The NHS Foundation Year-what does it mean ?

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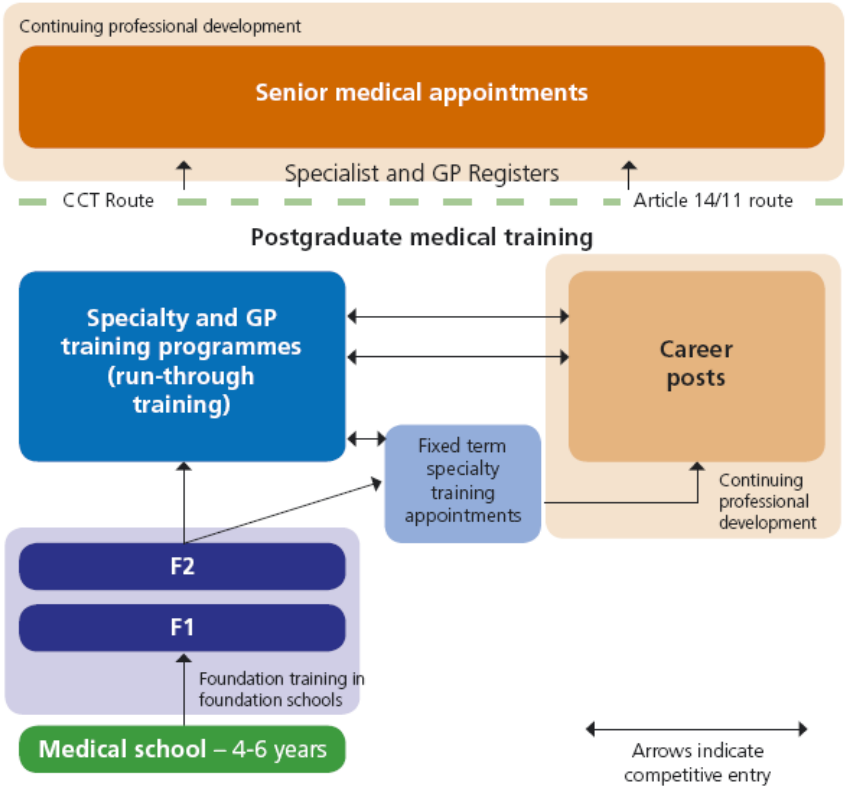
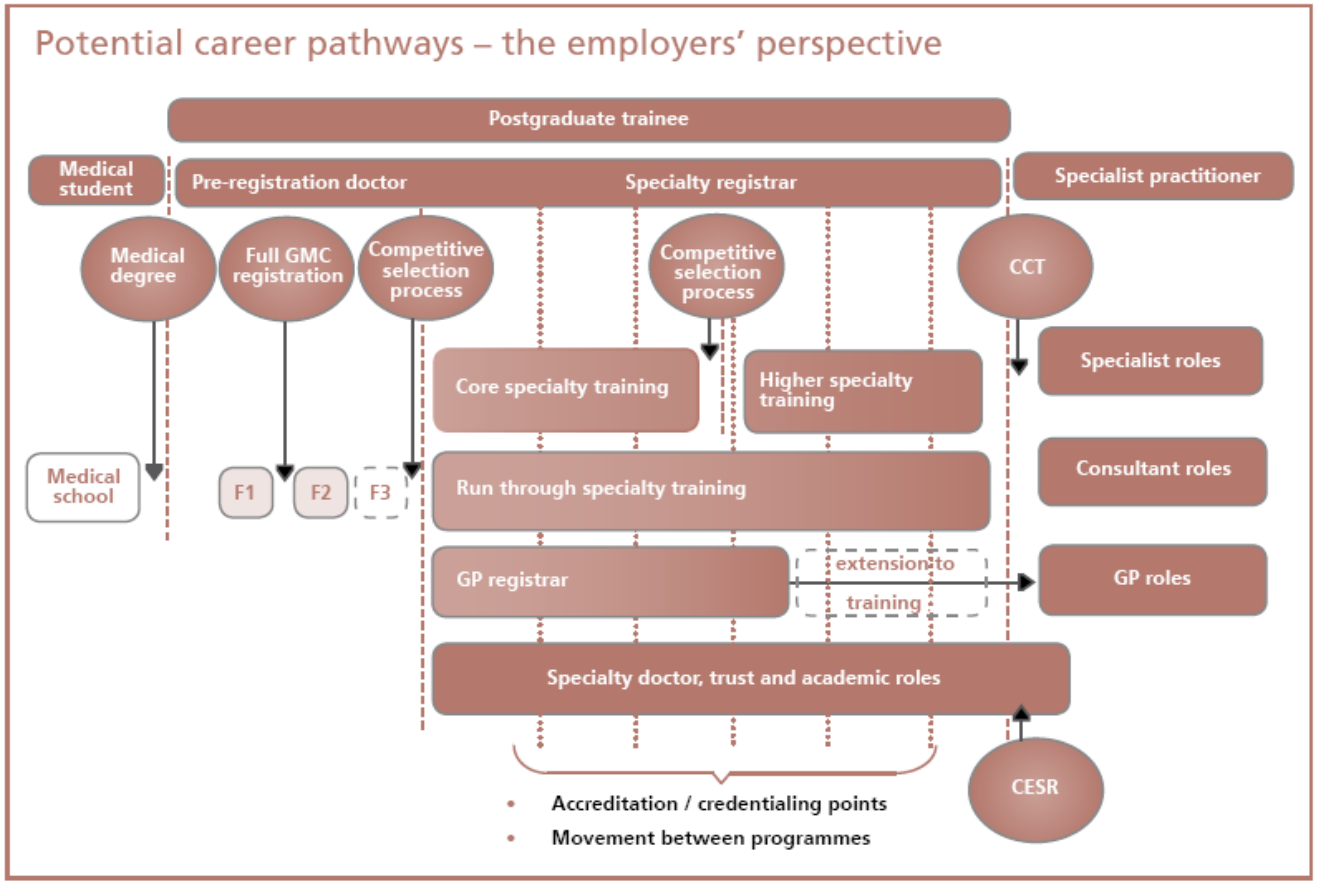
The Foundation YearS

Figure 1: MMC Career Framework



Medical Degree to Full Registration with General medical Council



Foundation Programme: Website

The Foundation Programme - About the programme

about the programme

The Foundation Programme is a two-year generic training programme which forms the bridge between medical school and specialist/general practice training.
Trainees will have the opportunity to gain experience in a series of placements in a variety of specialties and healthcare settings.

