



The Foundation Programme & ePortfolio

Dr Charlotte Perry

FY2 Lister Hospital

Foundation Representative EBH

UKFPO Leadership Fellow

Dr Fiona Valente

FY2 Crosshouse Hospital

WoS Foundation Forum Co-chair

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- Welcome
- Progression through training
- E-portfolio and ARCP explained
- The Foundation Programme Curriculum

- ARCP requirements 2021
- How to record your progress and get feedback
- Useful links and documents



Welcome to the Foundation Programme!

The Curriculum :

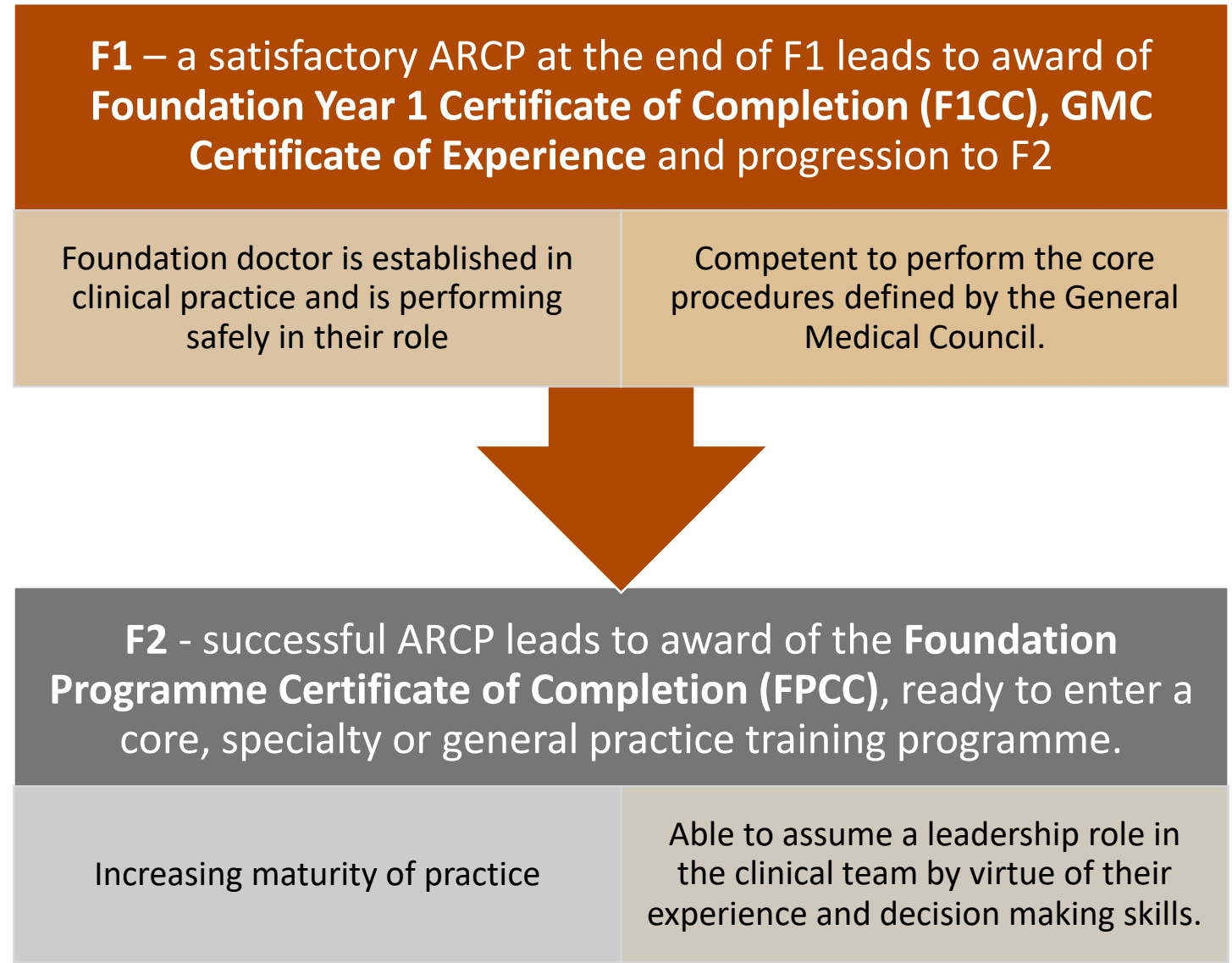
- 20 outcomes to achieve each year – the FPCs ‘Foundation Professional Capabilities’, each a key clinical or professional aspect of medical practice. If all met, you will progress in your training.
- Supervised practice-based learning
- Underpinned by feedback, reflection and assessment.

