# Educational Supervisor's End of Placement Report F2

**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: *     Tooltip 1

| | |
|---|---|
| ☐ | No Concern |
| ☐ | Some Concern |
| ☐ | 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. |
|---|---|

TAB: *

| | |
|---|---|
| ☐ | No Concern |
| ☐ | Some Concern |
| ☐ | Major Concern |

**Engagement in learning**     Tooltip 2

| Tooltip 2 | This means serial engagement throughout the placement. |
|---|---|

ePortfolio meeting curriculum requirements: *

| | |
|---|---|
| ☐ | No Concern |
| ☐ | Some Concern |
| ☐ | Major Concern |

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 |

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

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: *

| Tooltip 3 |
|---|

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

| | |
|---|---|
| ☐ | 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:** | |