Foundation Year 1 (F1)

The first year of the Foundation Programme builds upon the knowledge, skills and competences acquired in undergraduate training. The learning objectives for this year are set by the General Medical Council. In order to attain full registration with the GMC, doctors must achieve specific competences by the end of this year. (See the GMC website for more details: www.gmc-uk.org)

Foundation Year 2 (F2)

The second year of the Foundation Programme builds on the first year of training. The F2 year main focus is on training in the assessment and management of the acutely ill patient. Training also encompasses the generic professional skills applicable to all areas of medicine - team work, time management, communication and IT skills.

Latest News

- **2010 application presentation available**

(Published 19/08/2009)

- **UKFPO publishes careers leaflet**

(Published 18/08/2009)

- **Amended Foundation Learning Portfolio published**

(Published 31/07/2009)

Click here for more news

UK Foundation Programme

- Bridge the ‘gap’ between medical school and specialist training
- Performance in the ‘workplace’
  - Rather than isolated ‘test’ situations
- Develop:
  - Clinical Thinking
  - Professional Judgment

Foundation Programme

- F1/F2
  - 4-6 monthly clinical attachments
  - At least 3 months in each Medicine and Surgery
  - At least 1 attachment in ‘acute care’
  - Explicit Educational Framework
  - Formal Demonstration of;
    - Clinical and Professional Competence

Foundation Years

- **F1**
  - Full Registration with GMC
- Recognize and deal successfully with most common clinical and related non-clinical situations
  - Defined in ‘The New Doctor’

- **F2**
  - Ready for Specialist Training
- Performs consistently well, increasing responsibility
- Accepts professional accountability for patient care

F1: Outcomes

- Foundation Programme Curriculum
  - Demonstrate competence in differing occasions in differing settings
  - As a professional in the workplace

F1 Outcomes

- Good Clinical Care
- Maintaining Good Medical Practice
- Teaching and Training
- Relationships with Patients
- Working with Colleagues
- Probity
- Health
- Core Clinical Procedures

Good Clinical Care

General Medical Council

Regulating doctors
Ensuring good medical practice

a. Demonstrate that they recognise personal and professional limits, and ask for help from senior colleagues and other health and social care professionals when necessary.

b. Know about and follow our guidance on the principles of *Good Medical Practice* and the standards of competence, care and conduct expected of doctors in the UK. Our ethical guidance is available on our website at http://www.gmc-uk.org/guidance/index.asp

c. Demonstrate that they are taking increasing responsibility, under supervision and with appropriate discussion with colleagues, for patient care, putting the patient[1] at the centre of their practice by:

i. Obtaining an appropriate and relevant history and identifying the main findings.

ii. Carrying out an appropriate physical and mental health examination.

iii. Using their knowledge and taking account of relevant factors including physical, psychological and social factors to identify a possible differential diagnosis.

iv. Asking for and interpreting the results of appropriate investigations to confirm clinical findings in a timely manner.

v. Establishing a differential diagnosis, where possible and considering what might change this.

vi. Demonstrating knowledge of treatment options and the limits of evidence supporting them.

vii. Asking for patients' informed consent (under supervision) in accordance with GMC guidance.

Clinical Examination: expected standards

Subject	
(ii) Examination	
Knowledge	
Patterns of clinical signs including mental state.	
Attitudes and behaviours	
Willing to share expertise with other (less experienced) foundation doctors. Consider: ■ patient dignity ■ the need for a chaperone.	
Core competences and skills	
■ explains the examination procedure, gains appropriate consent for the examination and minimises patient discomfort ■ elicits individual clinical signs and adopts a co-ordinated approach to target detailed examination as suggested from the patient's symptoms, with attention to patient dignity ■ performs a mental state assessment.	F1 Level
■ demonstrates and teaches examination techniques to others ■ demonstrates an awareness of safeguarding children and vulnerable adults.	F2 Level

Maintaining Good Medical Practice

4. Provisionally Registered Doctors must:

a. Develop a portfolio including a variety of evidence (including workplace-based assessments, involvement in educational and clinical teaching sessions and reflections on experiences with patients and colleagues) to demonstrate:

i. That they have achieved the requirements in this guidance including workplace-based assessments

ii. Their ability to identify, document and meet their own educational needs

iii. Learning through reflection on their own practice

iv. Knowledge of the theory of audit, including change management.

b. Be able to explain how to contribute to audit and explain how the results of audit can improve their practice and that of others.

c. Internalise the importance of continuing professional development and self-directed learning and demonstrate this through the assessment process. This will include the need to respond constructively to appraisals and performance reviews.

Core Clinical Competencies

Core clinical and procedural skills to be demonstrated by Provisionally Registered doctors

- Venepuncture and IV cannulation
- Use of local anaesthetics
- Arterial puncture in an adult
- Blood cultures from peripheral and central sites
- Injection - subcutaneous, intradermal, intramuscular and intravenous
- Prepare and administer IV medications
- Intravenous infusions including the prescription of fluids, blood and blood products
- Perform and interpret an ECG
- Perform and interpret spirometry and peak flow
- Urethral catheterisation
- Airway care including simple adjuncts
- Nasogastric tube insertion.

Foundation Years: Learning in the Workplace

Learning in and from practice: work-based learning

F1

Most learning will take place in the clinical area where the foundation doctor is working. To complement this, a programme of educational activity for all doctors will be organised during protected time. These activities will be based on clinical scenarios and should encompass:

- diagnosis and clinical decision making
- effective time management, prioritisation and organisational skills
- clinical accountability, governance and risk management
- safe prescribing in clinical practice
- the frameworks needed to ensure patient safety
- legal responsibilities in ensuring safe patient care
- the recognition of diversity and cultural competence.

F2

By the end of F2, doctors will have undertaken a supervised audit project. This is in addition to the formal educational programme.

