

Foundation Learning Portfolio



Foundation Learning Portfolio

Personal details
Name
Phone
Address
GMC number

Additional resources: You will find all necessary guidance, forms and a copy of the *Curriculum* on the accompanying CD. These are also available on your deanery website and at www.mmc.nhs.uk

Acknowledgement

This portfolio, which is to be used across the United Kingdom for doctors in the Foundation Programme, is the result of a collaboration of many individuals and organisations across the United Kingdom.

This collaboration has relied on close working between deaneries, their educational advisers, researchers and, most importantly, trainers and trainees. The portfolio, based on *The Curriculum for the Foundation Years in Postgraduate Education and Training*, is designed to help the trainee by pulling together data, evidence and information (including assessment and monitoring), demonstrating progress through the Foundation Programme.

Thank you to all who have contributed to the Foundation Learning Portfolio.

June 2005



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Available on the Foundation Programme CD-ROM:

- Full Foundation Learning Portfolio
- Full health and probity declaration
- Copies of all forms and assessment tools (including rater written training)



Welcome to the Foundation Programme

The Foundation Programme is challenging the historical approach to training. It represents a shift from trainees being told what to do to a new learning environment driven by you, the trainee, and supported by your supervisors. This portfolio has been designed to help you plan and manage your Foundation Programme learning and get the most from the opportunities available to you.

Within the portfolio you will find tools that will help you identify your educational needs, set meaningful goals and plan how you will achieve them. It will help you understand and document the remaining formal requirements for supervision and review. Most importantly, the portfolio contains guidance and suggestions for presenting the evidence you have gathered that will demonstrate your developing competence.

The portfolio is based on the *Curriculum for the Foundation Years in Postgraduate Education and Training*. We would suggest that you read the *Curriculum* carefully as it will help you to understand the areas that you will need to cover during your Foundation Programme, and the standards that will be expected of you.

You should also become familiar with the latest version of *The New Doctor (GMC 2005)*, and fully understand *Good Medical Practice (GMC 2001)*. These documents, produced by the General Medical Council, define the standards expected of all doctors during their years of training and throughout their professional life, and they form the basis of both the portfolio and the *Curriculum*.

Although this portfolio will provide a record of the progress through foundation, the principle purpose is to encourage the development of good practice, and to this end it should be thought of as a learning portfolio. It provides a structure that will help you to prepare for meetings with your educational and clinical supervisors, to develop the habits of reflective learning, and to assist you in managing the process of presenting the evidence of your competence at the end of the Foundation Programme.

You have a responsibility to demonstrate that you are not only fit to practice, but that you maintain your fitness to practice through continuing professional development. This portfolio will help you do that over the next two years of your Foundation Programme.

How to use the Foundation Learning Portfolio



The portfolio is organised into five working sections, each designed to help you complete different aspects of your learning and assessment.

Section 1 – Planning your personal development

In section one, you will find everything you need to plan the development of your portfolio; including an opportunity for self evaluation, your personal development plan (PDP) and career management information and guidance.

Section 2 – Structured meetings and review forms

In this section, you will find the forms that mark progress through each placement; including an explanation of the formal process by which your training and learning is structured. The forms in this section of the portfolio **must** be completed and signed, may not be changed or adapted and should be retained within the portfolio.

Section 3 – Reflective practice – learning from experience

This section offers some examples of how you might use the experience gained during each placement to aid your learning. It must be stressed that the portfolio is not designed to be a prescriptive model that must be followed, but offers suggestions and models to assist you in developing your own approach to reflective learning.

Section 4 – Assessment of competence

Section four sets out the tools available to demonstrate your competence during, and at the end of, the Foundation Programme. It includes the formal assessments that must be completed, along with guidance as to what else you might consider submitting as evidence of your developing competence.

Section 5 – Sign-off

There are two parts to the sign-off process. Having successfully completed the first foundation year (F1) you will need to ensure that the Attainment of F1 Competency form is completed. This will satisfy GMC registration requirements for the issuing of the Certificate of Experience.

On the successful completion of your second foundation year (F2), you should ensure that the Foundation Achievement of Competency Document (FACD) is completed. This document represents formal certification of attainment of foundation competences. This will be an important part of your clinical credentials for the future.

Planning your personal development programme



Section 1

Planning your personal development



Self-appraisal and guidance forms

The forms in this section of the portfolio are designed to help you identify your learning needs and to plan a constructive discussion with your educational supervisor. You and your supervisor may agree to modify the format of the documentation to suit your particular needs. It is essential, however, that you agree a personal development plan (PDP) and use it to review your progress at the end of each placement and throughout the programme.

This section includes the following forms:

- self-appraisal tool
- personal development plan
- careers management discussion.

1.1 Completing your self-appraisal

The aims of the self-appraisal are:

- i) to provide the means for reflection and evaluation of your current practice
- ii) to inform a discussion with your educational supervisor to help you both understand your current abilities.

This self-appraisal tool is designed to assess how confident you feel when asked to perform certain tasks. The information you give will help you identify your strengths as a doctor and will assist you, with the help of your educational/clinical supervisor, in understanding what you need to learn. You may choose to revisit the self-appraisal throughout the programme.

This self-appraisal tool will be treated as confidential and will not be part of the formal assessment of your competence. The personal development plan that you produce will be based on this and will enable you to plan your learning activity.

It is essential for your own development that you complete this form honestly, identifying the areas where you feel your weaknesses lie and how confident you feel about undertaking the tasks required of you at this time.



Section 1

Planning your personal development

Instruction for completion of the self-appraisal tool:

- Look at the relevant section in the *Curriculum* (e.g. Section 1, Core Competences for the Foundation Years; 1.0 Good Clinical Care; 1.1 History taking, examination and record keeping skills).
- Read the standards expected at F1/F2 level. Do you understand what is expected of you? Have you had the opportunity to practise the skills? Do you feel ready to undertake the tasks?
- For each section of the *Curriculum* headings on the form, tick the score that most reflects your level of confidence (e.g. demonstrates clear history taking and communication with patients).
- Be prepared to add comments on any areas that concern you or for which you feel that you are not ready or adequately prepared. Use examples from your experience to date, where appropriate.
- Take the completed document to your meeting with your educational/clinical supervisor for discussion.

1.1 The self-appraisal

For each statement in the right hand column, tick the score that most reflects your level of experience in performing each of the tasks.

Scoring system:

1 = Little or no experience in this area yet.

2 = Some experience, but not yet at the level required in the *Curriculum*.

3 = Experienced and confident in demonstrating competence.

Criterion	1	2	3	Comments
1. Good clinical care:				
• History taking, record keeping				
• Time management				
• Patient centred care				
• Infection control				
• Health promotion and public health				
• Ethical and legal issues				
2. Maintaining good medical practice: teaching and learning				
3. Relationships with patients and communication				
4. Team-working and relationships with staff				
5. Teaching and training				
6. Professional behaviour and probity				
7. Acute care				



Section 1

Planning your personal development

1.2 Completing your personal development plan (PDP)

The personal development plan is your chance to set out what you expect to achieve during each placement and throughout the year. You should develop it with your supervisor and it should be updated as often as necessary. You should, however, be able to refer back to the goals that you set yourself at the beginning in order to check your progress against them.

The example form provided in the portfolio is a good place to start, but you and your educational supervisor may want to develop or adapt the form, and are encouraged to do so. Guidance on developing and using your PDP is available in the *Rough Guide to the Foundation Programme*, but a very simple explanation is set out here.

What do you need to learn?

The foundation training curriculum covers a very wide range of core skills, both clinical and non-clinical, and is a good starting point to understand what you need to learn. Your learning needs will change as you develop through the Foundation Programme, and as your experience grows, your PDP should be updated.

Different placements can offer different opportunities to gain curriculum competences. As you consider the opportunities available to you in each placement, you should plan how you intend to make the most of them.

Once you begin receiving feedback, you can develop your PDP to focus on the areas of improvement highlighted in the assessments.

Developing your PDP

As you progress, self evaluation, reflective practice, multi-source feedback and direct assessment will all provide different perspectives on your performance and development. It is important to be aware of what information you are using when setting your learning needs and that you are not missing important feedback that may be available to you. For example, if all your learning needs originate from one feedback source it may be worth re-examining what other information is available to you.

How will these needs be addressed and by when?

Your plan should identify what you intend to do during the year and in each placement, how you will develop your learning and, most importantly, how and when you will be assessed.

While reflective practice is extremely important, one of the key goals of the programme is to demonstrate through your portfolio, a series of assessments that show development against the *Curriculum*, and progression towards competence.

Setting yourself a target is always a good way to ensure progress. Discuss and agree realistic and achievable targets for demonstrating progress with your educational/clinical supervisor and record them here.

Date completed?

If you want to use your PDP as evidence in the assessment section of the portfolio, you can. Signature blocks have been included for your educational/clinical supervisor to sign off the fact that you have set yourself goals and seen them through. The way you present your evidence of competence is up to you, but your clinical/educational supervisors will be able to help you.

1.2 The personal development plan

Date	What specific development needs do I have?	How will these objectives be addressed?	Evaluation and outcome (show how you have achieved your objectives)

Trainee

Signature:	Signature:
Name (print):	Name (print):
Date:	Date:

Educational/Clinical Supervisor

1.3 Career management

Effective career planning and career management support is an integral part of MMC.

You will already be thinking about your future and the path your career might take. There is a chance that you may not be able to enter your first choice career option and you should be discussing other career opportunities with your educational supervisor, as well as taking every opportunity to get a taste of other specialties.

Careers information may be obtained from the postgraduate deaneries and medical royal colleges (whose websites are a good source of information), and from publications which will be available in postgraduate medical libraries (for example, 'BMJ Careers').

Information about higher specialist training in medicine is available from the website of the Postgraduate Medical Education and Training Board (<http://www.pmetb.org.uk/pmetb/lists>).

