Rough Guide to the Foundation Programme

Contents

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Introduction

The UK Foundation Programme (FP) is designed to support the transition from medical student to doctor, covering a crucial stage in medical training. It marks:

- the acceptance of professional responsibility for the care of patients
- the beginning of the doctor's working life as a qualified healthcare professional
- the start of the doctor's career as an independent, self-directed professional

The Foundation programme provides the opportunity for newly qualified doctors to deliver the healthcare required to meet population needs in an environment that supports the doctor's development and protects patients. The use of varied placements offers the opportunity to acquire an essential knowledge of the breadth of modern healthcare and an understanding of the equal importance of physical, mental and sociocultural needs for health and wellbeing.

At the end of the programme, the foundation doctor will be a valued member of the multidisciplinary team, go on to provide leadership and ultimately take overall responsibility for their patients' care.

This document serves as a practical guide to the foundation programme curriculum and the assessment process.

Format and Purpose of the Foundation Programme

The FP is a two-stage programme, usually two years in duration, working in a variety of settings within the UK healthcare environment. Foundation doctors are recruited nationally and internationally. The programme normally comprises 6 x 4 month rotations, though other formats are seen e.g. special experience FP, fellowships or less than full time (LTFT).

Foundation year 1 – provisional registration

- Supports transition from undergraduate to postgraduate training
- Close and often direct supervision
- Some limitations on practice usually around prescribing, use of mental health act and transfer of care from one location to another

Successfully meeting the requirements of the F1 curriculum demonstrates that the FD can work safely with less direct supervision and increased responsibility. One full year of training must be completed. The FD is then eligible for full GMC registration and can progress to F2.

Foundation year 2 – full registration

- Build on F1 learning and develop clinical knowledge and skills
- Designed to support the FD to become an independent professional and conscientious lifelong learner

Successfully meeting the requirements of the F2 curriculum demonstrates that the FD can work safely with indirect supervision in non-specialist medical environments and lead care on a day-to-day basis, recognising and understanding the context and variability of clinical presentations. The FPCC (foundation programme certificate of completion) can then be awarded which is a requirement for specialty and/or GP application.

Beyond foundation

- Progression to speciality or GP training or work in other healthcare setting

The Foundation Programme Curriculum

The Higher Level Outcomes (HLOs)

The outcome of Foundation training is to reach a level of practice at which the doctor can be entrusted to deliver safe, compassionate care with indirect supervision in generalist practice areas and be prepared to develop more specialist skills. The doctor completing FP will also know how to make a useful contribution to the quality and development of healthcare care; show the ability to work within a team; appreciate the breadth of medical practice; be able to care for their own wellbeing and understand how to plan a career.

A doctor completing the FP will have achieved the three Higher Level Outcomes (HLOs). The FD will be able to demonstrate they are:

HLO1: THE CLINICIAN	HLO2: THE HEALTHCARE WORKER	HLO3: THE PROFESSIONAL
An accountable, capable and compassionate clinician	A valuable member of the healthcare workforce	A professional, responsible for their own practice and portfolio development

The 13 Foundation Professional Capabilities

The three HLOs are broken down into 13 Foundation Professional Capabilities (FPCs) – these capabilities form the syllabus:

HLO 1: An accountable, capable and compassionate doctor

1. **Clinical assessment:** assess patient needs in a variety of clinical settings including acute, non-acute and community.
2. **Clinical prioritisation:** recognise and, where appropriate, initiate urgent treatment of deterioration in physical and mental health.
3. **Holistic planning:** diagnose and formulate treatment plans (with appropriate supervision) that include ethical consideration of the physical, psychological and social needs of the patient.
4. **Communication and care:** provide clear explanations to patients/carers, agree a plan and deliver healthcare advice and treatment where appropriate.
5. **Continuity of care:** contribute to safe ongoing care, both in and out of hours.

HLO 2: A valuable member of healthcare workforce

6. **Sharing the vision:** work confidently within the multiprofessional team and, where appropriate, guide the team to deliver a consistently high standard of patient care based on sound ethical principles.
7. **Fitness for practise:** develop the skills necessary to manage own personal wellbeing.
8. **Upholding values:** act as a responsible employee, including speaking up when others do not act in accordance with the values of the healthcare system.
9. **Quality improvement:** take an active part in processes to improve the quality of care.
10. **Teaching the teacher:** teach and present effectively.

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

11. **Ethics and law:** demonstrate professional practice in line with the curriculum, GMC and other statutory requirements, through development of a professional portfolio.
12. **Continuing professional development:** develop practice, including the acquisition of new knowledge and skills through experiential learning; acceptance of feedback and, if necessary, remediation; reading and, if appropriate, through research.
13. **Understanding medicine:** understand the breadth of medical practice and plan a career.

