





UK FP E-portfolios Key changes for 2019-2020

Summary



- New forms (optional)
 - General meeting (\$\brightarrow\$)
 - The LEADER tool (\$\bigsep\$)
- Updated forms (no change in requirements)
 - CS induction (♥)

 - ES end of placement report (♥)
 - ES end of year report (♥)
 - Reflection (<u>\$</u>)

- New/updated processes (mandatory)
 - Logging teaching hours
 (♥)
 - Horus approach (♥)
 - Turas approach (♥)
 - Curriculum mapping (\$\bu)
- New/updated processes (strongly recommended)
 - Placement supervision group (PSG) feedback



New forms

General meeting



Date of Meeting:*		
Reason for meeting:* Discussion:*	Ad hoc meeting Adverse ARCP outcome meeting ARCP discussion/preparation Careers discussion and future plans Progress discussion Clinical incident follow-up Other If Other (please specify)*:	NOTE: This form should not be used in place of any of the mandatory supervisor meeting/report forms or as an "additional action plan". Before completing this form, please check that there isn't a more appropriate form in the forms list.
Actions agreed:		
Name(s) of other attendees:		
Completer details		
Role:	Clinical supervisor Educational supervisor Joint educational and clinical supervisor Academic supervisor Foundation programme director Trust/postgraduate centre administrator Foundation school administrator/manager	
	Foundation school director	
	 Other If Other (please specify)*: 	

LEADER





action plan in (enter into PDP if appropriate):

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Type of activity: Audit Date of assessment:	Guideline development □ Lead clinical situation □ Organise training □ Lead meet Specialty of post: F1/F2:	ting Represent peers Develop/maintain rota Other Supervisor Name:
Clinical Setting: EM	Outpatient In-Patient Acute Admission Day-case Community Other	(specify)
Please insert a brief sum	mary of the case/workload and any leadership issues:	
NOTE: Not all domains ne	eed to be discussed/completed. You can focus on the domains most relevant to this re	eview.
LEADER Domains	Area(s) for discussion, development	Details of discussion points, themes
Leadership in a team	Self-awareness, personal qualities and development, responsibilities and roles in team, skills to influence others, integrity, effective use of team, using different leadership styles for different situations, overcoming challenges	
Effective services	Elements of delivering good care - operational issues, constraints, targets, benchmarks, audits, appraisal, supervision, guidelines, risk management, feedback, time management, effective use of resources	
Acting in team	Team working, conflict resolution, respect for others, contribution to meetings, prioritisation, delegating or accepting work/responsibilities, interactions with others, networks, care pathways	
Direction setting	Exploring decision making skills, examining judgement, supporting others, dealing with incompetence or ambiguous/incomplete information, implementing new practices/guidelines	
Enabling improvement	Quality of care, clinical governance, incident and complaint feedback, patient safety, service improvements, innovation, managing change, problem solving, cost consideration, efficiency	
Reflection	Evidence and examples of reflective practice, adjusting learning behaviours, challenges ideas, preconceptions and dogma. Takes a professionally critical view with readiness to adapt, change and champion	
Was there anything esp	ecially good in terms of clinical leadership?	Suggestions for development of clinical leadership skills /

LEARN





LEARN (Learning Encounter and Reflection Note)

Introduction

Which capability (FPC) am I trying to show?* Pick the primary capability demonstrated through	0	List of 20 FPCs (select one only)		
Note that this form will not automatically be mapp have completed the form.			hinking and writing while completing this form. u will be able to map it to any FPC(s) once you	
What kind of experience was this? *	0	Case-based discussion (CBD)		
This information will be used for research purposes only, to help the UK Foundation Programme understand how these forms are being used. Thank you for providing accurate		Developing the clinical teacher (DCT)		
		Direct observation of procedural skills (DOPS)		
		Mini clinical evaluation exercise (MiniCEX)		
		- 1	If Other (please specify)*:	
information, especially if you select the 'Other' option.	0	, and the same of		
How does this reflect my current abilities? Direct feedback from trainer* To be completed by	the tr	ainer signing this form.		
ļ				
Reflection* What did you learn about yourself?				
Reflection* What did you learn about yourself? What next? Where should I go next? Planning eg more pract	ice/ex	perience at this level, move onto something	different/more advanced.	
What next?	ice/ex	perience at this level, move onto something	different/more advanced.	
What next?	- 25		different/more advanced.	