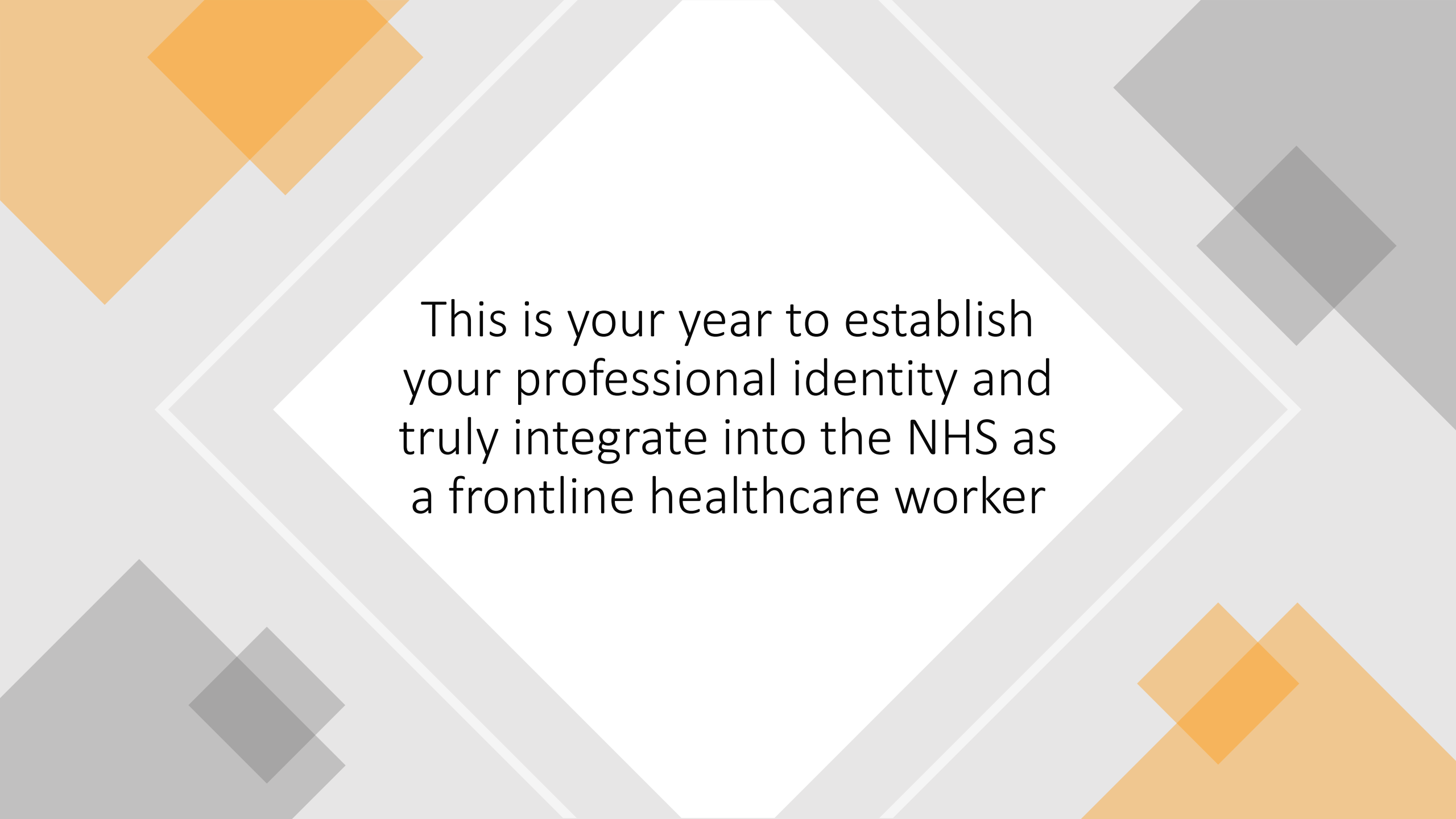
As a foundation doctors, you are expected to :

- Be responsible for your education and development
- Reflect regularly on your performance and feedback

Integral to Foundation Programme training is the utilisation, management and recording of experience and achievements in an electronic portfolio.

Progression
through
foundation
training





This is your year to establish
your professional identity and
truly integrate into the NHS as
a frontline healthcare worker

What is ARCP?

- The Annual Review of Competence Progression is a review of evidence of achievement over the course of a year of training.
- The ARCP panel reviews the foundation doctor's portfolio of evidence and educational supervisor's recommendation for progression.
- The process decides whether an individual doctor can progress to the next stage of training.

What is the e-portfolio?

- The online portfolio used to document evidence of participation in the foundation programme and any other achievements.
- Records progress and development across all FPCs
- Collecting this evidence demonstrates you are competent in a number of areas.
- Where supervisors and trainers write feedback and assessments
- Horus is used in England. Turas is used in NI, Scotland, Wales and Malta.



Turas Dashboard

Providing health and social care staff across Scotland with access to all their Turas applications in one place.

Turas Applications

This is your dashboard. You can access all your applications from here.

[+ Add Applications](#)

Learn

Portfolio

Training Management
Turas

People

Used in Scotland, Wales, Northern Ireland and Malta
Evidence deadline for ARCP 31st May 2021

Portfolio - Homepage

Ticket Status

No outstanding tickets found.

My Progress Summary

Curriculum coverage +

Supervised learning events (SLEs) +

Team Assessment of Behaviour (TAB) +

Reflections +

Mandatory Teaching Log +

Quick Reflection Starter


Post ^{*}

-- Please Select --




Current Status


Grade/Training Year: FY2




How your local education provider/deanery can help you..


They should:

- set up your user account and update it with any in-year changes (for example, change of supervisor, placement dates or specialty)
 - provide you with information on how to access your portfolio such as website address, log-in details and how to get started
 - explain how you should use your e-portfolio and what the e-portfolio requirements for successful completion of F1/the foundation programme are (this presentation!)
 - support you with any issues you may have when using your e-portfolio, including first-line technical support (for example, if you're not sure how to log in or where to find a particular form)
- 




Minimum expected level of performance in F1

- Has worked effectively to establish themselves in clinical practice in their role as a doctor in training
 - Has established themselves as a member of the healthcare team
 - Has been able to adapt practice to suit the clinical setting in each placement
 - Has demonstrated the ability to learn in the workplace
 - Has demonstrated the knowledge, skills and behaviours necessary to apply the professional duties, principles and responsibilities set out in Good Medical Practice, Generic Professional Capabilities Framework, other professional guidance and statutory legal requirements.
 - Is competent to perform the core procedures mandated by the General Medical Council (GMC)
- 



Minimum expected level of performance in F2

- Has taken additional responsibility for decision making in clinical practice
 - Has started to develop a leadership role within the healthcare team
 - Has been able to adapt practice to new clinical settings with new challenges e.g. outpatient clinics, emergency departments
 - Has demonstrated the ability to teach as well as learn in the workplace
 - Has demonstrated (and taught to others) a progressive increase in knowledge, skills and behaviours applied across the professional duties, principles and responsibilities set in accordance with Good Medical Practice, Generic Professional Capabilities Framework, other professional guidance and statutory legal requirements.
 - Has increased their ability to perform the core procedures mandated by the General Medical Council (GMC) e.g. can perform them in more challenging circumstances and has increased the scope of procedures they are able to perform.
- 

2020/2021 Timeline for F1s

- ARCP to take place approximately in June

ACTION	DATE
Foundation school to publish ARCP timeline. To provide at least six weeks' notice to the foundation doctor	As soon as possible / to allow minimum of six weeks prior to ARCP review
ARCP review conducted by ARCP panel	Flexible, yet recommended no earlier than 1 June 2021
FTPD/T (ARCP panel chair) to assign outcome and send ARCP outcome from to FSD. FSD to issue F1CC for those who meet satisfactory requirements of F1	For local decision
International CoE submission	7 – 27 July 2021
Completed F1CC to be sent to Medical School Dean and PG Dean or another authorised signatory	By no later than 12 July 2021
Designated representatives to submit online CoE to GMC	13 – 27 July 2020
F1 expected completion date (CoE date on GMC Connect for the majority of doctors)	3 August 2021
F2 start date for the majority of doctors	4 August 2021

