Introduction to the Foundation Programme ePortfolio (PowerPoint slides to accompany the video)

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FP Lecturer
Aim

To introduce the national Foundation Programme NES ePortfolio and familiarise you with its purpose.
Terminology used

- FP = Foundation Programme
- UKFPO = United Kingdom Foundation Programme Office
- F1 = Foundation year 1 trainee doctor
- F2 = Foundation year 2 trainee doctor
- ES = Educational Supervisor
- CS = Clinical Supervisor
- PSG = Placement Supervision Group

Glossary of terms FP Reference Guide (page 84-85)
Terminology used

- MDT = Multi-Disciplinary Team
- PG Faculty = Postgraduate Faculty
- FPT = Foundation Programme Tutor
- FPD = Foundation Programme Director
- FSD = Foundation School Director
- QIP = Quality Improvement Project
- ILS = Immediate Life Support
- ALS = Advanced Life Support

Glossary of terms FP Reference Guide (page 84-85)
Terminology used

- **PDP** = Personal/Professional Development Plan
- **SLE** = Supervised Learning Event
  - MiniCEX (Mini Clinical Evaluation Exercise)
  - DOPS (Direct Observation of Procedural Skill)
  - CbD (Case Based Discussion)
  - DCT (Developing the Clinical Teacher)
- **MSF TAB** = Multi-Source Feedback Team
- **ARCP** = Annual Review of Competence Progression

Glossary of terms FP Reference Guide (page 84-85)
Read: FP Curriculum & FP Reference Guide updated 2014
www.foundationprogramme.nhs.uk
The Foundation Programme Curriculum...

...sets out the framework for educational progression that will support the first two years of professional development following graduation from medical school.
The Foundation Programme Curriculum ... 

...is based on the General Medical Council’s (GMC) documents Good Medical Practice (2006) (GMP) and The Trainee Doctor (2011) (TTD).

The Curriculum builds on the competences, attitudes and behaviours acquired during undergraduate training based around Tomorrow’s Doctors (2009).

All foundation doctors are expected to be familiar with GMP and TTD and to follow the guidance contained therein on the principles and standards of clinical care, competence and conduct.

The UK FP Curriculum 2012 (page 5)
Curriculum

• Curriculum defines what should be assessed
  - knowledge and skills
  - attitudes and behaviour

• Curriculum defines what should be included at each Annual Review of Competence Progression (ARCP)

Assessment in the workplace is a necessary component of ARCP eportfolio
Outcomes of foundation training

Satisfactory completion of foundation year 1 (F1) will satisfy the needs of the GMC, making the foundation doctor eligible to apply for full registration.

Satisfactory performance in foundation year 2 (F2) will lead to the award of a Foundation Achievement of Competence Document (FACD) which will indicate that the foundation doctor is ready to enter a core, specialty or general practice training programme.
The e-portfolio is a record of a foundation doctor's progress and development through the foundation years. Successful completion of the Curriculum requires the achievement of competence in a variety of domains based on Good Medical Practice.

Evidence of achievement of outcomes and increased performance will be recorded in the e-portfolio.
The completed eportfolio will contribute to the end of year report.

Elements of the eportfolio may also be used in specialty interviews by the foundation doctor to demonstrate competence and highlight achievements. This means that the eportfolio may be used to help the foundation doctor gain further employment.
FP Curriculum 2012 Syllabus

Describes the outcomes expected at each level (F1 and F2) and associated competences

Sections 12.0
Sub sections (outcomes) 42

Divided into
• Outcome (F1 and F2 level)
• Competences
Curriculum Structure
12 sections    42 sub-sections

• 1.0 Professionalism
• 2.0 Relationship and communication with patients
• 3.0 Safety and clinical governance
• 4.0 Ethical & legal issues
• 5.0 Teaching and training
• 6.0 Maintaining good medical practice
• 7.0 Good clinical care
• 8.0 Recognition & management of the acutely ill patient
• 9.0 Resuscitation and end of life care
• 10.0 Patients with long-term conditions
• 11.0 Investigations
• 12.0 Procedures
The FP Curriculum 2012 Resource aims to assist foundation doctors in improving their knowledge and understanding of the generic and clinical topics as set out by the JAG and the General Medical Council (GMC) in 2012; use of the document by educational supervisors, clinical supervisors and other key members involved in delivering foundation training is also encouraged.

You can link a competency by clicking on 📚.