If you need impartial or confidential personal advice your local director of postgraduate education, clinical tutor or foundation training programme director should be able to help. Postgraduate deaneries will ensure that there are people with specific training in career management available locally. College tutors within the hospital can provide advice on careers within their own specialty.

Doctors who require guidance on training for general practice should contact the local GP Vocational Training Scheme (VTS) course organiser, GP tutor, or director of postgraduate general practice education, who will be a member of the postgraduate dean's department.

When you are seeking careers advice you should ensure that your portfolio is up to date as it will form the basis of any discussion about future careers.

Use the area below to jot down notes from your discussions about your career and keep it in your portfolio for future reference.

Summary of career management discussion:

Date

Structured meetings and review forms



Section 2

Structured meetings and review forms



2.1 Structured meetings and review forms

Trainee-led learning in the Foundation Programme is underpinned by a formal process of meetings and reviews, each of which should be documented. This formal and documented process ensures adequate supervision for you during your training and provides important continuity between placements and supervisors. This is the only prescriptive part of your portfolio and the forms must be completed and signed and may not be changed or adapted. A copy of each completed form must be retained in your portfolio.

The formal review process is based on a model where you have one educational supervisor for an entire foundation training year, or possibly even the whole two year programme, with a series of clinical supervisors providing supervision in each specific placement.

The precise arrangements will vary widely in foundation schools in different parts of the country. In some cases, your educational supervisor could remain the same for the entire programme, in others the educational supervisor may change with each placement. In some trusts, the educational and clinical supervisor is the same person. Whatever structure is in your foundation school, and regardless of how many informal or ad hoc discussions take place with your supervisor, the formal review intervals set out in this section should take place and should be carefully documented.

2.2 Programme timetable and documents

The training programme follows a cycle that is repeated in each placement. All the documents from each placement will be presented to an assessor's panel for review.

Foundation year	Doctor in training	Educational supervisor and learner
First week in placement	Review <i>Curriculum</i> and complete self-appraisal material	Educational agreement signed Summary of educational review completed Development plan completed
Thereafter	Continue reflective practice and gathering evidence for competency assessment	
Mid-point of placement *		Portfolio reviewed Development plan amended Mid-point review form completed
Thereafter	Continue reflective practice and gathering evidence for competency assessment	
Final week in placement	End of self evaluation of learning	Progress reviewed Final placement review form completed
Completion of year		F1 competency or FACD form completed

* The mid-point review is not mandatory but strongly encouraged, particularly if you or your supervisor has concerns.

2.3 Preparing for your review – *what will you need?*

Initial meeting with the educational supervisor

Foundation Learning Portfolio	<input type="checkbox"/>
Diary and rota (to arrange subsequent appointments)	<input type="checkbox"/>
Educational agreement form	<input type="checkbox"/>
Self-appraisal form	<input type="checkbox"/>
Personal development plan	<input type="checkbox"/>

Induction meeting with clinical supervisor *

Diary and rota (to arrange subsequent appointments)	<input type="checkbox"/>
Personal development plan	<input type="checkbox"/>
Self-appraisal form (completed)	<input type="checkbox"/>

* *Where the educational and clinical supervisors are the same, this need not be a separate meeting*

Mid-point review **

Foundation Learning Portfolio	<input type="checkbox"/>
Diary and rota (to arrange subsequent appointments)	<input type="checkbox"/>
Personal development plan	<input type="checkbox"/>

** *The mid-point review is not mandatory but strongly encouraged, particularly if you or your supervisor has concerns.*

End of placement review

Foundation Learning Portfolio	<input type="checkbox"/>
Personal development plan	<input type="checkbox"/>
End of placement self-appraisal of learning	<input type="checkbox"/>
Self-appraisal form	<input type="checkbox"/>
Final review form	<input type="checkbox"/>

End of year review

Foundation Learning Portfolio (complete and up-to-date)	<input type="checkbox"/>
Assessment panel report	<input type="checkbox"/>

An explanation of the role of each of these meetings and some guidance as to how to approach them is set out overleaf, followed by an example of each form. You will find electronic copies of these forms on the learning portfolio CD or at www.mmc.nhs.uk

Section 2

Structured meetings and review forms



2.4 Overview of meetings in each placement

A. Initial meeting with your educational supervisor

The educational supervisor is the consultant or GP supervisor who will have overall responsibility for supervising all your placements during foundation training.

You should aim to meet with your educational supervisor at the beginning of each placement to review your progress and update your personal development plan.

Your completed self-appraisal form will provide insight into which areas of the *Curriculum* you feel either confident or uncertain. This will help inform your discussion and give you an idea about the areas you need to concentrate on at the start of the placement.

The meeting should culminate in the agreement of a personal development plan that sets out how you will approach your learning during the next placement and the year ahead. It should be an exploration of your progress in the Foundation Programme so far, to determine what specifically needs to be learned in this placement and how it will occur.

Discussion should also touch on career management and guidance, and should consider what your initial needs may be, your possible career intentions, and what you want to get out of the Foundation Programme.

Both trainee and clinical/educational supervisor should complete and sign the educational agreement form (example on page 17).

B. The placement induction meeting

This should be conducted by the clinical supervisor within one week of you taking up your placement (or as soon as possible). Where the educational and clinical supervisor is the same person, there need not be a separate meeting. In the meeting you will review your personal development plan including the self-appraisal. It should focus on the opportunities that exist in the particular placement and how they will be tackled.

Both trainee and trainer should complete and sign the induction meeting form (example on page 18).

C. The mid-point review – not compulsory but strongly advised

This should be conducted by the educational/clinical supervisor approximately halfway through the placement. It will briefly review progress to ensure you and your training is on course, that an appropriate number and range of assessments have been undertaken and that there has been adequate attendance at educational opportunities.

The mid-point review is not mandatory but strongly encouraged, particularly if you or your supervisor has concerns.

Both trainee and trainer should sign the mid-point review form provided (example on page 19).



Section 2

Structured meetings and review forms

D. The final review of each placement

The final reviews should be conducted by the educational/clinical supervisor, at the end of each placement. This review should examine the assessments undertaken and the reflective practice recorded, compare it against the objectives that you agreed in the PDP at the beginning of the placement. You may also want to revisit the self-appraisal form to see how your estimation of competence has developed.

This review may highlight concerns that have emerged, either through the placement, or where assessments have identified specific areas for development. The review form should outline what additional work and assessment is required to address shortcomings in performance during the next placement, including additional assessments where necessary to substantiate an improvement in performance.

If significant concerns have been highlighted in the final review form, the foundation programme training director should be informed.

Both trainee and trainer should sign the educational agreement form provided (example on page 20).

2.5 Educational agreement

Name of trainee:		GMC number:	
Training period <i>from:</i>		<i>to:</i>	
Trust:		Department:	

At the first meeting the foundation doctor and Educational/Clinical Supervisor should read and sign an educational agreement.

The **foundation doctor** will:

- Take an active part in the appraisal process including setting educational objectives and developing of a personal development plan.
- Endeavouring to achieve the learning objectives by:
 - utilising the opportunities for learning provided in everyday practise
 - attending all formal teaching sessions
 - undertaking personal study
 - utilising locally provided educational resources
 - using designated study leave funds appropriately.
- Acting on the principles of adult learning through:
 - reflecting and building upon their own learning experiences
 - identifying his/her learning needs
 - being involved in planning his/her education and training
 - evaluating the effectiveness of their learning experiences.

The **educational/clinical supervisor** will:

- be available for, and take an active part in the appraisal process including setting educational objectives in a personal development plan
- ensure that objectives are realistic, achievable and within the scope of available learning opportunities
- ensure help and advice is always available
- ensure that there is a climate for learning
- ensure that an individual doctor's timetable allows attendance at formal teaching sessions, is appropriate for his/her learning needs and that there is a correct balance between training and service in the placement.

I have read and understand the requirements of my role as set out above.

Trainee	Educational/clinical supervisor
Signature:	Signature:
Name (print):	Name (print):
Date:	Date:

2.6 Induction meeting

Induction meeting to take place within one week, or as soon as possible, of starting the placement.

Name of trainee:		GMC number:	
Training period <i>from:</i>		<i>to:</i>	
Trust:		Department:	
Give a brief description of the placement: <i>e.g. General Practice in rural setting, Haematology in University Teaching Hospital</i>			
1. Are there any induction considerations to be taken into account? E.g. duties of the placement(s), arrangements for clinical supervision, academic and welfare support, learning resources and facilities available.			
2. Are there any specific competences the trainee has set out in their PDP, to develop during this placement?			
3. What learning methods will be used and how will these be assessed? (<i>see assessment methods</i>)			

Trainee

Educational/Clinical Supervisor

Signature:	Signature:
Name (print):	Name (print):
Date:	Date:

2.7 Mid-point review

The mid-point review is not mandatory but strongly encouraged, particularly if you or your supervisor have concerns.

Name of trainee:		GMC number:	
Training period from:		to:	
Trust:		Department:	
Give a brief description of the placement: <i>e.g. General Practice in rural setting, Haematology in University Teaching Hospital</i>			
1. What evidence is there that the trainee is making progress in line with their Personal Development Plan (PDP) / induction meeting discussion (e.g. assessments)?			
2. What areas still need to be addressed?			
3. Has any assessment or aspect of performance highlighted any concerns which should be addressed within the PDP?			
Further explanatory comments:-			

Trainee

Educational/Clinical Supervisor

Signature:	Signature:
Name (print):	Name (print):
Date:	Date:

2.8 End of placement final review

Final review – to take place at least two weeks before end of placement

Name of trainee:		GMC number:	
Training period <i>from:</i>		<i>to:</i>	
Trust:		Department:	

1. Please check that you have completed the following (mark box if completed):

- Trainee's portfolio has been reviewed ☐
- Induction meeting took place ☐
- *Date:* ☐
- Induction meeting was recorded ☐
- Midpoint assessment took place ☐
- *Date:* ☐
- Midpoint assessment was recorded ☐
- Attendance records are available for Foundation education programmes in the Trust and the department? ☐

Assessment of competences

2. Has the trainee completed competence assessments in line with the *Curriculum* guidelines?

- mini-CEX ☐
- CbD ☐
- DOPS ☐
- Multi-source feedback ☐

3. Has any assessment or aspect of performance highlighted areas of concern during the placement and how have these been addressed?

