

### F1/F2 ARCP processes and supporting e-portfolio resources

This paper provides an overview of the ARCP information flow and samples of the ARCP forms that are due to be hosted within the foundation e-portfolio products.

Please note that as these forms are provided in paper format, much of the pre-populated for information and electronic functionality cannot be displayed (e.g. drop down boxes etc)

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**How the e-portfolio can help:**

**Throughout the foundation year**  
 Assessments, supervised learning events, reflections and meetings conducted as per the FP Curriculum 2012 and Reference Guide framework. All evidence to be contemporaneously recorded within the e-portfolio.

The following resources may be useful to monitor and target specific learning activities throughout the year:

- Target timeline – a guide on the expected rate of progression.
- PDP - to plan learning and identify areas for development
- 'Curriculum Overview page' – a record which Curricular outcomes have/ yet to be achieved to meet the syllabus requirements.

**Towards the end of F1/F2 year & in preparation for ARCP**  
 'Educational Supervisor's End of Year Report' is completed. ('ES End of Year Report' supersedes completion of an 'ES End of placement report' for final placement)  
 Foundation doctor to complete the 'Foundation Form R' as part of the ARCP/revalidation process. This form must be available for the panel to consider at the time of ARCP review.  
 Foundation schools/deanery to publish ARCP timetable; providing a minimum of 6 weeks notice for foundation doctors to complete/finalise their e-portfolios ready for review.

'Foundation Form R' is accessible via the e-portfolio, with many data fields being auto-populated for the doctors convenience. A paper version is also available via the UKFPO website.  
 A message to notify each doctor of the ARCP review date could be posted via the e-portfolio.

**ARCP review period**  
 Each e-portfolio to be reviewed by ARCP panel.  
 An ARCP outcome code is assigned and recorded in e-portfolio.

ARCP resources such as 'Review of F1/F2 evidence' may be useful to the panel for providing a quick link to evidence as mapped to the table of satisfactory requirements for successful completion of F1/F2 (Ref Guide 2012).  
 The ARCP outcome report form is dynamic. Many data fields will be auto-populated for convenience. The form also provides drop-down menus to capture specific GMC required data (if the GMC supplementary codes are not relevant, these will not appear).

ARCP outcome:  
**Satisfactory / Recommended** for sign-off

ARCP outcome:  
**Unsatisfactory / Not recommended** for sign off  
 It may be necessary to schedule a further ARCP review for a later date.

ARCP outcome:  
**Not reviewed** e.g. TOFP, doctor on long term sick

A report of all ARCP outcomes should be available. This report can be verified and used to auto generate the Attainment of F1 competence certificate (F1)/ FACD (F2).  
 The option to manually sign or apply a pre-stored electronic signature to the certificate is offered. The certificate can be printed onto local, letter headed paper.

ARCP outcome form will present a list of reasons to explain why the doctor has made unsatisfactory progress (i.e. a list of 'supplementary U codes' will be presented for selection).

ARCP outcome form will present a list of reasons to explain why the doctor was not subject to a satisfactory or unsatisfactory outcome (i.e. a list of 'supplementary N codes' will be presented for selection).

**GMC Annual Deanery Reporting Period / UKFPO Annual Report data**  
 As part of the GMC Annual Deanery Report data set, the GMC requires all ARCP outcome codes for each foundation doctor.  
 ARCP data within the e-portfolio may also be used to help inform sections of the UKFPO Annual Report.

It is intended that the GMC, UKFPO and NES e-portfolio produce a report of ARCP data, as matched to the GMC ADR data set. This should reduce duplication of data collection and feed directly into the GMC reporting requirements/format.

## Educational supervisor's end of YEAR report

|                                   |  |                    |  |
|-----------------------------------|--|--------------------|--|
| <b>Name of foundation doctor:</b> |  | <b>GMC number:</b> |  |
| <b>Training period From:</b>      |  | <b>To:</b>         |  |
| <b>Local education provider:</b>  |  | <b>Specialty:</b>  |  |

| <b>Evidence considered and assessment ratings throughout F1:</b> | Excellent | No concern | Some concern | Major concern | Unable to comment | Please provide comment on any areas of excellence or concern |
|--|-----------|------------|--------------|---------------|-------------------|--|
| Assessments:   |           |            |              |               |                   |  |
| Clinical supervisor's end of placement report*                   |           |            |              |               |                   |  |
| TAB  |           |            |              |               |                   |  |
| Core Procedures  |           |            |              |               |                   |  |
| Engagement in learning:**  |           |            |              |               |                   |  |
| E-portfolio  |           |            |              |               |                   |  |
| Engagement in supervised learning events (SLEs)                  |           |            |              |               |                   |  |
| Attendance at formal educational events                          |           |            |              |               |                   |  |

\*The inclusion of a clinical supervisor's end of placement report is mandatory, but in exceptional circumstances where this is not possible, the educational supervisor has responsibility for completing as much of the clinical supervisor's report as possible.