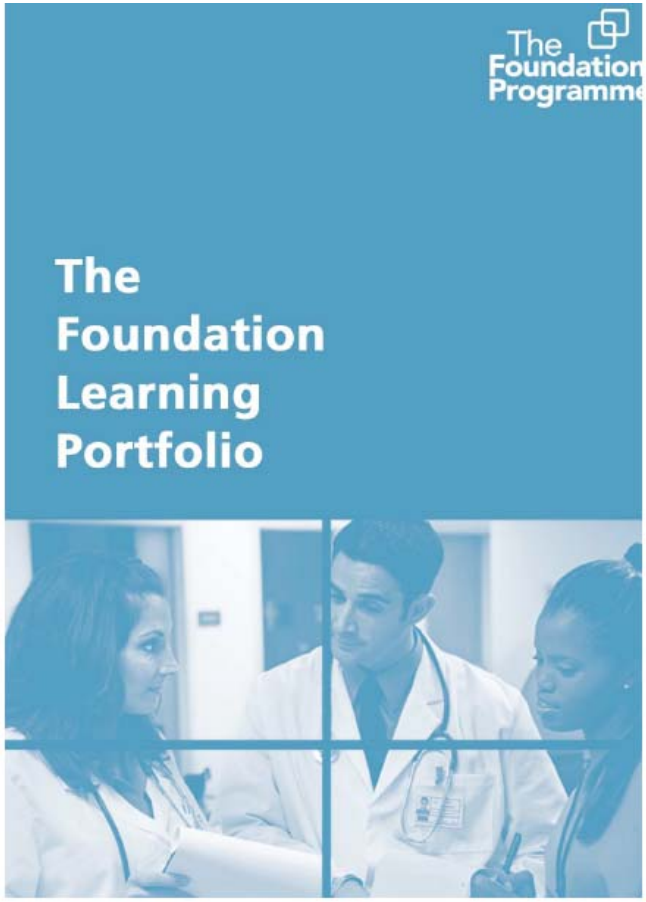
Doctors in F2 may be able to take study leave in order to:

- attend courses relevant to the Foundation Programme, e.g. to achieve ALS training or its equivalent
- sample career alternatives that were not available within their F1 rotation, e.g. public health, laboratory-based specialties, etc.

The internal educational programme will include:

- decision making through communication with patients,
- team-working and communicating with colleagues
- understanding consent and explaining risk
- managing risk and complaints and learning from them
- being aware of ethics and law as part of clinical practice
- using evidence in the best interest of patients
- understanding how appraisal works to promote lifelong learning and professional development
- taking responsibility for the future of medical care in the UK by teaching others effectively.

Structure of Foundation Years



Foundation Learning Portfolio

Contents

Structure of Foundation Years

- Educational Supervisor
  - Overall support of doctor and the programme
  - Produce Annual Progress report

- Clinical Supervisor
  - Consultant directly responsible
  - Looking after ‘day to day’ support
  - Responsible for assessment

Appraisals/Educational Contracts

Appraisals and educational agreements

When foundation doctors start in a new specialty, they must arrange a meeting with their educational supervisor. It is the responsibility of both to ensure that this meeting takes place.

An educational agreement is an appropriate and useful starting point for confirming the educational goals and discussing learning opportunities, assessment process and use of the portfolio. The most appropriate record of that meeting might be a personal reflection by the foundation doctor in the portfolio.

Towards the end of a placement, the foundation doctor and educational supervisor will meet again for an appraisal. They will need to review the portfolio and the results of assessments made during the placement. This process will involve colleagues who have experienced the doctor's performance in practice and/or in individual assessments. The results of these assessments will be drawn together and included in a formal structured educational supervisor's report. This will cover the overall performance of the doctor in a placement.

This final meeting is a chance for the appraiser to discuss the doctor's progress. The outcome of the discussion should be agreed by both and recorded in the doctor's portfolio.

If the educational supervisor is different from the clinical supervisor, there should be a robust communication system to ensure a continuous, appropriate, and timely flow of evidence. Placement reports put together in an annual report will form the basis of the foundation training programme director/tutor's recommendations of satisfactory completion of the Foundation Programme.

Induction Meeting

Section 2:
Structured meetings and reviews

2.5 Induction meeting

Induction meeting (to take place within two weeks of starting the placement)			
Name of trainee:		**GMC number:**	
Training period *From:*		*To:*	
Trust:		**Department:**	

Give a brief description of the placement: *for example general practice in rural setting; haematology in university teaching hospital*
1. Are there any induction considerations to be taken into account? Such as duties of the placement(s), arrangements for clinical supervision, academic and welfare support, learning resources and facilities available.
2. Are there any specific competences the trainee has set out in their Personal Development Plan to develop during this placement?
3. What learning methods will be used and how will these be assessed? *(See Section Four: Assessment of Competences*

Signed by trainee	***Signed by educational/clinical supervisor***
Signature:	Signature:
Name (print):	Name (print):
Date:	Date:

Personal Development Plans: Self-Appraisal

Section 1:
Planning your Personal Development Programme

The self-appraisal

For each statement in the right hand column, tick the score that most reflects how you feel about performing each of the tasks.

Scoring system:

1. Little or no experience in this area yet
2. Some experience, but not yet at the level required in the curriculum
3. Experienced and confident in demonstrating competence

Criterion	1	2	3	Comments
1. Good clinical care: • History, examination, diagnosis, record keeping, safe prescribing and reflective practice • Time management and decision making • Patient safety • Infection control • Clinical governance • Nutritional care • Health promotion, patient education and public health • Ethical and legal issues				
2. Maintaining good medical practice: • Life long learning • Research, evidence and guidelines • Audit				
3. Teaching and training				
4. Relationship with patients and communication skills				
5. Working with colleagues				
6. Probity, professional behaviour and personal health				
7. Recognition & management of the acutely ill • Clinical • Resuscitation • Take management • Discharge planning				

Personal Development Plans: Programme of Needs

Section 1:
Planning your Personal Development Programme

The Personal Development Plan

Name			
GMC number		Year	F1/F2 *(circle)*
Educational supervisor		Placement	

Date	What specific development needs do I have?	How will these objectives be addressed?	Evaluation and outcome (show how you have achieved your objectives)

Reflective Practice

Section 3:
Reflective practice - learning from experience

Reflective practice

Name of foundation doctor:		**GMC number:**	
Training period *From:*		*To:*	
Trust:		**Department:**	

- Try to put time aside each day to reflect on the day's learning opportunities and identify any further learning needs.
- You can use this template to record a variety of situations, including, for example, educational, clinical, ethical, legal, or personal experiences. Use the list of questions to aid your reflective writing.
- You can download a copy of this form from the CD, or from the website, www.mmc.nhs.uk.