4. If these have not been addressed, please detail the specific action(s) to be taken in the next placement.

5. Are additional assessments required to substantiate improvement? If so, please specify.

Trainee

Educational/clinical supervisor

Signature:	Signature:
Name (print):	Name (print)
Date:	Date:

Reflective practice – learning from experience





3.1 Reflective practice: learning from experience

Good reflective practice is a core part of any learning programme and is one of the core competences set out in the *Curriculum*. Being able to identify your challenges and discuss them with your supervisor will help you define future learning opportunities and apply what you're learning in the work environment.

There is no requirement for any of your reflective practice material to be included in your evidence of competency; but you can include it as an example of learning development if you wish.

Reflective practice will record many of your most challenging or personal experiences. Be mindful of the confidential nature of what you may be writing and who may have access to it if left unattended in a busy environment.

There are two parts to this section:

- **Reflective practice:** this is designed to encourage you to think about your experience in the work place in a structured way, capturing the elements most pertinent to learning and development.
- **Self-appraisal of training:** this template is designed to encourage you to think about what you learned in your last placement, how it differed from your expectations, and if it has affected your thoughts on career direction.

You are encouraged to adapt these templates to fit your needs. The key is to find a method that works for you and that you can easily manage in the workplace.

3.1 Reflective practice

You can use this template to record a variety of situations, including for example educational, clinical, ethical, legal, or personal experiences. Try to put time aside each day to reflect on the day's learning opportunities and identify any further learning needs.

1. Describe interesting, difficult or uncomfortable experiences. Try to record both positive and not so positive elements. What made the experience memorable?
2. How did it affect you?
3. How did it affect the patient?
4. How did it affect the team?
5. What did you learn from the experience, and what (if anything) would you do differently next time?

3.2 Self-appraisal of learning

Evaluating your learning experience

Placement:			
Training period from:		to:	

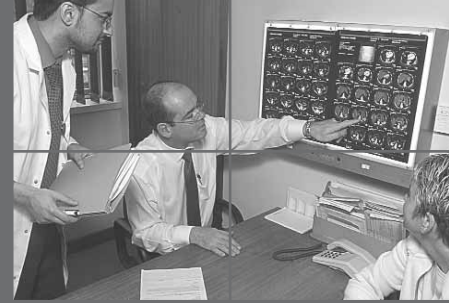
1. What did you find most valuable in learning experiences and how did they match your needs? What areas did you find the most difficult?
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.....
2. What feedback did you get from your supervisors to help you meet your objectives?
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3. Has your placement(s) differed from your expectations? Has it changed your ideas or thoughts on a career direction? If so, how?
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.....
4. In light of your experiences, how will you adapt your PDP?
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5. What (if any) study/formal education did you undertake during the Foundation Programme? What were some of the key things you got from the training?
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Assessment of competence



Section 4

Assessment of competence



4.1 Guidance on assessment and presentation of evidence

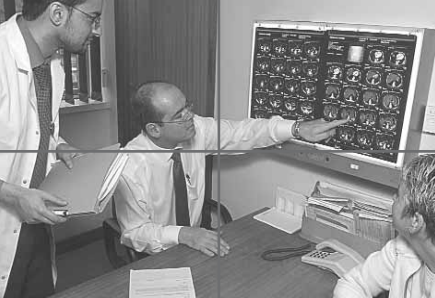
Learning during the Foundation Programme is trainee-led and evidence-based. You must collect the evidence you will need to demonstrate to your supervisors and the assessment panel that you have developed your learning against the competences set out in the *Curriculum*.

There are currently four types of assessment that you are required to undertake. You may also, however, want to consider submitting project work, course certificates, personal references, or excerpts from reflective practice, as evidence of your developing competence.

You should make sure that you are familiar with the 'Feedback and Assessment' section of the *Curriculum* (Section 3). This provides guidelines as to how many assessment forms should be completed.

Some individuals may need to submit additional assessments to ensure their supervisors are satisfied with their competence in a specific area. For example, a trainee who is struggling with safe prescribing may choose to submit additional DOPS forms to show improvement in their performance, and eventual achievement of F2 competence. Doing more than the recommended guidelines is fine, doing less may well raise questions from your educational/clinical supervisor. It also may jeopardise your ability to present a sound case for your competence as a doctor at the end of your programme.

The GMC's statement of health and probity is also in this section. As well as being an important part of the *Curriculum*, this form is an on-going requirement for all doctors to keep in their portfolio. You can get advice on completing this form from your educational supervisor, or from the GMC website.



Section 4

Assessment of competence

4.2 Assessment tools

The *Curriculum* sets out the requirement to use a series of assessment tools. There will be some variation as to exactly which tools will be used in your foundation school, but copies of all the forms have been included here and on the Foundation Programme CD. Some of the forms have different versions for F1 and F2.

Extensive guidance is available in the *Curriculum* and in the *Foundation Programme Rough Guide*, but a brief summary of the tools and how they are to be used is set out below. More detailed guidance is provided with each of the tools. Additional guidance for those conducting the assessments is also set out in the appendices.

4.3 Multi-Source Feedback (MSF)

Mini-Peer Assessment Tool (mini-PAT) or Team Assessment of Behaviour (TAB)

Collated views from a range of co-workers (previously described as 360° assessment).

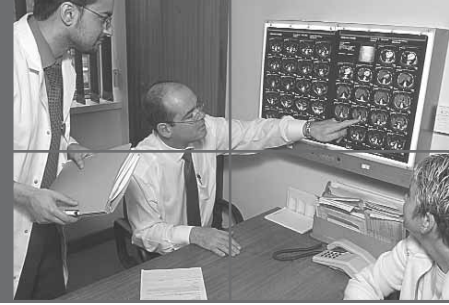
Mini-PAT and TAB are the two MSF tools used in the Foundation Programme. TAB provides a more direct assessment and more detailed response by assessors, but does not provide the same level of comparison of views that is achieved with the aggregated response in the case of the mini-PAT.

It may be that either mini-PAT or TAB or indeed both may be used in your foundation school. Guidance as to which is appropriate for you to use and the exact process by which they are operated will be available locally.

- For each assessment, the trainee should nominate 12 raters for mini-PAT or at least 10 for TAB.
- The majority of raters should be supervising consultants, GP principals, specialist registrars and experienced nursing or allied health professional (AHP) colleagues.

Section 4

Assessment of competence



4.4 Direct Observation of Doctor/Patient Interactions

Mini-Clinical Evaluation Exercise (mini-CEX)

Mini-CEX is an evaluation of an observed clinical encounter where developmental feedback is provided immediately after the encounter. The recommendation for mini-CEX are as follows:

- a minimum of four observed encounters suggested in F1 and six in F2. Mini-CEX is one form of observed clinical encounter
- different observer for each mini-CEX, where possible
- observers may be experienced SHOs, SpRs, consultants or GP principals and should include the educational supervisor
- each mini-CEX represents a different clinical problem sampling each of the acute care categories listed within the *Curriculum*
- the foundation doctor chooses the timing, the problem and assessor.

Direct Observation of Procedural Skills (DOPS)

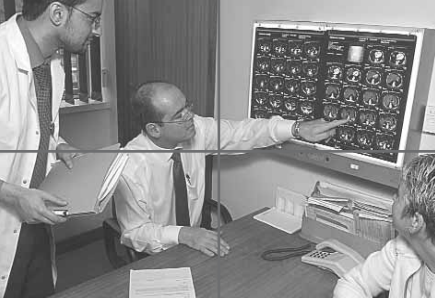
DOPS is a structured checklist for the assessment of practical procedures. DOPS is another doctor-patient observed encounter and could replace or parallel mini-CEX in some circumstances. The following is recommended for DOPS:

- one or two observed procedures suggested per placement in appropriate areas of work
- different observer for each encounter, where possible
- observers may be SHOs, nurses, consultants, GPs, SpRs or other allied health professionals
- each DOPS should represent a different procedure sampling from the acute care skills, or a procedure specific to the placement
- trainee chooses timing, procedure and observer.

4.5 Case-based Discussion (CbD)

CbD is a structured discussion of clinical cases managed by the trainee. Its particular strength is evaluation of clinical reasoning. The CbD:

- comprises a structured discussion of real cases in which the trainee has been involved
- allows trainee's decision-making and reasoning to be explored in detail.



Section 4

Assessment of competence

4.3 Multi-source Feedback (MSF)

Mini-PAT (Peer Assessment Tool)



Trainee Guidance

What is the mini-PAT?

Mini-PAT provides feedback from a range of co-workers across the domains of *Good Medical Practice*. These can be mapped to the core objectives of the foundation *Curriculum*. PMETB and GMC have identified peer ratings as suitable for postgraduate assessment and revalidation evidence. A number of groups have been involved in developing and evaluating multi-source feedback tools (MSF). The tool being evaluated for this project for use in foundation training assessment, mini-PAT (Peer Assessment Tool) builds on this work. It is derived from the Sheffield Peer Review Assessment Tool (SPRAT) and has been shortened on the basis of content validity in relation to the MMC *Curriculum*.

Who should you ask to assess you?