THE CURRICULUM SYLLABUS FOR F1 DEVELOPED WITH THE GMC

Section 1: Professional behaviour and trust

Section 2: Communication, team-working and leadership

Section 3: Clinical care

Section 4: Safety & quality

Section 1. Professional behaviour and trust

ES progress rating: **Satisfactory**

1: Acts professionally [Hide](#)

2: Delivers patient centred care and maintains trust [Hide](#)

3: Behaves in accordance with ethical and legal requirements [Hide](#)

4: Keeps practice up to date through learning and teaching [Hide](#)

5: Demonstrates engagement in career planning [Hide](#)

Section 2. Communication, team-working and leadership

[▲ back to top](#)

ES progress rating: **Satisfactory**

6: Communicates clearly in a variety of settings [Hide](#)

7: Works effectively as a team member [Hide](#)

8: Demonstrates leadership skills [Hide](#)

Section 3. Clinical care

[▲ back to top](#)

ES progress rating: **Satisfactory**

9: Recognises, assesses and initiates management of the acutely ill patient [Hide](#)

10: Recognises, assesses and manages patients with long term conditions [Hide](#)

11: Obtains history, performs clinical examination, formulates differential diagnosis and management plan [Hide](#)

12: Requests relevant investigations and acts upon results [Hide](#)

13: Prescribes safely [Hide](#)

14: Performs procedures safely [Hide](#)

15: Is trained and manages cardiac and respiratory arrest [Hide](#)

16: Demonstrates understanding of the principles of health promotion and illness prevention [Hide](#)

17: Manages palliative and end of life care [Hide](#)

Section 4. Safety & quality

[▲ back to top](#)

ES progress rating: **Satisfactory**

18: Recognises and works within limits of personal competence [Hide](#)

19: Makes patient safety a priority in clinical practice [Hide](#)

20: Contributes to quality improvement [Hide](#)



What evidence do I need to collect during F1?

N.B - Curriculum is changing from August 2021

But, for doctors due to complete F1 in 2021, you need....

EVIDENCE: THE F1 ARCP REQUIREMENTS 2021

- Provisional registration and license to practice
- Signed probity and health declarations
- Complete 12 months F1 training (max 20 days absence)
- Passed PSA
- ILS certificate/equivalent
- Form R (England, NI and Wales)
- Evidence of participation in QIP
- **Satisfactory educational supervisor end of year report**
- **Two satisfactory educational supervisor's end of placement reports**
- **Three satisfactory clinical supervisor end of placement reports**
- **Personal development plan**
- Satisfactory completion of all F1 curriculum outcomes (curriculum mapping)
- Required number of assessments:
 - Team assessment of behaviour TAB (one per year)
 - Core procedures (all 15)
- SLES
 - Mini CEX and DOPS – minimum 9, 6 mini CEX
 - Case-based discussion (CBD)) – 6 per year, two per placement
 - Developing the clinical teacher – 1 per year
- Teaching attendance 60 hours per year
 - 12 months pro-rata
 - 30 hours core foundation teaching

Clinical Supervisor

1x induction placement meeting
1x end of placement meeting
Plus whenever you may need to met

- 2.42 A named clinical supervisor is a named trainer who is selected and appropriately trained to be responsible for supervision and management of a specified trainee's educational progress during a training placement (training site). All trainees must have a named clinical supervisor for each placement in their foundation programme.
- 2.43 The named clinical supervisor is responsible for collating evidence of the performance of a trainee whilst in a training placement, providing feedback to the trainee and working with the trainee and the educational supervisor to agree action plans to ameliorate any concerns or issues identified. The purpose of the named clinical supervisor meeting the trainee is to:
- i. help identify educational needs at an early stage and agree objectives during the training post that are **SMART** (Specific, Measurable, Achievable, Realistic, Time bound)
 - ii. provide a mechanism for reviewing progress, and implementing and monitoring any remedial requirements
 - iii. assist in the development in postgraduate trainees of the skills of self- reflection and self-appraisal that will be needed throughout a professional career
 - iv. enable learning opportunities during the post to be identified in order to facilitate a trainee's access to these
 - v. provide a mechanism for giving feedback on the quality of the training provided

Educational Supervisor

- 2.40 An educational supervisor is a named trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee's educational progress during a series of placements (rotation). The educational supervisor is jointly responsible with the trainee for the trainee's educational agreement. All trainees must have an educational supervisor throughout their foundation programme.
- 2.41 The educational supervisor is responsible for collating evidence of the performance of a trainee whilst in a training programme, providing feedback to the trainee and agreeing action plans to ameliorate any concerns or issues identified (paragraph 2.48). The purpose of the educational supervisor meeting the trainee is to:
- i. help identify educational needs at an early stage and agree educational objectives that are **SMART** (Specific, Measurable, Achievable, Realistic, Time bound)
 - ii. provide a mechanism for reviewing progress, and implementing and monitoring any remedial requirements
 - iii. assist in the development in postgraduate trainees of the skills of self- reflection and self-appraisal that will be needed throughout a professional career
 - iv. enable learning opportunities to be identified in order to facilitate a trainee's access to these
 - v. provide a mechanism for giving feedback on the quality of the training provided
 - vi. make training more efficient and effective for a trainee
 - vii. consider matters around fitness to practise and revalidation
 - viii. to document the judgement about whether a foundation doctor has met the requirements and has provided documentary support for the satisfactory completion of F1 and F2;
 - ix. to document recommendations about further training and support where the requirements have not been met.

ES

1x initial meeting for each rotation
1x end of placement meeting for each rotation
Plus whenever you may need to meet.

Meetings

[Home](#)[Portfolio](#) ▾[Forms \(start new\)](#)[Help](#)C.Perry [Sign out](#)

Create New Forms

[Add new doctor](#) [Add new nurse/other](#)

Mandatory forms for each placement

At the beginning of each placement

Form	Who	Min.
Initial Meeting	ES	1
Induction Meeting	CS	1
or Combined Initial and Induction	ES	1 *
PDP	FD	1

Throughout each placement

Form	Who	Min.
Mini-Clinical Evaluation Exercise (Mini-CEX)	FD/T	3+
Direct observation of procedural skill (DOPS)	FD/T	0+
Case-based discussion (CBD)	FD/T	2
Learning encounter and reflection note (LEARN)	FD/T	0+
Reflection	FD	†

At the end of each placement

Form	Who	Min.
Placement Supervision Group Feedback	CS	-
Clinical supervisors end of placement report	CS	1
Educational supervisors end of placement report	ES	1^

Supervisor Meetings

- Supervisor meeting tickets are created by your supervisor on Turas either during or after your meeting.
 - You must then sign and acknowledge them to confirm you agree with their content
- Helpful to create your Personal Development Plan (PDP) prior and know what your aims for the rotation are.
- You will need an induction/initial meeting with both your clinical and educational supervisor. If they are the same person then you can have a combined supervisor induction meeting.
- For your end of placement review your supervisor(s) will assess your overall performance and progress. They will review your assessments, your portfolio, engagement in supervised learning events, attendance at teaching and team assessment of behaviour feedback.
 - This meeting should identify your next steps for progress in your next placement.