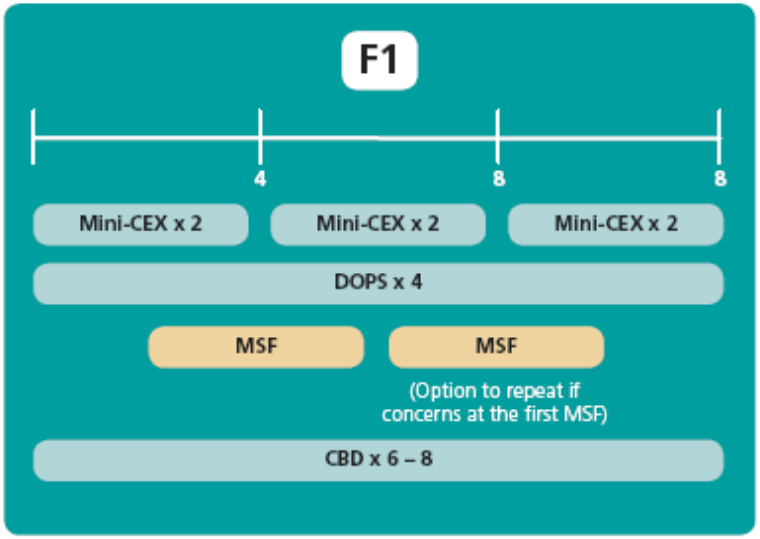
Describe interesting, difficult or uncomfortable experiences. Try to record both positive and negative elements.

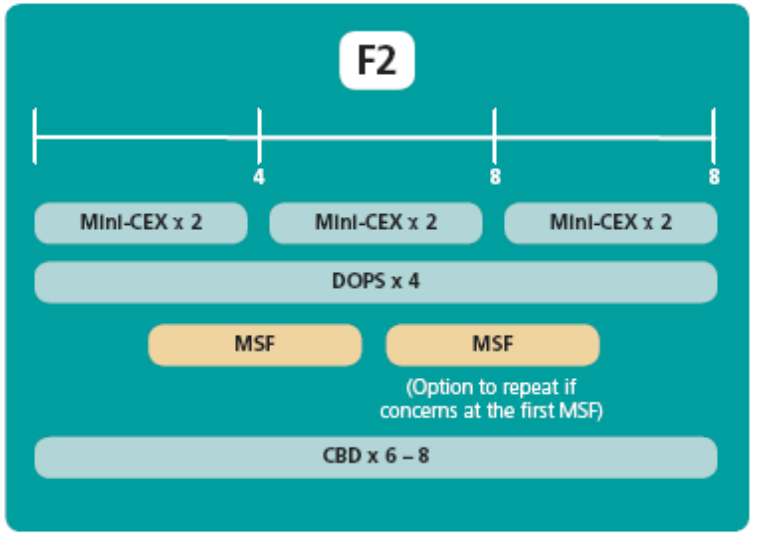
1. What made the experience memorable?
2. How did it affect you?
3. How did it affect the patient?
4. How did it affect the team?
5. What did you learn from the experience and what (if anything) would you do differently next time?

Foundation Years: Assessment Tools

- multi-source feedback (mini-PAT, TAB)
- direct observation of doctor/patient encounters
  - mini clinical evaluation exercise (mini-CEX)
  - direct observation of procedural skills (DOPS)
- case-based discussion (CBD).
- portfolio review

Assessment Guidelines: *continuous review and assessment*





Focus on Patient Safety and Quality of Care

1.3 Patient safety

Outcome: understands and applies the basis of maintaining good quality care and ensuring and promoting patient safety.

Subject
Quality of care and patient safety
Knowledge
■ the physical signs that suggest imminent or actual acute illness (see 7.0). ■ Complications and side effects of treatments (see 1.iv) ■ principles of risk management ■ principles of clinical governance ■ the finite nature of resources ■ awareness of health inequalities ■ the links between need, demand and supply of resources ■ principles of how processes of medical care affect outcomes (including examples) ■ content of the GMC's *Good Medical Practice* and other GMC ethical guidance available on their website at www.gmc-uk.org ■ the nature of human error and the importance of systems factors in relation to patient safety ■ principles of the analysis of adverse events and patient safety incidents as a means to making care safer ■ awareness of the prevailing NHS best practice standards (including those published by NICE, SIGN or equivalent and in NSFs).

Focus on Responsibility for Learning

Educational framework

Doctors are responsible for their own learning. At the same time they must understand the needs of the patient and of the organisation in which they work. They should understand the complexities, constraints and opportunities they find in their practice, and be able to choose how to make best use of these. They also need to understand that, as well as engaging in more formal educational activities, they learn by working with other team members. They must learn how to contribute to the safe practice of medicine (see Section 2).

Sign Off

5.2 Foundation Achievement of Competence Document (FACD)

Personal Details		
Name	GMC number	Foundation School

Clinical training

	Specialty	Educational / Clinical Supervisor	Employer	Date from (dd/mm/yy)	Date to (dd/mm/yy)
1					
2					
3					
4					

Recommendation by Foundation Training Programme Director (or other authorised signatory)

Documentation considered		
Portfolio & Assessments	Yes	No
Record of attendance at formal teaching sessions	Yes	No
Record of absence (excluding annual leave)	Yes	No

Other:

I confirm that the above named foundation doctor HAS / HAS NOT* met the requirements laid down by the GMC, the *Foundation Programme Curriculum* and the *Operational Framework* (*delete as appropriate)

Name	Signature	Designation FTPD / Other	Date

Additional comments from FTPD/other

Signed by F2 Doctor	
Signature	Date

Final Decision by Postgraduate Dean (or other authorised signatory)

I confirm that the above named foundation doctor has ACHIEVED / FAILED TO ACHIEVE* the required standard for satisfactory completion of the Foundation Programme. (*delete as appropriate)

Name	Signature	Designation	Date

Notes

This document should be sent to your Deanery/Foundation School and a copy placed in your Foundation Learning Portfolio.

