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A. Introduction

Congratulations on achieving a Pre-registration Trainee Pharmacist training placement with us and welcome to the Health Education Kent, Surrey and Sussex Pharmacy training programme.

The Pre-registration year is aimed at supporting your transition from pharmacy student to registered qualified pharmacist. In order to fulfil this goal you will be required to demonstrate that you have the requisite knowledge, skills and attitudes and that they can be applied in a practice setting. You will have gained some experience of the latter (although exactly how much will depend on your undergraduate course and any previous placements or work experience) prior to commencing your Pre-registration year; over the next 12 months we will aim to support your development to become a competent and confident practising Pharmacist.

The General Pharmaceutical Council (GPhC) requires you to undertake a training period of at least 52 weeks in order to demonstrate your competence against a range of practical and professional criteria known as “Performance Standards”.Providing you meet these standards you will be eligible to sit the registration examination in order to join the register of practising Pharmacists.

For each of the main areas of practice, specific objectives and practice activities are recommended in this handbook to ensure that all the Pre-registration Trainee Pharmacists in the region enjoy a similar quality of training and experience. These activities can then be used as evidence to demonstrate the relevant Performance Standards. The activities have been compiled by the relevant specialists and agreed by the Educational Programme Directors. Certain areas may be cross-referenced with others such as clinical practice activities and dispensary practice activities.

Professionalism is integral to being a pharmacist and over the course of this year we will place tremendous importance upon the development of your professional values. As well as professional values you are also required to follow the key NHS Values. These values are set out on page 4; ‘NHS Constitution: The NHS belongs to us all.’ There are six key elements of professionalism (Project Professionalism: ABIM, 2001):

- Altruism (giving priority to patient interests rather than self-interests).
- Accountability (being answerable to patients, society and profession).
- Excellence (conscientious effort to perform beyond ordinary expectation, and commitment to life-long learning).
- Duty (free acceptance of commitment to service – i.e. undergoing inconvenience to achieve a high standard of patient care).
- Honour and Integrity (being fair, truthful, straightforward and keeping to one’s word).
- Respect for others (respect for patients and families, colleagues, other healthcare professionals, students and trainees).

The profession describes these values through the seven principles of the standards for conduct, ethics and performance listed below. Your Educational Supervisor will look for evidence that these values are reflected in your practice as you work through the GPhC Performance Standards. There is also a considerable body of research, which claims that the development of professionalism is best assessed through reflective writing, and as a result Educational Supervisors may expect you to write a number of reflective accounts during the training year describing how your professionalism is developing.

Standards for conduct, ethics and performance set out the behaviours, attitudes and values expected of pharmacy professionals and explain the minimum standards that all pharmacy professionals must comply with. They also inform patients and the public of the standards that they can expect of pharmacy professionals.
The seven principles of the standards for conduct, ethics and performance for pharmacy professionals

As a pharmacy professional you must:

1. MAKE PATIENTS YOUR FIRST CONCERN
2. USE YOUR PROFESSIONAL JUDGEMENT IN THE INTERESTS OF PATIENTS AND THE PUBLIC
3. SHOW RESPECT FOR OTHERS
4. ENCOURAGE PATIENTS AND THE PUBLIC TO PARTICIPATE IN DECISIONS ABOUT THEIR CARE
5. DEVELOP YOUR PROFESSIONAL KNOWLEDGE AND COMPETENCE
6. BE HONEST AND TRUSTWORTHY
7. TAKE RESPONSIBILITY FOR YOUR WORKING PRACTICES

A.1. NHS Constitution: The NHS belongs to us all

The NHS Constitution establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively.

All NHS bodies and private and third sector providers supplying NHS services are required by law to take account of this Constitution in their decisions and actions. The White paper ‘Liberating the NHS’ expressly refers to the NHS Constitution and how it will be upheld. Patients, public and staff have helped develop this expression of values that inspire passion in the NHS and should guide it in the 21st century. The following NHS values provide common ground for co-operation to achieve shared aspirations. As your training year is based in the NHS, it is very important that you are familiar with the NHS Constitution and key NHS values. Over the course of the training year you will gain more knowledge about these values and more importantly their value in practice for improving the patient hospital experience and patient safety in your trust/organisation. The key values of the NHS are as follows:

- **Respect and dignity.** We value each person as an individual, respect their aspirations and commitments in life, and seek to understand their priorities, needs, abilities and limits. We take what others have to say seriously. We are honest about our point of view and what we can and cannot do.
- **Commitment to quality of care.** We earn the trust placed in us by insisting on quality and striving to get the basics right every time: safety, confidentiality, professional and managerial integrity, accountability, dependable service and good communication. We welcome feedback, learn from our mistakes and build on our successes.
- **Compassion.** We respond with humanity and kindness to each person’s pain, distress, anxiety or need. We search for the things we can do, however small, to give comfort and relieve suffering. We find time for those we serve and work alongside. We do not wait to be asked, because we care.
- **Improving lives.** We strive to improve health and well-being and people’s experiences of the NHS. We value excellence and professionalism wherever we find it – in the everyday things that make people’s lives better as much as in clinical practice, service improvements and innovation.
- **Working together for patients.** We put patients first in everything we do, by reaching out to staff, patients, carers, families, communities, and professionals outside the NHS. We put the needs of patients and communities before organisational boundaries.
- **Everyone counts.** We use our resources for the benefit of the whole community, and make sure nobody is excluded or left behind. We accept that some people need more help, that difficult decisions have to be taken – and that when we waste resources we waste others’ opportunities. We recognise that we all have a part to play in making ourselves and our communities healthier.
A.2. Supervisor Terminology

In order to rationalise terminology for all individuals involved in education of pharmacy professionals, KSS Pharmacy Education have adopted the following role terms which are used throughout the handbook.

A “Practice Supervisor” in pharmacy is someone who is selected, appropriately trained and responsible for overseeing a specified trainee’s work and providing developmental feedback during a period of training. This role requires appropriate assessment skills. Practice Supervisors will support learners to identify opportunities for learning in the workplace, provide supervision of trainees on a day-to-day basis and identify Trainees in Difficulty. Practice Supervisors are involved in and contribute to a work-based learning culture. For Pre-registration Trainee Pharmacists this will be the member of pharmacy staff in charge of a particular rotation.

An “Educational Supervisor” (previously Tutor) in pharmacy is someone who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee’s educational progress during a period of training placement or series of placements. The Educational Supervisor is responsible for the trainee’s Educational Agreement. This will include formal assessment and sign off. The Educational Supervisor should have an understanding of the range of learning, assessment and support opportunities for learning in the workplace, work collaboratively with colleagues to monitor and support learner’s progression and foster learner autonomy. They should also be able to identify and support Trainees in Difficulty, including interfacing with employment performance management procedures. An ‘Educational Supervisor’ role involves overall supervision and management of a specified trainee’s educational progress during a programme (or series of periods of training), as opposed to a single period of training. For Pre-registration Trainee Pharmacists, your Pre-registration Tutor is your Educational Supervisor.

An “Educational Programme Director” (previously Pre-registration Trainee Pharmacist Manager) in pharmacy (EPD) oversees one or more entire training programmes locally, regionally, or both, developing and implementing programmes together with external bodies and local teams. The EPD ensures that quality criteria are met, including resource, appropriately trained supervisors, possibly selection of candidates, monitoring of progress and equal opportunities. For Pre-registration Trainee Pharmacists, the Lead Education and Training Pharmacist is normally the EPD.
B. Health Education KSS Pharmacy Support

All of the NHS Hospitals in Kent, Surrey, Sussex, Hampshire and the Isle of Wight and Care UK (IOW) are supported by the Health Education Kent Surrey Sussex (HE KSS) Regional Pharmacy team.

We are a regionally based team of pharmacists, pharmacy technicians and administration staff who develop, co-ordinate and provide training according to the identified needs of the workforce within the region. With regards to Pre-registration Trainee Pharmacists, our current roles and responsibilities are:

- To co-ordinate the planning and allocation of Pre-registration Trainee Pharmacist training posts to NHS hospitals and Care UK (HMP Isle of Wight)
- To co-ordinate the marketing and recruitment into NHS Pre-registration Trainee Pharmacist posts in Kent, Surrey, Sussex, Hampshire and the Isle of Wight.
- To organise, deliver and evaluate a regional programme of study days and e-learning modules to supplement pre-registration training at base
- To produce a range of learning resources to support pre-registration training and to ensure that trainees have access to other suitable materials e.g. Centre for Pharmacy Postgraduate Education (CPPE) packs
- To provide support for and assessment of Pre-registration Trainee Pharmacist audit projects
- To formatively assess the clinical competence of Pre-registration Trainee Pharmacists
- To train and support Pre-registration Trainee Pharmacist Educational Supervisors
- To offer pastoral support and remediation to Trainees in Difficulty (TiDs)
- To make recommendations for pre-registration rotations and training
- To quality manage Pre-registration Trainee Pharmacist training programmes
- To manage administration of the pre-registration pharmacist programme e-Portfolio

Throughout the year to supplement your training placement you will attend a series of study days and complete a series of e-learning based activities that have been designed to complement the practical experience that you gain at your local organisation (GPhC Performance Standards A1.1, A1.2, A2.1, A2.4, A4.1, A5.1, A5.3, B1.1, B1.2, B2.1, B2.2, C1.5, C2.8, C2.9, C2.10)

These are designed specifically for Pre-registration Trainee Pharmacists and you are encouraged to play an active part in order to gain the most from the regional training programme.

You will be emailed a study day programme and directions to venues in advance and copies are always available on our website during the two weeks before the study day (Please see section J).
The regional on-line learning platform is Moodle and you will receive your login details at the beginning of your pre-reg year. Some e-learning modules and study days will require preparatory work and it is important that you complete this pre-course work. At the end of each regional study day and some e-learning activities, you will be asked to complete an evaluation form. We rely on the feedback provided by you to improve and develop the regional training programme for future cohorts of Pre-registration Trainee Pharmacists.

You are also required to complete a work based audit project during the year. Usually you will not have time to complete the full audit cycle but you should be able to review current practice against guidelines and make clear recommendations to improve practice and re-audit. All submitted audits undertaken in the region are assessed.

In order to help you assess and improve your clinical competence, we run Objective Structured Clinical Examinations (OSCEs). A baseline OSCE is run early in the pre-registration year in October and this can be invaluable in helping you identify your learning needs and prepare you for registration. The OSCEs are then repeated in the spring to review your progress and will help you plan your clinical training in the final quarter of the training year.

If you have any queries about Pre-registration Trainee Pharmacist training, either within your own base or regionally, you are encouraged to discuss these with your Educational Supervisor (tutor). However if you require further assistance then please do not hesitate to contact the Regional pharmacy team.

**B.1. The HEKSS Pharmacy Pre-reg Team**

<table>
<thead>
<tr>
<th><strong>Marc Miell</strong></th>
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<tbody>
<tr>
<td>Training Programme Director – Pre-registration Pharmacists</td>
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<td>Mobile: 07734 995795</td>
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Marc is the Pre-reg Training Programme Director who manages the team to deliver the regional programme of study days and e-learning. Marc also leads on pre-registration pharmacist recruitment and curriculum design.

Marc generally works Wednesday to Fridays with the HEKSS Pharmacy team and has a clinical and medicines information role for the rest of the week at University Hospital Southampton.

Please contact Marc if you wish to contact the team regarding a sensitive issue.

<table>
<thead>
<tr>
<th><strong>Heather Haynes</strong></th>
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<tbody>
<tr>
<td>Pre-reg Programme Co-ordinator</td>
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<td>Email: <a href="mailto:hhaynes@kss.hee.nhs.uk">hhaynes@kss.hee.nhs.uk</a></td>
<td></td>
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</tbody>
</table>

Heather is the Pre-reg Programme Co-ordinator and the Workforce Project officer within the HEKSS Pharmacy team. She manages the administration of the pre-reg programme as well as e-learning design and technology.

Due to the different working hours within the team, we would recommend that in the first instance for all general enquiries you contact Heather who is based in the office full time (Monday to Friday).
Atif Shamim
Specialist Programme Support Pharmacist
Email: ashamim@kss.hee.nhs.uk
Twitter: @lts_Atif

Atif works on Thursdays with the pre-reg team to deliver training events and design e-learning modules, and leads on the trainee rep and audit part of the programme.

For the rest of the week Atif is the Programme Director of the Community Education Providers Network Pharmacy Project, a multi-specialty programme which places pre-registration pharmacy trainees from primary care into GP surgeries and aims to enhance interprofessional working, and also provides a structured training programme for community pharmacy tutors.