At the end of each level of training the FD must provide evidence that they have fulfilled each FPC, with a higher level of performance required to demonstrate each capability during the F2 year. This evidence is gathered and recorded by the FD, supported by feedback from other healthcare professionals and supervisors who provide reports on clinical and professional behaviours demonstrated by the FD in the workplace.

Examples of behaviours that might demonstrate acquisition of each FPC are given in the curriculum document.

This record of practice is maintained within an online portfolio - the Foundation ePortfolio; Horus is used in England, Turas is used in Scotland, Wales and Northern Ireland. The portfolio is submitted at the end of each year in training for review and decision on progression to the next training stage. This process is called ARCP (Annual Review of Competency Progression) and is explained further in the 'assessment' section.

The curriculum is based around the capabilities that all doctors in postgraduate training must demonstrate, included within the 9 domains of the Generic Professional Capabilities published by the GMC, that form the basis of Good Medical Practice https://www.gmc-uk.org/-/media/documents/good-medical-practice---english-1215_pdf-51527435.pdf and, for F1, encompass the GMC Outcomes for Provisionally Registered Doctors. https://www.gmc-uk.org/education/standards-guidance-and- curricula/standards-and-outcomes/outcomes-for-provisionally-registered-doctors.

Training and Learning

Foundation Programme uses an approach of practical, experiential learning augmented by direct training and supported by self-development, including reflection. This approach requires the FD to take a proactive approach to learning, creating opportunities to perform and reflect and for trainers to observe and provide feedback. Keeping a good record of professional development activities, reflections and feedback from others is required of doctors at all levels for medical appraisal, demonstrating fitness to practice. Actively cataloguing allows FDs to celebrate strengths and identify areas for development.

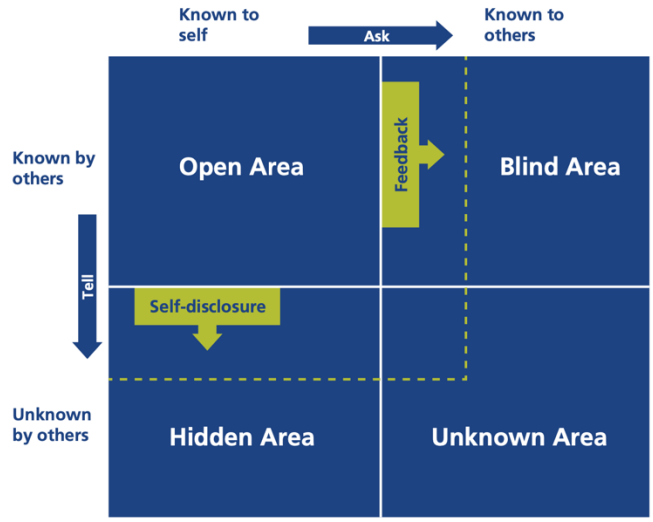
The three approaches to education during the Foundation Programme are:

1. Experiential Learning
2. Direct training
3. Self-development

Experiential learning

- *The doctor's daily experience in the clinical environment with colleagues and patients.*

The FP ensures exposure to environments that provide a significant range of experiences to help FDs acquire the curriculum outcomes. They should involve direct patient care and FDs should have good educational support. Regular workplace supervision can be difficult with large teams and shift working, therefore FDs should be pro-active with their approach to learning and seek out opportunities to demonstrate skills and receive feedback from competent professionals.



There are other professional activities in the clinical environment which despite not being strictly patient facing activities are vital to the provision of safe professional care and continuing professional development. They are important learning opportunities too and include:

- Departmental teaching sessions
- M&M and peer review meetings
- Journal clubs
- Grand rounds and Schwartz rounds
- Balint groups
- Multiprofessional meetings, including practice meetings and those with social care.

These opportunities should be recorded as ‘non-core’ learning.

Direct Training

- *A formal and varied local teaching programme dedicated to foundation doctors*

While the curriculum is by definition generic, there are some areas of practice to which some FDs will have limited exposure and in which those supervising them will, by the nature of their specialties, have limited knowledge and/or skills. To further enhance training and complement experiential learning, the FP also includes formal teaching organised by the local education provider or Foundation school. Importantly this programme should include topics the FDs may not necessarily encounter in their everyday practice including:

Topics for FD teaching sessions	
• Mental health, including mental illness • Health promotion and public health • Simulation • Leadership • Quality improvement methodology • Appraisal of evidence • Careers guidance • Integration of acute illness into chronic disease management and multiple comorbidities	• Frailty • End of life care • High risk prescribing • Teaching skills • Patient safety • Safeguarding • Use of new technologies and the digital agenda

This programme is known as ‘core’ learning.

