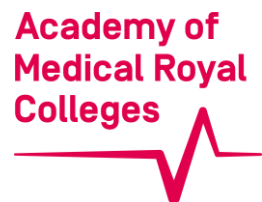




The Foundation Programme curriculum

Providing Evidence in the Portfolio
PSG, TAB and the Summary Narrative

Tony Choules, Fiona Cameron, Aysha Nijamudeen



Standards



- **Entrustment to work safely in a supervised environment**
- Successful completion of the Prescribing Safety Assessment (PSA)



- **Deliver safe, compassionate care with indirect supervision in areas covering generalist practice**
- Be prepared to develop more specialist skills
- Know how to make a useful contribution to the quality and development of healthcare care
- Show the ability to work within a team
- Appreciate the breadth of medical practice
- Be able to care for their own wellbeing and understand how to plan a career

Generic Training

The 3 HLOs are broken down into 13 professional capabilities, which form the syllabus:

HLO1: THE CLINICIAN

Direct and indirect patient care:

1. Clinical Assessment
2. Clinical Prioritisation
3. Holistic Planning
4. Communication and Care
5. Continuity of Care

HLO2: THE HEALTHCARE WORKER

Integrating into the healthcare workforce:

6. Sharing the Vision
7. Fitness to Practise
8. Upholding Values
9. Quality Improvement
10. Teaching the Teacher

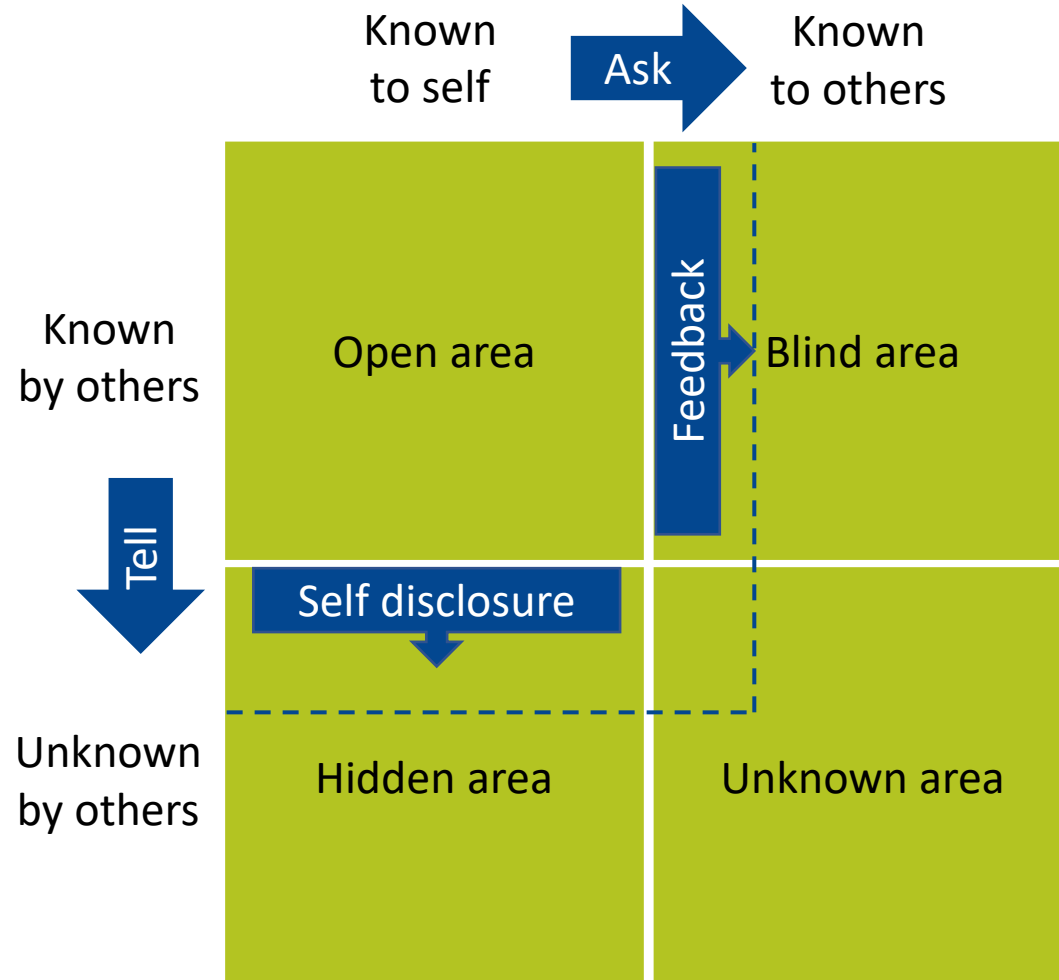
HLO3: THE PROFESSIONAL

Professional requirements and expectations:

11. Ethics and Law
12. Continuing Professional Development
13. Understanding Medicine

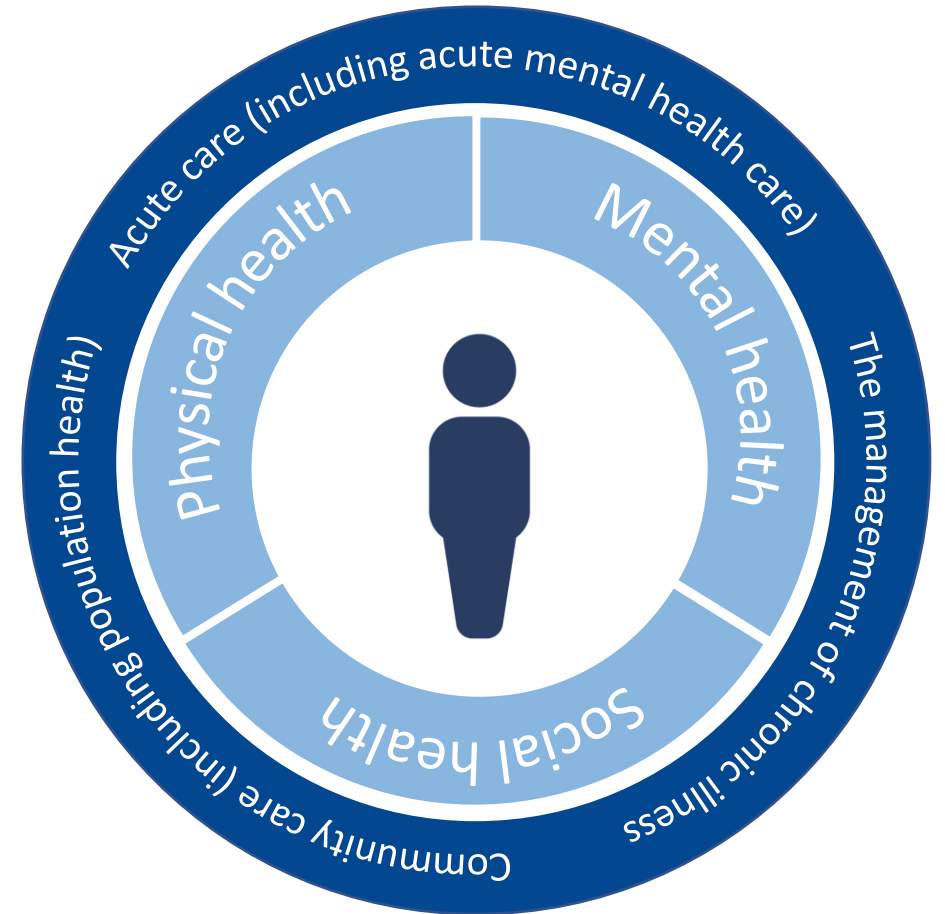
These capabilities can be demonstrated by behaviour in the workplace during the programme

Experiential approach



Holistic care and breadth of care

- There is a focus on:
 - Physical health
 - Mental health
 - Social health
- Across a variety of different areas including acute and community

