

FOUNDATION PROGRAMME ARCP REVIEW Checklist 2025-2026 F2 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 _____ **F2 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			

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

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

Requirements for completion of F2	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)
<i>First Placement</i>					
Clinical supervisor induction meeting (within 3 weeks of starting placement)					
Educational supervisor initial meeting with creation of PDP (within the first 4 weeks of the placement).					
SLEs (Timely engagement and varied assessors) 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"> • Mini-CEX (obtaining a history and examination of patient) • DOPS (performing a procedure) <i>Observations should be spread across all placements</i>					
Unobserved patient encounter <ul style="list-style-type: none"> • Case-based discussion (CBD) <i>CBDs should be spread across all placements</i>					
Team Assessment of Behaviour (TAB) <ul style="list-style-type: none"> ➤ <i>Include all Clinical Supervisors and Educational Supervisor (Preferably completed in placement 1)</i> ➤ Released and discussed with doctor concerned* 					If Concerns on TAB this must be discussed early and notified appropriately to NIFS via FPD. *An unsatisfactory TAB will require a repeat TAB which must be satisfactory.
Number of hours of attendance at delivered core teaching (total minimum 30 hours per year) including simulation training					
Number of hours of attendance at non-core teaching (total minimum 30 hours per year)					
Evidence of reflective practice (including Summary Narratives for HLOs)					
Satisfactory Clinical supervisor's end of placement report					
Satisfactory Educational supervisor's end of placement report					
ES progress report (Placement 1)					

	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)
<i>Second placement</i>					
Clinical supervisor induction meeting (within 3 weeks of starting placement)					
Educational supervisor initial meeting with creation of PDP (within the first 4 weeks of the placement).					
SLEs (Timely engagement and varied assessors) 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"> • Mini-CEX (obtaining a history and examination of patient) • DOPS (performing a procedure) <i>Observations should be spread across all placements</i>					
Unobserved patient encounter <ul style="list-style-type: none"> • Case-based discussion (CBD) <i>CBDs should be spread across all placements</i>					
Placement Supervision Group report <ul style="list-style-type: none"> ➤ <i>Minimum 1 per year, ideally completed in 2nd placement</i> ➤ Released and discussed with doctor concerned** <i>NB: PSG report should be completed via the PSG tab in the portfolio NOT via the CSR</i>					If Concerns note in PSG report this must be discussed early and notified appropriately to NIFS via FPD. **An unsatisfactory PSG will require a repeat PSG which must be satisfactory.
Number of hours of attendance at delivered core teaching (total minimum 30 hours per year) including simulation training					
Number of hours of attendance at non-core teaching (total minimum 30 hours per year)					
Evidence of reflective practice (including Summary Narratives for HLOs)					
Satisfactory Clinical supervisor's end of placement report					
Satisfactory Educational supervisor's end of placement report					
ES progress report (Placement 2)					

	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)
<u>Third placement</u>					
Clinical supervisor induction meeting (within 3 weeks of starting placement)					
Educational supervisor initial meeting with creation of PDP (within the first 4 weeks of the placement).					
SLEs (Timely engagement and varied assessors) 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"> Mini-CEX (obtaining a history and examination of patient) DOPS (performing a procedure) <i>Observations should be spread across all placements</i>					
Unobserved patient encounter <ul style="list-style-type: none"> Case-based discussion (CBD) <i>CBDs should be spread across all placements</i>					
Number of hours of attendance at delivered core teaching (total minimum 30 hours per year) including simulation training					
Number of hours of attendance at non-core teaching (total minimum 30 hours per year)					
Evidence of reflective practice					
Satisfactory Clinical supervisor's end of placement report					
Satisfactory Educational supervisor's end of year report					
ES progress report (Placement 3)					

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

	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)
HLO 2: A valuable member of the healthcare workforce.					
FPC 6 – Sharing the vision					
FPC 7 – Fitness to practice					
FPC 8 – Upholding values					
FPC 9 – Quality Improvement					
FPC 10 – Teaching the teacher					
HLO 3: A professional, responsible for their own practice and portfolio development					
FPC 11 – Ethics and law					
FPC 12 – Continuing professional development					
FPC 13 – Understanding medicine					
Core Foundation Learning Topics (FLiGHT Foundation Learning in Generic Hot Topics) <ol style="list-style-type: none"> 1. Health promotion and public health 2. Careers guidance 3. Quality Improvement methodology 4. Patient Safety 5. Teamwork, communication & leadership 6. Mental health and mental illness 7. Mental Capacity 8. Breaking Bad News & End of life care 9. Professionalism and GMC guidance (non-Core) 10. Safeguarding 11. Acute on chronic illness and frailty 					Attendance at FLiGHT modules allows completion of learning in core topics which is a requirement for successful ARCP outcome. Should circumstances arise that you are unable to attend a pre-booked module, you should provide alternative evidence of completion of learning in that topic on your portfolio (eg eLfH module)

12. Appraisal of Evidence 13. High Risk Prescribing 14. Teaching Skills 15. The Digital Agenda					
Engagement with feedback on the training programme (e.g. GMC survey completion)					
Probity and Health Declarations signed					
Enhanced Form R completed fully					

Outcomes of Foundation F2 ARCP:

Outcome 6

**Recommended to Foundation School for Completion of
Foundation Programme Certificate of Completion Document (FPCC)
[Completion of two year Foundation Training Programme]**

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.)**