Local education providers and/or Foundation Schools/deaneries will compose their own teaching programmes with local preferences. These sessions should be relevant to the curriculum, delivered in an appropriate modality and ideally FDs should be involved in planning the sessions. This direct training should augment and consolidate the experiential learning and not replace it. Formats might include lectures, practical sessions, small group workshops, specified elearning and simulation.

Self-Development

Self-development will largely be self-directed but may be instigated at the suggestion of an educator or as the result of feedback. It may involve enhancing knowledge or exploring areas of interest. This sort of activity should be relevant to the FPCs and recorded in the ePortfolio as ‘non-core’ learning with suitable evidence of internalising that material by reflection on the learning.

In summary, the Foundation Doctor will learn and develop through a variety of methods during the programme becoming competent in many skills and behaviours. To show competence and in order to progress to subsequent levels of training, this learning is recorded in the ePortfolio. The majority of evidence of engagement in the programme will be from experiential learning, since the FD spends most of their training time in the clinical environment, but direct training and

self-development are also important parts of the curriculum and is required to be recorded.

How this is done practically is explained in the assessment section.

Supervision

A variety of professionals contribute to the supervision of FDs on a day-to-day basis (workplace supervisors). These include prescribing pharmacists, nurse practitioners, senior nurses, more senior trainees and doctors who are not recognised trainers. FDs can learn significantly from these professionals and should value the training they receive from them.

At all times on shift, the FD must be responsible to a nominated consultant and should know how to contact them. In general practice, this will be the GP who is supervising them. There should always be a senior doctor from whom to seek advice and physical support if needed. If this is not the case the FD should report this via the clinical risk systems in their organisation, and if necessary, to their Foundation Training Programme Director (FTPD) or Foundation School Director (FSD).

There are two formal supervisor roles during the foundation programme to provide support and guidance during the FP. Every FD is assigned a clinical supervisor (CS) for each placement and an educational supervisor (ES) for each training year.

Supervisors should have good understanding of the FP curriculum and standards required of a FD at each level. They should strive to ensure that all FDs regardless of any protected characteristics, their undergraduate institution or background have full understanding of the educational requirements and assessment types within the FP. Those supervising FDs should be sensitive to the specific needs of newly qualified doctors and recognise their limited experience. The transition from undergraduate to postgraduate training must be well supported and supervisors should be proactive in the offer of pastoral care and careers support. They must also be aware that some FDs may need additional support e.g. those unfamiliar with the UK training system.

As well as providing supervision and support to FDs whom they supervise, those undertaking ES and CS roles will be required to provide summative judgement on the performance of the FD against the curriculum outcomes.

The Clinical Supervisor

The CS is responsible for the FD’s training within a specific placement and are usually a specialist in that area. The CS should meet the FD at the start of the placement to ensure they are familiar with their work environment, their responsibilities, other staff and to advise them on how to obtain the most from their placement. A further meeting should take place in the middle of the placement to

provide feedback, highlight areas of good practice and address any areas of weakness. At the end of the placement, the CS should meet the FD to complete the CS end of placement report (CSR) which forms a vital part of the FD's assessment. Evidence of the meetings and the end of placement report should be recorded in the FD's ePortfolio.

It is the responsibility of the CS to provide clear feedback to the FD on their performance in the placement, to highlight good practice and to guide developments. Where there are concerns about the FD's progress, these must be recorded and addressed and, where they are significant, should be brought to the attention of the FD's educational supervisor (ES). It is also the responsibility of the CS to listen to feedback from doctors in training for whom they are responsible and respond to this where necessary, including ensuring there is appropriate support from senior doctors during the placement.

At least once in each training year, the end of the placement report must include formally recorded comments from other healthcare professionals alongside whom they have worked. These professionals make up the 'Placement Supervision Group' (PSG).

The Educational Supervisor

The ES takes responsibility for monitoring the FD's overall progression through a particular level of training (either F1, F2 or both) and helps guide their personal and professional development. The titles of these posts may vary across the devolved nations. The Foundation ES is expected to be accessible and approachable and should meet the FD regularly to discuss what they have done and what they still need to do to complete the training year. At a minimum these meetings should be at the start of the year, at the transition between placements and prior to the ARCP towards the end of the training year.

The ES should regularly review the FD's ePortfolio and provide clear feedback to the FD on their progress against the 3 HLOs and 13 FPCs. The ES should use each contact with the FD as an opportunity to reinforce good practice and guide development in areas that require it. It is the role of the ES to challenge the FD to strive for excellence and signpost developmental opportunities.

Where there are significant concerns about an FD's progress, these should be explored sensitively and support offered; an action plan should be drawn up and recorded in the ePortfolio. Where necessary, these concerns should be brought to the attention of the FTPD.