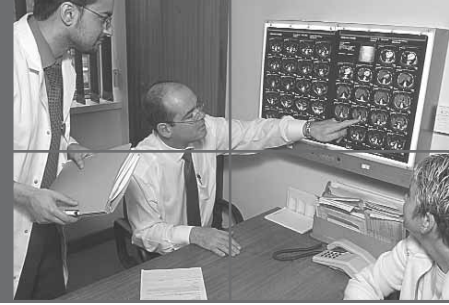
You need to provide the names and contact details of twelve healthcare professionals (any doctor, nurse or allied healthcare professional) to assess you using mini-PAT. A minimum of eight assessments must be completed and received. Your current supervising consultant must be one of the assessors. You should choose a range of raters from the different healthcare professionals and across the grades in medicine. Mini-PAT has not been design for completion by patients or administrative staff.

Example

Name	Position (title)	Contact address
Miss Jackie Rogers	Staff Nurse	Ward C3, Royal Holby City Hospital, Loathsome, Berkshire
Dr Richard Kilrack-Silk	Consultant Dermatologist	Dermatology Dept., Royal Holby City Hospital, Loathsoome, Berkshire

Section 4

Assessment of competence



Self mini-PAT

Please complete the enclosed self-assessment form. The questions are identical to those in the mini-PAT form that will be sent to your nominated raters. Try to reflect on the areas that you feel are going well as well as those that you hope to get better at. Try to think of ways in which you think you could perform better.

Basic Data Form

Please complete the enclosed basic data form. This is to collect demographic data about you that can be used to explore potential sources of bias within the assessment system as part of the quality assurance process.

What next?

Please return all three forms (rater nomination form, self mini-PAT, basic data form) to your foundation programme co-ordinator. You need do nothing more. Your raters will be contacted directly and you will receive feedback via your educational supervisor within six to eight weeks.

Basic Data for Foundation Assessment Programme:

1. Your name: Surname:

Forename:

2. GMC Number:

3. Year of Training: ☐ F1 ☐ F2

4. Gender: ☐ Male ☐ Female

5. Do you work full or part time?: ☐ Full ☐ Part time

6. What is your ethnic group?:

- | | | |
|---|---|---|
| <input type="checkbox"/> British | <input type="checkbox"/> Indian | <input type="checkbox"/> White and Black Caribbean |
| <input type="checkbox"/> Irish | <input type="checkbox"/> Pakistani | <input type="checkbox"/> White and Black African |
| <input type="checkbox"/> Other White Background | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> White and Asian |
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> Chinese | <input type="checkbox"/> Any other mixed background |
| <input type="checkbox"/> African | <input type="checkbox"/> Other Asian Background | <input type="checkbox"/> Any other ethnic group |
| <input type="checkbox"/> Any other Black background | | |

7. Which deanery are you working in?:

- | | | | | | |
|--|---|-------------------------------|---------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Eastern | <input type="checkbox"/> KSS | <input type="checkbox"/> LNR | <input type="checkbox"/> London | <input type="checkbox"/> Mersey | <input type="checkbox"/> Northern |
| <input type="checkbox"/> North Western | <input type="checkbox"/> Oxford | <input type="checkbox"/> SYSH | <input type="checkbox"/> Trent | <input type="checkbox"/> Yorkshire | <input type="checkbox"/> SW Peninsula |
| <input type="checkbox"/> Severn & Wessex | <input type="checkbox"/> Northern Ireland | | | | |

8. What speciality are you currently working in?:

- | | |
|--|--|
| <input type="checkbox"/> A&E | <input type="checkbox"/> Paediatrics |
| <input type="checkbox"/> O&G | <input type="checkbox"/> Intensive/Critical Care |
| <input type="checkbox"/> Medicine (including sub-specialities) | <input type="checkbox"/> Paediatrics |
| <input type="checkbox"/> Surgery (including sub-specialities) | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> GP | |

9. Name of current hospital

10. Time in current post:

months

11. Time in current hospital:

months

12. a) How long was your undergraduate medical degree awarded?

b) In what year?

13. What experience do you have so far?

Speciality	A&E	O&G	Medicine	Surgery	GP	Psychiatry	Intensive Care	Paeds	Other
How long for? (in months)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other (please specify)

14. What are your career plans?

Please use black ink and CAPITAL LETTERS

[illegible][illegible]

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Anything going especially well?

Please describe any areas that you think you should particularly focus on for development:

EXAMPLE ONLY.

Download the official forms from
www.hcat.nhs.uk/foundation/assessments.htm

Your Signature:

Date:

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8727612698

Please use black ink and CAPITAL LETTERS

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PTO:

Anything going especially well?

Please describe any areas that you think you should particularly focus on for development:

EXAMPLE ONLY.

Download the official forms from
www.hcat.nhs.uk/foundation/assessments.htm

Your Signature:

Date:

		/			/		
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4.3.d Assessor nomination for mini-PAT

You need to provide the names and contact details of 12 healthcare professionals (any doctor, nurse or allied healthcare professional) to assess you using mini-PAT. A minimum of eight must be completed and received. You can choose from your current and, if you have moved within three months, your previous post. Your current supervising consultant must be one of the assessors. Mini-PAT has not been designed for completion by patients or administrative staff. Choose raters from different professional background who you work with in different clinical environments. Mini-PAT is an instrument that assesses your clinical performance therefore make sure that you do know your raters clinically.

Please complete using BLOCK CAPITALS and please stay within the boxes (This form is scanned):

Surname:

Forename:

GMC:

Please enter the addresses where your assessors work:

(DO NOT USE HOME ADDRESSES)

Surgery/Hospital Address

1

Postcode

from

EXAMPLE ONLY.

Download the official forms from
www.hcat.nhs.uk/foundation/assessments.h

[illegible]

Please now enter the details of your proposed assessors who work at the above addresses.

MARKING AT WHICH ADDRESS THEY CAN BE CONTACTED:

Linked to Address	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Title:	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Initials:	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Surname:							
Occupation: (e.g. Staff Nurse):							
Department: (e.g. Ward B3):							

7577234476

Please now enter the details of your proposed assessors who work at the above addresses.
MARKING AT WHICH ADDRESS THEY CAN BE CONTACTED:

Linked to Address ☐ 1 ☐ 2 ☐ 3

Title:

Initials:

Surname:

Occupation:

(e.g. Staff Nurse):

Department:

(e.g. Ward B3):

Linked to Address ☐ 1 ☐ 2 ☐ 3

Title:

Initials:

Surname:

Occupation:

(e.g. Staff Nurse):

Department:

(e.g. Ward B3):

Linked to Address ☐ 1 ☐ 2 ☐ 3

Title:

Initials:

Surname:

Occupation:

(e.g. Staff Nurse):

Department:

(e.g. Ward B3):

Linked to Address ☐ 1 ☐ 2 ☐ 3

Title:

Initials:

Surname:

Occupation:

(e.g. Staff Nurse):

Department:

(e.g. Ward B3):

Linked to Address ☐ 1 ☐ 2 ☐ 3

Title:

Initials:

Surname:

Occupation:

(e.g. Staff Nurse):

Department:

(e.g. Ward B3):

Linked to Address ☐ 1 ☐ 2 ☐ 3

Title:

Initials:

Surname:

Occupation:

(e.g. Staff Nurse):

Department:

(e.g. Ward B3):

Linked to Address ☐ 1 ☐ 2 ☐ 3

Title:

Initials:

Surname:

Occupation:

(e.g. Staff Nurse):

Department:

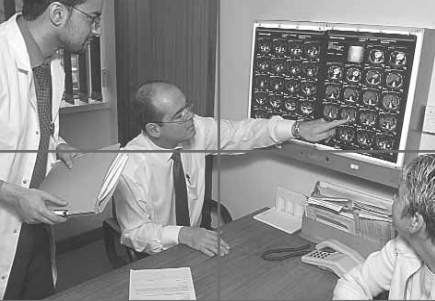
(e.g. Ward B3):

PLEASE COMPLETE THIS FORM AND HAND IT TO YOUR
TRUST FOUNDATION CO-ORDINATOR AS SOON AS POSSIBLE.

9435234471

EXAMPLE ONLY.

Download the official forms from
www.hcat.nhs.uk/foundation/assessments.htm



Section 4

Assessment of competence

TAB (Team Assessment of Behaviour)



Trainee Guidance

What to do

You will receive a pack of 15 TAB forms, with envelopes attached addressed to the postgraduate centre. In some programmes you may be asked to make copies of the form which you'll find here in the portfolio, or on the website.

You should give a form to a minimum of ten co-workers, at least five of whom must be qualified nursing staff, and three other doctors, including your current consultant supervisor. The others may be therapists, clerical staff, laboratory staff, etc. Ask them to complete the form and send it in the sealed envelope to the postgraduate centre.

Two weeks before your next educational supervision meeting (appraisal) phone the postgraduate centre to confirm that at least ten forms have been returned. If not, encourage your nominated raters to do it, or nominate and distribute forms to others.

It is your responsibility to make sure that a minimum of 10 forms are returned for this to be a reliable assessment of your professional behaviour.

What happens next

At your appraisal meeting, your educational supervisor will give you a resume of the results, although you will not normally be told who gave which assessment.

You may occasionally discover an unexpected weakness, (for instance, patients having difficulty understanding you). You will have the chance to discuss this with your educational supervisor.

In the unlikely event of a serious concern having been recorded, you will be able to discuss the issue with the clinical tutor or programme director, to establish if there really is a problem sufficient to need recording on your educational assessment record.

If, after having discussed any concerns with your raters, your educational supervisor has concerns, further TABs will be arranged.

In practice, the process almost always results in gratifying praise for trainees from their fellow workers, records of which should then be retained in your portfolio.

MULTI-SOURCE FEEDBACK: 360° Team Assessment of Behaviour (TAB)

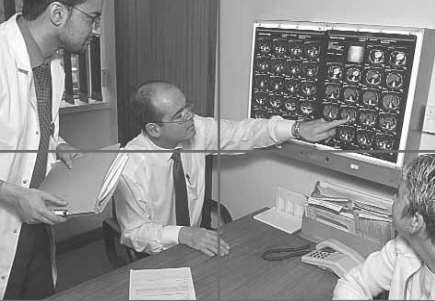
Trainee's Name: _____ GMC No: _____ Current post: _____ Date started present post: _____

Please use the comments boxes to commend good behaviour and to describe any behaviour causing you concern. Give specific examples.