\*\* This means serial engagement throughout the placement

| <b>Details of concerns/investigations:</b>   |                |
|--|----------------|
| 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? | <b>Yes/ No</b> |
| If so are you aware if it has/ these have been resolved satisfactorily with no unresolved concerns about a trainee's fitness to practice or conduct?                 | <b>Yes/No</b>  |
| Comments, if any:  |                |
| The section below is only applicable for the Clinical/Educational Supervisor of a GP trainee in a primary care placement:  |                |
| If there is an unresolved concern or conduct, capability/ SUI investigation or a complaint for this trainee please complete the Exception Exit Report and notify the |                |

Deanery

| Overall assessment: | Excellent | No concern | Some concern | Major concern |
|---------------------|-----------|------------|--------------|---------------|
|                     |           |            |              |               |

|   |                              |                             |
|---|------------------------------|-----------------------------|
| <b>Has the doctor met the satisfactory requirements for completion of F1?</b> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|---|------------------------------|-----------------------------|

|   |  |
|---|--|
| <b>Overall comment:</b><br>(An overall comment on this doctor's performance and assessment is required. Please ensure that any areas of concerns or excellence are fully explained) |  |
|---|--|

Comment on other achievements of the foundation doctor

Comment on any areas for future development that need to be prioritised

Any other comments

**Signed by educational supervisor:**

|                                 |             |
|---------------------------------|-------------|
| Name of educational supervisor: | GMC number: |
|---------------------------------|-------------|

|            |       |
|------------|-------|
| Signature: | Date: |
|------------|-------|

## Educational supervisor's end of YEAR report

|                                   |  |                    |  |
|-----------------------------------|--|--------------------|--|
| <b>Name of foundation doctor:</b> |  | <b>GMC number:</b> |  |
| <b>Training period From:</b>      |  | <b>To:</b>         |  |
| <b>Local education provider:</b>  |  | <b>Specialty:</b>  |  |

| <b>Evidence considered and assessment rating throughout F2:</b> | Excellent | No concern | Some concern | Major concern | Unable to comment | Please provide comment on any areas of excellence or concern |
|---|-----------|------------|--------------|---------------|-------------------|--|
| Assessments:  |           |            |              |               |                   |  |
| Clinical supervisor's end of placement report*                  |           |            |              |               |                   |  |
| TAB   |           |            |              |               |                   |  |
| Core Procedures   |           |            |              |               |                   |  |
| Engagement in learning:**                                       |           |            |              |               |                   |  |
| E-portfolio   |           |            |              |               |                   |  |
| Engagement in supervised learning events (SLEs)                 |           |            |              |               |                   |  |
| Attendance at formal educational events                         |           |            |              |               |                   |  |

\*The inclusion of a clinical supervisor's end of placement report is mandatory, but in exceptional circumstances where this is not possible, the educational supervisor has responsibility for completing as much of the clinical supervisor's report as possible.

\*\* This means serial engagement throughout the placement

| <b>Details of concerns/investigations:</b>   |                |
|--|----------------|
| 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? | <b>Yes/ No</b> |
| If so are you aware if it has/ these have been resolved satisfactorily with no unresolved concerns about a trainee's fitness to practice or conduct?                 | <b>Yes/No</b>  |
| Comments, if any:  |                |
| The section below is only applicable for the Clinical/Educational Supervisor of a GP trainee in a primary care placement:  |                |
| If there is an unresolved concern or conduct, capability/ SUI investigation or a complaint for this trainee please complete the Exception Exit Report and notify the |                |

Deanery

| Overall assessment: | Excellent | No concern | Some concern | Major concern |
|---------------------|-----------|------------|--------------|---------------|
|                     |           |            |              |               |

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Has the doctor met the satisfactory requirements for completion of F2? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|--|------------------------------|-----------------------------|

**Overall comment:**  
(An overall comment on this doctor's performance and assessment is required. Please ensure that any areas of concerns or excellence are fully explained)

Comment on other achievements of the foundation doctor

Comment on any areas for future development that need to be prioritised

Any other comments

|  |             |
|--|-------------|
| <b>Signed by educational supervisor:</b> |             |
| Name of educational supervisor:          | GMC number: |
| Signature:                               | Date:       |

## Review of F1 evidence

|                           |  |            |  |
|---------------------------|--|------------|--|
| Name of foundation doctor |  | GMC number |  |
|---------------------------|--|------------|--|

Listed below are the national minimum requirements for satisfactory completion of the F1 year as laid down by the GMC and set out in the *Foundation Programme Curriculum* and the *Foundation Programme Reference Guide*. Your foundation school may have additional requirements that have to be met. Please check with your foundation school for full details.