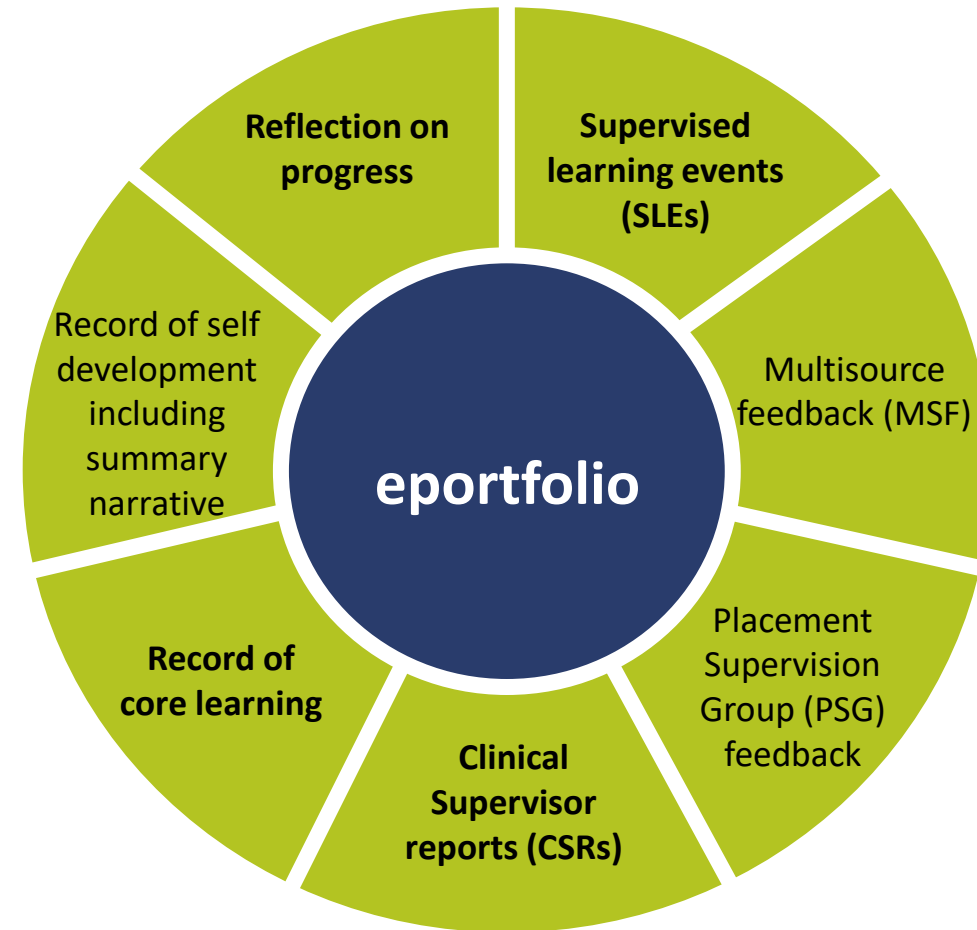


The eportfolio

- Provides evidence of progress in training
- Highlights areas of excellence
- Records evidence of achievements for future career

The ARCP

- A review of training over the year
- Allows progression
- Used as evidence for GMC revalidation process



Generic Training

ARCP Checklist (p49)

Requirement	Standard
Provisional registration and a licence to practise with the GMC (F1 only)	To undertake the first year of the foundation programme, doctors must be provisionally registered with the GMC and hold a licence to practise. In exceptional circumstances (e.g. refugees), a fully registered doctor with a licence to practise may be appointed to the first year of a foundation programme.
Full registration and a licence to practise with the GMC (F2 only)	To undertake the second year of the foundation programme, doctors must be fully registered with the GMC and hold a licence to practise.
Completion of 12 months' (WTE) training (taking account of allowable absence)	The maximum permitted absence from training, other than annual leave, is 20 days (when the doctor would normally be at work) within each 12-month (WTE) period of the foundation programme. Where a doctor's absence goes above 20 days, this will trigger a review of whether they need to have an extra period of training (see GMC position statement on absences from training in the foundation programme – June 2013).
A satisfactory educational supervisor's end of year report	The report should draw upon all required evidence listed below. If the FD has not satisfactorily completed one placement but has been making good progress in other respects, it may still be appropriate to confirm that the FD has met the requirements for progression.
Satisfactory educational supervisor's end of placement reports	An educational supervisor's end of placement report is required for all FD placements EXCEPT for the last FD placement at each level of training. The educational supervisor's end of year report replaces this.
Satisfactory clinical supervisor's end of placement reports	A clinical supervisor's end of placement report is required for ALL placements. At least one CSR in each level of training must make use of PSG feedback. All of the clinical supervisor's end of placement reports must be completed before the doctor's Annual Review of Competence Progression (ARCP).



ARCP Checklist (p49)

Requirement	Standard
Satisfactory team assessment of behaviour (TAB)	Minimum of one per level of training.
Satisfactory placement supervision group report (PSG)	Minimum of one per level of training.
Satisfactory completion of all curriculum outcomes	The FD should provide evidence that they have met the 13 foundation professional capabilities, recorded in the e-portfolio. Evidence to satisfy FPC1-5 must include direct observation of a sufficient variety of clinical encounters in the form of SLEs, and the specific life support capabilities specified in FPC2.
Satisfactory engagement with the programme	<ul style="list-style-type: none"> Personal learning log of core/non-core teaching/and other learning Reflection including summary narrative Contemporaneously developed portfolio Engagement with feedback on training programme Completion of relevant probity/health declarations including Form R/ SOAR or equivalent
Successful completion of the Prescribing Safety Assessment (PSA) (F1 only)	The F1 doctor must provide evidence that they have passed the PSA within two years prior to entry to the programme or on completion of the programme.
Evidence of completion of additional requirements set by HEE/NES/NIMDTA/HEIW and approved by UKFP Board	





Personal & appraisal details ●

Scope of work ●

Previous appraisals ●

PDP review ●

Challenges, achievements & aspirations ●

Personal & professional wellbeing ●

Clinical/educational supervisor development ●

CPD, QIA, feedback & compliments ●

Significant events, SI &/or complaints ●

Probity ●

PDP themes ●

Personal Details (Section 01 of 17)

Please check / complete your personal details and medical qualifications.



The general information and contact address details below are what we currently hold for you in the system and the qualification details were copied over from your last year's appraisal. Please check and update these details as necessary before marking this section as complete.

General Information

Title: *

Dr ▼

First Name: *

Anthony

Surname: *

Choules

Telephone Number:

Mobile Number:

Work E-mail: *

anthony.choules@nhs.net

Personal E-mail:

GMC Number: * e.g. 1234567 or D123465

3328413

Contact Address

Foundation portfolio Guide to TAB, PSG and summary narrative

Dr Fiona Cameron

FSD Scotland

Glossary

- TAB- Team Assessment of Behaviour
- PSG- Placement supervision group feedback
- Summary narrative- a type of reflection

What's the difference between TAB and PSG

TAB cannot be used in place of PSG feedback as the PSG and MSF TAB are assessing different professional / clinical aspects of a foundation doctor's (FD's) performance

TAB- Team assessment of behaviours

- Assessment / feedback is across 4 Domains
- FD chooses colleagues from all grades, from one placement
- Feedback on professionalism, attitudes & behaviours
- Feedback summary created & released by ES to FD

PSG – Placement supervision group feedback

- Assessment/feedback across all 3 HLO's all 13 FPC's
- CS chooses senior colleagues from one placement to contribute
- Feedback supports CS End of Placement Report
- Feedback summary created by CS and feedback to FD

What is the purpose of the summary narrative

- Training the FD to reflect and critically appraise learning and progress
- Demonstrate that they can identify where they need to learn and develop
- Start the lifelong process of self-development and train for appraisal and revalidation



How do I write a summary narrative

- Review progress and evidence
- Identify areas for progress and areas of excellence
- Create a 300 word summary of progress and why you feel you have achieved each of the HLOs
- Each HLO will require 1 summary narrative