**What do the coloured indicators on the curriculum mean?**

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Outcome</th>
<th>Evidence</th>
<th>Trainee Rating</th>
<th>Ed Sup Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Professionalism</td>
<td></td>
<td>7 links</td>
<td>🟢 (0/6)</td>
<td>🟢 (0/6)</td>
</tr>
<tr>
<td>2 Relationship and communication with patients</td>
<td></td>
<td>9 links</td>
<td>🟢 (0/6)</td>
<td>🟢 (0/6)</td>
</tr>
<tr>
<td>3 Safety and clinical governance</td>
<td></td>
<td>6 links</td>
<td>🟢 (0/3)</td>
<td>🟢 (0/3)</td>
</tr>
<tr>
<td>4 Ethical and legal issues</td>
<td></td>
<td>5 links</td>
<td>🟢 (0/4)</td>
<td>🟢 (0/4)</td>
</tr>
<tr>
<td>5 Teaching and training</td>
<td></td>
<td>1 links</td>
<td>🟢 (0/1)</td>
<td>🟢 (0/1)</td>
</tr>
<tr>
<td>6 Maintaining good medical practice</td>
<td></td>
<td>3 links</td>
<td>🟢 (0/3)</td>
<td>🟢 (0/3)</td>
</tr>
<tr>
<td>7 Good clinical care</td>
<td></td>
<td>11 links</td>
<td>🟢 (0/10)</td>
<td>🟢 (0/10)</td>
</tr>
<tr>
<td>8 Recognition and management of the acutely ill patient</td>
<td></td>
<td>7 links</td>
<td>🟢 (0/7)</td>
<td>🟢 (0/7)</td>
</tr>
<tr>
<td>9 Resuscitation and end of life care</td>
<td></td>
<td>3 links</td>
<td>🟢 (0/3)</td>
<td>🟢 (0/3)</td>
</tr>
<tr>
<td>10 Patients with long-term conditions</td>
<td></td>
<td>6 links</td>
<td>🟢 (0/6)</td>
<td>🟢 (0/6)</td>
</tr>
<tr>
<td>11 Investigations</td>
<td></td>
<td>1 links</td>
<td>🟢 (0/1)</td>
<td>🟢 (0/1)</td>
</tr>
<tr>
<td>12 Procedures</td>
<td></td>
<td>14 links</td>
<td>🟢 (0/16)</td>
<td>🟢 (0/16)</td>
</tr>
</tbody>
</table>
Observation & Assessment in the workplace

ePortfolio provides

• a form to record the feedback or assessment
• details of assessment in key areas
• structured evidence of that assessment
• documented evidence of progress
  - helpful for trainee, CS, ES and ARCP panel
First Session with Educational Supervisor

the foundation doctor may wish to discuss aspects of the Curriculum, which might include:
- how to build on strengths from undergraduate training
- particular areas of interest to explore
- any potential targets for development which may need to be addressed
- how to record achievements in the e-portfolio
- agree the time and dates for subsequent meetings
- formative and summative assessments
What is the difference between formative and summative?

• **Formative** - for learning
  - Based on observation and feedback of a foundation doctor’s performance in the workplace to enable learning and improvement of practice

• **Summative** - assessment of learning
  - Based on multiple observations of the foundation doctors performance and progress in the workplace

Which tools in foundation are formative and which are summative?
Formative Supervised Learning Event (SLE)

is an interaction between a foundation doctor and a trainer which leads to immediate feedback and reflective learning

They are designed to help foundation doctors develop and improve their clinical and professional practice and to set targets for future achievements
SLE Tools

- Mini-clinical evaluation exercise (mini-CEX)
- Direct observation of procedural skills (DOPS)
- Case-based discussion (CBD)
- Developing the clinical teacher (DCT)
## SLE - Mandatory minimum number

<table>
<thead>
<tr>
<th>SLE tool</th>
<th>Recommended minimum number (may increase/vary locally)</th>
</tr>
</thead>
</table>
| Direct observation of doctor-patient interaction:  
  Mini-CEX (Mini clinical evaluation exercise)  | 9 per year at least 6 using mini-CEX (minimum 3 per placement)                                                     |
| DOPS (Direct Observation Procedural Skill)     | These are optional to supplement mini-CEX  
  (e.g can do as a minimum 1 DOPS & 2 Mini-CEX per placement)                                                        |
| CbD (Case-based discussion)                   | 6 per year  
  (ideally 2 or more per placement)                                                                                  |
| DCT (Developing the clinical teacher)         | 1 or more per year                                                                                                  |
Mini-CEX

Observed encounter with real patient to provide feedback to the trainee for learning on the following

- History taking
- Examination
- Communication skills
- Diagnosis
- Management plan
- Discharge planning
Variation of mini CEX Procedure based to provide feedback for learning on