Personal development plan

Aims and learning objectives for a particular placement

Title *

What specific development needs do I have?: *

How will these objectives be addressed?:

Timescale:

Evaluation and outcome (show how you have achieved your objectives):

[Add / remove uploaded evidence](#)

[Save changes](#)

- You can see your supervisors/someone else at any time and make a 'general meeting' form. It is good to keep a record of meetings.

General meeting



Date of Meeting:*		
Reason for meeting:*	<input type="radio"/> Ad hoc meeting <input type="radio"/> Adverse ARCP outcome meeting <input type="radio"/> ARCP discussion/preparation <input type="radio"/> Careers discussion and future plans <input type="radio"/> Progress discussion <input type="radio"/> Clinical incident follow-up <input type="radio"/> Other If Other (please specify)*:	<div style="border: 1px solid black; padding: 5px; font-size: small;"> NOTE: This form should not be used in place of any of the mandatory supervisor meeting/report forms or as an "additional action plan". Before completing this form, please check that there isn't a more appropriate form in the forms list. </div>
Discussion:*	<input type="text"/>	
Actions agreed:	<input type="text"/>	
Name(s) of other attendees:	<input type="text"/>	
Completer details		
Role:	<input type="radio"/> Clinical supervisor <input type="radio"/> Educational supervisor <input type="radio"/> Joint educational and clinical supervisor <input type="radio"/> Academic supervisor <input type="radio"/> Foundation programme director <input type="radio"/> Trust/postgraduate centre administrator <input type="radio"/> Foundation school administrator/manager <input type="radio"/> Foundation school director <input type="radio"/> Other If Other (please specify)*:	<input type="text"/>



What is the placement supervision group?

- Colleagues who observe and give feedback to you and your clinical supervisor on your clinical and professional practice to inform the end of placement report. They are also responsible for undertaking and facilitating SLEs.
 - Usually 2-3 colleagues
 - Should happen for at least 1 placement each year – there should be one in place for most ward based specialties
 - The CS nominates the members of the PSG
-

EVIDENCE: THE F1 ARCP REQUIREMENTS 2021

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- Form R
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- **Satisfactory completion of all F1 curriculum outcomes (curriculum mapping)**
- Required number of assessments:
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 - Core procedures (all 15)
- SLES
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 - Developing the clinical teacher – 1 per year
- Teaching attendance 60 hours per year
 - 12 months pro-rata
 - 30 hours core foundation teaching

Charlotte Margaret Rosina Perry, F1

F1: Charlotte Margaret Rosina Perry (2019-20) ▾
click here to change rotation

Curriculum Overview

[Show all](#) | [Hide all](#)

Show me: [Mapped evidence](#) | [Descriptors](#) | [e-LfH](#)

Section 1. Professional behaviour and trust

ES progress rating: **Satisfactory** (by Caroline Gladys Clotilde Hartley on 15-May-2020)

1: Acts professionally [Hide](#)

Mapped Evidence [5 items]

- [Mini-Clinical Evaluation Exercise \(Mini-CEX\)](#) 02-Dec-2019 (Mapped 02-Dec-2019)
- [Reflection](#) 13-May-2020 (Mapped 13-May-2020)
- [Career Planning](#) 13-May-2020 (Mapped 13-May-2020)
- [Direct Observation Of Procedural Skills \(DOPS\)](#) 02-Dec-2019 (Mapped 13-May-2020)
- [Case Based Discussion](#) 31-Mar-2020 (Mapped 14-May-2020)

2: Delivers patient centred care and maintains trust [Hide](#)

Mapped Evidence [4 items]

- [Mini-Clinical Evaluation Exercise \(Mini-CEX\)](#) 02-Dec-2019 (Mapped 02-Dec-2019)
- [Reflection](#) 13-May-2020 (Mapped 13-May-2020)
- [Case Based Discussion](#) 03-Dec-2019 (Mapped 13-May-2020)
- [Mini-Clinical Evaluation Exercise \(Mini-CEX\)](#) 08-Apr-2020 (Mapped 14-May-2020)

3: Behaves in accordance with ethical and legal requirements [Hide](#)

Mapped Evidence [4 items]

- [Case Based Discussion](#) 31-Mar-2020 (Mapped 14-May-2020)
- [Probity declaration](#) (Mapped 14-May-2020)
- [Health declaration](#) (Mapped 14-May-2020)
- [Conditions of Joining a Foundation Training Programme](#) (Mapped 14-May-2020)

- Each **portfolio item** can be mapped to a **maximum of 5 FPCs**
- Each **FPC** can have mapped to it a **maximum of 5 portfolio items**
(and **must** have mapped to it **at least 1 portfolio item**)

Linking to the curriculum



Turas equivalent to mapping to the 20 Foundation Professional Capabilities.

Each capability can have linked to it a maximum of 5 portfolio items and must have linked to it at least 1 portfolio item. Each portfolio item can be linked to a maximum of 5 capabilities.



Do as you go rather than leaving until the end



Most entries to the portfolio can be linked: SLEs, teaching sessions, reflections, core procedures



Can edit which outcome each portfolio entry is linked to

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TAB and Core procedures

Mandatory forms for each year

Form	Who	Min.
Team Assessment of Behaviour (TAB) (usually at end of first placement)	FD/A	1 †
Core Procedures (F1's must complete one of each procedure)	A	15
Developing the clinical teacher (DCT)	T	1
Educational supervisors end of year report	ES	1^
Mandatory certificate	FD	1§
Mandatory teaching log	FD	
Quality Improvement	FD	1
Form R	FD	1

The 15 Core Procedures:

1. Venepuncture
2. IV cannulation
3. Prepare and administer IV medications and injections
4. Arterial puncture in an adult
5. Blood culture from peripheral sites
6. Intravenous infusion including the prescription of fluids
7. Intravenous infusion of blood and blood products
8. Injection of local anaesthetic to skin
9. Injection - subcutaneous (e.g. insulin or LMW heparin)
10. Injection - intramuscular
11. Perform and interpret an ECG
12. Perform and interpret peak flow
13. Urethral catheterisation (male)
14. Urethral catheterisation (female)
15. Airway care including simple adjuncts (e.g. Guedel airway or laryngeal masks)

Mix of Assessor Types

IMPORTANT: To ensure quality, a valid TAB requires a minimum of 10 assessors including at least four senior assessors comprising consultants / trained GPs and senior nurses. The named clinical supervisor will normally be one of the assessors.