This form will be sent to the trainee's educational supervisor, who may ask you privately to enlarge on any concern behaviour you report. At least 9 other forms will also be considered. The trainee will receive private feedback, but you will not be identified in person without advance discussion with you.

ATTITUDE AND/OR BEHAVIOUR	No concern	You have some concern	You have a major concern	COMMENTS: <i>Anything especially good?</i> <i>If you cannot give an opinion due to lack of knowledge of the trainee say so here.</i> You must specifically comment on any concern behaviour, and this should reflect the trainee's behaviour over time – not usually just a single incident.
Maintaining trust / Professional relationship with patients Listens. Is polite and caring. Shows respect for patients' opinions, privacy, dignity and confidentiality. Is unprejudiced.				
Verbal communication skills Gives understandable information. Speaks good English, at the appropriate level for the patient.				
Team-working / Working with colleagues Respects others' roles, and works constructively in the team. Hands over effectively, and communicates well. Is unprejudiced, supportive and fair.				
Accessibility Accessible. Takes proper responsibility. Only delegates appropriately. Does not shirk duty. Responds when called. Arranges cover for absence.				
Name of assessor:	Post/ designation:	Signature:	Date:	

Please send the completed form, straight away, in a sealed envelope, to the postgraduate centre manager



Section 4

Assessment of competence

4.4 Direct observation of doctor/patient interactions

Mini-CEX (Clinical Evaluation Exercise)



Trainee Guidance

What is the mini-CEX?

Mini-CEX is designed to provide feedback on skills essential to the provision of good clinical care by observing an actual clinical encounter. In keeping with the foundation programme quality improvement assessment model, strengths, areas for development and agreed action points should be identified following each mini-CEX encounter. This form samples a range of areas within the *Curriculum* and can be mapped to *Good Medical Practice* but was designed originally by the American Board of Internal Medicine.

Who should you ask to assess you?

You need to get at least four different health care professionals* to assess you in your F1 year or six in F2 year (i.e. spread them out over the different posts). Please complete the forms so that your progress can be evaluated. You should try to get your supervising consultant in each post to observe you.

What should you be assessed doing?

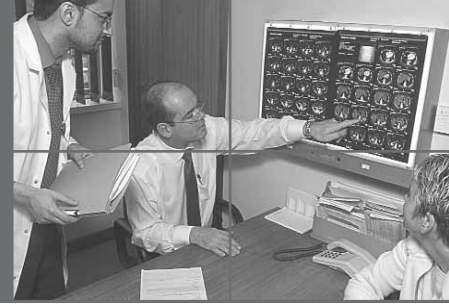
Mini-CEX is suitable for use in a community-based, out-patient, in-patient or acute care setting. It is designed to provide feedback that should be of help to you. Therefore you should be assessed undertaking the actual clinical encounters normally expected of you, such as clerking in a new patient.

Sampling – It is important that you choose different cases that cover the main areas of the *Curriculum*. The main areas are airway, breathing, circulation, neurological, psychological/behavioural and pain. For more information please refer to the *Curriculum* document at: www.mmc.nhs.uk/curriculum

* consultants, SpRs, specialist associate/staff grades, nurses, GPs and any allied health professional who have expertise in this procedure

Section 4

Assessment of competence



When should you use mini-CEX?

Mini-CEX can be used at any time of the day or night, whenever you have a clinical interaction with a patient and a potential assessor is available. You could ask your consultant to let you review the last patient on a ward round or your trainer to let you see the next patient to come in the GP surgery. While on-call you could ask a senior doctor to accompany you to see a new patient.

How should it work?

The observed process should take no longer than 15 minutes. Do what you would normally do in the situation. This is not meant to be a 'long case' examination taking hours. Your assessor should then provide some immediate feedback which should take no longer than five minutes.

What next?

You should score your satisfaction with the process at the bottom. Remember this is about your satisfaction with the process, not with how you have done on this occasion. Retain this in your portfolio and also give a copy to your administrator.

Please refer to curriculum at www.mmc.nhs.uk for details of expected competencies for F1 and F2

Mini-Clinical Evaluation Exercise (CEX) - F1 Version

Please complete the questions using a cross: ☒

Please use black ink and CAPITAL LETTERS

Doctor's Surname

Forename

GMC Number:

GMC NUMBER MUST BE COMPLETED

Clinical setting:

A&E

OPD

In-patient

Acute Admission

GP Surgery

Clinical problem category:

Pain

Airway/
Breathing

CVS/
Circulation

Psych/
Behav

Neuro

Gastro

Other

New or FU:

New

FU

Focus of clinical encounter:

History

Diagnosis

Management

Explanation

Number of times patient seen before by trainee:

0

1-4

5-9

>10

Complexity of case:

Low

Average

High

Assessor's position:

Consultant

SASG

SpR

GP

Number of previous mini-CEXs observed by assessor with any trainee:

0

1

2

3

4

5-9

>9

Please grade the following areas using the scale below:

Below expectations for F1 completion

Borderline for F1 completion

Meets expectations for F1 completion

Above expectations for F1 completion

U/C*

1 History Taking

2 Physical Examination skills

3 Communication Skills

4 Clinical judgement

5 Professionalism

6 Organisation/Efficiency

7 Overall clinical care

*U/C Please mark this if you have not observed the behaviour and therefore feel unable to comment.

Anything especially good?

Suggestions for development

Agreed action:

Trainee satisfaction with mini-CEX

Not at all

1

2

3

4

5

6

7

8

9

10

Highly

Assessor satisfaction with mini-CEX

1

2

3

4

5

6

7

8

9

10

What training have you had in the use of this assessment tool?:

☐ Face-to-Face

☐ Have Read Guidelines

☐ Web/CD rom

Assessor's Signature:

Date:

Time taken for observation:
(in minutes)

Assessor's Surname:

Time taken for feedback:
(in minutes)

Assessor's GMC Number:

Acknowledgements: Adapted with permission from American Board of Internal Medicine

Please note:

Failure of return of all completed forms to your administrator is a probity issue

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Please refer to curriculum at www.mmc.nhs.uk for details of expected competencies for F1 and F2

Mini-Clinical Evaluation Exercise (CEX)

Please complete the questions using a cross: ☒

Please use black ink and CAPITAL LETTERS

Doctor's Surname

Forename

GMC Number:

GMC NUMBER MUST BE COMPLETED

Clinical setting:

A&E

OPD

In-patient

Acute Admission

GP Surgery

Clinical problem category:

Trauma/Ortho ☐

Resp ☐

CVS ☐

Gastro ☐

Neuro ☐

Psych/Behav ☐

Other

New or FU:

New ☐

FU ☐

Focus of clinical encounter:

History ☐

Diagnosis ☐

Management ☐

Explanation ☐

Number of times patient seen before by trainee:

0 ☐

1-4 ☐

5-9 ☐

>10 ☐

Complexity of case:

Low ☐

Average ☐

High ☐

Assessor's position:

Consultant ☐

SASG ☐

SpR ☐

GP ☐

Number of previous mini-CEXs observed by assessor with any trainee:

0 ☐

1 ☐

2 ☐

3 ☐

4 ☐

5-9 ☐

>9 ☐

Please grade the following areas using the scale below:

Below expectations for F2 completion

Borderline for F2 completion

Meets expectations for F2 completion

Above expectations for F2 completion

U/C*

1 History Taking

2 Physical Examination skills

3 Communication skills

4 Clinical judgement

5 Professionalism

6 Organisation/Efficiency

7 Overall clinical care

*U/C Please mark this if you have not observed the behaviour and therefore feel unable to comment.

Anything especially good?

Suggestions for development

Agreed action:

Trainee satisfaction with mini-CEX

Not at all

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

6 ☐

7 ☐

8 ☐

9 ☐

Highly 10 ☐

Assessor satisfaction with mini-CEX

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

6 ☐

7 ☐

8 ☐

9 ☐

10 ☐

What training have you had in the use of this assessment tool?:

☐ Face-to-Face

☐ Have Read Guidelines

☐ Web/CD rom

Assessor's Signature:

Date:

Time taken for observation: (in minutes)

Assessor's Surname:

Time taken for feedback: (in minutes)

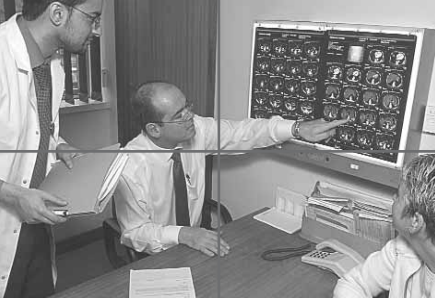
Assessor's GMC Number:

Acknowledgements: Adapted with permission from American Board of Internal Medicine

Please note:

Failure of return of all completed forms to your administrator is a probity issue

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Section 4

Assessment of competence

DOPS (Direct Observation of Procedural Skills)



Trainee Guidance

What is DOPS?

It is essential that all trainees are adequately assessed for competence in the practical procedures that they undertake. Direct Observation of Procedural Skills (DOPS) is a method, similar to the mini-CEX that has been designed specifically for the assessment of practical skills, and was originally developed and evaluated by the RCP. In keeping with the Foundation Programme quality improvement assessment model, strengths and areas for development should be identified following each DOPS encounter.

Who should you ask to assess you?

You need to get at least four different healthcare professionals* to assess you in your F1 year or six in F2 year (i.e. spread them out over the different posts). Please complete the forms in order so that your progress can be evaluated. You should try to get your supervising consultant in each post to observe you.

What should you be assessed doing?

DOPS is designed to provide feedback that should be of help to you. Therefore you should be assessed undertaking procedures normally expected of you and undertake them in the usual work environment that you would normally do the procedure (i.e. not the clinical skills laboratory).

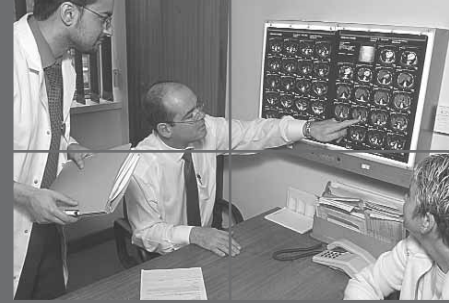
Sampling – It is important that you choose different procedures that cover the *Curriculum* competences. You should aim to be observed undertaking the following procedures, with a different assessor each time. You must undertake a minimum of four in your F1 year or six in your F2 year.

Procedures		
Venepuncture	ECG	IV Injection
Cannulation	Arterial Blood Sampling (Radial/Femoral "stab")	Urethral Catheterisation
Blood Culture (Peripheral)	SC Injection	Airway Care
Blood Culture (Central)	ID Injection	NG Tube Insertion
IV Infusions	IM Injection	Other

* consultants, SpRs, specialist associate/staff grades, nurses, GPs and any allied health professional who have expertise in this procedure

Section 4

Assessment of competence



When should you use DOPS?

DOPS can be used at any time of the day or night. You could, for example, ask your SpR to come with you to put in a cannula or the practice nurse could observe you taking blood.

How should it work?

The observed process should take no longer than 15 minutes. Do what you would normally do in the situation. Your assessor should then provide some immediate feedback, which should take no longer than five minutes.

What next?

You should score your satisfaction with the process at the bottom. Remember this is about your satisfaction with the process, not with how you have done on this occasion. Retain this in your portfolio and also give a copy to your administrator.

Please refer to curriculum at www.mmc.nhs.uk for details of expected competencies for F1 and F2

Direct Observation of Procedural Skills (DOPS) - F1 Version

Please complete the questions using a cross: ☒

Please use black ink and CAPITAL LETTERS

Doctor's Surname

Forename

GMC Number:

GMC NUMBER MUST BE COMPLETED

Clinical setting: A&E ☐ OPD ☐ In-patient ☐ Acute Admission ☐ GP Surgery ☐

Procedure:

Assessor's position: Consultant ☐ SASG ☐ SpR ☐ GP ☐ Nurse ☐ Other ☐

Number of previous DOPS observed by assessor with any trainee: 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5-9 ☐ >9 ☐

Number of times procedure performed by trainee: 0 ☐ 1-4 ☐ 5-9 ☐ >10 ☐ Difficulty of procedure: Low ☐ Average ☐ High ☐

Please grade the following areas using the scale below:

		1	2	3	4	5	6	
1	Demonstrates understanding of indications, relevant anatomy, technique of procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Obtains informed consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Demonstrates appropriate preparation for procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Appropriate anaesthetic/analgesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Technical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Aseptic technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Seeks help where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Post procedure management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Consideration of patient/professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Overall ability to perform procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EXAMPLE ONLY.

Download the official forms from www.hcat.nhs.uk/foundation/assessments.htm

*U/C Please mark this if you have not observed the behaviour and therefore feel unable to comment.

Please use this space to record areas of strength or any suggestions for development.

Trainee satisfaction with DOPS Not at all 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ Highly

Assessor satisfaction with DOPS 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

Have you had training in the use of this assessment tool?:

☐ Face-to-Face

☐ Have Read Guidelines

☐ Web/CD rom

Assessor's Signature:

Date:

Time taken for observation: (in minutes)

Assessor's Surname

Time taken for feedback: (in minutes)

Assessor's GMC Number:

Please note:

Failure of return of all completed forms to your administrator is a probity issue 2930518468

Please refer to curriculum at www.mmc.nhs.uk for details of expected competencies for F1 and F2

Direct Observation of Procedural Skills (DOPS) - F2 Version

Please complete the questions using a cross: ☒

Please use black ink and CAPITAL LETTERS

Doctor's Surname

Forename

GMC Number:

GMC NUMBER MUST BE COMPLETED

Clinical setting: A&E ☐ OPD ☐ In-patient ☐ Acute Admission ☐ GP Surgery ☐

Procedure:

Assessor's position: Consultant ☐ SASG ☐ SpR ☐ GP ☐ Nurse ☐ Other ☐

Number of previous DOPS observed by assessor with any trainee: 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5-9 ☐ >9 ☐

Number of times procedure performed by trainee: 0 ☐ 1-4 ☐ 5-9 ☐ >10 ☐ Difficulty of procedure: Low ☐ Average ☐ High ☐

Please grade the following areas using the scale below:

		1	2	3	4	5	6	
1	Demonstrates understanding of indications, relevant anatomy, technique of procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Obtains informed consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Demonstrates appropriate preparation for procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Appropriate analgesia/sedation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Technical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Aseptic technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Seeks help where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Post procedure management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Consideration of patient/professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Overall ability to perform procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Download the official forms from www.hcat.nhs.uk/foundation/assessments.htm

*U/C Please mark this if you have not observed the behaviour and therefore feel unable to comment.

Please use this space to record areas of strength or any suggestions for development.

Trainee satisfaction with DOPS Not at all 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ Highly

Assessor satisfaction with DOPS 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

Have you had training in the use of this assessment tool?: ☐ Face-to-Face ☐ Have Read Guidelines ☐ Web/CD rom

Assessor's Signature:

Date:

Time taken for observation: (in minutes)

.....

/ /

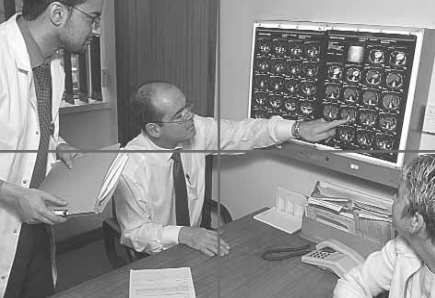
Time taken for feedback: (in minutes)

Assessor's Surname

Assessor's GMC Number:

Please note:

Failure of return of all completed forms to your administrator is a probity issue 7167248443



Section 4

Assessment of competence

4.5 Case-based Discussion (CbD)



Trainee Guidance

What is CbD?

Case-based discussion (CbD) is used to enable the documenting of conversations about, and presentations of, cases by trainees. This activity happens throughout training, but is rarely conducted in a way that provides systematic assessment and structured feedback. The approach is called chart stimulated recall in the US and Canada, and is widely used for the assessment of residents and of established doctors who are in difficulty. In the UK it is used, and is being evaluated, by both the National Clinical Assessment Authority (NCAA) and the GMC in the assessment of established practitioners. CbD is designed to assess clinical decision-making and the application or use of medical knowledge in relation to patient care for which the trainee has been directly responsible. It also enables the discussion of the ethical and legal framework of practice, and in all instances, it allows trainees to discuss why they acted as they did.

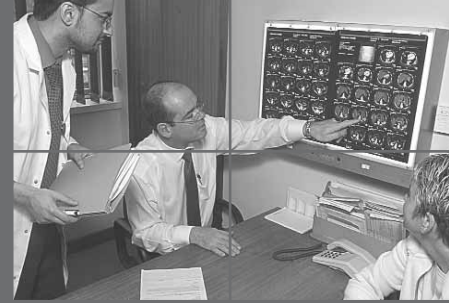
Although the primary purpose is not to assess medical record keeping, as the actual record is the focus for the discussion, the assessor can also evaluate the record keeping in that instance. An example might be a discussion around an admission 'clerking' and choosing to discuss the reasoning behind your choice of investigations. It should not be taken as an opportunity to discuss the whole case in a viva style approach. Further guidance is available online at www.mmc.nhs.uk

Who should you ask to assess you?

You need to get at least six different doctors (experienced SpRs, specialist associates/staff grades, consultants or GPs) to assess you by the end of each year (i.e. spread them out over the different posts). They should try to include the supervising consultant in each post. Please complete the forms in order so that your progress can be evaluated.

Section 4

Assessment of competence



What should be assessed?

CbD is suitable for use in a community-based, out-patient, in-patient or acute care setting. It is designed to provide feedback that should be of help to you. Choosing the cases is up to you. Each time you arrange to meet with an assessor please pick two cases in which you have written in the notes. Each CbD should represent a different clinical problem and you should try to sample from each of the core problem groups identified in the Foundation *Curriculum* by the end of the year. These are summarised on the form (e.g. clinical assessment of airway/breathing on one occasion and then management of pain on another). For more information please refer to the *Curriculum* document at: www.mmc.nhs.uk/curriculum. The assessor on each of the six occasions will choose one of the two cases that you have provided. You should ideally provide the notes prior to meeting in order to give the assessor time to familiarise themselves with the case.

How should it work?

The discussion process should take no longer than 10 minutes.

What next?

You should score your satisfaction with the process at the bottom. Remember this is about your satisfaction with the process, not with how you have done on this occasion. Retain this in your portfolio and also give a copy to your administrator.

Please refer to curriculum at www.mmc.nhs.uk for details of expected competencies for F1 and F2

Case-based Discussion (CbD) - F1 Version

Please complete the questions using a cross: ☒

Please use black ink and CAPITAL LETTERS

Doctor's Surname

Forename

GMC Number: **GMC NUMBER MUST BE COMPLETED**

Clinical setting: A&E ☐ OPD ☐ In-patient ☐ Acute Admission ☐ GP Surgery ☐

Clinical problem category: Pain ☐ Airway/Breathing ☐ CVS/Circulation ☐ Psych/Behav ☐ Neuro ☐ Gastro ☐ Other

Focus of clinical encounter: Medical Record Keeping ☐ Clinical Assessment ☐ Management ☐ Professionalism ☐

Complexity of case: Low ☐ Average ☐ High ☐ Assessor's position: Consultant ☐ SpR ☐ GP ☐

Please grade the following areas using the scale below:

Below expectations for F1 completion

Borderline for F1 completion

Meets expectations for F1 completion

Above expectations for F1 completion

U/C*

	1	2	3	4	5	6	U/C*
1 Medical record keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Clinical assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Investigation and referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Follow up and future planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Overall clinical judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*U/C Please mark this if you have not observed the behaviour and therefore feel unable to comment.