- Understanding of indication/anatomy/technique of procedure
- Obtaining informed consent
- Preparation pre & post procedure management
- Appropriate analgesia
- Safe sedation
- Technical ability
- Aseptic technique
- Seeking help where appropriate
- Communication skills
- Professionalism
CbD

Structured discussion based on a clinical case managed by the trainee. Cases chosen by both trainer & trainee to explore clinical reasoning, decision making & provide feedback on

• Medical record keeping
• Clinical assessment
• Investigations and referrals
• Treatment
• Follow up and future planning
• Professionalism
Developing the Clinical Teacher

This is a form to aid feedback of a foundation doctors skill in teaching and/or making a presentation

- Preparation and setting
- Creating appropriate environment for teaching & utilisation of resources
- Teaching (clarity, logical sequence)
- Subject knowledge
- Ability to answer questions
- Interaction with group (facilitate group participation)
# SLE and Reflection

A text box is available on all SLE forms for the trainee to write reflection notes on what they have learnt from the clinical event.

<table>
<thead>
<tr>
<th>Pain</th>
<th>Long term Illness</th>
<th>Communication</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Focus of encounter**
- History
- Communication

**Diagnosis**
- Other

**Examination**
- Other

**Management plan**
- Other

**Feedback based on the behaviours observed:**

> The trainer should focus on these areas performed well and also identify areas for development.

**Agreed action:**

**Reflection:**

> The doctor should reflect on this learning event.

Reflective notes can be recorded in the above text box area or a separate, structured reflective log linked to this SLE can be created. This option to create a linked reflective log will be presented upon completion/bckfilling of this form.

If you have linked any reflective forms to this SLE these will be displayed at the bottom of this page.

<table>
<thead>
<tr>
<th>Trainer’s Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trainer’s Position:</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP</td>
</tr>
<tr>
<td>Consultant</td>
</tr>
<tr>
<td>ST3 or above / SPR</td>
</tr>
<tr>
<td>STACT 1/2</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GMC / Other Registration Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trainer’s Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
# Summative Assessment Tools

<table>
<thead>
<tr>
<th>Assessment tool</th>
<th>Frequency</th>
</tr>
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<td>Core procedures 15</td>
<td>Throughout F1 (optional in F2)</td>
</tr>
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<td>Multi-Source Feedback Team assessment of behaviour (MSF TAB)</td>
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<td>(Self-TAB remains mandatory)</td>
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<tr>
<td>Clinical supervisor’s <strong>end of placement</strong> report</td>
<td>Once per placement</td>
</tr>
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<td>Once per placement</td>
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Core Procedures

- Venepuncture
- IV Cannulation
- Prepare and administer IV medication, injections & fluids
- Arterial puncture in an adult
- Blood culture (peripheral)
- IV infusion including the prescription of fluids
- IV infusion of blood and blood products
- Injection of local anaesthetic to skin
- Subcutaneous injection
- Intramuscular injection
- Perform and interpret an ECG
- Perform and interpret peak flow
- Urethral catheterisation (male and female)
- Airway care including simple adjuncts
## Assessment Tools

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Multi-Source Feedback Team Assessment of Behaviour

• Collated views from a range of multi-professional colleagues
• At least once a year (1st post)
• Trainee and ES decide/agree assessors
• Minimum 10 raters
  - Doctors senior to F2 at least one consultant/GP
  - Senior nurses (band 5 and above)
  - Allied Health professionals
  - Other team members (e.g. ward clerks, secretaries)
A ticket request for an assessor can be created using the 'Create a ticket for your TAB' section at the bottom of this page or via the 'Forms -> Ticket Requests' page.

IMPORTANT: A minimum of 10 assessors TABs must be completed. The colour coded table indicates if the MINIMUM number of appropriate assessor categories have been fulfilled but does not change colour to indicate that the overall number of 10 assessors TABs has been achieved.

Your TAB is **INCOMPLETE**

<table>
<thead>
<tr>
<th>#Req</th>
<th>Assessor</th>
<th>Ticket Code</th>
<th>Created On</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Named clinical or educational supervisor (Consultant/GP Principal)</td>
<td>1 Angela Burton, Clinical Supervisor Angela Burton (<a href="mailto:angela.burton@stees.nhs.uk">angela.burton@stees.nhs.uk</a>)</td>
<td>12g919c24</td>
<td>07/10/2013</td>
<td>Complete</td>
</tr>
<tr>
<td>Doctors (more senior than F2)</td>
<td>1 No Tickets or Forms have been created for 1 by this group of Assessors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior Nurse (Band 5+)</td>
<td>2 No Tickets or Forms have been created for 1 by this group of Assessors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allied Healthcare Professional</td>
<td>2 No Tickets or Forms have been created for 1 by this group of Assessors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Team Members</td>
<td>2 No Tickets or Forms have been created for 1 by this group of Assessors</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Tickets (Sent / Pending / Complete): 1 / 0 / 1

* This number is the **MINIMUM** number of completed TABS required per assessor category.