**IMPORTANT: Evidence listed below does NOT indicate that the evidence provided is satisfactory or that the requirement has been met.**

The table acts as central portal from where evidence can be easily viewed in accordance with the set national requirements.

| Requirement  | Notes  | View evidence                  |
|--|--|--------------------------------|
| <b>Provisional registration and a licence to practise with the GMC</b>   | 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 license to practise may be appointed to the first year of a Foundation Programme.  |                                |
| <b>Completion of 12 months F1 training (taking account of allowable absence)</b>   | The maximum permitted absence from training, other than annual leave, during the F1 year is four weeks (see GMC guidance on sick leave for provisionally registered doctors).  |                                |
| <b>A satisfactory educational supervisor’s end of year report</b>  | The report should draw upon all required evidence listed below.  | (Quick link to report)         |
| <b>Satisfactory educational supervisor’s end of placement reports</b>  | If the F1 doctor has not satisfactorily completed one placement but has been making good progress in other respects, it may still be appropriate to confirm that the F1 doctor has met the requirements for satisfactory completion of F1.<br>An educational supervisor’s end of placement report is not required for the last F1 placement; the educational supervisor’s end of <u>year</u> report replaces this. | (Quick link to all reports)    |
| <b>A satisfactory clinical supervisor’s end of placement report for each placement</b>   | If the F1 doctor has not satisfactorily completed one placement but has been making good progress in other respects, it may still be appropriate to confirm that the F1 doctor has met the requirements for satisfactory completion of F1. The last end of placement review must be satisfactory.  | (Quick link to all reports)    |
|  |  |                                |
| <b>Satisfactory completion of the required number of assessments</b><br><br>The minimum requirements are set out in the Curriculum. The deanery/foundation school may set additional | Team assessment of behaviour (TAB)<br>(Minimum of one per year)  | (Quick link to TAB assessment) |
|  | Core procedures<br>(all 15 GMC mandated procedures)  | Completed __/15                |

|  |   |                       |
|--|---|-----------------------|
| requirements.  |   |                       |
| <b>A valid Immediate Life Support (or equivalent) certificate</b>  | If the certificate has expired, it may be appropriate to accept evidence that the doctor has booked to attend a refresher course.   |                       |
| <b>Evidence of participation in systems of quality assurance and quality improvement projects</b>                      | Foundation doctors should take part in systems of quality assurance and quality improvement in their clinical work and training.<br>Completion of GMC national trainee survey.  |                       |
| <b>Completion of the required number of Supervised Learning Events</b>   | Direct observation of doctor/patient interaction: <ul style="list-style-type: none"> <li>• Mini CEX</li> <li>• DOPS</li> </ul> <i>(minimum of 9 observations per year; at least 6 must be mini-CEX)</i>   | __ miniCEX<br>__ DOPS |
| The minimum requirements are set out in the Curriculum. The deanery/foundation school may set additional requirements. | Case-based discussion (CBD)<br><i>(minimum of 6 per year / 2 per placement)</i>   | __ CBD                |
|  | Developing the clinical teacher<br><i>(minimum of 1 per year)</i>   | —                     |
| <b>An acceptable attendance record at generic foundation teaching sessions</b>   | It is recommended that postgraduate centres (or equivalent) provide a record of attendance for each F1 doctor. It has been agreed that an acceptable attendance record should typically be 70%. However, if the F1 doctor has not attended 70% of teaching sessions for good reasons, it may still be appropriate to confirm that the F1 doctor has met the required standard. If there are concerns regarding engagement or if attendance is below 50%, the FTPD/T should discuss this with the FSD. |                       |
| <b>Signed probity and health declarations</b>  | Separate forms must be signed for each year of foundation training (F1 and F2). This is in addition to the Declaration of Fitness to Practise required by the GMC when applying for full registration.  |                       |

## Review of F2 evidence

**F2**

|                           |  |            |  |
|---------------------------|--|------------|--|
| Name of foundation doctor |  | GMC number |  |
|---------------------------|--|------------|--|

Listed below are the national minimum requirements for satisfactory completion of the F2 year as laid down by the GMC and set out in the *Foundation Programme Curriculum* and the *Foundation Programme Reference Guide*. Your foundation school may have additional requirements that have to be met. Please check with you foundation school for full details.