LEARN pilot



- Learning experience and reflection note (LEARN)
- Intended to be a 'generic' supervised learning event (SLE)
- During 2019-20 training year → completely optional
- A fully completed and signed (by an appropriate trainer)
 LEARN <u>counts as one (any) of the current SLEs.</u>
- The UK foundation programme office (UKFPO) will review use of the form to inform policy for 2020-21.
- The West Midlands North, East Anglia and EBH foundation schools will pilot this form.
- Foundation doctors (FDs) at other foundation schools are welcome to complete the form as well.



Updated forms

Small changes



CS induction meeting

PSG section:

"The following individuals may form the foundation doctor's placement supervision group (PSG) for this placement:" [Name]; [Job title]; [Grade]

Practical procedures question:

"Are there any practical procedures you feel you need extra support with in this placement? If yes, explain below."

CS and ES end of placement/year reports

PDP section:

"Review of Personal Development Plan (PDP) objectives"

Reflection





Title:					
Syllabus Domain:					
□ Section 1: Professional behaviour and trust	- Which of the four syllabus domains does this reflection /				
□ Section 2: Communication, team-working and leadership	experience most relate to?				
□ Section 3: Clinical Care	At least one selection is required.				
□ Section 4: Safety & quality	- You can select more than one				
Type of reflection:	domain if applicable, but try not to select all. - Making a selection will not automatically link this reflection				
○ Group	to your curriculum.				
With supervisor					
Other (please specify):					
For examples of best practice please review the UKFPO reflective guidance (URL TBC)					
Reasons for writing the reflection: What were the most important things that happened/did not ha Did anything go differently than expected? What have you learnt about yourself, knowledge or skills?	ppen? Do not include any details that might make a specific event recognisable.				
Next Steps: How has this changed your perspective? How will you apply what you have learnt? What learning could you share with colleagues?					



New process

Mandatory teaching log



- From August 2019, teaching attendance is counted in hours rather than percentage
- **Each FD must attend a minimum of 60 hours (during 12 months pro-rata) of teaching during their FY1 and their FY2 rotation.**
- **At least 30 hours (during 12 months pro-rata) must be core foundation teaching.**
- FDs must log teaching hours in their e-portfolio
 - Horus
 - FDs in England: core and non-core teaching logged by FDs
 - Turas
 - FDs in Scotland: core logged by admins in Turas Learn; non-core logged by FDs in Turas Portfolio
 - FDs in Wales and Northern Ireland: core and non-core teaching logged by FDs in Turas Portfolio

Important notes



- Core teaching is that which is available to all FDs within the trust/foundation school and will usually be delivered in face to face sessions
- Non-core teaching includes departmental teaching, grand rounds and e-learning – many other types are possible
- Non-core teaching is not mandatory to be logged the 60 hours can be made up of core teaching only
- 60 hours is the minimum
- A maximum of 6 hours (10%) of e-learning can contribute to the 60 hours
- Statutory and mandatory training, induction sessions and ILS/ALS/equivalent cannot contribute to the 60 hours
- FDs are responsible for logging and tracking their own teaching hours
- Trusts/foundation schools are responsible for managing and quality assuring this process

Mandatory teaching log form



Title:*		
Date of teaching:*		
Teaching type:*	CoreNon-core	
Teaching Setting:* IMPORTANT NOTES: 1) Do not include - statutory and mandatory training - induction sessions - ILS/ALS/equivalent 2) A maximum of 10% (6 hours) of e-learning counts towards the minimum 60 hours.	 Seminar/tutorial/small group teaching Grand round Balint group Schwartz round Simulation E-learning Other If Other (please specify)*: 	
Number of hours:*	Round to the nearest half hour. Do not include lunch breaks/networking etc.	

Notes:

Optional, to record any brief details you haven't already recorded elsewhere.

