

ROYAL COLLEGE OF PSYCHIATRISTS

Your Guide to 14Fish

For Supervisors – migrating from Portfolio Online

Read '[Start Here](#)' Guide first for login and access.

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TIP: You can see a view of your resident doctor's portfolio - the same screen they see - you may find it useful to familiarise yourself with the [resident doctor's guidance](#).

1. Your access and permissions

Permissions work differently from Portfolio Online. In 14Fish, access levels carry authority to do different things, so it is worth understanding your roles.

- You may hold a number of roles within 14Fish, for example, Psychiatric Supervisor, Educational Supervisor, Training Programme Director (TPD) or Head of School (HoS).
- Only an Educational Supervisor can sign off an ESR (Educational Supervisor Report)
- If you hold roles such as TPD, ARCP Chair, Head/Deputy Head of School you will also need access to the database/back end of the platform called 'Fishbase'. Not all Supervisors will require access for Fishbase and there is separate guidance for this.

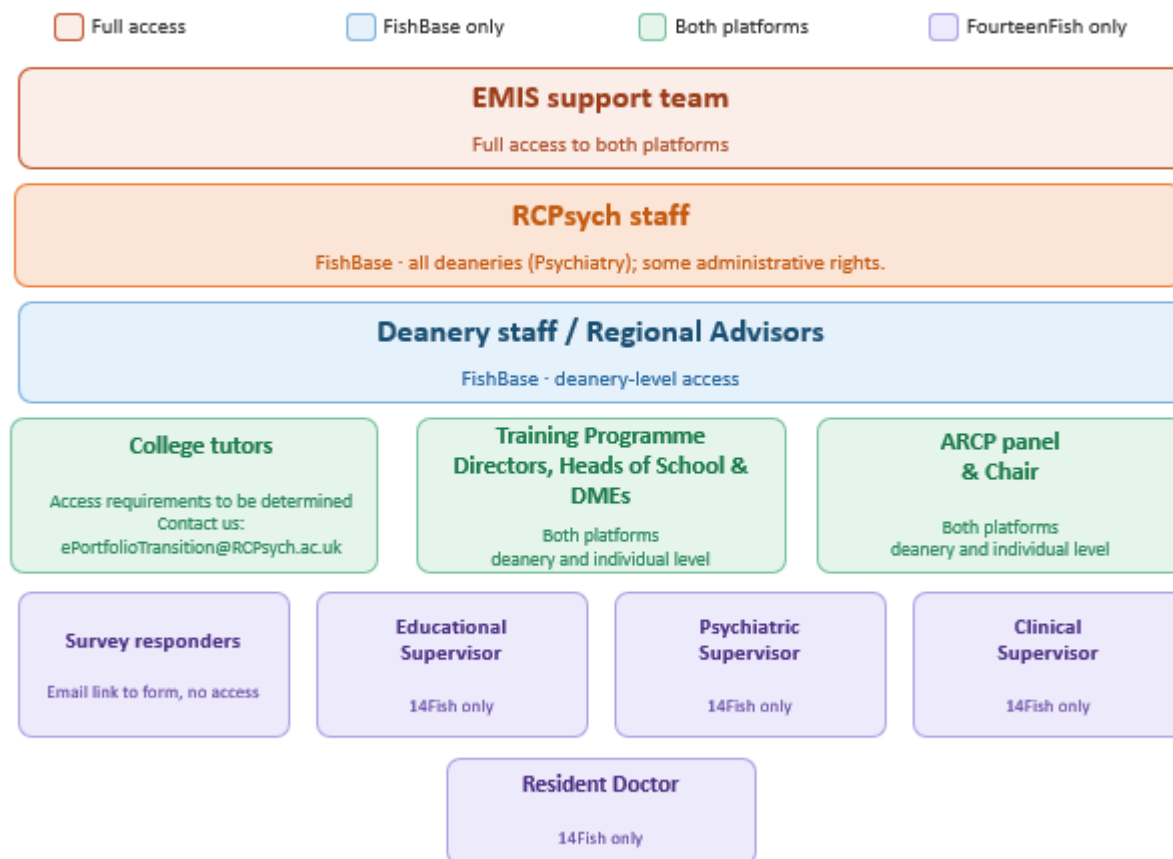
IMPORTANT: If your role requires you to have Fishbase access, you will only need one login for both 14Fish and Fishbase. You will only be able to login to Fishbase if you have admin rights. We will contact you to confirm this.

Do not enter your GMC number when setting up your account; it is already pre-loaded in Fishbase. We are setting up all supervisors and Fishbase admin users on the 14Fish Platform and will include your GMC numbers in the pre-loaded data.

If you have previously had a login for 14Fish for another specialty, your login details will be the same as you used previously.

You will find guidance specific to Fishbase and ARCP in [the resources section of the college website](#).

14Fish access and permissions infographic



NB: where a person holds multiple roles across FishBase and FourteenFish, a single set of credentials is used — one password, two websites.

2. First login and finding your way around the ePortfolio

1. On login, click your profile and account settings to set your profession and make sure your account information is correct. Go back to ['Start Here'](#) if you have any issues logging on.
2. Go to the Dashboard area to see your main actions and the resident doctors you are supervising, similar to Portfolio Online.
3. **Anything pink on the platform is a link.**

3. Reviewing your resident doctor's entries

Finding migrated historic documents: 'All entries' button

Everything submitted in your Portfolio Online (PO) account has been migrated across to 14Fish.