The ES End of Placement Report (ESR) is a summative assessment of the educational achievements and progress throughout the training year. At the end of each placement, the ES should meet the FD and complete the ESR to indicate whether the FD on track to demonstrate all 13 foundation professional capabilities at the level required for that training year. At the end of each training year the ES will make a recommendation to the ARCP panel in the form of an ES end of year report (NB: In Scotland this role is taken on by the FTPD).

These reports are discussed in more detail in the 'assessment' section.

Feedback

The purpose of feedback is to highlight areas of good practice address those that need development to improve performance. Feedback should be given verbally as a regular part of day-to-day experiential learning and good feedback will include an action plan for future development. FD must not be disheartened if given advice on how to improve performance. Feedback is also an opportunity to reinforce good practice. FDs should actively seek out feedback and key elements of this should be recorded in their portfolio as SLEs. Supervisors should be able to deliver feedback honestly and with sensitivity to the doctor receiving it.

Advice on feedback can be found at https://www.aomrc.org.uk/reports-guidance/improving-feedback-reflection-improve-learning-practical-guide-trainees-trainers/

Assessment

Gathering Evidence

As outlined above, FPCs can be demonstrated via behaviour in the workplace (experiential learning), formal training sessions (direct learning) and personal study (self development). Evidence of performance in the clinical environment should form the majority of evidence collected, especially to support HLO 1 and HLO 2. Demonstration of HLO 3 will be largely evidenced by teaching records and reflection.

Evidence must be recorded in the ePortfolio from all placements undertaken to show learning and engagement with the programme and ability to practice in acute, chronic care and community settings. The ePortfolio must be kept up to date by the FD as they progress through the year. For each of the 13 FPCs, FD's are expected to provide enough evidence to demonstrate achievement of the curriculum requirements. For ideas/examples of evidence see appendix 3b of the curriculum document (NB: the doctor is not expected to demonstrate every example of behaviour listed under each FPC but must demonstrate that capability in a positive way).

The following summarises the types of evidence an FD will need to collect:

Formative Assessments

- Supervised Learning Events
- The Personal Learning Log
- The Summary Narrative and reflections
- Placement Supervision Group (PSG)
- Multisource feedback (TAB)

Summative Assessments

- Clinical Supervisor Reports
- Educational Supervisor Reports

Other requirements

- Prescribing Safety Assessment
- Feedback on the Foundation Programme
- Records for revalidation

Irrespective of the type of programme, the assessment strategy is the same for all FDs. All FDs should meet the same standard of assessment, however Deaneries/LETBs may make reasonable adjustments to ensure that every FD has appropriate opportunity meet the HLOs irrespective of their background or disability

Portfolio Evidence (Curriculum Linkage)

To demonstrate each FPC, the FD will link or 'map' evidence from a range of learning experiences. Each of the thirteen FPCs will need to be supported by adequate evidence in each year. Some FPCs may only require one or two pieces of evidence and some more. The requirement is for the FD to robustly demonstrate they are ready to be entrusted at the next level of training. The eportfolio will only allow a maximum of ten pieces of evidence to be linked under each FPC and will only allow one piece of evidence to be used three times. In selecting which evidence to link, the FD must:

- ❖ show capabilities across different healthcare settings: i.e. acute, non-acute and community
- ❖ include examples pertaining to physical and mental health; and the effect of social needs on health
- ❖ provide a range of evidence some of which must be from directly observed encounters with patients to confirm clinical capabilities and communication skills

Supervised Learning Events (SLEs)

SLEs are a record of feedback given from a workplace supervisor on a learning event. It is a method by which the FD can demonstrate progress in the clinical environment. Those supervising FDs should actively seek to provide feedback on their training.

In FP, the following SLEs are used:

- miniCEX – mini clinical encounter - direct observation of the FD undertaking an interaction while at work on the ward
- DOPS – direct observation of procedure – completion of which should, ideally, include observation of the explanation to the patient of why the procedure is being performed, the process of consent including an understanding of complications as well as technical capability of the procedure itself
- CBD – case-based discussion – the discussion of a case presentation after an (unobserved) encounter in the workplace environment
- LEARN – Learning encounter and reflection note – a form for recording the above and other forms of evidence such as performance in simulation
- Developing the Clinical Teacher – used for feedback on a formal teaching session or presentation the FD has delivered
- Leader - for recording feedback following an event where the FD has used leadership skills

There is no specific number of SLEs that need to be undertaken. However, FDs are required to provide enough evidence for each of the 13 FPCs and should use some of their SLEs for this purpose. As most of the FPCs are based on performance and behaviours in the workplace, SLEs provide the most useful evidence. This means that although SLEs undertaken in the workplace are formative assessments, FDs will be expected to choose some to include as evidence against the FPCs as summative assessments

A selection of SLEs showing good practice in a variety of settings and from all placements should be included. SLEs chosen should mostly represent direct observation and ‘real-time’ discussion of patient encounters in the workplace e.g. obtaining a history, examining a patient (mini-CEX) or performing a procedure (DOPS) but some might include a discussion that reveals the FD’s understanding of a patient episode such as may occur in the outpatient clinic, morning surgery or post-take ward round (CBD). Feedback from more senior professionals will carry more weight as evidence than from less experienced colleagues. FDs must present evidence from consultants and other senior professionals within their ePortfolio for consideration at ARCP.