**IMPORTANT: Evidence listed below does NOT indicate that the evidence provided is satisfactory or that the requirement has been met.**

The table acts as central portal from where evidence can be easily viewed in accordance with the set national requirements.

| Requirement  | Notes   | View evidence                  |
|--|---|--------------------------------|
| <b>Full registration and a licence to practise with the GMC</b>  | To undertake the second year of the Foundation Programme, doctors must be fully registered with the GMC and hold a licence to practise.   |                                |
| <b>Completion of 12 months F2 training (taking account of allowable absence)</b>                                       | The maximum permitted absence from training (other than annual leave) during F2 is four weeks (i.e. the same as F1).  |                                |
| <b>A satisfactory educational supervisor's end of year report</b>  | The report should draw upon all required evidence listed below.   | (Quick link to report)         |
| <b>Satisfactory educational supervisor's end of placement reports</b>  | If the F2 doctor has not satisfactorily completed one placement but has been making good progress in other respects, it may still be appropriate to confirm that the F2 doctor has met the requirements for satisfactory completion of F2. An educational supervisor's end of placement report is not required for the last F2 placement; the educational supervisor's end of <u>year</u> report replaces this. | (Quick link to all reports)    |
| <b>A satisfactory clinical supervisor's end of placement report for each placement</b>                                 | If the F2 doctor has not satisfactorily completed one placement but has been making good progress in other respects, it may still be appropriate to confirm that the F2 doctor has met the requirements for completion of F2. The last end of placement review must be satisfactory.  | (Quick link to all reports)    |
| <b>Satisfactory completion of the required number of assessments</b>   | Team assessment of behaviour (TAB)<br>(Minimum of one per year)   | (Quick link to TAB assessment) |
| The minimum requirements are set out in the Curriculum. The deanery/foundation school may set additional requirements. | Evidence that the foundation doctor can carry out the procedures required by the GMC  | Completed ___/15               |
| <b>A valid Advanced Life Support (or equivalent) certificate</b>   | If the certificate has expired, it may be appropriate to accept evidence that the doctor has booked to attend a refresher course.   |                                |
| <b>Evidence of participation in systems of quality assurance and quality improvement</b>                               | The Curriculum requires that F2 doctors manages, analyses and presents at least one quality improvement project and uses the results to   |                                |

|  |   |                       |
|--|---|-----------------------|
| <b>projects</b>  | improve patient care.   |                       |
|  | Completion of the GMC national trainee survey.  |                       |
| <b>Completion of the required number of Supervised Learning Events</b><br><br>The minimum requirements are set out in the Curriculum. The deanery/foundation school may set additional requirements. | Direct observation of doctor/patient interaction: <ul style="list-style-type: none"> <li>• Mini CEX</li> <li>• DOPS</li> </ul><br><i>(minimum of 9 observations per year; at least 6 must be mini-CEX)</i>  | __ miniCEX<br>__ DOPS |
|  | Case-based discussion (CBD)<br><i>(minimum of 6 per year / 2 per placement)</i>   | __ CBD                |
|  | Developing the clinical teacher<br><i>(minimum of 1 per year)</i>   | —                     |
| <b>An acceptable attendance record at foundation teaching sessions</b>   | It is recommended that postgraduate centres (or equivalent) provide a record of attendance for each F2 doctor. It has been agreed that an acceptable attendance record should typically be 70%. However, if the F2 doctor has not attended 70% of teaching sessions for good reasons, it may still be appropriate to confirm that the F2 doctor has met the required standard. If there are concerns regarding engagement or if attendance is below 50%, the FTPD/T should discuss this with the FSD. |                       |
| <b>Signed probity and health declarations</b>  | A separate form should be signed for F2. This is in addition to the Declaration of Fitness to Practise required by the GMC when applying for full registration.   |                       |

