

Educational Supervisor's End of Placement Report (please refer to the [guidance](#))

Name of Foundation Doctor:	
GMC Number:	
Training period from:	
Training period to:	
Local Education Provider:	
Speciality:	

Evidence considered and assessment ratings throughout placement:-

Evidence	Assessment Rating		
	No Concern	Some Concern	Major Concern
Assessments			
Clinical Supervisors' end of placement report			
TAB			
Core procedures			
Engagement in Learning			
ePortfolio meeting curriculum requirements			
Engagement in supervised learning events			
Attendance at formal educational events			
Assessments			

Details of Concerns / Investigations:-

Are you aware if this trainee has been involved in any conduct, capability or Serious Untoward Incidents/ Significant Event Investigation or named in any complaint?	Yes / No	Comments

Overall Assessment:-

	Assessment Rating		
	No Concern	No Concern	No Concern
How has the foundation doctor performed in this placement?			

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

--

Does this foundation doctor satisfy the expected outcomes of this placement, at this stage of training?	Yes	No
----------------------------------------------------------------------------------------------------------------	------------	-----------

Your judgement reflects whether the foundation doctor is on track to meet or exceed the minimum expected levels performance required for sign off in each of the 20 foundation professional capabilities at the end of the year.

Please provide comments.

--

Educational Supervisor Details:-

Name:	
GMC Number:	
Email Address:	