Anything especially good?

Suggestions for development

Agreed action:

Not at all Highly

Trainee satisfaction with CbD 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

Assessor satisfaction with CbD 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

What training have you had in the use of this assessment tool?:

☐ Have Read Guidelines ☐ Face-to-Face ☐ Web/CD rom

Time taken for discussion: (in minutes)

Assessor's Signature:

Date:

Time taken for feedback: (in minutes)

Assessor's Surname

Assessor's GMC Number

Please note:

Failure of return of all completed forms to your administrator is a probity issue

8721456665

Please refer to curriculum at www.mmc.nhs.uk for details of expected competencies for F1 and F2

Case-based Discussion (CbD) - F2 Version

Please complete the questions using a cross: ☒

Please use black ink and CAPITAL LETTERS

Doctor's Surname

Forename

GMC Number:

GMC NUMBER MUST BE COMPLETED

Clinical setting:

A&E

☐

OPD

☐

In-patient

☐

Acute Admission

☐

GP Surgery

☐

Clinical problem category:

Pain

☐

Airway/
Breathing

☐

CVS/
Circulation

☐

Psych/
Behav

☐

Neuro

☐

Gastro

☐

Other

☐

Focus of clinical encounter:

Medical Record Keeping

☐

Clinical Assessment

☐

Management

☐

Professionalism

☐

Complexity of case:

Low

☐

Average

☐

High

☐

Assessor's position:

Consultant

☐

SpR

☐

GP

☐

Please grade the following areas using the scale below:

Below expectations for F2 completion

Borderline for F2 completion

Meets expectations for F2 completion

Above expectations for F2 completion

U/C*

1 Medical record keeping

☐
☐
☐
☐
☐
☐

2 Clinical assessment

☐
☐
☐
☐
☐
☐

3 Investigation and referrals

☐
☐
☐
☐
☐
☐

4 Treatment

☐
☐
☐
☐
☐
☐

5 Follow up and future planning

☐
☐
☐
☐
☐
☐

6 Professionalism

☐
☐
☐
☐
☐
☐

7 Overall clinical judgement

☐
☐
☐
☐
☐
☐

*U/C Please mark this if you have not observed the behaviour and therefore feel unable to comment.

Anything especially good?

Suggestions for development

Agreed action:

Not at all Highly

Trainee satisfaction with CbD 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

Assessor satisfaction with CbD 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

What training have you had in the use of this assessment tool?:

☐ Have Read Guidelines

☐ Face-to-Face

☐ Web/CD rom

Time taken for discussion: (in minutes)

Assessor's Signature:

Date:

 / /

Time taken for feedback: (in minutes)

Assessor's Surname

Assessor's GMC Number

Please note:

Failure of return of all completed forms to your administrator is a probity issue

2466400642

4.6 Summary of evidence presented

You will be assessed in the areas of competence listed in the table below. You can choose how you wish to demonstrate that you have achieved this competence, but we have suggested some assessment tools below that may help you to prove you have achieved that level of competence. For a full explanation of the competences listed below, refer to the *Curriculum*.

1. Good clinical care		
Competence	Suggested assessment tools	What evidence will you present to support your development in this area of competence?
1.1 (i) History taking, examination and record-keeping skills.	Mini-CEX CbD	
1.1 (ii) Conducts examinations of patients in a structured, purposeful manner and takes full account of the patient's dignity and autonomy.	Mini-CEX	
1.1 (iii) Understands and applies the principles of diagnosis and clinical reasoning that underlie clinical judgement and decision making.	CbD	
1.1 (iv) Understands and applies principles of therapeutic and safe prescribing.	CbD	
1.1 (v) Understands and applies the principles of medical data and information management: keeps contemporary accurate, legible, signed and attributable notes.	CbD	
1.2 Demonstrates appropriate time management and decision making.	MSF CbD	
1.3 Understands and applies the basis of maintaining good quality care and ensuring and promoting patient safety.	CbD MSF	
1.3 (ii) Makes patient safety a priority in own clinical practice.	CbD	
1.3 (iii) Understands the importance of good team working for patient safety.	MSF CbD	
1.3 (iv) Understands the principles of quality and safety improvement.	CbD MSF	
1.3 (v) Understands the needs of patients who have been subject to medical harm or errors, and their families.	CbD	
1.4 Knows and applies the principles of infection control.	Mini-CEX CbD	
1.5 Understands and can apply the principles of health promotion and public health.	CbD	
1.6 Understands and applies the	CbD,	

principles of medical ethics and of relevant legal issues.	MSF	
1.6(ii) Demonstrates understanding of, and practises appropriate procedures for valid consent.	CbD	
1.6(iii) Understands the legal framework for medical practice.	CbD DOPS	
2. Maintaining good medical practice		
(i) Learning: Regularly takes up learning opportunities and is a reflective self-directed learner.	MSF Reflective content of portfolio	
(ii) Evidence base for medical practice: knows and follows organisational rules and guidelines and appraises evidence base of clinical practice.	MSF Reflective content of portfolio, CbD	
(iii) Describes how audit can improve personal performance (you should have available a well documented audit)	Involvement in audit, personal or departmental, evidenced in portfolio	
3. Relationships with patients and communication		
(i) Demonstrates appropriate communication skills.	MSF DOPS Mini-CEX	
4. Working with colleagues		
(i) Demonstrates effective team work skills.	MSF	
(ii) Effectively manages patients at the interface of different specialities including that of primary care, imaging and laboratory specialities.	CbD	
5. Teaching and Training		
(i) Understands principles of educational method and undertakes teaching of medical trainees, and other health and social care workers.	MSF	
6. Professional Behaviour and Probity		
(i) Consistently behaves with a high degree of professionalism.	MSF CbD Mini-CEX	
(ii) Maintains own health and demonstrates appropriate self care.	MSF	
7. Acute Care		
(i) Promptly assesses the acutely ill or collapsed patient.	Mini-CEX	
(ii) Identifies and responds to acutely abnormal physiology.	Mini-CEX CbD	

(iii) Where appropriate, delivers a fluid challenge safely to an acutely ill patient.	Mini-CEX DOPS	
(iv) Reassesses ill patients appropriately after initiation of treatment.	Mini-CEX CbD	
(v) Requests senior or more experienced help when appropriate.	Mini-CEX MSF	
(vi) Undertakes a secondary survey to establish differential diagnosis.	Mini-CEX CbD	
(vii) Obtains an arterial blood gas sample safely, interprets results correctly.	DOPS CbD	
(viii) Manages patients with impaired consciousness including convulsions.	Mini-CEX CbD	
(ix) Safely and effectively uses common analgesic drugs.	Mini-CEX CbD	
(x) Understands and applies the principles of managing a patient following self-harm.	Mini-CEX CbD	
(xi) Understands and applies the principles of management of a patient with an acute confused state or psychosis.	CbD Mini-CEX	
(xii) Ensures safe continuing care of patients on handover between shifts, on call staff or with "hospital at night" team by meticulous attention to detail and reflection on performance.	MSF CbD	
(xiii) Considers appropriateness of interventions according to patients' wishes, severity of illness and chronic or co-morbid diseases.	CbD	
(xiv) Has completed appropriate level of resuscitation training.	Certificate of completion of intermediate life support course	
(xv) Discusses Do Not Attempt Resuscitation (DNAR) orders/advance directives appropriately	CbD	
(xvi) Requests and deals with common investigations appropriately	CbD Mini-CEX	

4.7 Statement of health and probity

All doctors, including those in training, must have integrity and honesty, and must take care of their own health and well-being so as not to put patients at risk. This is clearly laid out in *Good Medical Practice* (GMP). You must read the relevant sections of GMP before completing the self declaration forms for health and probity below.

Good Medical Practice can be found on the GMC website (www.gmc-uk.org) and copies of the relevant extracts can be found in appendix 2. If you're not able to complete the forms a more detailed version is available on the CD Rom.

Probity declaration:

Professional obligations

I accept the professional obligations placed upon me in paragraphs 48 to 58 of *Good Medical Practice* (see the GMC website or appendix 2).

Signature..... Date.....

Name in capitals.....

Convictions, findings against you and disciplinary action

Since my last assessment / appraisal I have not, in the UK or outside:

- Been convicted of a criminal offence or have proceedings pending against me.
- Had any cases considered by the GMC, other professional regulatory body, or other licensing body or have any such cases pending against me.
- Had any disciplinary actions taken against me by an employer or contractor or have had any contract terminated or suspended on grounds relating to my fitness to practise.

Signature..... Date.....

Name in capitals.....

IMPORTANT NOTE:

If you are unable to sign the above declaration then you need to complete a more detailed form, which is available on the CD you receive at your induction. Alternatively you can download the form from your deanery's website or from www.mmc.nhs.uk

Health declaration:

Professional obligations

The GMC's guidance Good Medical Practice regarding serious communicable diseases says that if a doctor has a serious condition which they could pass on to patients or colleagues they must have any necessary tests and act on the advice given to them by a suitably qualified colleague about necessary treatment and/or modifications to their clinical practice. Moreover, if their judgement or performance could be significantly affected by a condition or illness, physical disease or by taking medication, they must take and follow advice from a consultant in occupational health or another suitably qualified colleague on whether, and in what ways they should modify their practice.