Assessor Category	Complete	Minimum required	Minimum met?	Actions
Consultants/Trained GPs (including clinical or educational supervisor)	0	2	No	Create Ticket
Doctors (more senior than F2)	0	1	No	Create Ticket
Senior Nurses	0	2	No	Create Ticket
Allied Health Professionals/Additional team members and auxiliary staff	0	2	No	Create Ticket
Foundation Doctors	0	0 (max 2)	Yes	Create Ticket
Pharmacists	0	0	Yes	Create Ticket

Team Assessments of Behaviour (TABs)

- Must fill out a self-TAB first before you can send tickets to others
- Must have a minimum of 10 responses across different members of MDT
- Send out more tickets than you need and start early
- Summary TAB will only be released once 10 TABs have been completed and your supervisor considers that you have the correct mix of assessor types.
- You must have 2 satisfactory TABs during the year: block 1 and 2

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Learning opportunities: SLEs

‘The most effective way for professionals to develop their expertise is through repeated clinical experience accompanied by observation of practice with immediate feedback on performance from a senior clinician or healthcare professional.’

SLEs aim to:

- Support the development of proficiency in the chosen skill, procedure or event
- Provide an opportunity to demonstrate improvement/progression
- Highlight achievements and areas of excellence
- Provide immediate feedback and suggest areas for further development
- Demonstrate engagement in the educational process

THE SLEs

Feedback after observation of doctor/patient encounters (9 per year):

- Mini-clinical evaluation exercise (mini-CEX at least 6)
 - An observed clinical encounter of doctor-patient interaction
 - History taking
 - Examination
 - Breaking bad news
- Direct observation of procedural skills (DOPS).
 - Interaction with the patient when performing a practical procedure.
 - Good technique and good communication
 - You can evidence further progression in practical skills but this is a secondary purpose

Feedback on events, which take place remote from the patient:

- Case-based discussion (CBD at least 6)
 - Structured discussion of a clinical case managed by the foundation doctor. It is an investigation of, and feedback on, clinical reasoning.
- Developing the clinical teacher (DCT)
 - Skill in teaching and/or making a presentation and should be performed at least once a year.

Create New Forms

[Add new doctor](#) [Add new nurse/other](#)

Mandatory forms for each placement

At the beginning of each placement

Form	Who	Min.
Initial Meeting	ES	1
Induction Meeting	CS	1
or Combined Initial and Induction	ES	1 *
PDP	FD	1

Throughout each placement

Form	Who	Min.
Mini-Clinical Evaluation Exercise (Mini-CEX)	FD/T	3+
Direct observation of procedural skill (DOPS)	FD/T	0+
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At the end of each placement

Form	Who	Min.
Placement Supervision Group Feedback	CS	-
Clinical supervisors end of placement report	CS	1
Educational supervisors end of placement report	ES	1^

SLE

- Mini-CEX – at least 2 per post
- DOPS – 1 per post (optional to supplement mini-CEX)
- Case Based Discussion (CBD) – 2 or more per post
- Developing the Clinical Teacher (DCT) – 1 or more per year (this is by grade)

SLEs

Can complete while sitting with assessor or email them a ticket. Assessors must be FY2 and above.

The Developing the Clinical Teacher must be signed off by a senior clinician and should be a relatively formal teaching event such as presenting at a journal club, M and M meeting, case presentation or teaching others e.g. undergraduates or disciplines.

Select Supervised Learning Event Forms

Select the Form(s) you want included in this ticket, entering further information to help the person you are ticketing contextualis

Case Based Discussion (CBD)

Title of Supervised Learning Event *

Here you can record a brief, anonymous history to allow the SLE to be contextualised *

The trainee should reflect on this learning event

Direct Observation of Procedural Skills (DOPS)

Developing the Clinical Teacher

Mini-Clinical Evaluation Exercise (Mini-CEX)

Forms (start new)

Mandatory forms for each year

Form	Who	Min.
Team Assessment of Behaviour (TAB) (usually at end of first placement)	FD/A	1 †
Core Procedures (F1's must complete one of each procedure)	A	15
Developing the clinical teacher (DCT)	T	1
Educational supervisors end of year report	ES	1^
Mandatory certificate	FD	1§
Mandatory teaching log	FD	
Quality Improvement	FD	1
Form R	FD	1

THE F1 ARCP REQUIREMENTS 2021

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 - Developing the clinical teacher – 1 per year
- **Teaching attendance 60 hours per year**
 - **12 months pro-rata**
 - **30 hours core foundation teaching**

TEACHING

F1s are entitled to in-house formal education, which should be relevant and **protected ‘bleep free’**. Foundation doctors must be released to attend and should give their pagers to someone else.

- *This teaching may be aggregated to release trainees for whole days of generic teaching during F1.*

Attendance is now counted in hours rather than percentage as of August 2019.

Must attend minimum 60 hours of teaching during each year. 30 core foundation specific teaching, 30 non-core. Hours should be logged in e-portfolio. Your deanery will have its own particular taught programme.

Mandatory forms for each year

Form	Who	Min.
Team Assessment of Behaviour (TAB) (usually at end of first placement)	FD/A	1 †
Core Procedures (F1's must complete one of each procedure)	A	15
Developing the clinical teacher (DCT)	T	1
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Mandatory certificate	FD	1§
Mandatory teaching log	FD	
Quality Improvement	FD	1
Form R	FD	1

Mandatory teaching log

Title *

Date of teaching *

e.g. 01-Jan-2000

Teaching type *

- Core
 Non-core

Teaching setting *

IMPORTANT NOTE: Do not include

- statutory and mandatory training
- induction sessions
- ILS/ALS/equivalent

- Seminar/tutorial/small group teaching
 Grand round
 Balint group
 Schwartz round
 Simulation
 E-learning
 Other

Number of hours *

Round to the nearest half hour. Do not include lunch breaks/networking etc.

Notes


Optional, to record any brief details you haven't already recorded elsewhere.

