

Clinical Supervisor's End of Placement Report - no concerns (short version)

Foundation doctor

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

Placement Supervision Group

Has PSG feedback been collected in this placement?*

☐	Yes
☐	No

If yes:
Please release the PSG summary to your foundation doctor, ideally before completing this report.
Discuss the PSG feedback with your FD before you release it - the summary should not be released before this.
Do not release any content you deem to be inappropriate for the FD to see.

If no:
At least one satisfactory PSG summary is required for a successful ARCP (<https://foundationprogramme.nhs.uk/curriculum/arcp/>). If this has not already been completed in a previous placement, please ensure that your FD understands when PSG feedback will be collected for them.

The following individuals from the foundation doctor's placement supervision group contributed to this end of placement report: *(auto-filled from completed PSG individual feedback forms)*

Name	Job Title	Grade

Are there any other individuals from the foundation doctor's placement supervision group who contributed to this end of placement report?

Name	Job Title	Grade

By completing this form the clinical supervisor and Placement Supervision Group are taking responsibility for describing accurately this foundation doctor's performance in the workplace and highlighting any areas of excellence or areas of concern which may require educational support.

NOTE: A satisfactory Placement Supervision Group (PSG) feedback summary is a mandatory requirement in at least one placement at F1 and one at F2 for ARCP.

Evidence considered

Direct observation in the workplace: *

☐	Yes
☐	No

Comments:

Attendance record: *

☐	Yes
☐	No

Comments:

ePortfolio meeting curriculum requirements: *

o

No

Yes

Comments:

Comments from Placement Supervision Group: *

o

No

Yes

Comments:

Other (please specify): *

o

No

Yes

Comments:

Assessment of observed performance in the workplace

Please describe the foundation doctor’s observed performance in the workplace. The assessment ratings should be based on a range of situations, including examples pertaining to both physical and mental health, an understanding of the effect of social needs on health, and on differing complexities.

Please be as specific as possible within this section as an assessment of the overall placement will be required at the end of this report. A mandatory comment for each Higher Level Outcome (HLO) of the Foundation Programme Curriculum 2021 is required to support/justify the ratings. If you have any concerns about any of the HLOs, please specify which specific Foundation Professional Capability/ies (FPC) you have concerns about.

HLO 1. An accountable, capable and compassionate doctor

Tooltip 1

o

No Concern

Some Concern

Major Concern

Tooltip 1

FPC 1: Clinical assessment

FPC 2: Clinical prioritisation

FPC 3: Holistic planning

FPC 4: Communication and care

FPC 5: Continuity of care

Please provide a comment to support and justify the assessment rating for HLO 1 of the FP Curriculum 2021. Particular attention should be paid to highlighting any areas of excellence or areas of concern that may require educational support. Please be as specific as possible. *

Comments are mandatory. If you have selected "Some Concern" or "Major Concern" please refer to the FPC(s) you have concerns about directly.

HLO 2. A valuable member of the healthcare workforce

Tooltip 2

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No Concern

Some Concern

Major Concern

Tooltip 2

FPC 6: Sharing the vision

FPC 7: Fitness to practice

FPC 8: Upholding values

FPC 9: Quality improvement

FPC 10: Teaching the teacher

Please provide a comment to support and justify the assessment rating for HLO 2 of the FP Curriculum 2021. Particular attention should be paid to highlighting any areas of excellence or areas of concern that may require educational support. Please be as specific as possible. *

Comments are mandatory. If you have selected "Some Concern" or "Major Concern" please refer to the FPC(s) you have concerns about directly.

HLO 3. A professional responsible for their own practice and portfolio development

Tooltip 3

o

No Concern

Some Concern

Major Concern

Tooltip 3

FPC 11: Ethics and law

FPC 12: Continuing professional development

FPC 13: Understanding medicine

Please provide a comment to support and justify the assessment rating for HLO 3 of the FP Curriculum 2021. Particular attention should be paid to highlighting any areas of excellence or areas of concern that may require educational support. Please be as specific as possible. *
Comments are mandatory. If you have selected "Some Concern" or "Major Concern" please refer to the FPC(s) you have concerns about directly.

Summary Narrative

Tooltip 4

The summary narrative allows the foundation doctor to explain why they have chosen the evidence submitted for each higher level outcome and how they think it relates to the foundation professional capabilities for each higher level outcome.

For your reference, if available (will open in a new tab/window)

Summary Narrative Created On	Link

Tooltip 4
At the completion of each level of training, prior to the final meeting with the ES, the foundation doctor (FD) is required to complete a written summary on their progress against each HLO (maximum 300 words) referring, if appropriate, to their choice of evidence to support progress against/achievement of the FPCs. The FD should be encouraged to start preparing a short summary of their progress with each of the HLOs at the end of each placement.

Please comment on the foundation doctor's summary narrative(s)

Foundation doctor's health

Do you have any concerns about the foundation doctor's health? *

☐	Yes
☐	No

If you have concerns about this foundation doctor's health, please describe your concerns:

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 the foundation doctor's fitness to practice or conduct?

☐	Yes
☐	No

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

Comments, if any:

Foundation doctor's absence

Number of days of absence when foundation doctor would normally be at work, as reported by the foundation doctor.
Note: This is an indicative number, which will be used to help triangulate absence information from other sources in advance of ARCP.

Number field

Review of Personal Development Plan (PDP) objectives:

Overall assessment

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

☐	No Concern
☐	Some Concern
☐	Major Concern

Please comment on this foundation doctor's overall performance in this placement: *

Does this foundation doctor satisfy the expected outcomes of this placement, at this stage of training?: *

☐	Yes
☐	No

Please add comments:

Supervisor details

Name	
GMC Number	
Email	

Signature

Clinical Supervisor signature:	
Date signed by Clinical Supervisor:	