**FCP – ADVANCED PRACTICE VERIFICATION OF EVIDENCE FORM**

|  |  |
| --- | --- |
| **CAPABILITY** | **KSA LINKS** |
| **COMMUNICATION & CONSULTATION SKILLS** |  |
| **TRAINEE SELF RATING & COMMENTARY** **Underperforming Needs further development Capable Excellent** |  |
| **EVIDENCE TYPE & DATE(S)** |  |
|  |  |
| **SUPERVISOR RATING & COMMENTARY** |  |
|  **Underperforming Needs further development Capable Excellent**  |  |
| **EVIDENCE TYPE & DATE** |  |
|  |  |
| **PRACTICING HOLISTICALLY TO PERSONALISE CARE & PROMOTE HEALTH** |  |
| **TRAINEE SELF RATING & COMMENTARY** **Underperforming Needs further development Capable Excellent**  |  |
| **EVIDENCE TYPE & DATE(S)** |  |
|  |  |
| **SUPERVISOR RATING & COMMENTARY** **Underperforming Needs further development Capable Excellent**  |  |
| **EVIDENCE TYPE & DATE(S)** |  |
|  |  |
| **WORKING WITH COLLEAGUES & IN TEAMS** |  |
| **TRAINEE SELF RATING & COMMENTARY** **Underperforming Needs further development Capable Excellent**  |  |
| **EVIDENCE TYPE & DATE(S)** |  |
|  |  |
| **SUPERVISOR RATING & COMMENTARY** |  |
|  **Underperforming Needs further development Capable Excellent**  |  |
| **EVIDENCE TYPE & DATE(S)** |  |
|  |  |
| **MAINTAINING AN ETHICAL APPROACH & FITNESS TO PRACTICE** |  |
| **TRAINEE SELF RATING & COMMENTARY** **Underperforming Needs further development Capable Excellent**  |  |
| **EVIDENCE TYPE & DATE(S)** |  |
|  |  |
| **SUPERVISOR RATING & COMMENTARY** |  |
|  **Underperforming Needs further development Capable Excellent**  |  |
| **EVIDENCE TYPE & DATE(S)** |  |
|  |  |
| **INFORMATION GATHERING & INTERPRETATION** |  |
| **TRAINEE SELF RATING & COMMENTARY** **Underperforming Needs further development Capable Excellent**  |  |
| **EVIDENCE TYPE & DATE(S)** |  |
|  |  |
| **SUPERVISOR RATING & COMMENTARY** |  |
|  **Underperforming Needs further development Capable Excellent**  |  |
| **EVIDENCE TYPE & DATE(S)** |  |
|  |  |
| **CLINICAL EXAMINATION** |  |
| **TRAINEE SELF RATING & COMMENTARY** **Underperforming Needs further development Capable Excellent**  |  |
| **EVIDENCE TYPE & DATE(S)** |  |
|  |  |
| **SUPERVISOR RATING & COMMENTARY** |  |
|  **Underperforming Needs further development Capable Excellent**  |  |
| **EVIDENCE TYPE & DATE(S)** |  |
|  |  |
| **MAKING A DIAGNOSIS** |  |
| **TRAINEE SELF RATING & COMMENTARY** **Underperforming Needs further development Capable Excellent**  |  |
| **EVIDENCE TYPE & DATE(S)** |  |
|  |  |
| **SUPERVISOR RATING & COMMENTARY** |  |
|  **Underperforming Needs further development Capable Excellent**  |  |
| **EVIDENCE TYPE & DATE(S)** |  |
|  |  |
| **CLINICAL MANAGEMENT** |  |
| **TRAINEE SELF RATING & COMMENTARY** **Underperforming Needs further development Capable Excellent**  |  |
| **EVIDENCE TYPE & DATE(S)** |  |
|  |  |
| **SUPERVISOR RATING & COMMENTARY** |  |
|  **Underperforming Needs further development Capable Excellent**  |  |
| **EVIDENCE TYPE & DATE(S)** |  |
|  |  |
| **INDEPENDENT PRESCRIBING/PHARMACOTHERAPY/PRESCRIBING THERAPIES** |  |
| **TRAINEE SELF RATING & COMMENTARY** **Underperforming Needs further development Capable Excellent**  |  |
| **EVIDENCE TYPE & DATE(S)** |  |
|  |  |
| **SUPERVISOR RATING & COMMENTARY** |  |
|  **Underperforming Needs further development Capable Excellent**  |  |
| **EVIDENCE TYPE & DATE(S)** |  |
|  |  |
| **LEADERSHIP, MANAGEMENT & ORGANISTAION** |  |
| **TRAINEE SELF RATING & COMMENTARY** **Underperforming Needs further development Capable Excellent**  |  |
| **EVIDENCE TYPE & DATE(S)** |  |
|  |  |
| **SUPERVISOR RATING & COMMENTARY** |  |
|  **Underperforming Needs further development Capable Excellent**  |  |
| **EVIDENCE TYPE & DATE(S)** |  |
|  |  |
| **EDUCATION & DEVELOPMENT**  |  |
| **TRAINEE SELF RATING & COMMENTARY** **Underperforming Needs further development Capable Excellent**  |  |
| **EVIDENCE TYPE & DATE(S)** |  |
|  |  |
| **SUPERVISOR RATING & COMMENTARY** |  |
|  **Underperforming Needs further development Capable Excellent**  |  |
| **EVIDENCE TYPE & DATE(S)** |  |
|  |  |
| **RESEARCH & EVIDENCE BASED PRACTICE** |  |
| **TRAINEE SELF RATING & COMMENTARY** **Underperforming Needs further development Capable Excellent**  |  |
| **EVIDENCE TYPE & DATE(S)** |  |
|  |  |
| **SUPERVISOR RATING & COMMENTARY** |  |
|  **Underperforming Needs further development Capable Excellent**  |  |
| **EVIDENCE TYPE & DATE(S)** |  |
|  |  |

**PRACTITIONER**

I CONFIRM THAT THIS PORTFOLIO CONTAINS MY OWN WORK & EVIDENCE RELATED TO MY OWN CAPABILITY. I CONFIRM NO PATIENT IDENTIFIABLE INFORMATION IS INCLUDED.

**FCP SIGNATURE** …………………………………………………………………………………………………………………………………………………………

FCP HCPC REGISTRATION NUMBER………………………………………………………………DATE……………………………………………………..

**VERIFYING SUPERVISOR** PLEASE CIRCLE WHERE REQUIRED, SUPPLY INFORMATION AN SIGN TO VERIFY EVIDENCE

I CONFIRM I HAVE COMPLETED THE PRIMARY CARE ROADMAP SUPERVISOR TRAINING YES NO

I HAVE REVIEWED THE EVIDENCE OF CAPABILITYIN THIS PORTFOLIO YES NO

I CONFIRM I AM UP TO DATE WITH EQUALITY & DIVERSITY TRAINING YES NO

**OVERALL RATING OF CAPABILITY FOR STAGE TWO (PLEASE CIRCLE)**

**Underperforming Needs further development Capable Excellent**

**SUPERVISOR SIGNATURE**……………………………………………………………………………DATE………………………………………………………..

SUPERVISOR REGISTRATION NUMBER (GMC/HCPC/NMC)……………………………………………………DATE………………………………..

PLEASE ENSURE STAGE ONE CHECKLIST IN ROADMAP IS VERIFIED & SIGNED AND THEN

PLEASE ENSURE STAGE TWO CHECKLIST IN ROADMAP IS VERIFIED & SIGNED, READY FOR SUBMISSION VIA THE HEE CENTRE PORTAL – LINK IN ROADMAP