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| **F1 Sign Off Checklist 2019-2020**  Trainee Name: | Trust: | GMC Number: |

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| **Evidence:** On portfolio review, the following should all be present in order to be able to | | |
| award an Outcome 1 through the ARCP process. | |  |
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| **(Please refer to guidance notes in the sign off process for additional information** | | |
| **relating to each item of evidence where appropriate and to our website** <https://heeoe.hee.nhs.uk/foundation> **)** | |  |

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|  | NATIONAL CRITERIA: THESE MUST ALL BE EVIDENCED | 2020 Standard | Educational supervisor signature required |
| 1 | |  | | --- | | Completion of the **‘Foundation Form R’** as part of the ARCP/Revalidation process. This form should be available for the panel to consider at the time of the ARCP review. This item does not fall under the educational aspect for F1 completion but must be available for the ARCP panel to view. | | No Change |  |
| 2 | Signed **probity and health declarations** relating to the F1 year. | No change |  |
| 3 | A valid Advanced Life Support **ALS** (or equivalent) certificate/record is preferred, but a valid ILS is accepted following FTPD discussion with FSD if all other elements including local are satisfactory. Uploaded to e-portfolio | If F1 doctor does not have valid ILS certificate, ES must make statement in end of year report that trainee has had sufficient experience of managing acutely ill patients |  |
| 4 | Completion of **GMC National Trainee Survey** uploaded screenshot to e-portfolio | Not required |  |
| 5 | Prescribing skills assessment [**PSA**] passed within last 2 years– uploaded to eportfolio | The F1 doctor must provide evidence that they have passed the PSA within the last two years |  |
| 6 | Evidence of participation in audit and quality improvement | Not mandatory |  |
| 7 | Completed absence record on e-portfolio showing less than 20 days out of training [not study leave or annual leave but including statutory leave] | The maximum permitted absence from training, other than annual leave, is 20 days (when the doctor would normally be at work) within each 12 month period of the foundation programme. Where a doctor’s absence goes above 20 days, this will trigger a review by the Foundation School Director or deputy who will decide whether they need to have an extra period of training based on their overall performance |  |
| 8 | A satisfactory Clinical Supervisor End of Placement report form for each placement in their F1 year. | Required for 1st and 2nd posts – minimum completion by named clinical supervisor to tick box that ‘This foundation doctor is currently on course to allow sign off as having met or exceeded the minimum expected level of performance for each of the 20 foundation professional capabilities at the end of the year of training’  N.B. In Scotland – an Educational Supervisor report for 1st and 2nd posts |  |
| 9 | A satisfactory Educational Supervisor End of Placement report form for the first two placements in their F1 year | Not mandatory |  |
| 10 | A satisfactory Educational Supervisor End of year report form for their F1 year | A satisfactory educational supervisor’s end of year report (mandatory; needs a comment from ES about whether has reached appropriate standard)  N.B. In Scotland – a satisfactory end of year report by FPTD |  |
| 11 | **Supervised Learning Events and Assessment:**   * A minimum of 6 Mini-CEX, 6 CBDs, 3 DOPS (or 3 further mini-CEX), **LEARN** forms may be used for all above as wild card [15 in total minimum] * 1 TAB * 1 developing the clinical teacher assessment | CEX/DOPS- At least 4, of which at least 3 must be MiniCEX.  At least 2 CBD.  minimum of one satisfactory TAB per year4.  Developing the clinical teacher assessment- not mandatory. |  |
| 12 | Completion of core procedures required by the GMC for full registration | No mandatory number |  |
| 13 | Satisfactory completion of Foundation Curriculum   * linking with evidence to demonstrate how competences have been acquired * countersigned by ES. | Mandatory to be signed off by ES |  |
| 14 | Attendance record for **minimum 60 hour** taught programme [see website and notes]  30 hours mandatory core as per EoE schedule as determined by foundation school  30 hours mandatory non core as per EoE schedule | The foundation doctor must have logged a minimum of 30 hours during the year; there is no requirement for this to have been a specific type of teaching |  |
|  | LOCAL CRITERIA EAFS and EBHFS: | Not mandatory |  |
| 15 | Completion of F1 Exit Questionnaire – screenshot to e-portfolio | Not mandatory |  |
| 16 | Completion of careers support form on e-portfolio | Not mandatory |  |
| 17 | Completion of 6 mandatory modules in SCRIPT – screenshot to portfolio | Not mandatory |  |
| 18 | Completion of minimum 5 VR scenarios – screenshot to portfolio | Not mandatory |  |
| 19 | Desirable: Participated in regional or national non mandatory trainee surveys QA [minimum one out of national induction, NETS, UKFPO surveys, Foundation school feedback requests] | Not mandatory |  |