As a guide, most FDs need to complete between 5 and 10 SLEs per four-month placement to ensure they have sufficient evidence. FD should discuss their plan for achieving SLEs with their supervisor at the start of each placement and which FPCs they plan to evidence that post. The clinical or educational supervisor may also direct the FD to carry out certain SLEs to aid development or, if necessary, to support remediation.

Personal Learning Log

The Personal Learning Log (PLL) is a record of the FDs non-experiential learning. FDs should record their attendance at delivered education - ‘core’ learning - which is specifically aimed at FDs and also record any non-core learning which they have attended e.g. departmental teaching. The learning can be face-to-face (which may

be via videoconferencing) or may be via online modules. Personal reading and reflection can also be counted as non-core learning.

The FD is required to log 60 hours of learning at each level of training of which up to 30 hours can be 'non-core learning'. The FD is largely expected to record learning delivered or undertaken in the workplace or on approved courses relevant to the curriculum rather than rely on learning undertaken outside working hours to support wellbeing. Learning activities from the PLL can be linked to the FPCs and submitted as part of the summative assessments. Although the requirement to undertake 30 hours can easily be achieved by recording time spent on intensive courses it is likely that if course time is included the FD will need to exceed the thirty hours to ensure that evidence is provided for all the FPCs.

Reflection

The GMC states that: '*Medicine is a lifelong journey, immensely rich, scientifically complex and constantly developing. It is characterised by positive, fulfilling experiences and feedback, but also involves uncertainty and the emotional intensity of supporting colleagues and patients. Reflecting on these experiences is vital to personal wellbeing and development, and to improving the quality of patient care. Experiences, good and bad, have learning for the individuals involved and for the wider system.'*

https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/reflective- practice/the-reflective-practitioner---guidance-for-doctors-and-medical-students

The importance of keeping a record of professional development activities and reflecting on them forms part of the GMC's Good Medical Practice. Seeking the feedback of others and reflecting on this are the cornerstones of strengthened medical appraisal and required of doctors at all levels and in all roles by the GMC to demonstrate ongoing fitness to practise.

Reflection is important for internalising learning and improving the care FDs provide. Reflection in the FP is carried out in a number of ways:

The Summary Narrative

The summary narrative is the main form of reflection required by FDs. It is a written reflection by the FD cataloguing their journey through the programme, reflecting on strengths and weaknesses to facilitate self-development. It is used to track progress and demonstrate excellence and designed to encourage positive reflection on progress globally rather than focusing on details of specific cases or incidents.

Towards the end of F1 and F2, prior to the final meeting with the ES, the FD is required to complete a written summary on their progress against each of the 3 HLOs (maximum 300 words) referring, if appropriate, to their choice of evidence to support achievement of the FPCs. The FD should be encouraged to start preparing a short summary of their progress with each of the HLOs at the end of each placement. This process should encourage them to critically review their curriculum

achievements and consider if they are making sufficient progress to demonstrate the HLOs.

The ES should provide feedback on progress with the narrative and help guide the preparation for the PDP for the next post. At the end of the next post the summary narrative may be built on as evidence of further progress. The FD should be encouraged not just to comment on fulfilling curriculum requirements and future training needs but also to identify where they have exceeded the requirements and demonstrate excellence.

FDs who require remediation for any reason they can use the narrative as a method of identifying progress. Detailed guidance on how to write the summary narrative is available on the UKFPO website and will be also provided in the ePortfolio guide.

Reflection on individual events

FDs are encouraged to record reflection on individual events and, there is opportunity to do this in the ePortfolio to consolidate good practice or to record lessons learned. If appropriate this record can be used as evidence against relevant FPCs. The AoMRC has produced a toolkit on reflective practice: http://www.aomrc.org.uk/wpcontent/uploads/2018/08/Reflective_Practice_Toolkit_AoMRC_CoPMED_0818.pdf

Team Assessment of Behaviour (TAB)

The TAB is a multisource feedback process whereby colleagues of the FD provide feedback on their attitudes, behaviours and professional skills. The TAB is used formatively to develop professional behaviours but a satisfactory TAB is a requirement to complete the ARCP process and the contents of the TAB inform the summative ESR.