Internship in the United Kingdom

- Changed from 1 Year Clinical Attachments with sign of by Consultants

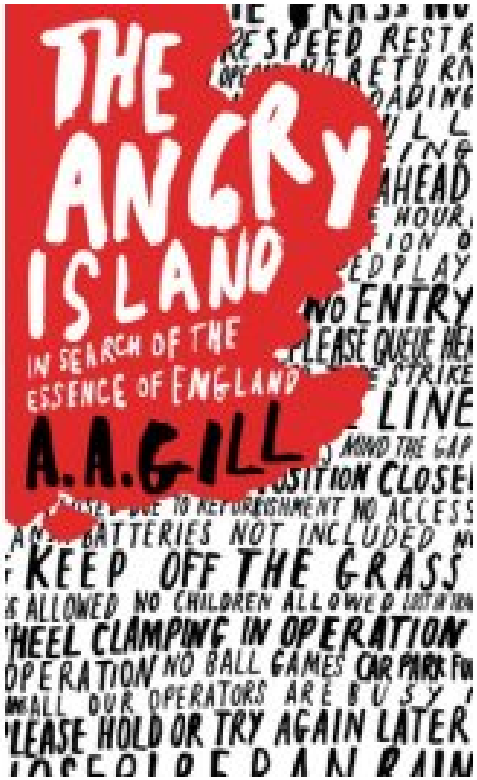
- 2 Year Foundation Programme
  - Full medical registration after Year 1
  - Eligible for Specialist Training after Year 2

Foundation Years : Core Values

- Learning in the Clinical Environment
  - ‘on the job’ with patient safety and quality of care at the core
- ‘Intern’ responsibility for self appraisal and assessment
- Core Competency Based Continuous Assessment
- Multi-Tool, Multi-Personnel
  - Assessment by different people using different methods
- Compilation of Portfolio
  - Assessment component, Appraisal component


DR. JUMA CAN TREAT. SOLVE MANY.
PROBLEMS SUCH AS.
→BEWITHED PPLE.
→SWOLLEN BODY
→LOST LOVER
→INSANITY
→DIARRHOEA
→MADNESS
→TO MAKE MENS PENNIS STRONG
→WOMAN WITH PREGNACY PROBLEMS.
→VOMITING ALL THE TIME
-MISFORTUNES.
-DEMAND DEBTS
-REMOVE MISUNDERSTANDING WITH ANYBODY.
-COURT CASES.
-CASINO SPECIALIST.
-BAD LUCK
-CUSTOMER ATTRACTION.
ETC.....

Facts and Opinions



'…..Facts are inert things. Facts are what pedantic dull people have instead of opinions. Opinions are always more interesting than facts …….'

Foundation Years

- Reduced Hours = Increased Time
- Streamlined Training
- On Site Learning and Assessment
- Multiple Assessments and Appraisal
- Emphasis on Responsibility and Quality of Care: Patient Safety
- Lots of Paperwork:
- Lots of Assessors
  - 6 different for mini-CEX F1
- Lack of Clarity
- Still Dependent on Quality of Local ‘Trainers’
- Evidence of Efficacy of Assessment Methods


The
Foundation
Programme
Curriculum
June 2007
ACADEMY
OF
MEDICAL
ROYAL
COLLEGES
DHSSPS
NHS
SCOTLAND
DH Department of Health
previous
next

Assessment Components: A

A. Multi-source feedback

Mini-Peer Assessment Tool (Mini-PAT) or Team Assessment of Behaviour (TAB)

These are collated views from a range of co-workers (previously described as 360-degree assessment).

- Multi-source feedback (MSF) should usually take place once a year, unless concerns are identified.
- The suggested timing of the MSF is in Figure 3. For each assessment, the doctor should nominate 12 raters/assessors for mini-PAT, 10 for TAB.
- Most raters/assessors should be supervising consultants, GP principals, specialist registrars and experienced nursing or allied health professional colleagues.
- Raters/assessors may also carry out unscheduled assessments.

Mini-PAT Form

Section 4:
Assessment of competence

Rater Form mini-PAT (Peer Assessment Tool) **F1**

Please complete the questions using a cross: ☒ Please use black ink and CAPITAL LETTERS

Doctor's Surname:

Forename:

GMC Number:

YOUR GMC NUMBER MUST BE COMPLETED

How do you rate this Doctor in their:	Below expectations for F1 completion		Borderline for F1 completion	Meets expectations for F1 completion	Above expectations for F1 completion		U/C*
	1	2	3	4	5	6	
Good Clinical Care							
1 Ability to diagnose patient problems	☐	☐	☐	☐	☐	☐	☐
2 Ability to formulate appropriate management plans	☐	☐	☐	☐	☐	☐	☐
3 Awareness of their own limitations	☐	☐	☐	☐	☐	☐	☐
4 Ability to respond to psychological aspects of illness	☐	☐	☐	☐	☐	☐	☐
5 Appropriate utilisation of resources e.g. ordering investigations	☐	☐	☐	☐	☐	☐	☐
Maintaining good medical practice							
6 Ability to manage time effectively / prioritise	☐	☐	☐	☐	☐	☐	☐
7 Technical skills (appropriate to current practice)	☐	☐	☐	☐	☐	☐	☐
Teaching and Training, Appraisal and Assessing							
8 Willingness and effectiveness when teaching/training colleagues	☐	☐	☐	☐	☐	☐	☐
Relationship with Patients							
9 Communication with patients	☐	☐	☐	☐	☐	☐	☐
10 Communication with carers and/or family	☐	☐	☐	☐	☐	☐	☐
11 Respect for patients and their right to confidentiality	☐	☐	☐	☐	☐	☐	☐
Working with colleagues							
12 Verbal communication with colleagues	☐	☐	☐	☐	☐	☐	☐
13 Written communication with colleagues	☐	☐	☐	☐	☐	☐	☐
14 Ability to recognise and value the contribution of others	☐	☐	☐	☐	☐	☐	☐
15 Accessibility/Reliability	☐	☐	☐	☐	☐	☐	☐
16 Overall, how do you rate this doctor compared to a doctor ready to complete F1 training?	☐	☐	☐	☐	☐	☐	☐

Do you have any concerns about this doctor's probity or health? [ ] Yes [ ] No

If yes please state your concerns:

*U/C Please mark this if you have not observed the behaviour and therefore feel unable to comment.

Acknowledgements: mini-PAT is derived from SPRAT (Sheffield Peer Review Assessment Tool)

Assessment Components: TAB

Section 4:
Assessment of competence

Aii) MULTI-SOURCE FEEDBACK: 360° Team Assessment of Behaviour (TAB)

Name of doctor in training		**GMC number**	
Current post		**Date started current post**	

Please use the comments boxes to commend good behaviour and to describe any behaviour which is causing you concern. Give specific examples. This form will be sent to the foundation doctor's educational supervisor, who may ask you privately to enlarge on any concern behaviour you report. At least nine other forms will also be considered. The foundation doctor will receive private feedback, but you will not be identified in person without advance discussion with you.