*Enhanced Form for Foundation (F2) Doctors in Training  
(Self Declaration to be completed by the trainee doctor)*

|   |                   |                        |   |                   |  |
|---|-------------------|------------------------|---|-------------------|--|
| <b>Trainee Forename</b>   |                   | <b>Trainee Surname</b> |   | <b>GMC Number</b> |  |
| <b>Foundation school</b>  |                   |                        |   |                   |  |
| <b>Medical School awarding primary qualification:</b> (name and country)  |                   |                        |   |                   |  |
| <b>Primary Qualification and date awarded:</b>  |                   |                        |   |                   |  |
| <b>Date of Annual Review of Competence Progression (ARCP):</b>  |                   |                        |   |                   |  |
| <b>Date of expected Revalidation:</b>   |                   |                        |   |                   |  |
| <b>Trust Site</b>   |                   |                        | <b>Address:</b>   |                   |  |
|   |                   |                        | <b>Phone:</b>   |                   |  |
|   |                   |                        | <b>Email:</b>   |                   |  |
| <b>GMC Registration Number:</b>   |                   |                        |   |                   |  |
| <b>Self Declaration to be completed by Trainee</b>  |                   |                        |   |                   |  |
| <b>Scope of Practice –</b>  |                   |                        |   |                   |  |
| <p>Since your last ARCP or if no ARCP since GMC full registration, please list, any past and present employers/HTO placements/ time out of programme/ advisory/ voluntary roles or any other activity undertaken in your capacity as a registered medical practitioner <u>including all locum and non NHS work</u> even if these are with current employer/HTO. <b>(Please add more rows if required).</b></p>  |                   |                        |   |                   |  |
| <b>Type of Work (OOP/clinical/non-clinical etc.)</b>  | <b>Start Date</b> | <b>End date</b>        | <b>Details of Employing/ Hosting Organisation/GP Practice</b> |                   |  |
|   |                   |                        |   |                   |  |
|   |                   |                        |   |                   |  |
|   |                   |                        |   |                   |  |
| <p><b>Significant Events - The GMC state that a significant event (also known as an untoward or critical incident) is any unintended or unexpected event, which could or did lead to harm of one or more patients. This includes incidents which did not cause harm but could have done, or where the event should have been prevented. All doctors as part of revalidation are required to record and reflect on Significant events in their work with the focus on what you have learnt as a result of the event/s.</b></p> <p><b>Please note that you do not need to list any significant events that were not investigated.</b></p> |                   |                        |   |                   |  |

Please select one of the following:

I am not aware of any unresolved significant event(s) investigation(s) since my last ARCP

I have unresolved significant event(s) investigation(s) since my last ARCP

Please provide details of any investigation(s) you have been involved in since your last ARCP. Resolved investigation(s) should be reflected upon in your portfolio therefore please provide a brief summary and a reference to the relevant area. For any unresolved investigation(s) or any not included in your portfolio please provide a brief summary and your reflection.

**Complaints - A complaint is a formal expression of dissatisfaction or grievance. It can be about an individual doctor, the team or about the care of patients where a doctor could be expected to have had influence or responsibility. As a matter of probity you are obliged to include all complaints, even when you are the only person aware of them. All doctors should reflect on how complaints influence their practice.**

Please select one of the following:

I am not aware of any unresolved complaints since my last ARCP

I have unresolved complaint(s) since my last ARCP

Please provide details of any complaint(s) you have been involved in since your last ARCP. Resolved complaint(s) should be reflected upon in your portfolio therefore please provide a brief summary and a reference to the relevant area. For any unresolved complaint(s) or any not included in your portfolio please provide a brief summary and your reflection.

**Compliments - Compliments are another important piece of feedback. You may wish to detail here any compliments that you have received which are not already recorded in your portfolio. Please use a separate sheet if required.**

**Probity - Probity is at the heart of medical professionalism. Probity means being honest and trustworthy and acting with integrity. Probity is covered in paragraphs 56-76 of Good Medical Practice.**

I declare that I accept the professional obligations placed on me in Good Medical Practice in relation to probity.

Please tick here to confirm your acceptance

In relation to being subject to an investigation of any kind since my last ARCP:

I have nothing to declare

I have something to declare

Please provide details of any investigation(s) you have been involved in since your last ARCP. Resolved investigation(s) should be reflected upon in your portfolio therefore please provide a brief summary and a reference to the relevant area. For any unresolved investigation(s) or any not included in your portfolio please provide a brief summary and your reflection.

**Health - A statement of health is a declaration that you accept the professional obligations placed on you in Good Medical Practice about your personal health. Doctors must not allow their own health to endanger patients. Health is covered in paragraphs 77-79 of Good Medical Practice.**

**I declare that I accept the professional obligations placed on me in Good Medical Practice about my personal health.**

**Please tick here to confirm your acceptance**

**I confirm this is a true and accurate declaration at this point in time and will immediately notify the deanery and my employer if I am aware of any changes to the information provided.**

**I give permission for my past and present ARCP portfolios (covering a period of five consecutive years in total) and / or appraisal documentation to be viewed by my Responsible Officer and any appropriate person nominated by the Responsible Officer, additionally if my Responsible Officer (prescribed connection) changes during my training period, I give permission for my current Responsible Officer to share this information with my new Responsible Officer for the purposes of Revalidation.**