Domains in the TAB on which FDs are rated include:

- Maintaining trust/professional relationships with patients
- Verbal communication skills
- Teamworking/working with colleagues
- Accessibility

The FD must complete a self-TAB before colleagues are invited to submit their own feedback. Approximately 15 raters are chosen by the FD and responses requested via the ePortfolio. A valid TAB must have a minimum of 10 responses and, unless the placement precludes it, these must be selected from particular staff groups

The mix of raters/assessors must include at least:

- ❖ 2 consultants or trained GPs. The named clinical supervisor should normally be used as an assessor
- ❖ 1 other doctor more senior than F2

- ❖ 2 Senior nurses including practice nurses and nurse practitioners (band 5 or above)
- ❖ 2 allied health professionals / other team members including ward clerks, secretaries, practice managers, other administrative and auxiliary staff

All responses must be gathered from a single placement. It is normally completed in the first placement of F1 and repeated in the first placement of F2. The results of the TAB are then discussed with the ES. Those reviewing the outcome of the TAB must ensure the feedback is appropriate, fair, non- judgemental and is free from bias. All FDs must have a 'satisfactory' TAB on at least one occasion in each level of training. Any TAB that is not deemed 'satisfactory' must be repeated in the next placement and should lead to an action plan recorded within the ePortfolio. Those with a satisfactory TAB can be asked to repeat the assessment if a concern about progress is raised or if the FD requires an extension to their training.

Placement Supervision Group

The PSG is a group of senior healthcare professionals nominated by the clinical supervisor to provide feedback on clinical performance to the FD and CS. The PSG ensures a broad range of healthcare professionals provide constructive senior feedback to FDs. Where possible, the clinical supervisor should identify these individuals to the FD. The PSG should provide feedback to the FD during the placement and, at the end of the placement should record this via a structured form.

The makeup of the PSG will vary depending on the placement but is likely to include:

- Doctors more senior than F2, including at least one consultant or GP principal
- Senior nurses including practice nurses or nurse practitioners (band 5 or above)
- Ward pharmacists
- Allied health professionals

In a general practice placement, the PSG may be limited to one or two GPs.

The roles of the PSG are:

- Observing the foundation doctor's practice in the workplace
- Undertaking and facilitating supervised learning events (SLEs)
- Providing contemporaneous feedback on practice to the foundation doctor
- Providing structured feedback to the clinical supervisor
- Raising concerns immediately if unsatisfactory performance by the foundation doctor has been identified.

The CS should also use the PSG feedback when compiling their CS report. This is important because, within any placement, an individual healthcare professional is unlikely to build up a coherent picture of the overall performance of an individual foundation doctor. A PSG should be involved in each of the FD's CSRs but, at a

minimum, formal PSG feedback must be involved in one report for each level of the foundation training.

It is the responsibility of the CS to request the formal feedback from the PSG for inclusion in the CSR.

Where there are significant concerns raised by the PSG about a FD's performance in one placement, at least one more CSR supported by evidence from a PSG must be completed before the next critical progression point.

Prescribing Safety Assessment

Prescribing is a fundamental part of the work of foundation doctors, who write and review many prescriptions each day. The Prescribing Safety Assessment allows candidates to demonstrate their competencies in relation to the safe and effective use of medicines.
To complete F1, the FD must have passed the PSA within the two years prior to entry into the programme or hold a valid pass certificate on completion of F1.

Supervisor Reports

The Clinical Supervisor Report (CSR)

The CSR is a judgement by the CS of whether the FD will achieve the HLOs for that training year based on the capabilities they have demonstrated in their placement. The judgement will be based on review of several sources of evidence including:

- Direct observation of practice in the workplace by the CS
- Feedback from the PSG - this is mandatory at least once for each level of training
- Evidence of achievement of curriculum outcomes recorded in the ePortfolio including adequate completion of SLEs to demonstrate learning
- Evidence of engagement with the learning process recorded in the ePortfolio
- The FD's attendance record
- Any incidents or investigations in which the FD has been involved

The CSR will use the following ratings: no concern, some concern, major concern.

No concern: the FD is on track to satisfy the requirements of the programme at the next critical progression point
Some concern: there are some indicators that suggest the FD may not have achieved all the curriculum outcomes by the next critical progression point. This is likely to include FDs who have few entries in their portfolio or have demonstrated behaviours in the workplace that have required more formal discussion.
Major concerns: there are multiple indicators that suggest the FD will not have achieved all the curriculum outcomes by the next critical progression point or evidence that the FD's practice presents a significant risk to patients or colleagues or, in some cases where the FD has been found guilty of misconduct.

Explanatory comments must be entered to justify the rating. The CSR should comment on:

- Evidence of the foundation doctor's personal and professional development as a result of feedback and reflection
- Any demonstration of excellence in the FD's practice
- Any concerns regarding this foundation doctor's practice
- Targets for future development including a plan to address any concerns

If there is any concern that the FD's performance will not meet the expected minimum requirements for sign off for any of the FPCs this must be discussed, support offered and a remedial action plan with specific outcomes recorded in the ePortfolio. The CS should also inform the ES.