Educational Supervisor Name Date

FTPD Name **(Please Print)**

SignatureDate

Trust

**Please review our educator website for any clarification or contact your FTPD**

<https://heeoe.hee.nhs.uk/foundation/schools-trusts-and-practices>

**The following numbered points refer to the numbers on the checklist:**

1. The Secretary of State for Health confirmed that, from the 3 December 2012, every doctor who is fully registered with a license to practice will need to revalidate, including doctors in Foundation year two. Therefore, it is felt it to be good practice for doctors in Foundation year one to complete the Form R which is available for all Foundation Doctors on e-portfolio.
2. These forms should be signed for each year of foundation training.
3. ALS is preferred, and this is an expected part of the EoE foundation study leave policy. If the trainee has not achieved this, but does have an in date ILS, has booked an ALS course and has completed all other elements of the form, then an outcome 1 can be given by FTPD. If there are other elements incomplete, or other concerns, discuss with FSD **on whether an outcome 5 and central ARCP more appropriate.** It should be noted on ARCP outcome that the trainee requires an ALS.
4. **6. 15.19.** Foundation doctors should take part in systems of quality assurance and quality improvement in their clinical work and training. This includes completion of the national GMC trainee survey and any end of placement surveys

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**7.** The maximum permitted absence from training, other than annual leave, is 20 days (when the doctor would normally be at work) within each 12 month period of the foundation programme. Where a doctor’s absence goes above 20 days, this will trigger a review of whether they need to have an extra period of training (see GMC position statement on absences from training in the foundation programme – June 2013). If there are concerns over absence these should be discussed with the Foundation School Director at the earliest opportunity. By January an extension post if required will be sourced.

**8-9**. If the trainee has not been signed up for satisfactory completion of one placement but has been making good progress in other respects and the other criteria are likely to be met, the FTPD should discuss the trainee with the Foundation School Director in advance as to whether should receive outcome 1 **or whether an outcome 5 and central ARCP more appropriate.**

**12.** It is recommended that the trainee has a record of the mandated core procedures with each countersigned by an appropriate practitioner. An appropriate practitioner would be a more senior doctor or a senior nurse or other health professional that is skilled and trained in the procedure concerned. It is important that trainees who have not undertaken an F1 year in the UK have evidence that they can carry out the F1 procedures.

**14**.

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| CORE MANDATORY |  |
| Simulation – high fidelity | 6 hours |
| VR group | 3 hours |
| 2 x clinical hubs | 6 hours |
| 1 x professional/non clinical hub | 3 hours |
| Trust based generic teaching | 9 hours |
| Script e-learning | 3 hours |
| NON CORE MANDATORY | Suggested balance |
| Simulation activity | Approx. 6 hours |
| VR activity | Aprox 3 hours |
| Trust based generic teaching | 6-12 hours |
| e-learning | 3 hours max |
| Other | Max 15 hours |

<https://heeoe.hee.nhs.uk/foundation/teachingopportunities>

There should be a review of the 60 hours of taught programme by the ES and confirmed that this is in line with the policy.

It has been agreed that the trainee is expected to evidence a minimum of 20 hours at the end of rotation one, which is reviewed by the ES as appropriate, and a further minimum twenty hours at the end of rotation 2, again checked with the ES as appropriate and balanced.

The F1 doctor must attend a minimum of 60 hours (during 12 months pro-rata) of teaching during their FY1 rotation. At least 30 hours (during 12 months pro-rata) must be core foundation teaching. The F1 doctor is responsible for ensuring they attend the minimum number of teaching hours and for logging this in their e-portfolio. If there are concerns regarding engagement, the FTPD/T should discuss this with the FSD.

Statutory and mandatory training, induction sessions and ILS/ALS/equivalent cannot contribute to the 60 hours.

A maximum of 6 hours (10%) of e-learning can contribute to the 60 hours.

**15-19** It is expected that all trainees should complete the local criteria for sign off. Items 17and 18 are part of the taught programme. Lack of completion of local conditions should be discussed with FTPD and FSD

**The FTPD should return the completed Checklist of Evidence to the Medical Education Department/Postgraduate Centre who will be responsible for collating these. These will be sent to HEE EoE assessment team for review. Releasing the F1C will only occur following check.**

**10% of outcomes are audited.**

East of England Foundation Schools agreed by FTPD/Board Review March 2021