

**Educational Supervisor's End of Year Report F2**

Date of meeting: \*

**Foundation doctor**

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

**Evidence considered and assessment ratings throughout the year**

**Assessments**

Clinical Supervisor's end of placement report: \*

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

|           |   |
|-----------|---|
| Tooltip 1 | 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. |
|-----------|---|

TAB: \*

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

**Engagement in learning**

ePortfolio meeting curriculum requirements: \*

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

|           |  |
|-----------|--|
| Tooltip 2 | This means serial engagement throughout the placement. |
|-----------|--|

Engagement in supervised learning events (SLEs): \*

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

Attendance at formal educational events: \*

|                          |               |
|--------------------------|---------------|
| <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 ratings: \*

Review of Personal Development Plan (PDP) objectives:

**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:

**Overall assessment**

|  |                          |               |
|--|--------------------------|---------------|
| Overall assessment of foundation doctor's performance throughout the year: * | <input type="checkbox"/> | No Concern    |
|  | <input type="checkbox"/> | Some Concern  |
|  | <input type="checkbox"/> | Major Concern |

|   |                  |
|---|------------------|
| This foundation doctor has met or exceeded the minimum expected level of performance for each of the 20 foundation professional capabilities: * | <b>Tooltip 3</b> |
|---|------------------|

|                  |   |
|------------------|---|
| <b>Tooltip 3</b> | The 20 foundation professional capabilities are within the 4 sections of the 2016 curriculum. |
|------------------|---|

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

Please provide comments to support and justify assessment:

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

Comment on other achievements of the foundation doctor?:

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

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

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

**Supervisor details**

|                                 |  |
|---------------------------------|--|
| Name                            |  |
| GMC / Other Registration Number |  |
| Email                           |  |

**Signatures**

|   |  |
|---|--|
| <b>Educational Supervisor signature:</b>      |  |
| <b>Date signed by Educational Supervisor:</b> |  |