Over the FP, the CSRs in the ePortfolio thus provide robust evidence of capability in a broad range of clinical settings.

Educational Supervisor Reports (ESRs)

The judgement of the ES will be based on review of several sources of evidence including:

- Clinical supervisor's report (The ES will sometimes also be the clinical supervisor and then will complete both reports)
- Team Assessment of Behaviour (TAB)
- Evidence the FD has engaged with the training ePortfolio to show progress against the 13 FPCs
- Pro-rata completion of SLEs to demonstrate learning
- Satisfactory attendance at delivered 'core' learning
- Satisfactory record of non-core learning
- Satisfactory reflection including the summary narrative
- Satisfactory engagement with feedback to the programme
- Attendance record
- Any involvement of the FD in investigations or significant events
- Progress against any remedial action plan

In line with the CSR, the ESR will use the following ratings: no concern, some concern, major concern. Explanatory comments must be entered to justify the rating.

Practice will be reviewed and a record of discussion regarding the progress will be recorded. If there is any concern that the FD's performance will not meet the expected minimum requirements for sign off for any of the FPCs this must be discussed, support offered and a remedial action plan recorded in the ePortfolio. The ES may need to consider informing the FTPD.

In the third placement, instead of the end of placement ESR, the ES will complete the 'ES end of year report' which uses the same sources of evidence as the ESR but also takes into account:

- The FD's completed summary narrative on their progress
- Any specific nationally agreed ARCP requirement dictated by a national government that differs from the standard UKFP ARCP outcomes
- Evidence submitted by the FD via the eportfolio as evidence of achieving the 13 FPCs.

In this report, the ES is making a recommendation to the ARCP panel on whether or not they should award the FD a successful ARCP outcome based on whether the FD has shown that they have demonstrated the 13 FPCs to a sufficient level and are on track to fulfil the 3 HLOs of the FP.

ARCP

Towards the end of each year, the FD's ePortfolio is submitted to the Annual Review of Competency Progression (ARCP) panel which decides if the FD has achieved the curriculum requirements and will progress to the next level of training. For the vast majority of FDs, the panel will convene in June. Where a FD has undertaken an extension or is working LTFT, the panel will still conduct a review annually but a further panel will need to convene when the FD is approaching a critical progression point.

The ARCP panel will make their decision based on feedback and evidence selected by the FD from the ePortfolio to be put forward for summative assessment. There is no fixed number of pieces of evidence required for each FPC, only that the FD will provide sufficient evidence to demonstrate each of the FPCs.

The following summative assessments will be used at each critical progression point to inform the decision:

- Clinical supervisor end of placement reports -1 per post
- Educational supervisor report- 1 per post (except final post)
- Educational supervisor end of year report (provided for final post) (in Scotland satisfactory FTPD report)
- Team assessment of behaviours minimum of 1 per training year
- Placement Supervision Group report (minimum 1 per year)
- Prescribing safety assessment (PSA) valid on entry or passed by the end of F1
- Reports of any additional meetings between the FD and supervisors
- Attendance record
- Any specific national requirements approved by the UKFP Board
- The ePortfolio evidence provided by the FD which must demonstrate:
    - A contemporaneously completed ePortfolio, engagement with feedback on training and the necessary records for revalidation
    - Curriculum coverage with range of evidence to confirm achievement of each of the 3 HLOs
        - evidence linked to each FPC (including the specific skills in FPC2)
        - reflective practice including summary narratives for each HLO

The ARCP panel judgment will include review of any concerns which have been raised submitted by the FD via the 'Form R' or equivalent and attendance record. Although the FP is UK wide, there are a small number of regional differences based on the requirements of the devolved governments that mean the criteria used for ARCP vary slightly between the 4 nations of the UK. FDs and educators should ensure they are familiar with these in good time to ensure FDs are fully prepared for the ARCP process. Full guidance on the ARCP process including the management of FDs who receive unfavourable outcomes is available in the 'Guide for Foundation Training in the UK' https://www.foundationprogramme.nhs.uk/wp-content/uploads/sites/2/2019/10/FoundationGuideTraining_Sept19_Update.pdf. There is an appeals mechanism for FDs who have not satisfied the requirements and/or are disputing judgements of performance.

A checklist of ARCP requirements is given at the end of this document.

Foundation year 1 (F1)

A satisfactory ARCP outcome will lead to the award of Foundation Year 1 Certificate of Completion (F1CC) which will inform the medical school to complete and issue the GMC Certificate of Experience. Once the certificate is issued, the foundation doctor is eligible to apply for full registration with the GMC. If an F1 doctor appeals the outcome of an unsuccessful ARCP the appeal may involve the medical school if the FD is a UK graduate.

