Northern School of Anaesthesia

& Intensive Care Medicine

***Educational Supervision – Intermediate Meeting***

### **Trainee Information**

|  |  |
| --- | --- |
| **Registered Name** |  |
| **GMC Number** |  |
| **Postal address** |  |
| **E-mail address** |  |
| **College Ref Number** |  |
| **Training Number** |  |
| **Year Qualified** **(Primary Medical Degree)** |  |
| **Year of Training** |  |
| **Date entered current Training Year** |  |
| **Date entering next Training Year** |  |
| **Estimated CCT Date** |  |
| **Date of last ARCP** |  |

*(Remind trainee email needs to be checked regularly and the Deanery & School needs this keeping up to date)*

### **Attachment**

|  |  |
| --- | --- |
| **Current Placement / Training Unit** |  |
| **Start Date** |  |
| **End Date** |  |

**Educational Supervision**

|  |  |
| --- | --- |
| **Educational Supervisor** |  |
| **ES e-mail address** |  |

**Meeting**

The information contained within this document is an accurate reflection of the educational agreement between this hospital and the trainee.

It has been discussed with the trainee.

**Date of Meeting**:

All Persons Present:

1. Trainee
2. ES

What evidence is there that the trainee is making progress in line with their Personal Development Plan (PDP) / induction meeting discussion (e.g. assessments?)

What still needs to be addressed?

Has any assessment or aspect of performance highlighted any concerns which should be addressed within the PDP?

**Agreed date of next meeting:**

**Signed:**

**Trainee Educational Supervisor**

**Date:**

Instructions:

Please keep this form locally and give the trainee a file copy. The trainee should upload the document into their e-Portfolio library and associate it to the correct level of training e.g. Basic Level Training. It does not need associating with individual modules. In the library it should be given the title Intermediate ES Meeting <Hospital> <Date>

If you keep paper copies it is suggested that it is signed above. Please keep an electronic copy which we will request from time to time in a batch from your College Tutor or departmental secretary. Please be sure to keep a backup copy and to keep all these confidential.

Please name the file as follows:

<Trainee GMC number plus date of meeting as YYYY/MM/DD.doc> and save it as MS Word file, ideally Word 97.

Thus a file for a meeting with a doctor whose GMC number is 2433857 on June 1st 2007 should be saved as:

243385720070601.doc

Additions to this information, as needed locally or because of trainee’s needs or aims are welcome, but please do not remove items, and make additions at the end of each section.