Mandatory teaching log

IMPORTANT NOTE:

- Some examples of things that cannot be used are:
 - ALS/ILS
 - Tasters (but you may wish to record your Taster experience as a reflection and link this to your curriculum)
 - BMA/trade union type meetings
 - Employer delivered statutory training
 - Ward rounds/clinics and other regular on-the-job activities

New Mandatory Teaching Log

Trainee's Name	Marg Arine
Trainee's Registration Number	2342311
Learning Date *	<input type="text"/> 
Learning Title *	<input type="text"/>
Teaching Setting *	<input type="radio"/> Seminar/Tutorial Group/Small Group Teaching <input type="radio"/> Grand Round <input type="radio"/> Balint Group <input type="radio"/> Schwartz Round <input type="radio"/> Simulation <input type="radio"/> E-learning <input type="radio"/> Other
Teaching Type *	<input type="text" value="-- Please Select --"/>
Number of hours *	<input type="text"/>
Number of minutes *	<input type="text" value="00"/>
What Was Learned? *	<input type="text"/>
Evidence	<p><i>Uploads are optional and it is not required to upload evidence of attendance</i></p> <input type="text" value="Choose file No file chosen"/>

**Taught Programme Guidance
for Foundation Doctors**

East of England

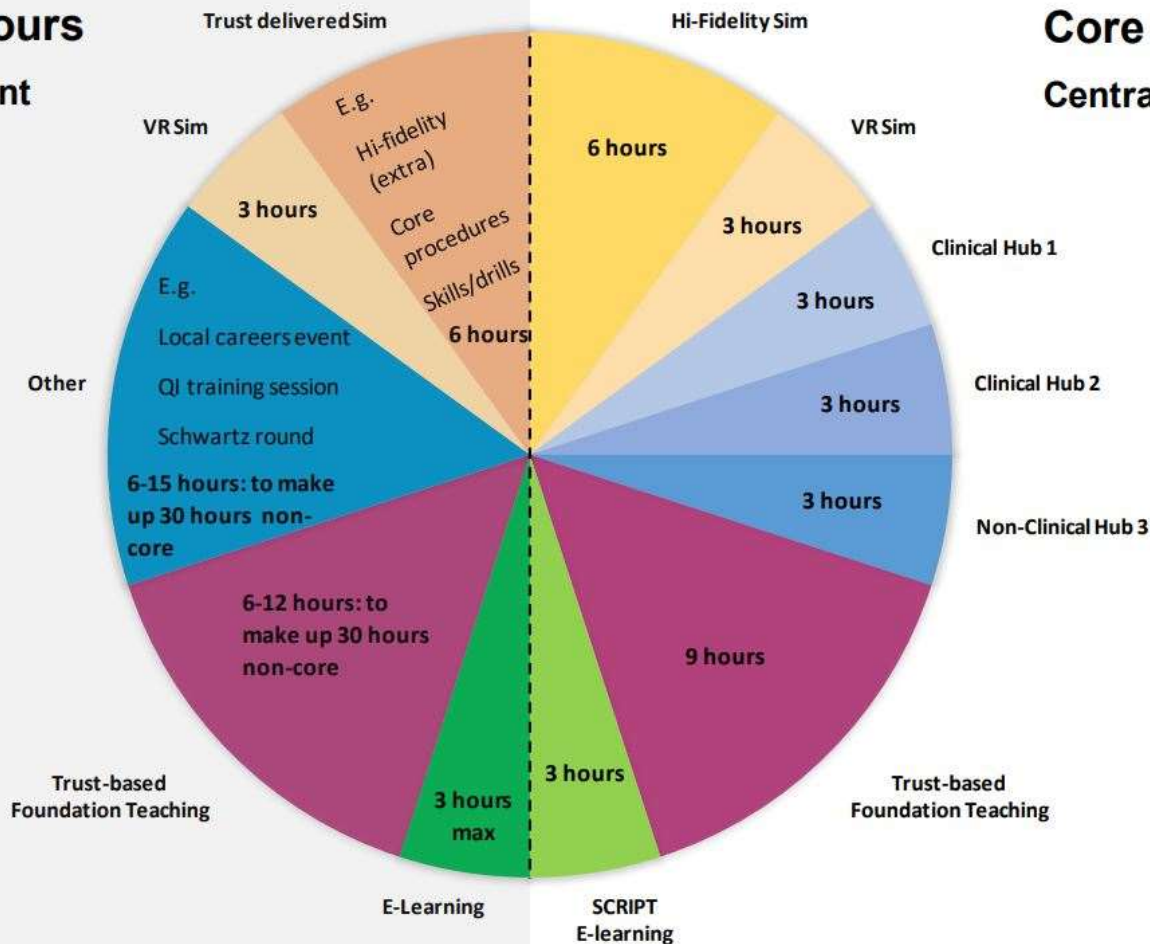
Introduction	3
Section 1: Overview	4
Section 2: Core Programme (30 hours)	5
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**Foundation Teaching Breakdown
60 Hours**

**Non-core 30 hours
Flexible Component**

**Core 30 hours
Centrally Directed**



Example:
East of England
Taught
Programme

Difficulties attending the mandatory 60 hours or study leave should be escalated to local FTPD and guardians of safe working in the first instance, and the foundation trainee representatives and area deputy FSD as required.

An inability to attend the delivered educational programme due to service pressures requires an exception report to the guardian of safe working.

Turas - Core teaching and E-learning

- Uploaded to Turas by your hospital/deanery following registration at a teaching session
- E-learning can be completed through E-Learning for Healthcare (e-LfH) and Learning in Foundation Training (LIFT)
 - More information on these and how to link them is present on your turas teaching tab
- Turas Learn, accessed via Turas e-learning and teaching page, details available teaching and courses in the local health boards and has links to both e-LfH and LIFT

E-Learning for Healthcare



The Foundation e-learning for healthcare programme is a **free e-learning resource for foundation doctors**

The e-learning **sessions map directly to the Foundation professional Capabilities (Training Outcomes)** in the 2016 Foundation Curriculum. The sessions are accessible from quick links on each line of the curriculum in the e-portfolio.

Each session takes around 20 minutes to complete, designed to fit in with busy work/study schedules and can be used:

- As a reference tool
- For revisiting topics to refresh learning
- To prepare for a formal education session
- To ensure coverage of aspects of the curriculum that are not often encountered in the work place

The Foundation e-learning programme is underpins practical clinical experience and ensures the application of pre-existing knowledge in a safe manner.

The e-learning material intention is to enhance and blend with the existing teaching within Foundation schools.