Attitude and/or behaviour	*No concern*	*You have some concern*	*You have a major concern*	*COMMENTS: Anything especially good? If you cannot give an opinion due to lack of knowledge of the foundation doctor say so here. **You must specifically comment on any concern behaviour** and this should reflect the trainee's behaviour reflect trainee's behaviour over time – not usually just a single incident.*
Maintaining trust/professional relationship with patients • Listens. • Is polite and caring. • Shows respect for patients' opinions, privacy, dignity, and is unprejudiced.				
Verbal communication skills • Gives understandable information. • Speaks good English, at the appropriate level for the patient.				
Team-working/working with colleagues • Respects others' roles, and works constructively in the team. • Hands over effectively, and communicates well. • Is unprejudiced, supportive and fair.				
Accessibility • Accessible. • Takes proper responsibility. Only delegates appropriately. • Does not shirk duty. • Responds when called. Arranges cover for absence.				

Name of assessor: _____ Post/designation: _____ Signature: _____ Date: _____

Assessment Components: mini-CEX

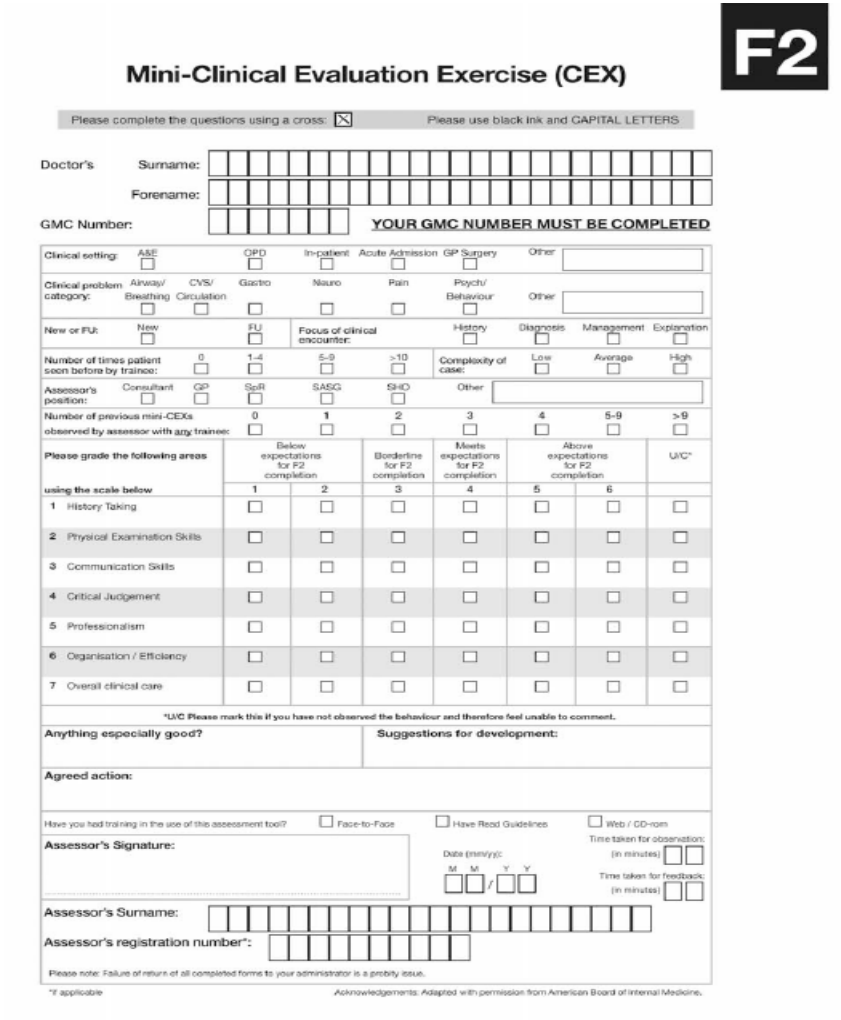
B. Direct observation of doctor/patient encounter

i. Mini-Clinical Evaluation Exercise (Mini-CEX)

This is assessment of an observed clinical encounter with immediate developmental feedback.

- Six observed encounters are suggested in F1 and six in F2. Mini-CEX is one form of observed clinical encounter.
- A different observer/assessor should be used for each mini-CEX wherever possible.
- Observers/assessors may be experienced SpRs, consultants or GP principals, and should include the educational supervisor.
- Each mini-CEX represents a different clinical problem, sampling each of the acute care categories listed in Section 4.
- Foundation doctors choose timing, problem and observer/assessor.
- Observers/assessors may also carry out unscheduled assessments.

Assessment Components: mini-CEX



F2

Mini-Clinical Evaluation Exercise (CEX)

Please complete the questions using a cross: ☒ Please use black ink and CAPITAL LETTERS

Doctor's Surname:

Forename:

GMC Number: **YOUR GMC NUMBER MUST BE COMPLETED**

Clinical setting:	A&E ☐	OPD ☐	In-patient ☐	Acute Admission ☐	GP Surgery ☐	Other	
Clinical problem category:	Airway/ Breathing ☐	CVS/ Circulation ☐	Gastro ☐	Neuro ☐	Pain ☐	Psychi/ Behaviour ☐	Other
New or FU:	New ☐	FU ☐	Focus of clinical encounter:	History ☐	Diagnosis ☐	Management ☐	Explanation ☐
Number of times patient seen before by trainee:	0 ☐	1-4 ☐	5-9 ☐	>10 ☐	Complexity of case:	Low ☐	Average ☐	High ☐
Assessor's position:	Consultant ☐	GP ☐	SpR ☐	SASG ☐	SHO ☐	Other	
Number of previous mini-CEXs observed by assessor with any trainee:	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5-9 ☐	>9 ☐

Please grade the following areas using the scale below	Below expectations for F2 completion		Borderline for F2 completion	Meets expectations for F2 completion	Above expectations for F2 completion		U/C*
	1	2	3	4	5	6	
1 History Taking	☐	☐	☐	☐	☐	☐	☐
2 Physical Examination Skills	☐	☐	☐	☐	☐	☐	☐
3 Communication Skills	☐	☐	☐	☐	☐	☐	☐
4 Critical Judgement	☐	☐	☐	☐	☐	☐	☐
5 Professionalism	☐	☐	☐	☐	☐	☐	☐
6 Organisation / Efficiency	☐	☐	☐	☐	☐	☐	☐
7 Overall clinical care	☐	☐	☐	☐	☐	☐	☐

*U/C Please mark this if you have not observed the behaviour and therefore feel unable to comment.

Anything especially good?

Suggestions for development:

Agreed action:

Have you had training in the use of this assessment tool? ☐ Face-to-Face ☐ Have Read Guidelines ☐ Web / CD-rom

Assessor's Signature:

Date (mm/yy): M M / Y Y

Time taken for observation: (in minutes) ☐☐

Time taken for feedback: (in minutes) ☐☐

Assessor's Surname:

Assessor's registration number*:

Please note: Failure of return of all completed forms to your administrator is a probity issue.

