

**FOUNDATION PROGRAMME ARCP REVIEW Checklist 2025-26 F1 TRUST (circle) B N S SE W**

To be completed by the Foundation Doctor Only

This form will be used to give feedback to the foundation doctor and their named Educational and Clinical Supervisors

Foundation Doctor's Full Name \_\_\_\_\_ GMC Number \_\_\_\_\_ **F1 Doctor**  
*(as per your GMC Registration)*

Foundation Programme Director \_\_\_\_\_ Named Foundation Educational Supervisor \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

	Time Period of Placement (e.g. Aug – Dec)	Specialty	Name of Clinical Supervisor
1			
2			
3			

<b>Personal Contact Details</b>					
<i>Up to date &amp; fully completed on TURAS e-Portfolio</i>					
<b>Number of days absent as per rota</b>					
<b>Absences form completed &amp; submitted</b>					

**It is imperative that your portfolio is completed in a contemporaneous manner**

Requirements for completion of F1	Red (not completed)	Amber (partly completed)	Green Complete	No concerns	Feedback Comments Use this area to record formative feedback and useful comments (Please indicate - Above expectations/ Excellent)
<b><i>First Placement</i></b>					
Clinical supervisor <b>induction</b> meeting (within 3 weeks of starting placement)					
Educational supervisor <b>initial</b> meeting with creation of PDP (within the first 4 weeks of the placement).					
<b>SLEs (Timely engagement and varied assessors)</b> There are no specific numbers of SLEs to be undertaken. However enough evidence must be provided to achieve the 13 FPCs. SLEs provide the most useful evidence. As a guide 1 SLE per week should be achieved. These should represent evidence of acute, chronic and community care across the physical, social and mental health domains					
Direct observation of doctor/patient interaction <ul style="list-style-type: none"> <li>• <b>Mini-CEX (obtaining a history and examination of patient)</b></li> <li>• <b>DOPS (performing a procedure)</b></li> </ul> <i>Observations should be spread across all placements</i>					
Unobserved patient encounter <ul style="list-style-type: none"> <li>• <b>Case-based discussion (CBD)</b></li> </ul> <i>CBDs should be spread across all placements</i>					
<b>Team Assessment of Behaviour (TAB)</b> <ul style="list-style-type: none"> <li>➤ <i>Include all Clinical Supervisors and Educational Supervisor (Preferably completed in placement 1)</i></li> <li>➤ <b>Released and discussed with doctor concerned*</b></li> </ul>					If Concerns on TAB this must be discussed early and notified appropriately to NIFS via FPD. <b>*An unsatisfactory TAB will require a repeat TAB which must be satisfactory.</b>
Number of hours of attendance at delivered <b>core teaching</b> (total minimum 30 hours per year) including simulation training.					
Number of hours of attendance at <b>non-core teaching</b> (total minimum 30 hours per year)					
Evidence of reflective practice (including Summary Narratives for HLOs)					
Satisfactory <b>Clinical</b> supervisor's end of placement report					
Satisfactory <b>Educational</b> supervisor's end of placement report					
ES progress rating completion (Placement 1)					

	Red (not completed)	Amber (partly completed)	Green Complete	No concerns	<b>Feedback Comments</b> Use this area to record formative feedback and useful comments (Please indicate - <b>Above expectations/ Excellent</b> )
<b><i>Second placement</i></b>					
Clinical supervisor <b>induction</b> meeting (within 3 weeks of starting placement)					
Educational supervisor <b>initial</b> meeting with creation of PDP (within the first 4 weeks of the placement).					
<b>SLEs (Timely engagement and varied assessors)</b> There are no specific numbers of SLEs to be undertaken. However enough evidence must be provided to achieve the 13 FPCs. SLEs provide the most useful evidence. As a guide 1 SLE per week should be achieved. These should represent evidence of acute, chronic and community care across the physical, social and mental health domains					
Direct observation of doctor/patient interaction <ul style="list-style-type: none"> <li>• <b>Mini-CEX (obtaining a history and examination of patient)</b></li> <li>• <b>DOPS (performing a procedure)</b></li> </ul> <i>Observations should be spread across all placements</i>					
Unobserved patient encounter <ul style="list-style-type: none"> <li>• <b>Case-based discussion (CBD)</b></li> </ul> <i>CBDs should be spread across all placements</i>					
<b>Placement Supervision Group report</b> <ul style="list-style-type: none"> <li>➤ <i>Minimum 1 per year, ideally completed in 2<sup>nd</sup> placement</i></li> <li>➤ <b>Released and discussed with doctor concerned**</b></li> </ul> <i>NB: PSG report should be completed via the PSG tab in the portfolio <b>NOT</b> via the CSR</i>					If Concerns note in PSG report this must be discussed early and notified appropriately to NIFS via FPD. <b>**An unsatisfactory PSG will require a repeat PSG which must be satisfactory.</b>
Number of hours of attendance at delivered <b>core teaching</b> (total minimum 30 hours per year) including simulation training.					
Number of hours of attendance at <b>non-core teaching</b> (total minimum 30 hours per year)					
Evidence of reflective practice (including Summary Narratives for HLOs)					
Satisfactory <b>Clinical</b> supervisor's end of placement report					
Satisfactory <b>Educational</b> supervisor's end of placement report					

