*  *Ensure access to key clinical and educational resources* | | |
| *Induction:*  *Clinical:*  *Non-clinical*:  *Deadlines:* | | |
| **Feedback:**  *Review previous feedback to resident (MTR and MSF). Any feedback from resident.* | | |
| *Comments:*  *Areas for focus or development?* | | |
| **Any incidents needing review:**  *Review any outstanding issues from previous placements, ensure record on Form R* | | |
|  | | |
| **Learning agreement / PDP Review and Update:**  *To include plan for completion of learning outcomes and other opportunities sought by trainee* | | |
| *Clinical:*  *Module Plan for this placement:*  *Non-Clinical:*  *Longer term aspirations:* | | |
| **Agreed actions for next meeting:** | | |
|  | | |
| **Other comments:** | | |
|  | | |
| **Date for next meeting:** |  | |
| **Signature: Resident** |  | |
| **Signature: Educational Supervisor** |  | |

**Once complete please upload this ES Meeting form to the e-portfolio, PDP also needs to be completed on LLP.**