**Record of meeting / discussion Date:** Click here to enter a date.

**Doctor’s Name:** Click here to enter text. **Grade:** Choose an item. **GMC No:** Click here to enter text.

**Educational Supervisor:** Click here to enter text.

**Persons Present:** Click here to enter text.

**Concerns:** Click here to enter text.

**Discussions:**

Click here to enter text.

**Recommendations / Action plan:**

Click here to enter text.

**If there are educational objectives please continue overleaf: Educational Action Plan**

If related to a clinical incident, do you consider the incident now closed? [ ]

**What are the issues?** (please tick)

Clinical performance [ ]  Personality /Behavioural [ ]  Physical Illness [ ]  Mental illness [ ]  Environmental [ ]  N/A [ ]

Are they safe to practice? : Choose an item.

Comments: Click here to enter text.

Who have you informed?: Clinical Director [ ]  Divisional Medical Director [ ]  Medical Director [ ]

Other[ ]  Click here to enter text.

**Educational Action Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **Learning need** | **Learning objective** | **How objective will be addressed?** | **Date to achieve goal** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter a date. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter a date. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter a date. |

**Date of next review:** Click here to enter a date.

**Signed: …………………………………. Signed: ………………………………….**

Educational Supervisor Junior Doctor

Please indicate the involvement of others:

Clinical Director [ ]  Medical Director [ ]  Occupational Health [ ]  GP [ ]  Programme Director [ ]  Other[ ]  . . . . . . . . . . . . . .

A copy of this meeting record should be given to the junior doctor and also forwarded to the Medical Education Manager.

This form will be retained in the Medical Education Office and will be available for review by the Professional Support Group. Unless notified it will **not** be part of the individuals HR file. Information may be shared with the Lead Employer or Postgraduate Dean where required.