Horus process



- FD completes "Mandatory teaching log" form for each teaching session/experience (guidance on the <u>Horus</u> <u>support site</u>)
- Completed e-Learning for Health (e-LfH) courses:
 - 1. FD decides which courses are relevant to be added to the log
 - 2. FD selects "Add to teaching log" next to course on the e-LfH portfolio page (if they've linked their e-LfH and Horus accounts)
 - 3. Log form pops up, most fields auto-populated FD completes "number of hours" and submits the form
- FD Overview, Mandatory Teaching Log and Summary of Evidence report show a live, colour-coded count:
 - Core (minimum 30 hours) [35 hours]
 - Non-core [20 hours]
 - Total (minimum 60 hours) [55 hours]

Logs

- can't be edited
- can be deleted
- don't need supervisor/ admin approval

Turas process



- FDs record teaching hours (core and non-core) using "Additional Learning" form
 - Works in a similar way to Horus
- Additionally, Core Teaching can be signed up to via Turas Learn. Core teaching hours will be logged in Portfolio via the following process:
- 1. FD books onto course for core teaching via Turas Learn
- 2. FD attends (attendance marked via Turas Learn)
- 3. The teaching hours are logged in Turas Learn and displayed in the FD's Turas Portfolio in the
 - 'Learning' page
 - 'ARCP Evidence' page (available to Admins and Supervisors).
- 4. Running count of core and non-core hours will show on both of the above pages



Updated processes

Curriculum mapping – existing principles



- 4 sections
- 20 foundation professional capabilities (FPCs)

SECTION 1: Professional behaviour and trust
SECTION 2: Communication, team-working and leadership
SECTION 3: Clinical care
SECTION 4: Safety & quality

"Foundation doctors must use their e-portfolio to supply a spread of evidence with appropriate reflection on how their performance meets or exceeds the minimum expected levels of performance required for sign off for each of the 20 foundation professional capabilities." <u>FP Curriculum (2016)</u> – <u>Assessment (p.44)</u>

 E-portfolios allow mapping/linking of content to each FPC (unrestricted until August 2019)

Curriculum mapping – New limits



- Each portfolio item can be mapped to a maximum of 5 FPCs
- Each FPC can have mapped to it a maximum of 5 portfolio items

(and must have mapped to it at least 1 portfolio item)

on the <u>UKFPO</u> <u>website</u>

Guidance

- If, in exceptional circumstances, the ES/FPD requests more evidence, the FD must provide this using other means (eg reflection, PDP or additional achievement form explaining location/significance of additional evidence).
- Evidence can be mapped and unmapped throughout the training year

Curriculum mapping - Purpose



For the FD to demonstrate to themselves. their ES and ARCP panel that they have met the curriculum outcomes and have sufficient insight into how they have done this. The evidence mapped should be carefully curated and represent a variety of different experiences, learning events and assessments.

Placement supervision group (PSG) – existing principles



 Clinical supervisor (CS) asks senior colleagues for feedback on the FD to inform their end of placement report

"Whenever possible, the named clinical supervisor will seek information from senior healthcare professionals who will work with the foundation doctor during the placement. These colleagues will function as a **placement supervision group**, commenting on whether the foundation doctor's clinical and professional practice is expected to meet or exceed the minimum levels performance required for sign off in each of the 20 foundation professional capabilities at the end of the year."

FP Curriculum (2016) - Placement supervision group (p.23)

PSG feedback – Strong recommendation



 PSG feedback (from usually 2-3 senior colleagues) should be gathered for at least one placement for each FD during each 12-month (pro-rata) rotation.

"The placement supervision group (PSG) members' observations and feedback will inform the clinical supervisor's end of placement report. Not every placement will have a PSG but there should be one in place for most ward-based specialties."

FP Curriculum (2016) - Placement supervision group (p.23)

PSG feedback - Who Foundation and how?



"The named clinical supervisor nominates the members of the PSG and is responsible for identifying them to the foundation doctor. The makeup of the placement supervision group will vary depending on the placement but is likely to include:

- Doctors more senior than F2, including at least one consultant or GP principal
- Senior nurses (band 5 or above)
- Ward pharmacists
- Allied health professionals
- In a general practice placement, the faculty may be limited to one or two GPs FP Curriculum (2016) - Placement supervision group (p.23)
- Horus: Feedback should be gathered using the integrated process, through the FD's ePortfolio
- Turas: Functionality will be released summer 2019

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http://www.foundationprogramme.nhs.uk/content/eportfolio-0

http://www.foundationprogramme.nhs.uk/content/curriculum