ES progress report completion (Placement 2)					
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	Red (not completed)	Amber (partly completed)	Green Complete	No concerns	<b>Feedback Comments</b> Use this area to record formative feedback and useful comments (Please indicate - <b>Above expectations/ Excellent</b> )
<b><u>Third placement</u></b>					
Clinical supervisor <b>induction</b> meeting (within 3 weeks of starting placement)					
Educational supervisor <b>initial</b> meeting with creation of PDP (within the first 4 weeks of the placement).					
<b>SLEs (Timely engagement and varied assessors)</b> There are no specific numbers of SLEs to be undertaken. However enough evidence must be provided to achieve the 13 FPCs. SLEs provide the most useful evidence. As a guide 1 SLE per week should be achieved. These should represent evidence of acute, chronic and community care across the physical, social and mental health domains.					
Direct observation of doctor/patient interaction <ul style="list-style-type: none"> <li><b>Mini-CEX (obtaining a history and examination of patient)</b></li> <li><b>DOPS (performing a procedure)</b></li> </ul> <i>Observations should be spread across all placements</i>					
Unobserved patient encounter <ul style="list-style-type: none"> <li><b>Case-based discussion (CBD)</b></li> </ul> <i>CBDs should be spread across all placements</i>					
Number of hours of attendance at delivered <b>core teaching</b> (total minimum 30 hours per year) including simulation training.					
Number of hours of attendance at <b>non-core teaching</b> (total minimum 30 hours per year)					
Evidence of reflective practice					
Satisfactory <b>Clinical</b> supervisor's end of placement report					
Satisfactory <b>Educational</b> supervisor's end of <b>year</b> report					

ES progress report (Placement 3)					
<b>To be completed throughout the year as SLE evidence towards achieving HLOs (not mandatory)</b>					
<b>Developing the Clinical Teacher</b> with feedback					
<b>LEARN</b> (learning encounter and reflection note)					
<b>LEADER</b> (recording feedback following demonstration of leadership skills)					
<b>Summary narrative completion:</b>  <b>Higher Level Outcome 1:</b> An Accountable, capable and compassionate doctor. <b>Higher Level Outcome 2:</b> A valuable member of the healthcare workforce. <b>Higher Level Outcome 3:</b> A professional, responsible for their own practice and portfolio development.					
<b>Demonstration of the 13 Foundation Professional Capabilities.</b> <i>Evidence for each to be uploaded in portfolio</i>					
<b>HLO 1: An Accountable, capable and compassionate doctor.</b>  <i>Evidence to satisfy FPC 1-5 must include direct observation of at least 5 clinical encounters in the form of SLEs</i>					
FPC 1 – Clinical assessment					
FPC 2 – Clinical Prioritisation – <b>to include evidence of specific life support capabilities.</b>					ALS is <b>not</b> mandatory but if completed can be used to evidence FPC2.
FPC 3 – Holistic Planning					
FPC 4 – Communication and care					
FPC 5 – Continuity of care					

	<b>Red (not completed)</b>	<b>Amber (partly completed)</b>	<b>Green Complete</b>	<b>No concerns</b>	<b>Feedback Comments</b> Use this area to record formative feedback and useful comments (Please indicate - <b>Above expectations/ Excellent</b> )
<b>HLO 2: A valuable member of the healthcare workforce.</b>					
FPC 6 – Sharing the vision					
FPC 7 – Fitness to practice					
FPC 8 – Upholding values					
FPC 9 – Quality Improvement					
FPC 10 – Teaching the teacher					
<b>HLO 3: A professional, responsible for their own practice and portfolio development</b>					
FPC 11 – Ethics and law					
FPC 12 – Continuing professional development					
FPC 13 – Understanding medicine					
<b>Core Foundation Learning Topics</b> <ol style="list-style-type: none"> <li>1. Health promotion and public health</li> <li>2. Careers guidance</li> <li>3. Quality Improvement methodology</li> <li>4. Patient Safety</li> <li>5. Teamwork, communication &amp; leadership</li> <li>6. Mental health and mental illness</li> <li>7. Mental Capacity</li> <li>8. Breaking Bad News &amp; End of life care</li> <li>9. Professionalism and GMC guidance (non-Core)</li> <li>10. Safeguarding</li> <li>11. Acute on chronic illness and frailty</li> <li>12. Appraisal of Evidence</li> <li>13. High Risk Prescribing</li> </ol>					

14. Teaching Skills 15. The Digital Agenda					
<b>Completion of key SCRIPT modules. Mandatory for F1 doctors who have not yet passed PSA, but highly recommended for all F1s to complete in the first placement.</b> <ol style="list-style-type: none"> <li>1. Formulation: An Overview for Prescribers</li> <li>2. Dosing and calculation</li> <li>3. Prescribing in Infection</li> <li>4. Sepsis in hospital</li> <li>5. Fluids: Practical Prescribing for Adults</li> <li>6. Medical emergencies in Diabetes</li> <li>7. Diabetes: Insulin Part 1</li> <li>8. Diabetes: Insulin Part 2</li> <li>9. Hepatic Dysfunction</li> <li>10. Renal Dysfunction</li> <li>11. Older People</li> <li>12. Perioperative Prescribing</li> <li>13. Anticoagulation: Vitamin K Antagonists</li> <li>14. Anticoagulation: DOACs and Parenteral Anticoagulation</li> </ol>					
<b>Successful completion of the Prescribing Safety Assessment (PSA)</b>					
<b>Probity and Health Declarations signed</b>					
<b>Engagement with feedback on the training programme</b> (e.g. GMC survey completion)					
<b>Enhanced Form R</b> completed fully					

**Outcomes of Foundation F1 ARCP:**

**Outcome 1**

**Recommended to Foundation School F1CC and Certificate of experience for full GMC registration to progress to F2**

**Outcome 3**

**Additional period of training required**

**Outcome 4**

**Released from the training programme  
(F1 is referred to GMC in conjunction with Medical School of Graduation)**

**Outcome 5**

**Unsatisfactory or Insufficient Evidence  
(In this instance incomplete evidence has been presented by the Foundation doctor and an additional training time may be required to facilitate production of the required evidence.)**