*If applicable

Acknowledgements: Adapted with permission from American Board of Internal Medicine.

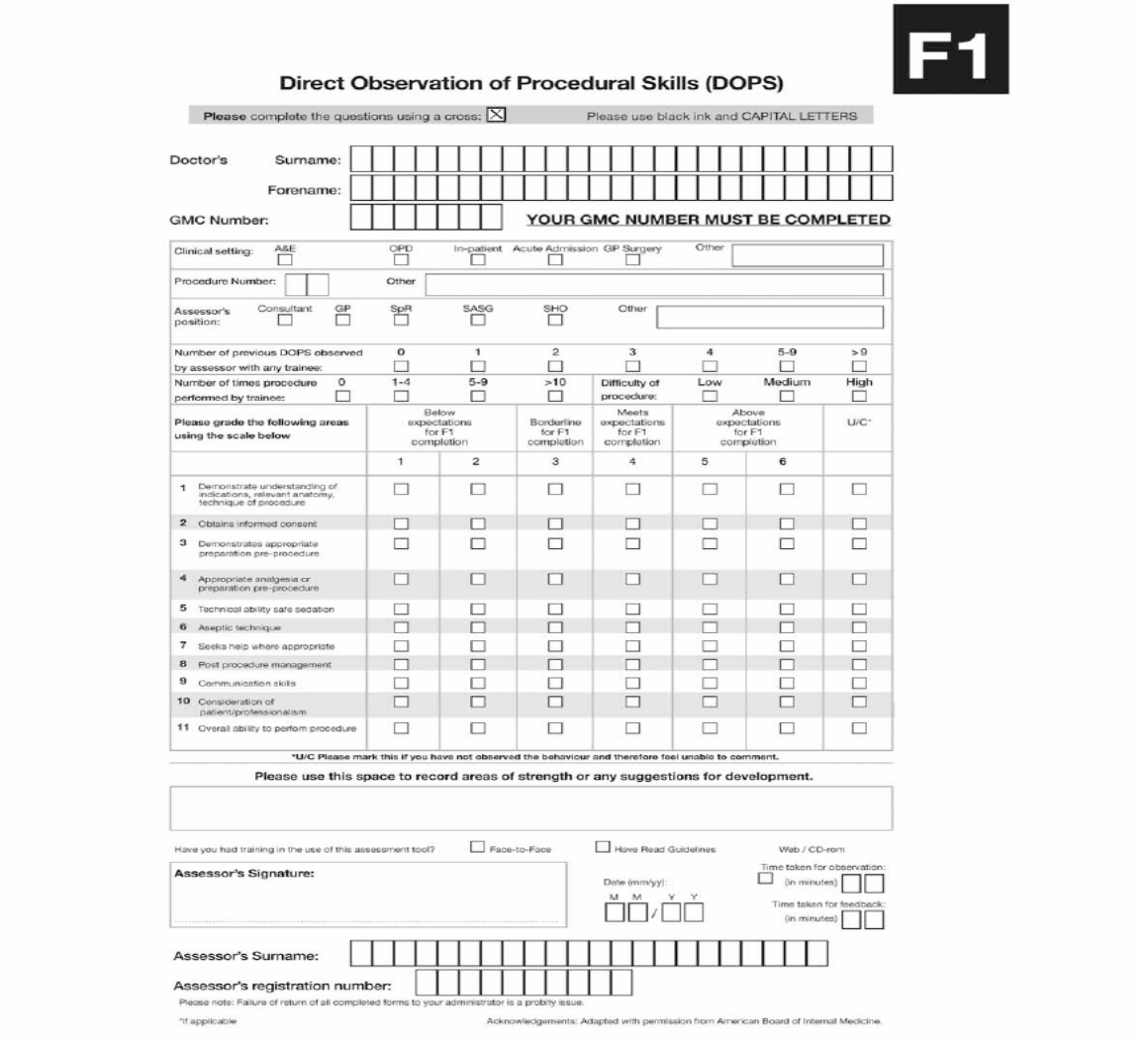
Assessment Components: DOPS

ii. Direct Observation of Procedural Skills (DOPS)

This is a structured checklist for assessing practical procedures. DOPS is another doctor/patient observed encounter and could replace or run parallel to mini-CEX.

- Two observed procedures are suggested for each placement.
- Different observers/assessors should be used for each encounter wherever possible.
- Observers/assessors may be consultants, GPs, SpRs, suitable nurses or allied health professionals.
- Each DOPS should represent a different procedure, sampling from the acute care skills listed in this section or from procedures specific to the specialty.
- Foundation doctors choose timing, procedure and observer/assessor.
- Observers/assessors may also carry out unscheduled assessments

Assessment Components: DOPS



F1

Direct Observation of Procedural Skills (DOPS)

Please complete the questions using a cross: ☒ Please use black ink and CAPITAL LETTERS

Doctor's Surname:

Forename:

GMC Number: **YOUR GMC NUMBER MUST BE COMPLETED**

Clinical setting: A&E ☐ OPD ☐ In-patient ☐ Acute Admission ☐ GP Surgery ☐ Other

Procedure Number: Other

Assessor's position: Consultant ☐ GP ☐ SpR ☐ SASG ☐ SHO ☐ Other

Number of previous DOPS observed by assessor with any trainee:	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5-9 ☐	>9 ☐
Number of times procedure performed by trainee:	0 ☐	1-4 ☐	5-9 ☐	>10 ☐	Difficulty of procedure:	Low ☐	Medium ☐	High ☐

Please grade the following areas using the scale below	Below expectations for F1 completion		Borderline for F1 completion	Meets expectations for F1 completion	Above expectations for F1 completion		U/C*
	1	2	3	4	5	6	
1 Demonstrate understanding of indications, relevant anatomy, technique of procedure	☐	☐	☐	☐	☐	☐	☐
2 Obtains informed consent	☐	☐	☐	☐	☐	☐	☐
3 Demonstrates appropriate preparation pre-procedure	☐	☐	☐	☐	☐	☐	☐
4 Appropriate analgesia or preparation pre-procedure	☐	☐	☐	☐	☐	☐	☐
5 Technical ability safe sedation	☐	☐	☐	☐	☐	☐	☐
6 Aseptic technique	☐	☐	☐	☐	☐	☐	☐
7 Seeks help where appropriate	☐	☐	☐	☐	☐	☐	☐
8 Post procedure management	☐	☐	☐	☐	☐	☐	☐
9 Communication skills	☐	☐	☐	☐	☐	☐	☐
10 Consideration of patient/professionalism	☐	☐	☐	☐	☐	☐	☐
11 Overall ability to perform procedure	☐	☐	☐	☐	☐	☐	☐

*U/C Please mark this if you have not observed the behaviour and therefore feel unable to comment.