---

**Create a ticket for your TAB**

- **Assessor Role**: Please Select...
- **Assessor Name**: 
- **Assessor Email**: 
- **Comments**:  

[Add]
## Assessment Tools

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</table>
Clinical Supervisor Responsibility

- Oversee the training and education of trainee whilst in their placement
  - Trainee directly responsible to CS for clinical work
- Induction meeting documentation
- PDP (placement specific objectives)
- Monitor, support and assess
  - day to day clinical and professional work
- Clinical Supervisors Report input from PSG
- Liaise with ES, PG Faculty, FP Tutor, FPD
The clinical supervisor supported by a Placement Supervision Group (PSG) takes responsibility for accurately describing the foundation doctor’s performance in the workplace and highlighting any areas of excellence or concern which may require educational support.
CS ‘End of Placement Report’

• The CS Report is a detailed assessment and CS needs to

  - Complete names and job title/grade of PSG members who contributed

  - Assess the doctor’s performance using the overarching syllabus headings

  - Provide an overall assessment and comments on performance
Placement Supervision Group (PSG)

- **Consists of**
  - doctors more senior than F2, (at least one consultant or GP principal)
  - senior nurses (band 5 or above)
  - allied health professionals

- **Responsible for**
  - observing the foundation doctor’s performance in the workplace
  - undertaking and facilitating supervised learning events (SLEs).
  - providing feedback on practice to the foundation doctor
  - providing structured feedback to the named clinical supervisor
# Assessment Tools

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</tbody>
</table>
ES Responsibility

• Oversee trainees education & training throughout their training programme
• Monitor trainee progress via e-portfolio
• Communication with FP Faculty
• Pastoral support
• Managing the trainee in difficulty
  - with support from local trust & NFS
• Career advice
• Identify gaps in evidence
ES Responsibility

Complete following documentation

• Initial meeting documentation
• PDP (placement specific & career objectives)
• End of Placement Review
• End of Year Report (Summarises all evidence gathered throughout the year to enable a recommendation for satisfactory sign off at ARCP)

Key Role in preparation stages for ARCP and Revalidation in F2
# Order of completion per placement

<table>
<thead>
<tr>
<th>Educational Supervisor</th>
<th>Clinical Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial meeting form:</strong> Discuss, PDP, Educational Agreement, feedback, support and review of progress, <em>Trainee / ES</em></td>
<td><strong>Induction meeting form:</strong> PDP agree placement objectives <em>Trainee / CS</em></td>
</tr>
<tr>
<td><strong>Procedures (F1)</strong></td>
<td>Procedures (F1) Self TAB &amp; 10 rater MSF TAB SLE (2 CbD 3 Mini-CEX or 2 &amp; 1 DOPS 1 Developing Clinical Teacher) <em>CS &amp; MDT (PSG)</em></td>
</tr>
<tr>
<td><strong>Mid-Point meeting:</strong> (optional) <em>Trainee / ES</em></td>
<td><strong>Mid-Point meeting:</strong> (optional) <em>Trainee / CS</em></td>
</tr>
<tr>
<td><strong>Clinical Supervisors Report:</strong> (complete before End of Placement Report with ES) <em>CS / (PSG) / Trainee</em></td>
<td></td>
</tr>
<tr>
<td><strong>End of Placement Report:</strong> review all evidence (PDP, procedures, MSF, eLearning, written reflection, SLE’s, CS Report) <em>ES with Trainee</em></td>
<td></td>
</tr>
<tr>
<td><strong>End of Year Report:</strong> Recommends outcome to ARCP panel</td>
<td></td>
</tr>
</tbody>
</table>
ARCP Process

The ARCP process aims to protects patients and regulates the progress of doctors in training, assuring the trainee, the Foundation School and employers that the competences required are being gained at an appropriate rate and through appropriate experience.
Trainee responsibility

• To engage fully in the training programme
• Engage fully in appraisal meetings with
  - ES
  - CS
• Request Assessments
• Attend Generic Skills Training
• Complete an e-portftolio of evidence to pass ARCP
## Evidence for ARCP (Ref Guide 2012)