- As a supervisor, you see everything your RD can see on their 14Fish account.
- All migrated documents appear as downloadable, searchable PDF forms; visible via 'All Entries' on the dashboard:

- The RD's migrated PDFs sit at the bottom of the lists. New entries they add will appear above them.
- Every migrated entry is labelled 'Historic' under 'Type' with the date it was created in Portfolio Online to help you find key entries.
- 'Date Updated' is the date the entry was migrated into 14Fish, not the date they originally completed it.

TIP: If you are looking for a specific assessment from a previous year of training, search or sort by 'Title'. The PO completion date is also part of the title, which may help you search. All entries submitted before the RD's Portfolio Online account was closed for migration have been migrated across to 14Fish.

The Migration Temporary Catch-up Form

There is a new form: the 'ePortfolio Migration Temporary Catch-up Form', (in Learning Logs circled above), which you and your Resident Doctor can use to support the review of their migrated evidence and their continuing professional development. This has been developed in collaboration with resident doctors and supervisors – it is intended as a helpful tool to support you and the RD and is not mandatory.

- RDs are encouraged to use it during the first few months after migrating.
- Use it to alert their new supervisor to evidence migrated from Portfolio Online and to plan areas for progression and development.

Starting a review:

- Click on your Dashboard area and all entries for review will appear in your supervisor's area. Your main access is the Supervisors' Area on the right-hand side.

- **Click the pink link** Entries for review and you will be able to filter by resident doctor.
- Anything **marked in pink as 'view'** is incomplete and requires review.
- View all entries for review using the link at the top of the form.
- Filter and search by entry or by resident doctor.
- On some assessments you can tag additional HLOs if you feel they have been covered.
- Confirm what requires 'sign-off' by you to reduce admin burden
- Educational Supervisor Reports must be signed-off for them to be released for ARCP.

TIP: You can access further guidance via our [ePortfolio 14Fish resources](#) page

4. What is new in assessment

Alongside the platform change, some assessment approaches have been updated as part of the College's [Formative Assessment Review](#) in line with GMC recommendations. See the full [College guidance on Formative Assessment](#) for further details.

Entrustability scale

A 5-point entrustability scale is used in Psychiatric Supervisor and Educational Supervisor Reports to give formative, developmental judgements on a resident doctor's autonomy and supervisory needs.

Level	What it means
1	Entrusted to act only in the constant presence of the supervisor.
2	Entrusted to act under indirect supervision, with the supervisor intermittently present and monitoring at regular intervals.
3	Entrusted to act under indirect supervision, with the supervisor remote but present in the setting and able to give prompt direction or assistance.
4	Entrusted to act independently, with the supervisor accessible on call and able to attend if required.
5	Entrusted to act independently with no supervisor involvement, always within local protocols.

Expected progression: core resident doctors (CT1/ST1) typically start at Levels 1-2, progress through 3-4, and reach Level 5 by CCT, with local variation by placement and context.

Note: Entrustability scales are formative and support the Resident Doctor's development towards independent practice as a senior psychiatrist over the duration of their training. They complement EAs and HLO evidence as part of the ARCP process.

Embedding formulation skills

Case Presentations now explicitly assess formulation throughout training.

- Core Resident Doctors (CT1-3): one Case Presentation per year of training.
- Higher Resident Doctors (ST4-6+): at least one Case Presentation per year of training, replacing one Cbd in higher training.
- Higher Resident Doctors Case Presentations can be reviewed by members of the Multi-Disciplinary Team, for example a consultant or band 8 professionals, including advanced practitioners and psychologists where appropriate.

The resident doctor's CP synopsis should cover:

- The biopsychosocial formulation.
- How formulation, including relational factors, informs diagnosis and differentials.
- Patient strengths and how they contribute to the overall intervention plan.
- How formulation has shaped a person-centred plan.

Patient and carer feedback

Mandatory at both CT and ST stages, at least once per stage. You can do it more often, but once in core training and once in higher training is the minimum standard. This is a requirement by the GMC. The approach is consistent across all psychiatric specialties, and the feedback forms part of ARCP consideration.

Why patient and carer feedback matters:

- Strengthens communication skills.
- Improves empathy and bedside manner.
- Helps identify areas for improvement and development.

Patients answer 7 questions on a scale from No, not at all to Yes, completely, plus a free-text box for comments. Aggregated results are reviewed with your RD to agree strengths, development areas and targeted actions in supervision sessions.

Direct Observation of Procedural Skills (DOPs) and DOPs for ECT.

The Directed Observation of Procedural Skills (DOPs) form has been expanded. There is now an extended DOPs form, which scrolls down to the DOPs ECT form to highlight formulation skills. It appears in the Resident Doctor's Educational Assessment (EA) list.

Caseload-based discussion (CLBD) and Direct Observation of non-Clinical Skills (DONCs)

- CLBD strengthens public mental health skills, focusing on population-level and service data, for example readmission rates, ED/crisis use and equity of access.
- DONCs have been expanded and now include a dropdown of HLOs 1-9 so supervisors can tag observed non-clinical competencies: leadership, governance, digital, advocacy, QI, education and research.

IMPORTANT: These tools are formative and support a Resident Doctor's developmental progression alongside other evidence at ARCP.

5. Further guidance

- [2022 Curricula](#)
- [Formative Assessment Guidance](#)
- ARCP guidance (available shortly)
- Fishbase/administration guidance (available shortly)
- [More resources](#)

For access queries or anything that does not look right, contact eportfoliotransition@rcpsych.ac.uk.