Please use this space to record areas of strength or any suggestions for development.

Have you had training in the use of this assessment tool? ☐ Face-to-Face ☐ Have Read Guidelines Web / CD-rom

Assessor's Signature:

Date (mm/yy): M M / Y Y

Time taken for observation: ☐ (in minutes) ☐☐

Time taken for feedback: (in minutes) ☐☐

Assessor's Surname:

Assessor's registration number:

Please note: Failure of return of all completed forms to your administrator is a probity issue.

*If applicable

Acknowledgements: Adapted with permission from American Board of Internal Medicine.

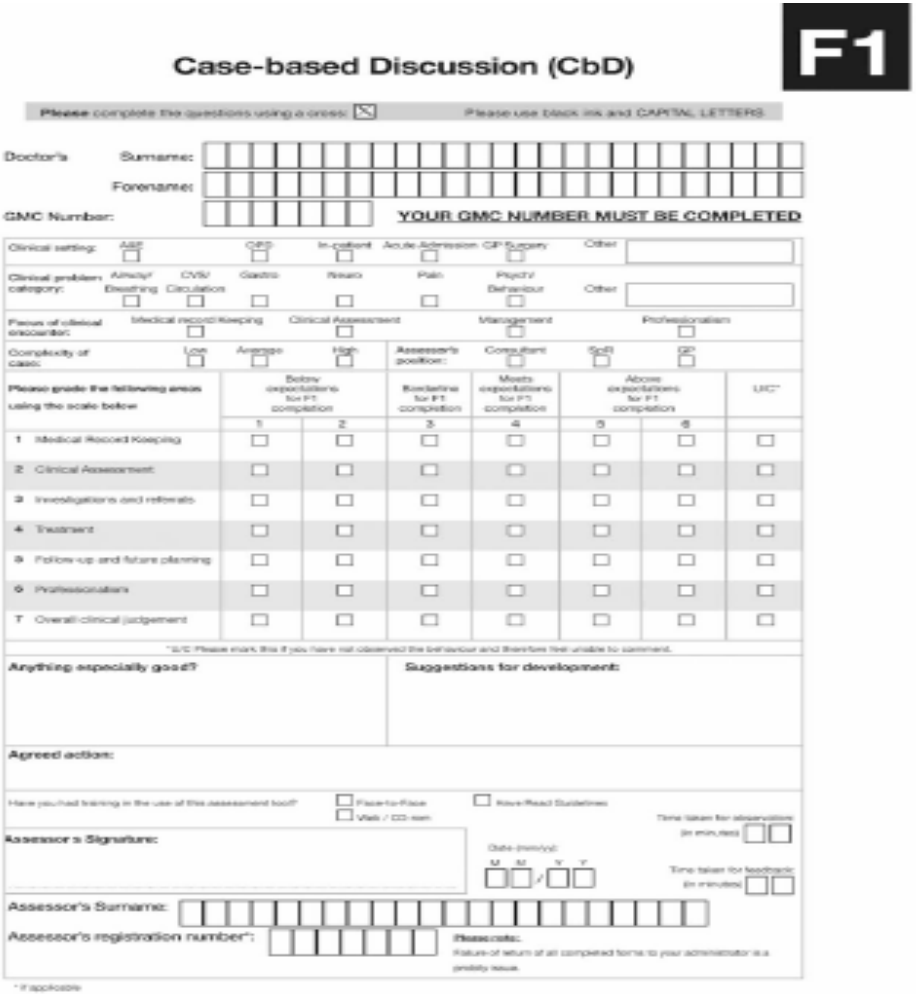
Assessment Components: CBD

C. Case based discussion (CBD)

This is a structured discussion of clinical cases managed by the foundation doctor. Its strength is assessment and discussion of clinical reasoning.

- A structured discussion takes place of real cases in which the foundation doctor has been involved.
- Decision making and reasoning can be explored in detail.

Assessment Components: CBD



Case-based Discussion (CbD) **F1**

Please complete the questions using a cross: ☒ Please use black ink and CAPITAL LETTERS

Doctor's Surname:

Forename:

GMC Number: **YOUR GMC NUMBER MUST BE COMPLETED**

Clinical setting: A&E ☐ OPD ☐ In-patient ☐ Acute Admission ☐ GP ☐ Surgery ☐ Other ☐

Clinical problem category: Airway/Breathing ☐ CVS/Circulation ☐ Gastro ☐ Neuro ☐ Pain ☐ Psych/Behaviour ☐ Other ☐

Focus of clinical encounter: Medical record keeping ☐ Clinical Assessment ☐ Management ☐ Professionalism ☐

Complexity of case: Low ☐ Average ☐ High ☐ Assessor's position: Consultant ☐ SpR ☐ GP ☐

Please grade the following areas using the scale below	Below expectations for FY completion		Borderline for FY completion	Meets expectations for FY completion	Above expectations for FY completion		UNS*
	1	2	3	4	5	6	
1 Medical Record Keeping	☐	☐	☐	☐	☐	☐	☐
2 Clinical Assessment	☐	☐	☐	☐	☐	☐	☐
3 Investigations and referrals	☐	☐	☐	☐	☐	☐	☐
4 Treatment	☐	☐	☐	☐	☐	☐	☐
5 Follow-up and future planning	☐	☐	☐	☐	☐	☐	☐
6 Professionalism	☐	☐	☐	☐	☐	☐	☐
7 Overall clinical judgement	☐	☐	☐	☐	☐	☐	☐

*U/C Please mark this if you have not observed the behaviour and therefore feel unable to comment.

Anything especially good?

Suggestions for development:

Agreed action:

Have you had training in the use of this assessment tool? ☐ Face-to-Face ☐ Web / CD-rom ☐ Have/Read Guidelines

Time taken for observation (in minutes) ☐☐

Assessor's Signature:

Date (mm/yy): M M / Y Y

Time taken for feedback (in minutes) ☐☐

Assessor's Surname:

Assessor's registration number*:

Please note: Failure of return of all completed forms to your administrator is a probity issue.

* If applicable