I accept the professional obligations placed on me in paragraphs 59 to 60 of *Good Medical Practice* and regarding serious communicable diseases.

Signature Date

Name in capitals

Regulatory and voluntary proceedings

Since my last assessment / appraisal **I have not**, in the UK or outside:

- Been the subject of any health proceedings by the GMC or other professional regulatory or licensing body.
- Been the subject of medical supervision or restrictions (whether voluntary otherwise) imposed by an employer or contractor resulting from any illness or physical condition.

Signature Date

Name in capitals

IMPORTANT NOTE:

If you are unable to sign the above declaration then you need to complete a more detailed form, which is available on the CD you receive at your induction. Alternatively you can download the form from your deanery's website or from www.mmc.nhs.uk

Sign-off



5.1 Attainment of F1 competency

(To satisfy GMC requirements for registration for issuing of Certificate of Experience)

<p>Name of trainee _____</p> <p>Trust _____</p> <p>Placement 1 Specialty _____</p> <p>Placement 2 Specialty _____</p> <p>Placement 3 Specialty _____</p> <p>Placement 4 Specialty _____</p> <p>(* if required)</p>	<p>GMC No _____</p> <p>Start Date _____</p> <p>Educational/Clinical Supervisor _____</p> <p>Educational/Clinical Supervisor _____</p> <p>Educational/Clinical Supervisor _____</p> <p>Educational/Clinical Supervisor _____</p>
--	---

Documentation to be considered :a) Portfolio b) Attendance at formal teaching sessions c) Record of study leave d) Record of sickness

- Has the trainee developed an up-to-date portfolio? YES / NO
- Has the trainee completed the required assessments in each of the three posts? YES / NO
- Has the trainee met the requirements laid down in the GMC, the New Doctor and the Foundation Programme curriculum for F1? YES / NO

Additional comments from educational supervisor:

Additional comments from trainee:

I confirm that Dr _____ has satisfactorily demonstrated the competences required of F1 foundation training.

Signed _____ (educational supervisor/assessment panel/external assessor)
(Delete as appropriate)

Date: _____

Final decision by Foundation Training Director (FTPD)

Dr. (foundation doctor)

Delete as applicable • has **ACHIEVED** the requirements of the Foundation Programme
• has **FAILED TO ACHIEVE** the requirements of the Foundation Programme

Further training agreed/action taken (This should include referral to the deanery):

Name: Signature: (FTPD) Date:

Name: Signature: (foundation doctor) Date:

This document should be sent to your deanery/foundation school and a copy should be placed in your portfolio.

5.2 Foundation Achievement of Competency Document (FACD)

<p>Name of trainee _____</p> <p>Trust _____</p> <p>Placement 1 specialty _____</p> <p>Placement 2 specialty _____</p> <p>Placement 3 specialty _____</p> <p>Placement 4 specialty _____</p> <p>(* if required) _____</p>	<p>GMC No _____</p> <p>Start Date _____</p> <p>Educational/clinical supervisor _____</p> <p>Educational/clinical supervisor _____</p> <p>Educational/clinical supervisor _____</p> <p>Educational/clinical supervisor _____</p>
--	---

Documentation to be considered :a) Portfolio b) Attendance at formal teaching sessions c) Record of study leave d) Record of sickness

- Has the trainee developed an up-to-date portfolio? YES / NO
- Has the trainee completed the required assessments in each of the three posts? YES / NO
- Has the trainee met the requirements laid down in the GMC's The New Doctor and the *Curriculum for the foundation years in postgraduate training and education*? YES / NO

Additional comments from Educational Supervisor:

Additional comments from trainee:

I confirm that Dr _____ has satisfactorily demonstrated the competences required of foundation training.

Signed _____ (educational supervisor/assessment panel/external assessor)
(Delete as appropriate)

Date: _____

Final decision by Foundation Training Director (FTPD)

Dr..... (foundation doctor)

Delete as applicable • has **ACHIEVED** the requirements of the Foundation Programme
• has **FAILED TO ACHIEVE** the requirements of the Foundation Programme

Further training agreed/action taken (This should include referral to the deanery):

Name: Signature: (FTPD) Date:.....

Name: Signature: (foundation doctor) Date:.....

This document should be sent to your deanery/foundation school and a copy should be placed in your learning portfolio.

Appendices





Appendix 1: Important links

COPMeD www.copmed.org.uk

GMC www.gmc-uk.org

GMC (2001) *Good Medical Practice*

GMC (2005) *The New Doctor* – Transitional Edition 2005

MMC www.mmc.nhs.uk

MMC (2005) *Curriculum for the Foundation Years in Postgraduate Training and Education*

MMC (2005) *Operational Framework for Foundation Training*

PMETB www.pmetb.org.uk

PMETB (2005) Workplace-based assessment: A paper from the PMETB

Sub-committee on workplace-based assessment.



Section 6

Appendices

Appendix 2: Health and probity

Probity

The extract below is taken from the GMC's guidance *Good Medical Practice*.

Providing information about your services

48. If you publish information about the services you provide, the information must be factual and verifiable. It must be published in a way that conforms with the law and with the guidance issued by the Advertising Standards Authority.
49. The information you publish must not make unjustifiable claims about the quality of your services. It must not, in any way, offer guarantees of cures, nor exploit patients' vulnerability or lack of medical knowledge.
50. *Information you publish about your services must not put pressure on people to use a service, for example by arousing ill-founded fear for their future health. Similarly you must not advertise your services by visiting or telephoning prospective patients, either in person or through a deputy.*

Writing reports, giving evidence and signing documents

51. You must be honest and trustworthy when writing reports, completing or signing forms, or providing evidence in litigation or other formal inquiries. This means that you must take reasonable steps to verify any statement before you sign a document. You must not write or sign documents which are false or misleading because they omit relevant information. If you have agreed to prepare a report, complete or sign a document or provide evidence, you must do so without unreasonable delay.

Research

52. If you participate in research you must put the care and safety of patients first. You must ensure that approval has been obtained for research from an independent research ethics committee and that patients have given consent. You must conduct all research with honesty and integrity. More detailed advice on the ethical responsibilities of doctors working in research is published in our booklet *Good Practice in Medical Research – The Role of Doctors*

Financial and commercial dealings

53. You must be honest and open in any financial arrangements with patients. In particular:
 - you should provide information about fees and charges before obtaining patients' consent to treatment, whenever possible;
 - you must not exploit patients' vulnerability or lack of medical knowledge when making
 - charges for treatment or services;



- you must not encourage your patients to give, lend or bequeath money or gifts which will directly or indirectly benefit you. You must not put pressure on patients or their families to make donations to other people or organisations;
 - you must not put pressure on patients to accept private treatment;
 - if you charge fees, you must tell patients if any part of the fee goes to another doctor.
54. You must be honest in financial and commercial dealings with employers, insurers and other organisations or individuals. In particular:
- if you manage finances, you must make sure that the funds are used for the purpose for which they were intended and are kept in a separate account from your personal finances;
 - before taking part in discussions about buying goods or services, you must declare any relevant financial or commercial interest which you or your family might have in the purchase.

Conflicts of interest

55. You must act in your patients' best interests when making referrals and providing or arranging treatment or care. So you must not ask for or accept any inducement, gift or hospitality which may affect or be seen to affect your judgement. You should not offer such inducements to colleagues.

Financial interests in hospitals, nursing homes and other medical organisations

56. If you have financial or commercial interests in organisations providing health care or in pharmaceutical or other biomedical companies, these must not affect the way you prescribe for, treat or refer patients.
57. If you have a financial or commercial interest in an organisation to which you plan to refer a patient for treatment or investigation, you must tell the patient about your interest. When treating NHS patients you must also tell the health care purchaser.
58. Treating patients in an institution in which you or members of your immediate family have a financial or commercial interest may lead to serious conflicts of interest. If you do so, your patients and anyone funding their treatment must be made aware of the financial interest. In addition, if you offer specialist services, you must not accept patients unless they have been referred by another doctor who will have overall responsibility for managing the patient's care. If you are a general practitioner with a financial interest in a residential or nursing home, it is inadvisable to provide primary care services for patients in that home, unless the patient asks you to do so or there are no alternatives. If you do this, you must be prepared to justify your decision.'



Section 6

Appendices

Procedure

1. If you have been unable to complete the probity declaration within the portfolio you should complete the more detailed documentation which is available on the CD-ROM.

Guidance

2. Paragraphs 48-58 of *Good Medical Practice* (above) provides a list of professional obligations that you should consider when signing a declaration on probity. There are, of course, other types of obligations/information that you should also consider, for example, any form of disciplinary, regulatory or criminal procedures which have been applied to you, or which you know are in progress or pending.

Health

The extract below is taken from the GMC's guidance *Good Medical Practice*.

'Health

If your health may put patients at risk

59. If you know that you have a serious condition which you could pass on to patients, or that your judgement or performance could be significantly affected by a condition or illness, or its treatment, you must take and follow advice from a consultant in occupational health or another suitably qualified colleague on whether, and in what ways, you should modify your practice. Do not rely on your own assessment of the risk to patients.
60. If you think you have a serious condition which you could pass on to patients, you must have all the necessary tests and act on the advice given to you by a suitably qualified colleague about necessary treatment and/or modifications to your clinical practice.'

Procedure

1. If you have been unable to complete the health declaration within the portfolio you should complete the more detailed documentation which is available on the CD-ROM.

Guidance

2. Paragraphs 59 to 60 of *Good Medical Practice* above sets out some of the health obligations that you should consider when signing a declaration. There are other types of obligations/information that you should also consider for example your own assessment of your health and whether there are any formal or voluntary restrictions to your practice because of illness or a physical condition. This would include any conditions imposed by an employer or contractor of your services, any proceedings under the GMC's health procedures or health committee or similar proceedings of other professional regulatory or licensing bodies within the UK or abroad.

For further information on health and probity visit the GMC's website www.gmc-uk.org