**Trainee Signature :**

**Date:**

**F1 ARCP outcome form**

|                    |         |
|--------------------|---------|
| Foundation doctor: | GMC No: |
|--------------------|---------|

| Foundation training: |           |                     |     |                         |                       |                     |
|----------------------|-----------|---------------------|-----|-------------------------|-----------------------|---------------------|
|                      | Specialty | Clinical Supervisor | LEP | Date from<br>(dd/mm/yy) | Date to<br>(dd/mm/yy) | FT/PT<br>as %<br>FT |
| 1                    |           |                     |     |                         |                       |                     |

|   |           |
|---|-----------|
| <b>Names of the foundation ARCP Panel members</b><br><i>(FTPD/T and two others)</i> | 1.        |
|   | 2.        |
|   | 3.        |
|   | Other(s): |
| Date of Review:   |           |

| Evidence considered (please list as many as appropriate) |                          |                         |                          |
|--|--------------------------|-------------------------|--------------------------|
| Educational supervisor's end of year report              | <input type="checkbox"/> | <i>(Please specify)</i> | <input type="checkbox"/> |
| E-portfolio  | <input type="checkbox"/> | <i>(Please specify)</i> | <input type="checkbox"/> |
| <i>(Please specify)</i>                                  | <input type="checkbox"/> | <i>(Please specify)</i> | <input type="checkbox"/> |

|   |                          |
|---|--------------------------|
| <b>F1 ARCP review panel outcome (please select only one):</b>                       |                          |
| <b>Recommended for sign off</b>   |                          |
| Outcome 1: Satisfactory completion of F1  | <input type="checkbox"/> |
| <b>Not recommended for sign off</b>   |                          |
| Outcome 3. Inadequate progress – additional training time required                  | <input type="checkbox"/> |
| Outcome 4. Released from training programme   | <input type="checkbox"/> |
| Outcome 5. Incomplete evidence presented – additional training time may be required | <input type="checkbox"/> |
| <b>No ARCP review/outcome</b>   |                          |
| Outcome 8. Time out of Foundation Programme (up to 12 month career break/research)  | <input type="checkbox"/> |
| Other ( <i>e.g. working LTFT, on sick leave, missed review etc.</i> )               | <input type="checkbox"/> |

|  |                          |
|--|--------------------------|
| <b>Transfer of information between F1 and F2 (please select only one):</b> |                          |
| There are no known causes of concern                                       | <input type="checkbox"/> |

|                             |                          |
|-----------------------------|--------------------------|
| There are causes of concern | <input type="checkbox"/> |
| Brief summary of concern:   |                          |

|   |
|---|
| <b>Comments and recommended action(s):</b><br><i>(Include areas of excellence, areas for targeted training, level of supervision, any additional training time and the action plan etc.):</i> |
|   |

| <b>Signed by chair of panel (FTPD/T or deputy)</b> |           |             |      |
|--|-----------|-------------|------|
| Name   | Signature | Designation | Date |
| <i>Additional comments</i>                         |           |             |      |

| <b>Signed by foundation doctor*</b> |      |
|-------------------------------------|------|
| Signature                           | Date |

\* By signing the form, the foundation doctor acknowledges receipt of this information and understands the recommendations arising from the review. It does not imply that the doctor accepts or agrees with the panel's decision. The foundation doctor may make an appeal as described in *Foundation Programme Reference Guide*.

**F2 ARCP outcome form**

|                    |         |
|--------------------|---------|
| Foundation doctor: | GMC No: |
|--------------------|---------|

| <b>Foundation training:</b> |                  |                            |            |                                 |                               |                              |
|-----------------------------|------------------|----------------------------|------------|---------------------------------|-------------------------------|------------------------------|
|                             | <b>Specialty</b> | <b>Clinical Supervisor</b> | <b>LEP</b> | <b>Date from<br/>(dd/mm/yy)</b> | <b>Date to<br/>(dd/mm/yy)</b> | <b>FT/PT<br/>as %<br/>FT</b> |
| 1                           |                  |                            |            |                                 |                               |                              |

|   |           |
|---|-----------|
| <b>Names of the foundation ARCP Panel members</b><br><i>(FTPD/T and two others)</i> | 1.        |
|   | 2.        |
|   | 3.        |
|   | Other(s): |
| Date of Review:   |           |