<https://www.e-lfh.org.uk/programmes/foundation-programme/>

E-Learning for Healthcare



The Foundation e-learning for healthcare programme is a **free e-learning resource for foundation doctors**

For completed e-LfH courses, FD selects 'add to teaching log' next to course on the e-LfH portfolio page (if the Horus and e-LfH accounts are linked)

Log form pops up, most fields auto-populated – FD completes 'number of hours' and submits the form.

Study leave

Please check local guidelines for details – Foundation School website.

Other Forms

Additional Achievement

Form	Who
Course / seminar / other learning attended	FD
Exam	FD
Extra-curricular achievement	FD
Interesting Case	FD
Procedure (non-core)	FD
Publication	FD
Research	FD
Taster	FD
Teaching others	FD
LEADER - Clinical Leadership (Work-based Review)	FD/T

PDP / Careers

Form
PDP progress (self-evaluation)
Career planning

- LEADER
- LEARN
- Reflections

LEADER

Guide on the
[UKFPO website](#)



Type of activity: Audit Guideline development Lead clinical situation Organise training Lead meeting Represent peers Develop/maintain rota Other

Date of assessment:

Specialty of post:

F1/F2:

Supervisor Name:

Clinical Setting: EM Outpatient In-Patient Acute Admission Day-case Community Other (specify).....

Please insert a brief summary of the case/workload and any leadership issues:

NOTE: Not all domains need to be discussed/completed. You can focus on the domains most relevant to this review.

LEADER Domains	Area(s) for discussion, development	Details of discussion points, themes
Leadership in a team	Self-awareness, personal qualities and development, responsibilities and roles in team, skills to influence others, integrity, effective use of team, using different leadership styles for different situations, overcoming challenges	
Effective services	Elements of delivering good care - operational issues, constraints, targets, benchmarks, audits, appraisal, supervision, guidelines, risk management, feedback, time management, effective use of resources	
Acting in team	Team working, conflict resolution, respect for others, contribution to meetings, prioritisation, delegating or accepting work/responsibilities, interactions with others, networks, care pathways	
Direction setting	Exploring decision making skills, examining judgement, supporting others, dealing with incompetence or ambiguous/incomplete information, implementing new practices/guidelines	
Enabling improvement	Quality of care, clinical governance, incident and complaint feedback, patient safety, service improvements, innovation, managing change, problem solving, cost consideration, efficiency	
Reflection	Evidence and examples of reflective practice, adjusting learning behaviours, challenges ideas, preconceptions and dogma. Takes a professionally critical view with readiness to adapt, change and champion	
Was there anything especially good in terms of clinical leadership?		Suggestions for development of clinical leadership skills / action plan in (enter into PDP if appropriate):

LEARN

Guide on the
[UKFPO website](#)



LEARN (Learning Encounter and Reflection Note)

Introduction

Which capability (FPC) am I trying to show? List of 20 FPCs (select one only)

Pick the primary capability demonstrated through this experience. Focus on this capability in your thinking and writing while completing this form. Note that this form will not automatically be mapped to the selected the FPC in your curriculum. You will be able to map it to any FPC(s) once you have completed the form.

What kind of experience was this? *

This information will be used for research purposes only, to help the UK Foundation Programme understand how these forms are being used. Thank you for providing accurate information, especially if you select the 'Other' option.

- Case-based discussion (CBD)
- Developing the clinical teacher (DCT)
- Direct observation of procedural skills (DOPS)
- Mini clinical evaluation exercise (MiniCEX)
- Other

If Other (please specify)*

What did I do well? What were my challenges? What was interesting or notable about this experience? * *Describe your role in the experience.*

How does this reflect my current abilities?

Direct feedback from trainer* *To be completed by the trainer signing this form.*

Reflection* *What did you learn about yourself?*

What next?

Where should I go next? *Planning eg more practice/experience at this level, move onto something different/more advanced.*

What do I need to do to get there? *Discuss ideas and options with your supervisor/trainer.*

LEARN pilot



- Learning experience and reflection note (LEARN)
- Intended to be a 'generic' supervised learning event (SLE)
- During 2019-20 training year → completely optional
- A fully completed and signed (by an appropriate trainer) **LEARN counts as one (any) of the current SLEs.**
- The UK foundation programme office (UKFPO) will review use of the form to inform policy for 2020-21.
- The West Midlands North, East Anglia and EBH foundation schools will pilot this form.
- Foundation doctors (FDs) at other foundation schools are welcome to complete the form as well.

Reflections

- Reflective practice material can be recorded and used as an example of learning development.
- You can decide if a reflective record is to remain private or you can share it with your supervisors (private reflections won't be visible to your ARCP panel).
- Be mindful of the need to ensure confidentiality of individuals involved in the experience.

For examples of best practice please review the [UKFPO reflection guidance](#).

Reasons for writing the reflection: ⓘ

- What were the most important things that happened/did not happen?
- Did anything go differently than expected?
- What have you learnt about yourself, knowledge or skills?

Next steps:

- How has this changed your perspective?
- How will you apply what you have learnt?
- What learning could you share with colleagues?

Start date of placement against which you want this form to count: * ⓘ

e.g. 01-Jan-2000

Title	Shared?
Discussing lifestyle changes with stroke patients map to curriculum	Yes
Leading an MDT meeting on the stroke unit map to curriculum	Yes
Care of the dying patient and certifying death map to curriculum	Yes
Managing a seizing patient map to curriculum	Yes

End of Year Report

- The summary of evidence put forward by an ES to the ARCP panel
- The educational supervisor will complete an end of year report that synthesises their personal knowledge of the foundation doctor, together with the portfolio of evidence, including Team assessment behaviour (TAB), end of placement reports, evidence in the e-portfolio and engagement with formal teaching and other achievements, in order to recommend an outcome to the annual review of competence progression (ARCP) Panel.
- This report should be discussed with the trainee before submission to the panel
- If there are concerns about a trainee's performance, based on the available evidence, the trainee must be made aware of these concerns and they should be documented in their e-portfolio. Trainees are entitled to a transparent process in which they are assessed against published standards, told the outcome of assessment and given the opportunity to address any shortcomings

THE F2 ARCP REQUIREMENTS 2021

- Full registration and license to practice
- Signed probity and health declarations
- Complete 12 months F2 training (max 20 days absence)
- Satisfactory educational supervisor end of year report
- Two satisfactory educational supervisor's end of placement reports
- Three satisfactory clinical supervisor end of placement reports
- Satisfactory completion of all F1 curriculum outcomes (curriculum mapping)
- ALS certificate/equivalent
- Form R (For Scotland – SOAR (Scottish Online Appraisal Resource))
- Required number of assessments:
 - Team assessment of behaviour TAB (one per year)
 - Evidence FD can carry out procedures required by GMC
- Evidence of participation in QIP
- Personal development plan
- SLES
 - Mini CEX and DOPS – minimum 9, 6 mini CEX
 - Case-based discussion (CBD)) – 6 per year, two per placement
 - Developing the clinical teacher – 1 per year
- Teaching attendance 60 hours per year
 - 12 months pro-rata
 - 30 hours core foundation teaching

Links for Horus support

The screenshot shows the 'Horus ePortfolio Support site' with a search bar and a navigation menu. The 'Foundation doctors' link in the menu is highlighted. The main content area is titled 'Foundation Doctor Video Tutorials' and lists several video tutorial topics.

