

**Educational Supervisor's End of Placement Report F1**

Date of meeting: \*

**Foundation doctor**

Name of Foundation Doctor	
GMC No	
Training period from	
Training period to	
Local education provider	
Specialty	
Educational supervisor:	

**Assessments**

Clinical Supervisor's end of placement report: \*

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	Major Concern

Tooltip 1	The inclusion of a clinical supervisor's end of placement report is mandatory, but in exceptional circumstances where this is not possible, the educational supervisor has responsibility for completing as much of the clinical supervisor's report as possible.
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TAB: \*

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	Major Concern

Core procedures: \*

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	Major Concern

**Engagement in learning**

Tooltip 2	This means serial engagement throughout the placement.
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ePortfolio meeting curriculum requirements: \*

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	Major Concern

Engagement in supervised learning events (SLEs): \*

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	Major Concern

Attendance at formal educational events: \*

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	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?: \*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	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?:

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

**<-- Only appears if "Yes" selected in question above**

Comments, if any:

**Overall assessment**

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

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	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: \*

Tooltip 3

Tooltip 3 The 20 foundation professional capabilities are within the 4 sections of the 2016 curriculum.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Comment:

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Comment on other achievements of the foundation doctor?:

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

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**Supervisor details**

Name	
GMC / Other Registration Number	
Email	

**Signatures**

<b>Educational Supervisor signature:</b>	
<b>Date signed by Educational Supervisor:</b>	