| <b>Evidence considered (please list as many as appropriate)</b> |                          |                         |                          |
|---|--------------------------|-------------------------|--------------------------|
| Educational supervisor's end of year report                     | <input type="checkbox"/> | <i>(Please specify)</i> | <input type="checkbox"/> |
| E-portfolio   | <input type="checkbox"/> | <i>(Please specify)</i> | <input type="checkbox"/> |
| <i>(Please specify)</i>   | <input type="checkbox"/> | <i>(Please specify)</i> | <input type="checkbox"/> |

|   |                          |
|---|--------------------------|
| <b>F2 ARCP review panel outcome (please select only one):</b>   |                          |
| <b>Recommended for sign off</b>   |                          |
| Outcome 6. Satisfactory completion of F2 - Recommendation for the award of the Foundation Achievement of Competence Document (FACD) | <input type="checkbox"/> |
| <b>Not recommended for sign off</b>   |                          |
| Outcome 3. Inadequate progress – additional training time required  | <input type="checkbox"/> |
| Outcome 4. Released from training programme   | <input type="checkbox"/> |
| Outcome 5. Incomplete evidence presented – additional training time may be required   | <input type="checkbox"/> |
| <b>No ARCP review/outcome</b>   |                          |
| Outcome 8. Time out of Foundation Programme (up to 12 month career break/research)  | <input type="checkbox"/> |
| Other <i>(e.g. working LTFT, on sick leave, missed review etc.)</i>   | <input type="checkbox"/> |

|                      |
|----------------------|
| <b>Revalidation:</b> |
|----------------------|

|                                      |                          |
|--------------------------------------|--------------------------|
| There are no known causes of concern | <input type="checkbox"/> |
| There are causes of concern          | <input type="checkbox"/> |
| Brief summary of concern:            |                          |

**Comments and recommended action(s):**

*(Include areas of excellence, areas for targeted training, level of supervision, any additional training time and the action plan etc.):*

|  |
|--|
|  |
|--|

**Signed by chair of panel (FTPD/T or deputy)**

| Name                       | Signature | Designation | Date |
|----------------------------|-----------|-------------|------|
| <i>Additional comments</i> |           |             |      |

**Signed by foundation doctor\***

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|

\* By signing the form, the foundation doctor acknowledges receipt of this information and understands the recommendations arising from the review. It does not imply that the doctor accepts or agrees with the panel's decision. The foundation doctor may make an appeal as described in *Foundation Programme Reference Guide*.

If outcome 3, 4 or 5 chosen, this should drop down should be presented

| Reason  | Explanatory Notes  | GMC Code |
|---|--|----------|
| Record Keeping and Evidence                   | Trainee failed to satisfactorily maintain their Royal College/Faculty/Foundation E-Portfolio including completing the recommended number of Work Placed Based Reviews; Supervised Learning Events, Audits; Research; structured Education Supervisors report; in accordance with recommendations for that particular Year of Training in line with the Royal College/Faculty/Foundation curriculum requirements.                               | U1       |
| Inadequate Experience                         | Training post (s) did not provide the appropriate experience for the year of training being assessed in order to progress. As a result the trainee was unable to satisfy the Royal College/Faculty/Foundation curriculum requirements for the year of training.  | U2       |
| No Engagement with Supervisor                 | Trainee failed to engage with the assigned Educational Supervisor or the training curriculum in accordance with the Royal College/Faculty/Foundation requirements for that particular year.  | U3       |
| Trainer Absence                               | Nominated Educational Supervisor or Trainer did not provide the appropriate training and support to the Trainee because of their absence on a sabbatical; through illness or other reasons; and no nominated ESupvr deputy took over to ensure that an appropriate level of training was maintained. As a result the trainee was unable to satisfy the Royal College/Faculty/Foundation curriculum requirements for the year of training.      | U4       |
| Trainee requires Deanery Support              | Trainee has issues to do with their Professional personal skills for example: - behaviour / conduct / attitude / confidence / time keeping / communications skills etc and requires the support of the Deanery Performance Team.   | U7       |
| Other reason                                  | This may include the trainee having failed: <ul style="list-style-type: none"> <li>• to participate in systems of quality assurances and quality improvement projects</li> </ul>   | U8       |
| Inadequate attendance                         | Trainee exceeded the maximum permitted absence of 4 weeks from training (other than annual leave) and/or has unsatisfactory attendance at formal teaching sessions.<br><br>*This code should NOT be used to describe a less than fulltime (LTFT) foundation doctors who has satisfactorily attended their pro-rata FP/formal teaching sessions.  | U9       |
| Assessment / Curriculum outcomes not achieved | Trainee has failed to meet the outcomes of the FP Curriculum and/or pass the assessments required for satisfactory completion of F1/F2. Formal assessments include: <ul style="list-style-type: none"> <li>• Core procedures for F1</li> <li>• TAB</li> <li>• Clinical supervisor end of placement reports</li> <li>• Educational supervisor end of placement reports; and</li> <li>• Educational supervisor's end of year reports.</li> </ul> | U10      |