Horus ePortfolio
Support site
[Sign in to Horus ePortfolio](#)

Search... Search

Support Home

- ▶ Horus updates
- ▶ FAQs
- ▶ Video Tutorials
 - Logging in, password and username
 - Administrators
 - Foundation doctors**
 - Supervisors
- ▶ PDF User Guides
- ▶ Webinars
- ▶ About Horus
- ▶ Contact us
- ▶ Blank forms

Glossary
Useful links
Privacy Notice
Technical Checker

Foundation Doctor Video Tutorials

Please select the video tutorial you would like to watch from the list below.

Foundation Doctor Video Tutorials

- ▶ [Sign declarations](#)
- ▶ [Create a Personal Development Plan](#)
- ▶ [Create a reflection](#)
- ▶ [Create new form](#)
- ▶ [Add a trainer or assessor to a form](#)
- ▶ [Start a Team Assessment of Behaviour \(TAB\)](#)

- How to create a new form e.g. SLE : VIDEO
- <https://suppothorus.hee.nhs.uk/video-tutorials/foundation-doctors/>
- How to create a new form e.g. SLE : PDF guide
- <https://suppothorus.hee.nhs.uk/pdf-user-guides/foundation-doctors/>

Other useful links:

Understanding the foundation programme curriculum

- <https://content.hee.nhs.uk/curriculum/introduction.html>

Turas support – how to guides

- <https://www.scotlanddeanery.nhs.scot/trainee-information/scottish-foundation-school/current-trainees/portfolio/>

Online resources for the curriculum

- https://foundationprogramme.nhs.uk/wp-content/uploads/sites/2/2019/11/2019-UKFPO-Curriculum-Resource_0.pdf

Foundation programme curriculum booklet

- https://foundationprogramme.nhs.uk/wp-content/uploads/sites/2/2019/11/FP_Curriculum_2016_V2-1_0.pdf

COVID module

- COVID-19 Programme <https://portal.e-lfh.org.uk/Component/Details/604722>

Foundation programme learning module

- <https://www.e-lfh.org.uk/programmes/foundation-programme/>

Careers guidance

- <https://www.hee.nhs.uk/our-work/doctors-training/beyond-foundation>

F1 and F2 checklists for ARCP (Turas)

- <https://www.scotlanddeanery.nhs.scot/media/398654/f1-tickable-arcp-checklist-pdf-2020-21.pdf>
- Found on the Scotland Deanery website: Scottish Foundation School > ARCP > ARCP requirements at a glance

F1 Checklist

This checklist should be used in conjunction with the [Foundation Programme Curriculum](#) and your e-portfolio. It does not need to be uploaded to your e-portfolio and does not replace the need to complete your e-portfolio, but you may find it useful to help you keep track of your progress.

Supervised Learning Events (SLEs)

Block 1	
Case-based Discussion (CbD)	
Case-based Discussion (CbD)	
Direct Observation of Procedure (DOPS)	
Mini Clinical Evaluation Exercise (Mini-Cex)	
Mini Clinical Evaluation Exercise (Mini-Cex)	

Block 2	
Case-based Discussion (CbD)	
Case-based Discussion (CbD)	
Direct Observation of Procedure (DOPS)	
Mini Clinical Evaluation Exercise (Mini-Cex)	
Mini Clinical Evaluation Exercise (Mini-Cex)	

Block 3	
Case-based Discussion (CbD)	
Case-based Discussion (CbD)	
Direct Observation of Procedure (DOPS)	
Mini Clinical Evaluation Exercise (Mini-Cex)	
Mini Clinical Evaluation Exercise (Mini-Cex)	

Developing the Clinical Teacher (DCT)	
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Team Assessment of Behaviours (TAB)

Satisfactory TAB	
Satisfactory TAB	

GMC Core Procedures

Venepuncture	
IV Cannulation	
Prepare and administer IV medication and injections and fluids	
Arterial puncture in an adult	
Blood culture (peripheral)	
IV infusion including the prescription of fluids	
IV infusion of blood and blood products	
Injection of local anaesthetic to skin	
Subcutaneous injection	
Intramuscular injection	
Perform and interpret and ECG	
Perform and interpret peak flow	
Urethral catheterisation (male)	
Urethral catheterisation (female)	
Airway care including simple adjuncts	

Supervisor's Reports

Block 1	
Supervisor's Induction (either Clinical and Educational or Combined)	
Supervisor's End of Placement Report (either Clinical and Educational or Combined)	

Block 2	
Supervisor's Induction (either Clinical and Educational or Combined)	
Supervisor's End of Placement Report (either Clinical and Educational or Combined)	

Block 3	
Supervisor's Induction (either Clinical and Educational or Combined)	
Supervisor's End of Placement Report (either Clinical and Educational or Combined)	

Certificates

Intermediate Life Support (ILS)	
Prescribing Safety Assessment (PSA)	

Tips!

- Be proactive!
- Be organised and update your e-portfolio as you go
- Send more tickets than you need
- Raise any issues early
- Ask supervisor or postgraduate team questions/clarifications
- Ensure you attend teaching and escalate if unable to
- Additional info on the Deanery websites and the UK Foundation Programme page
- No question is a silly question!

Good luck!

IMPORTANT SUMMARY OF THE E-PORTFOLIO

Completing the e-portfolio is not a tick box exercise, nor is it unique to foundation training; you will have an e-portfolio throughout your career. Use it as your development tool to plan learning, record achievements and essentially, use it as your evolving CV!

You are responsible for your own level of engagement with the e-portfolio and the quality of evidence you provide. The more you put in (effort & content), the more you will get out of it!

Thank you

Dr Charlotte Perry

FY2 Lister Hospital
Foundation Representative EBH
UKFPO Leadership Fellow

Any questions?

Dr Fiona Valente

FY2 Crosshouse Hospital
WoS Foundation Forum Co-chair