### Educational Supervisor’s End of Placement Report F1

**Date of meeting:**

<table>
<thead>
<tr>
<th>Name of Foundation Doctor</th>
<th></th>
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<tbody>
<tr>
<td>GMC No</td>
<td></td>
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<tr>
<td>Training period from</td>
<td></td>
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<tr>
<td>Training period to</td>
<td></td>
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<tr>
<td>Local education provider</td>
<td></td>
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<tr>
<td>Specialty</td>
<td></td>
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<tr>
<td>Educational supervisor:</td>
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#### Assessments

**Clinical Supervisor’s end of placement report:**

- [ ] No Concern
- [ ] Some Concern
- [ ] Major Concern

**TAB:**

- [ ] No Concern
- [ ] Some Concern
- [ ] Major Concern

**Core procedures:**

- [ ] No Concern
- [ ] Some Concern
- [ ] Major Concern

**Engagement in learning**

- [ ] No Concern
- [ ] Some Concern
- [ ] Major Concern

**ePortfolio meeting curriculum requirements:**

- [ ] No Concern
- [ ] Some Concern
- [ ] Major Concern

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1 of 3
Engagement in supervised learning events (SLEs): *

- [ ] No Concern
- [ ] Some Concern
- [ ] Major Concern

Attendance at formal educational events: *

- [ ] No Concern
- [ ] Some Concern
- [ ] Major Concern

Please provide a comment to support and justify the assessment ratings: *

Review of Personal Development Plan (PDP) objectives:

Details of concerns / investigations

Are you aware if this foundation doctor has been involved in any conduct, capability or Serious Untoward Incidents / Significant Event Investigations or named in any complaint?: *

- [ ] Yes
- [ ] No

If so are you aware if it has / these have been resolved satisfactorily with no unresolved concerns about a trainee’s fitness to practice or conduct?:

- [ ] Yes
- [ ] No

Comments, if any:

Overall assessment

How has the foundation doctor performed in this placement?: *

- [ ] No Concern
- [ ] Some Concern
- [ ] Major Concern

Please provide comments to support and justify assessment:
This foundation doctor is currently on course to allow sign off as having met or exceeded the minimum expected level of performance for each of the 20 foundation professional capabilities at the end of the year of training: *

- [ ] Yes
- [ ] No

Comment:

Comment on other achievements of the foundation doctor?:

Comment on any areas that need to be prioritised in the foundation doctor's next placement?:

Supervisor details

Name
GMC / Other Registration Number
Email

Signatures

Educational Supervisor signature:
Date signed by Educational Supervisor: