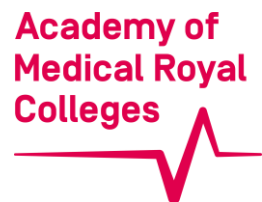




The Foundation Programme curriculum

Providing Evidence in the Portfolio

Tony Choules, Fiona Cameron, Doanna Daoud



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

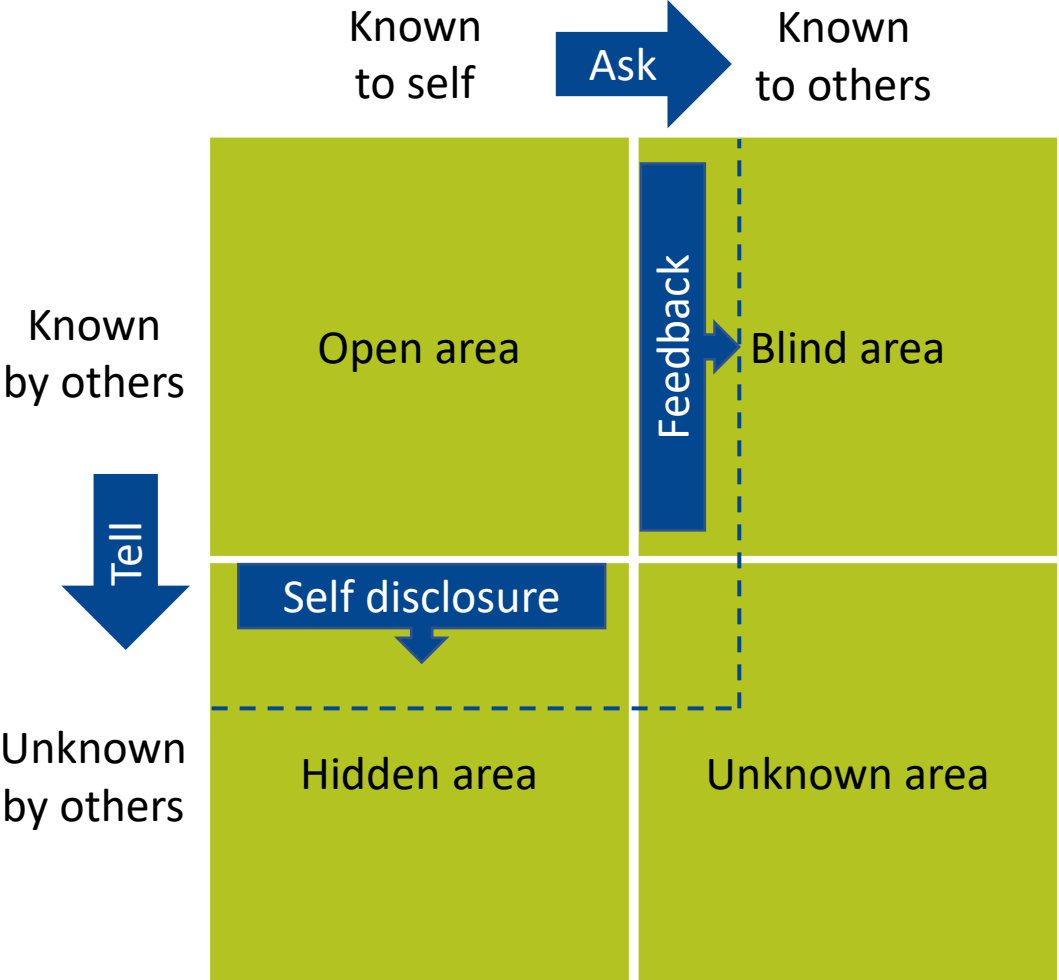
HLO3: THE PROFESSIONAL

Professional requirements and expectations:

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

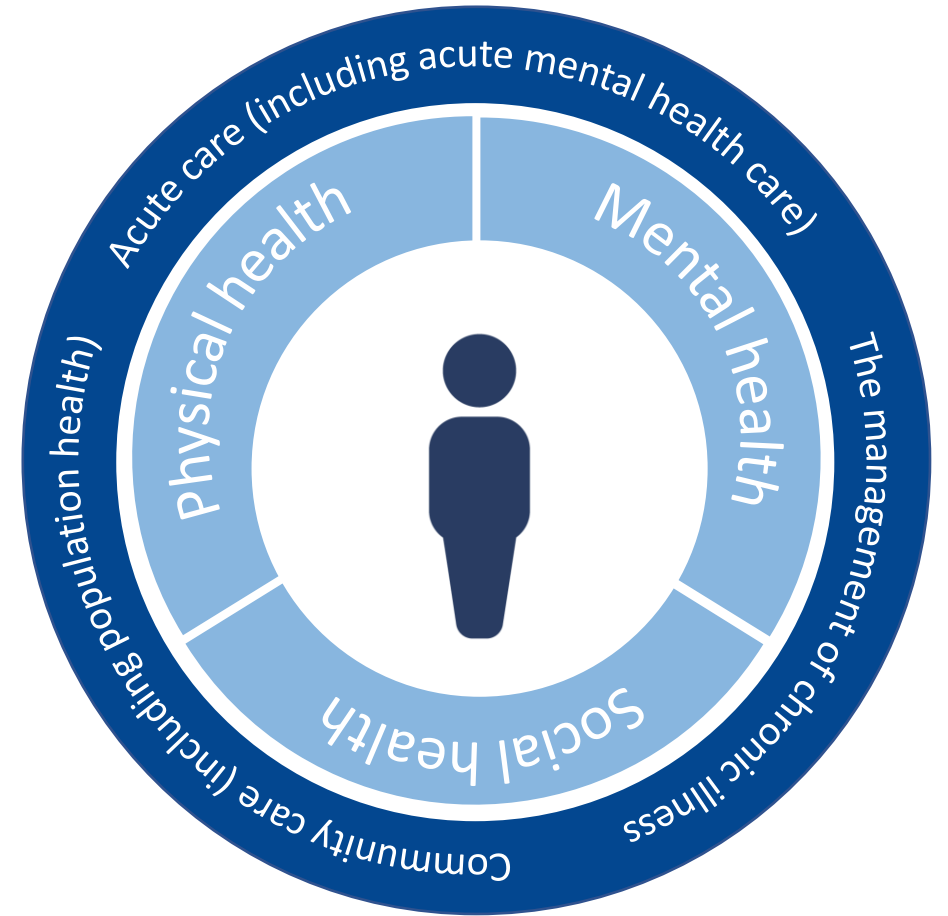
These capabilities can be demonstrated by behaviour in the workplace during the programme

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

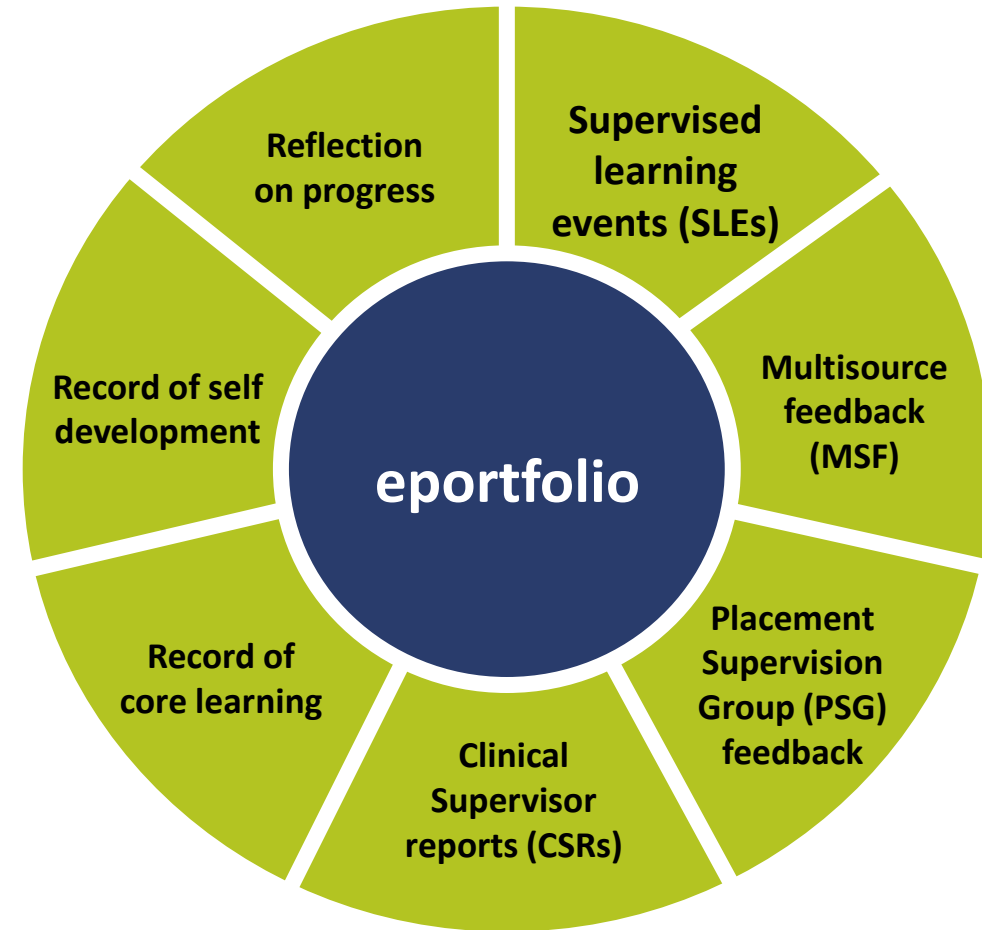


The eportfolio

- 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

Building your portfolio

A guide to SLEs

Dr Fiona Cameron

Consultant Anaesthetist

Foundation school director (Scotland)

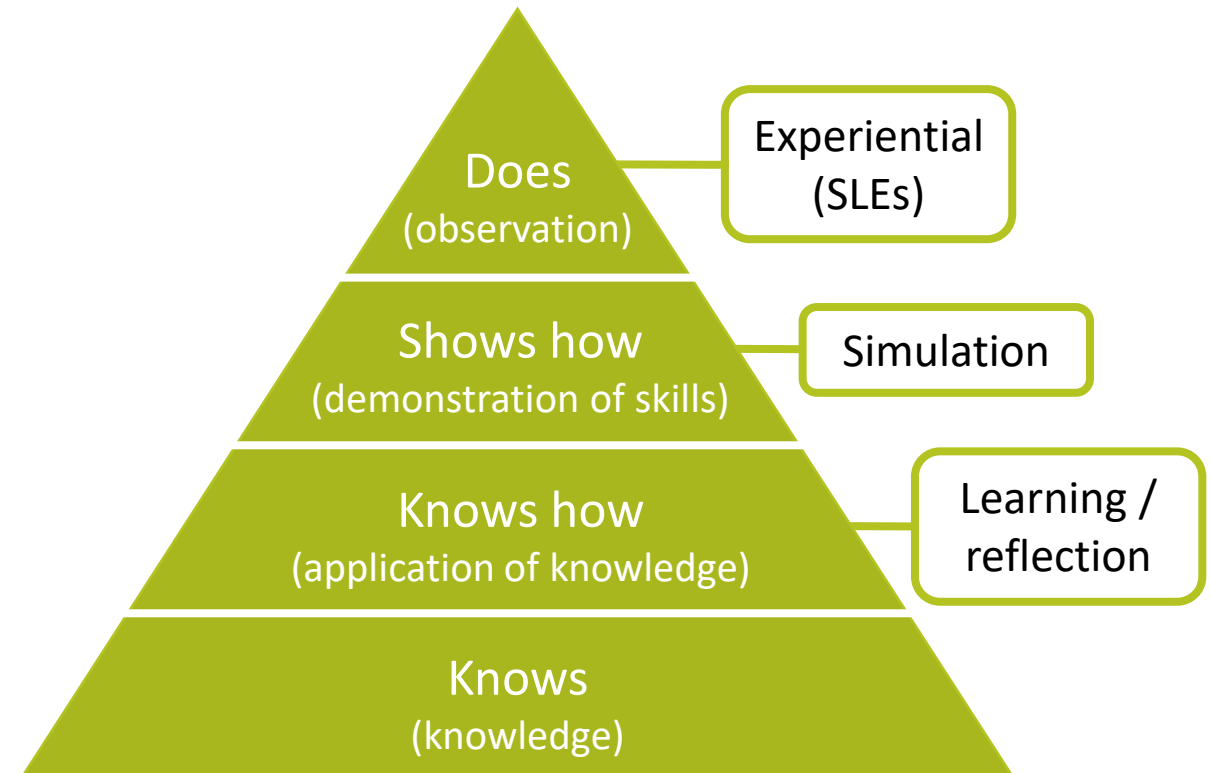
Chair AoMRC Foundation Committee

What is a Supervised Learning Event (SLE)

- Observed clinical encounters ***with feedback*** from a more senior clinician
- 3 types
 - Case based discussion (CBD)
 - Mini Clinical evaluation exercise (mini- Cex)
 - Directly observed procedure (DOPS)
- Recorded on your portfolio and linked to the FPCs (Foundation professional capabilities)

Millers Pyramid

- SLEs sit at the top of the pyramid
- Encompass aspects of clinical practice
 - communication
 - Clinical assessment and decision making
 - Safety and infection control measures
 - Team working
 - Underpinned by knowledge
- Provide you with the evidence to link your abilities to the FPCs



Case based discussion

- Select a case that you have been involved in and maps to the curriculum
- Inform a senior that you wish to discuss this with them
- Arrange a time to discuss the case with the senior
- Complete a CBD form on your portfolio
- Send a ticket to the senior for them to fill in the feedback
- Upload this to your portfolio and link it to the relevant FPCs
- You may want to also complete a reflection

Mini- Cex

- Select a clinical patient encounter that will map to your curriculum
- Inform the senior that you wish to undertake a mini-cex
- Perform your clinical encounter- eg history taking, assessment of an unwell patient, communication with family etc
- Discuss your findings and experiences with your senior
- Complete a Mini-cex form and send the ticket to the senior for completion
- You may want to complete a reflection

DOPS

- DOPS are more suited to procedures
- Complete the same process as for CBDs and Mini- cex
- Select a procedure such as ascitic tap, performing and interpreting arterial blood gases
- Complete the DOPS form and send the ticket

DOPS are not for demonstrating the Core procedures that are not mandatory in your portfolio

Other forms

LEARN and LEADER and DCT

- The LEARN form can be used in place of any of the SLEs and has specific space for you to add reflections on your performance
- The LEADER form can be used to record any leadership activities
- The DCT (developing the clinical teacher) form can be used to evidence any teaching activity

SLE FAQs

- No specific numbers/ mix are required for you SLEs
- You will be expected to demonstrate a range of SLEs ie not all CBDs
- You must evidence FPC 2 (acutely deteriorating patient) with a simulated experience
- You will probably need somewhere between 12 and 18 SLEs to evidence the curriculum
- SLEs are NOT PASS/FAIL- it is not necessary to be perfect- you are learning, and the feedback should be constructive and helpful to your progress

Thank you

Mastering Your Portfolio: Simplified Strategies for Success

Dr. Doanna Daoud

FY2 University Hospital North Durham

UKFPO Fellow 2023

Understanding Your Portfolio



Professional Development: a structured way to reflect on your clinical practice, identify areas for improvement, and set goals



Evidence of Competence: a well-maintained portfolio serves as tangible evidence of your competence, achievements, and capabilities



Demonstrates Commitment: an independent project that shows learning and professional growth



Documents Experience: demonstrates your professional journey and accomplishments



Personal Motivation: allows you to track your progress, celebrate achievements, and gain a sense of accomplishment in your career

Be Intentional!



An intentional portfolio showcases skills, experiences, and accomplishments that are directly relevant to your career objectives



It highlights you as an individual doctor as well as your role as a member of the healthcare ecosystem



Ensures that your portfolio effectively communicates your strengths and achievements



Helps you avoid including unnecessary or redundant information. This saves time for both you and anyone reviewing your portfolio, ensuring they focus on the most important details.



Knowing that your portfolio is thoughtfully curated and aligned with your goals can boost your confidence. It provides a tangible representation of your capabilities and contributions.

Simplifying Your Portfolio

1. Study the curriculum
 - Print it out
 - Learn/understand key words (example prescribing vs safe prescribing)
 - Brainstorm Ideas
 - Ask questions

Simplifying Your Portfolio

2. Plan

- You know your strengths and weaknesses, use them!
- Make your goals known
- Ask about expectations

Simplifying Your Portfolio

3. Organize

- Use your PDPs

[Personal Development Plan](#)

Paeds - Communication

[Personal Development Plan](#)

Paeds - Practical Skills

[Personal Development Plan](#)

Paeds - Knowledge/Study

- Use SDT wisely
- Know your entries and make note for improvement entries
- Diversify your entries (what do I have, what am I missing)
- Map your entries early

Your portfolio is your elevator pitch!

Thank You!