**Appendix 1: Meeting Template (Severn)**

*It should be made clear to the trainee that the purpose of this meeting is to be supportive and to objectively explore the concerns that have arisen with the aim of coming up with a remedial action plan*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name:  |       | GMC #: |       | **Please circle areas of concern (you can circle more than one)** |
| Specialty: |       | Grade: |       | Clinical Knowledge/Skills | YES/NO | Home Environment | YES/NO |
| Educational Supervisor: |       | Clinical Supervisor: |       | Behaviour | YES/NO | Work Environment | YES/NO |
| Date of Meeting: |       | Attendees: |       | Health | YES/NO | Is the trainee safe to practice: | YES/NO*\*If no, inform Clinical/Medical Director and HR\** |
|  |  |  |  |  |  |  |

**History**

How did medical school go/previous jobs/placements?

***Possible questions you can ask include:***

* *How is trainee getting on in placement?*
* *What’s going well?*
* *Any concerns-by trainee? Trainers? Feedback from other professionals?*
* *Engagement with curriculum/WPBAs/teaching attendance?*
* *Any extra-curricular plans/achievements?*
* *Any absences?*
* *Known career plans?*
* *If there are concerns, what areas do they relate to specifically (clinical knowledge and skills, behaviour, health, home environment, work environment?)*

**Explore areas of concern and areas of satisfactory performance:**

**Action plan:**

*Detail each of the actions being taken and the resources/support required as well as the timeframe in which to complete each in order for the trainee to perform to the expected standard. Goals and objectives should be SMART (****S****pecific,* ***M****easurable,* ***A****chievable,* ***R****elevant,* ***T****ime framed). Continue on separate sheet if required.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Objective** | **Possible interventions** | **Action, support & resources needed to achieve objective** | **Date to achieve objective & review progress** | **Evidence/information needed to demonstrate progress** |
| *Ex. Address health concern* | *See Occupational Health* | *Educational Supervisor to make referral to OH. Referral template to be obtained from HR* | *1 week (w.c. 16/04/12)* | *OH report or letter from OH confirming attendance* |
|       |       |       |       |       |
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**If necessary, discuss with the trainee the implications for them if the concerns remain (unsatisfactory ARCP for example).**

**Date for review meeting:**

**Copy to:**

Signed……………………………..Date……………….
**Educational Supervisor**

Signed……………………………..Date……………….
**Trainee**

***\*\*patient safety/fitness to practice issues MUST be reported to the DME as soon as they become apparent so that they can inform the MD. Trust HR and SPME should also be immediately informed\*\****