<table>
<thead>
<tr>
<th>F1</th>
<th>F2</th>
</tr>
</thead>
<tbody>
<tr>
<td>• <strong>Provisional</strong> registration</td>
<td>• <strong>Full</strong> Registration</td>
</tr>
<tr>
<td>• Time served</td>
<td>• Time served</td>
</tr>
<tr>
<td>• ES &amp; CS reports</td>
<td>• ES &amp; CS reports</td>
</tr>
<tr>
<td>• MSFTAB &amp; <strong>core</strong> procedures</td>
<td>• MSFTAB &amp; optional <strong>post specific</strong> procedures</td>
</tr>
<tr>
<td>• ILS</td>
<td>• ALS</td>
</tr>
<tr>
<td>• Participate in QIP &amp; surveys</td>
<td>• Analyse &amp; Present QIP &amp; surveys</td>
</tr>
<tr>
<td>• Required number SLE’s</td>
<td>• Required number SLE’s</td>
</tr>
<tr>
<td>• 70% attendance at GST</td>
<td>• 70% attendance at GST</td>
</tr>
<tr>
<td>• Signed probity &amp; health</td>
<td>• Signed probity &amp; health</td>
</tr>
</tbody>
</table>
Additional Evidence for ARCP

- Attendance at Trust Shadowing, Induction,
- Record of Sickness, Absence (4 weeks)
- Form R for revalidation (F2)
- Evidence cross-referenced to curriculum outcomes
  - CS/ES reports
  - eLearning certificates
  - SLE’s
  - Written reflection

All ARCP panel members need access to eportfolio in advance (min 5 days) and on the day of the panels
Evidence of personal/professional development can come from...

Assessors CS/ES and MDT/PSG colleagues
- Supervisor Report from each placement, Core Procedures, MSF TAB

Underpinning knowledge
- e-learning certificates, attendance at teaching

Trainees that they learn from their learning opportunities and from their mistakes
- SLE in clinical practice to gain feedback
- Taster sessions in clinical practice
- Written reflection demonstrating critical analysis of their own performance both good and developmental
Prep for ARCP

• All Ref Guide requirements plus FP Curriculum outcomes

"Each subsection is headed by outcome descriptors indicating the levels of performance that foundation doctors must achieve…"

"...the outcomes are the standard against which their performance will be judged..." (FP Curriculum 2012 page 10)

(Cross referenced evidence in curriculum)
Sign off / FP ARCP process

Introduction of national FP ARCP since 2013

- FP ARCP panel (FTPD/T and two others) will review if a doctor has satisfactorily met the requirements for sign off

- IMPORTANT: All members of the panel will need read-only access to the e-portfolio.

- The information flow and FP ARCP process will be underpinned by use of the e-portfolio.
Sign off / FP ARCP process

**Throughout the F1/F2 year:**
Assessments, SLEs, meetings, ES’s end of placement reports & CS’s end of placement reports completed.

**Towards the end of the year:**
ES’s end of year report recommends if requirements for satisfactory completion of F1/F2 have been met.
(Note: ES not required to complete end of placement report when completing end of year report)

**End of year:**
FP ARCP panel convened (FTPD/T & two others). Panel to review ES’s end of year report and e-portfolio evidence (can be remote). Panel to assign outcome.

**Recommended for sign off**
Outcome 1: Satisfactory completion of F1
Outcome 6: Satisfactory completion of F2

Sign off form SIGNED/ISSUED

**NOT recommended for sign off**
Outcome 3: Inadequate progress – additional training time required
Outcome 4: Released from training programme
Outcome 5: Incomplete evidence presented – additional training time may be required

Sign off form NOT SIGNED/ISSUED. Other action taken.
For useful FP information go to the following websites

1. http://northerndeanery.ncl.ac.uk/NorthernDeanery/foundation/foundation/key-documents
   - Northern Foundation School Key Foundation Documents

2. www.foundationprogramme.nhs.uk

   - GMC Good Medical Practice, Tomorrows Doctors, The Trainee Doctor documents
References


Acknowledgements

Angela Burton FP Lecturer at South Tees Hospitals NHS Foundation Trust & Northern Foundation School ePortfolio Lead would like to thank the following colleagues from NHS Education for Scotland (NES) Foundation Programme ePortfolio, Karen Beggs & Alex Haig for kindly agreeing to the use of screen shots from a demonstration ePortfolio website for use in this PowerPoint Presentation.

United Kingdom Foundation Programme Office (UKFPO) Curriculum Delivery Project Manager Stacey Forde for kindly agreeing the use of the Foundation ARCP Process information and / sign off chart

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