

## Clinical Supervisor's End of Placement Report

### Foundation doctor

Name of Foundation Doctor	
GMC No	
Training period from	
Training period to	
Local education provider	
Specialty	
Clinical supervisor:	

### Placement Supervision Group

The following individuals from the foundation doctor's placement supervision group contributed to this end of placement report:

Name	Job Title	Grade

Are there any other individuals from the foundation doctor's placement supervision group who contributed to this end of placement report?

Name	Job Title	Grade

By completing this form the clinical supervisor and Placement Supervision Group are taking responsibility for describing accurately this foundation doctor's performance in the workplace and highlighting any areas of excellence or areas of concern which may require educational support.

### Evidence considered

Direct observation in the workplace: \*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Comments:

Attendance record: \*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Comments:

ePortfolio meeting curriculum requirements: \*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Comments:

Comments from Placement Supervision Group: \*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Comments:

Other (please specify): \*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Comments:

### Assessment of observed performance in the workplace

Please describe the foundation doctor's observed performance in the workplace compared to the outcomes specified in section 1 of the syllabus within the Foundation Programme Curriculum 2016. The assessment ratings should be based on a range of situations and on differing complexities.

Please be as specific as possible within this section as an assessment of the overall placement will be required at the end of this report. A mandatory comment for each syllabus section is required to support/justify the ratings.

SECTION 1: Professional behaviour and trust: \*

Tooltip 1

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	Major Concern

Tooltip 1	Acts professionally Delivers patient centred care and maintains trust Behaves in accordance with ethical and legal requirements Keeps practice up to date through learning and teaching Demonstrates engagement in career planning
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Please provide a comment to support and justify the assessment rating for section 1 of the FP Curriculum 2016. Particular attention to any areas of concern should be recorded. Please be as specific as possible: \*

SECTION 2: Communication, team-working and leadership: \*

Tooltip 2

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	Major Concern

Tooltip 2	Communicates clearly in a variety of settings Works effectively as a team member Demonstrates leadership skills
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Please provide a comment to support and justify the assessment rating for section 2 of the FP Curriculum 2016. Particular attention to any areas of concern should be recorded. Please be as specific as possible: \*

SECTION 3: Clinical care: \*

Tooltip 3

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	Major Concern

Tooltip 3	Recognises, assesses and initiates management of the acutely ill patient Recognises, assesses and manages patients with long term conditions Obtains history, performs clinical examination, formulates differential diagnosis and management plan Requests relevant investigations and acts upon results Prescribes safely Performs procedures safely Is trained and manages cardiac and respiratory arrest Demonstrates understanding of the principles of health promotion and illness prevention Manages palliative and end of life care
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Please provide a comment to support and justify the assessment rating for section 3 of the FP Curriculum 2016. Particular attention to any areas of concern should be recorded. Please be as specific as possible: \*

SECTION 4: Safety & quality: \*

Tooltip 4

Tooltip 4 Recognises and works within limits of personal competence  
Makes patient safety a priority in clinical practice  
Contributes to quality improvement

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	Major Concern

Please provide a comment to support and justify the assessment rating for section 4 of the FP Curriculum 2016. Particular attention to any areas of concern should be recorded. Please be as specific as possible: \*

#### Foundation doctor's health

Do you have any concerns about the foundation doctor's health?: \*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If you have concerns about this foundation doctor's health, please describe your concerns:

#### Details of concerns / investigations

Are you aware if this foundation doctor has been involved in any conduct, capability or Serious Untoward Incidents / Significant Event Investigations or named in any complaint?: \*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

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?: \*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

<-- Only appears if "Yes" selected in question above

Comments, if any:

#### Foundation doctor's absence

Number of days of absence when foundation doctor would normally be at work, as reported by the foundation doctor.  
Note: This is an indicative number, which will be used to help triangulate absence information from other sources in advance of ARCP.

#### Overall assessment

How has the foundation doctor performed in this placement?: \*

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	Major Concern

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?: \*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Please add comments:

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**Supervisor details**

Name	
GMC Number	
Email	

**Signatures**

<b>Clinical Supervisor signature:</b>	
<b>Date signed by Clinical Supervisor:</b>	