Foundation year 2 (F2)

A satisfactory ARCP outcome will lead to the award of a Foundation Programme Certificate of Completion (FPCC) which will allow the foundation doctor to be eligible to apply to enter core, specialty or general practice training.

Management of Poor Performance

Each year, some FDs will not be able to demonstrate the FPCs due to poor performance or inadequate evidence. This may be due to ill health or other issues resulting in decreased training time. FDs are encouraged to engage with their ES as early as possible in these circumstances to help address the problems or make supportive adjustments in order to progress. Some trainees may need extensions to training to allow completion of the curriculum requirements.

In each individual placement, the CS provides feedback to the FD regarding whether or not they demonstrated the expected behaviours and where this may impact the overall progress trajectory. This must be recorded in the ePortfolio. The ES and FTPD decide if all the FPCs have been sufficiently demonstrated in the context of the whole training year.

Where the FPCs have not been clearly demonstrated or repeated or significant undesirable behaviours have been observed, this should be addressed and will trigger an extension to training or in some cases, termination of training.

Failure to progress at each stage has significant impact on the FD. This emphasises the importance of support and regular feedback to pinpoint areas of development to allow to FD to address these in good time and progress to the next training stage. Concerns should be raised as soon as possible by the FD themselves or their supervisors.

Supervisors must have an understanding of the difficulties that may be faced by FDs, in particular those from certain backgrounds including doctors from overseas, those training LTFT and those with protected characteristics that may need targeted support.

If concerns are raised that the performance of the FD is a risk to the safety of patients training may need to be suspended. This is usually a decision made jointly between the clinical team, clinical or medical director and the FTPD under guidance from the PG dean. If less significant concerns are raised the CS can escalate concerns to the ES and, subsequently the FTPD.

A record of any additional meetings that pertain to the need to provide any extra support to a FD or remove the FD from a training environment should be made in the eportfolio. Action plans for remediation should be specific, measurable, achievable by a doctor capable of meeting the outcomes of the programme, realistic and timebound.

ARCP CHECKLIST

Requirement	Standard
Provisional registration and a licence to practise with the GMC (F1 only) Full registration and a licence to practise with the GMC (F2 only)	To undertake the first year of the foundation programme, doctors must be provisionally registered with the GMC and hold a licence to practise. In exceptional circumstances (e.g. refugees), a fully registered doctor with a licence to practise may be appointed to the first year of a foundation programme. To undertake the second year of the foundation programme, doctors must be fully registered with the GMC and hold a licence to practise.
Completion of 12 months' (WTE) training (taking account of allowable absence)	The maximum permitted absence from training, other than annual leave, is 20 days (when the doctor would normally be at work) within each 12-month (WTE) period of the foundation programme. Where a doctor's absence goes above 20 days, this will trigger a review of whether they need to have an extra period of training (see GMC position statement on absences from training in the foundation programme – June 2013).
A satisfactory educational supervisor's end of year report	The report should draw upon all required evidence listed below. If the FD has not satisfactorily completed one placement but has been making good progress in other respects, it may still be appropriate to confirm that the FD has met the requirements for progression.
Satisfactory educational supervisor's end of placement reports	An educational supervisor's end of placement report is required for all FD placements EXCEPT for the last FD placement at each level of training. The educational supervisor's end of year report replaces this.
Satisfactory clinical supervisor's end of placement reports	A clinical supervisor's end of placement report is required for ALL placements. At least one CSR in each level of training must make use of PSG feedback. All of the clinical supervisor's end of placement reports must be completed before the doctor's Annual Review of Competence Progression (ARCP).
Satisfactory team assessment of behaviour (TAB)	Minimum of one per level of training.
Satisfactory placement supervision group report (PSG)	Minimum of one per level of training.
Satisfactory completion of all curriculum outcomes	The FD should provide evidence that they have met the 13 foundation professional capabilities, recorded in the e-portfolio. Evidence to satisfy FPC1-5 must include direct observation of at least five clinical encounters in the form of SLEs, and the specific life support capabilities specified in FPC2.

Requirement	Standard
Satisfactory engagement with the programme	Personal learning log of core/non-core teaching/and other learning Reflection including summary narrative Contemporaneously developed portfolio Engagement with feedback on training programme Completion of relevant probity/health declarations including Form R/ SOAR or equivalent
Successful completion of the Prescribing Safety Assessment (PSA) (F1 only)	The F1 doctor must provide evidence that they have passed the PSA within two years prior to entry to the programme or on completion of the programme.
Evidence of completion of additional requirements set by HEE/NES/NIMDTA/HEIW and approved by UKFP Board	