If 'Other' is chosen, this should drop down should be presented:

| <b>Reason</b>                                     | <b>Explanatory Notes</b>   | <b>GMC Code</b>                              |
|---|--|--|
| <b>Less than full time (LTFT) – no concern</b>    | Achieving progress and the development of outcomes at the expected rate.   | N14  |
| <b>Less than full time (LTFT) – some concern</b>  | May not be achieving progress or development of outcomes at the expected rate.   | N15  |
| <b>Trainee Sick Leave</b>                         | Trainee on long term sickness or other health issues have impacted on ability to complete the year of training being reviewed.   | N1   |
| <b>Trainee Maternity/ Paternity Leave</b>         | Trainee cannot be reviewed whilst on maternity leave   | N2   |
| <b>Trainee Missed Review</b>                      | Trainee did not attend the Review when required. I.e. Analysis from Deaneries is that where a review panel was not arranged until July at end of reporting year and trainee could not attend; for last minute family reasons, transport problems etc. Panel had to be rearranged in early August but outside of GMC reporting period.  | N6   |
| <b>Trainee on suspension for Gross Misconduct</b> | Trainee currently suspended from training either as a result of GMC Suspension or local Trust or other local disciplinary proceedings due to gross misconduct.   | N10  |
| <b>Trainee on suspension - other reason</b>       | Trainee currently suspended for reasons other than gross misconduct.   | N11  |
| <b>Trainee Resignation</b>                        | The trainee has left the training programme prior to its completion.<br>Please specify if:<br><ul style="list-style-type: none"> <li>• no remedial training prior to resignation</li> <li>• received remedial training prior to resignation</li> </ul>   | *<br>N12<br><br>N21<br>N22                   |
| <b>Trainee dismissed</b>                          | The trainee was dismissed prior to programme completion.<br>Please specify if<br><ul style="list-style-type: none"> <li>• Dismissed: no remedial training undertaken</li> <li>• Dismissed following remedial training</li> </ul> Also whether:<br><ul style="list-style-type: none"> <li>• Dismissed: no GMC referral</li> <li>• Dismissed following GMC referral</li> </ul> | *<br>N16<br><br>N17<br>N18<br><br>N19<br>N20 |
| <b>Other reason</b>                               | (Please specify)   | N13  |

# ATTAINMENT OF FOUNDATION YEAR 1 (F1) COMPETENCE

(DOCTOR'S NAME)

GMC number:

Foundation school:

Medical school:

*undertook the following F1 training:*

|   | Specialty | Clinical Supervisor | Local Education Provider | Date from (dd/mm/yy) | Date to (dd/mm/yy) |
|---|-----------|---------------------|--------------------------|----------------------|--------------------|
| 1 |           |                     |                          |                      |                    |

I confirm that the above named foundation doctor **HAS** met the requirements for satisfactory completion of foundation year 1 as laid down by the General Medical Council, the *Foundation Programme Curriculum* and the *Foundation Programme Reference Guide*.

Signature:

Name:

Designation: Foundation school director

Date:

# FOUNDATION ACHIEVEMENT OF COMPETENCE DOCUMENT (FACD)

(DOCTOR'S NAME)

*GMC number:*

*Foundation school:*

*Medical school:*

***undertook the following Foundation Year 2 training***

|   | <b>Specialty</b> | <b>Clinical Supervisor</b> | <b>Local Education Provider</b> | <b>UK APS*</b> |   | <b>Date from (dd/mm/yy)</b> | <b>Date to (dd/mm/yy)</b> |
|---|------------------|----------------------------|---------------------------------|----------------|---|-----------------------------|---------------------------|
| 1 |                  |                            |                                 | Y              | N |                             |                           |

\* UK APS = Approved practice setting in the United Kingdom. UK APS is an organisation approved by the GMC as suitable for doctors new to full registration, or returning to the medical register after prolonged absence from UK practice. See GMC for more details.

I confirm that the above named foundation doctor **HAS** met the requirements for satisfactory completion of the Foundation Programme as laid down by the General Medical Council, the *Foundation Programme Curriculum* and the *Foundation Programme Reference Guide*.

Signature: \_\_\_\_\_

Name:

Designation: Postgraduate dean / other authorised signatory      Date