Who will assess the summary narrative

- The summary narrative is a formative assessment
- 3 will be required for the ARCP to help support the FDs rationale for summative assessment of their progress
- The ES should review the 3 summary narratives at the end of each post and comment on progress and give advice on how the FD may want to show their progress in each post



Thank you

TAB, PSG, & Summary Narrative

Dr Aysha Nijamudeen

FY2

UKFPO Fellow

Team Assessment of Behaviour (TAB)

- Multi- source feedback
- 1 per year (check local ARCP requirements)
- You send out requests- may have to chase colleagues!
- 10 responses- 2 consultants, 1 doctor senior to F2, 2 nurses (Band 5), 2 AHPs/other team members
- Feedback is anonymized to you- ES can view the specifics
- ES releases the TAB once you have enough responses

Team Assessment of Behaviour (TAB)

- Feedback may be surprising, or difficult to see
- Discuss feedback with ES
- Approach your CS/ other senior
- ?Discuss feedback with the colleague directly
- Learning points

Placement Supervision Group (PSG)

- Sent out by your CS- identify 2 other senior colleagues early
- Need 1 completed PSG per year
- Be proactive- may need to remind CS to send it out

Supervision

- If unhappy/surprised by feedback- discuss with ES and CS
- ?Discuss feedback with the colleague directly
- Learning points
- Other areas of support: Employee Assistance Programme, GP, local training, e- LFH

Summary Narrative

- LIVE document- 300 words maximum to be updated throughout the placement for each HLO.
- Updating it regularly gives you time to think about how you are meeting the curriculum requirements- also where you may be deficient
- By the end of the year, should have 300 word maximum narrative for each HLO linking evidence

Example Summary Narrative for HLO 1: the doctor as an accountable, caring and compassionate clinician

End of placement 1

I know from attending the induction session that for each FPC I will need to have an SLE in physical health and mental health and I will need to show that I have attended teaching or done a course or E-learning and I should have reflections. I'm a bit behind but will work on this. (227 words)

End of placement 2

I have made progress in my evidence for HLO1. I was fortunate in my GP post to see a range of patient presentations and I now have another 5 SLEs. I have seen physical health and a lot of mental health problems in my GP post. Some were acute however the majority were long terms conditions. This has allowed me to link to all the FPCs in HLO 1. I was not confident in my prescribing, so I completed the SCRIPT modules (LiFT in Scotland) for prescribing and I have used this for showing safe care FPC 5. I have created 5 links to FPC 3 in my GP post as it gave me the opportunity to show holistic care as I worked in the MDT.

End of placement 3

I am confident that I can now be signed off for HLO1. I have 18 SLEs and have used these to link to all the FPCs. For each FPC I have an SLE for physical health and mental health, but I had to ask for advice from my seniors about how I would show these. I used a long-term bipolar disorder for FPC1 in GP, delirium for FPC2. I used the same SLE for bipolar disorder as I was involved in the MDT to get suitable accommodation and financial support for the patient. I had lovely feedback in all my SLEs but I am most proud of the nursing feedback for my management of delirium and how I spoke with the patient. I also used this SLE for FPC 4 as I completed an incapacity form. I have completed a learning module for delirium and also for consent and capacity. I wasn't sure how to evidence FPC5 but have an SLE in handover and I included information on the patient with delirium. I have now attended the acute care simulation course and I have linked that as evidence to FPCs1 and 2. I have attended more than 60 hours of teaching and self-directed learning. I have reflected on some of the cases and also on my progress. I still have a lot of learning to do but I think I have evidenced HLO1 this year. (235)

Summary Narrative

- Continuous update helps you get organized
- Identify learning needs yourself as you go along
- Formative!

Take- Home Points

- Be organized, do things as you go along
- Don't be afraid to remind colleagues to fill out forms
- Be aware of deadlines in the year and when you have to meet them, e.g. TAB
- Identify learning needs throughout the year and plan to meet them early
- Make use of supervision in managing feedback/ learning needs!