Fiona Rees
Specialist Programme Support Pharmacist
Mobile: 07779 925522
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Twitter: @morse_fiona

Fiona works within the pre-reg team to deliver the different training events and design e-learning modules. Fiona leads on the patient safety, clinical and calculation aspects of the programme as well as leading on pre-reg OSCE assessment. Fiona works Thursdays and Fridays with the team and for the rest of the week works for Brighton and Sussex University Hospitals NHS Trust.

Laura McEwen-Smith
Pre-registration Pharmacist Programme Support
Mobile: 07788 277606
Email: lauramcewen-smith@kss.hee.hs.uk
Twitter: @ljmcewens

Laura leads on the e-portfolio for pre-reg pharmacists as well as the communication and consultation skills curriculum for pre-reg pharmacists. She also works with the team on the OSCE assessments. Outside the pre-reg team Laura is the HEKSS Pharmacy Lead for Pharmacy Technician Accreditations.

If you want to give us any feedback or feel a problem/issue has arisen please visit the following webpage to find out more about giving us feedback.

http://www.ksspharmacy.nhs.uk/contact-us/

B.2. e-Portfolio

The vqmanager e-portfolio, developed by Skillwise UK, was introduced in 2014 to facilitate better portability, flexibility and accessibility of your evidence. The system also provides a method of ensuring the authenticity of trainee work (using electronic signatures), and that a formative assessment can be undertaken against the GPhC performance standards. This helps trainees and Educational Supervisors to monitor progress throughout the training period and seek/provide support where necessary.
All trainees are required to complete their portfolio electronically. Following registration onto the programme, trainees will receive log-in details for the e-portfolio and a quick-start guide on using the system.

Each of the Trusts pharmacy departments will have a ‘super-user’ who is fully trained in using the e-Portfolio system. It's very important that new users make every attempt to fully utilise the training and help tools available to understand and use the system effectively and to resolve any issues.

**B.3. Trainee Representatives**

In order to facilitate a constructive dialogue between the KSS Pharmacy Education team and the Pre-registration Trainee Pharmacist cohort, Trainee Representatives are appointed at the start of the year.

Trainee Representatives (TRs) are selected to represent the pre-registration trainee pharmacists in their geographical county i.e. one trainee rep (and one deputy) for each county of:-

- Kent
- Surrey
- Sussex
- Hampshire and Isle of Wight

The Trainee Representative will act as your voice as they will gather any feedback from you that you wish to pass on to the regional team, and will be one of the routes through which KSS Pharmacy Education provides information to you.

The role carries significant responsibility, as the Trainee Representative will need to represent the views of their county cohort at meetings, as well as understand and disseminate the outcomes of the regional meetings back to the cohort.

Effective communication and negotiation skills are therefore vital, and a training day will be provided in early September to ensure that the Trainee Representatives and their deputies understand their role fully.

If you would like to be the Trainee Representative for your County, please visit the following webpage, where you will find further information about the role, the skills required and the benefits to you of becoming a Trainee Representative. You will need to complete the form (available on the page) by Tuesday 4th August 2015, explaining why you think you would be ideally suited for this role.


A Trainee Rep and Deputy will be appointed for each county from the applications received. Both Trainee Representatives and Deputies will be introduced to the trusts they represent at the Induction study day (13th August 2015).

**B.4. Special Requirements**

If you have a disability or have a specific learning difficulty such as dyslexia please do let us know at the start of the year. Any information will be treated in the strictest confidence. By letting us know we can support you and your base Trust throughout the year. For example by supporting you in applying for extra time for the registration examination and giving you extra support in the OSCEs in October and spring 2016.

Please also let us know in advance if you require any extra support at the study days, for example any specific dietary requirements or availability of prayer rooms.
B.5. Trainee Support

KSS Pharmacy Education offers support to Trainees in Difficulty (TiD). A Trainee in Difficulty describes a pre-registration trainee pharmacist who, for whatever reason, needs extra help and support to deal with problem(s) that interfere with the completion of the pre-reg training programme. These may, or may not be work-related. Identifying a trainee as ‘in difficulty’ is not to label them, but to set in motion a process so that s/he may complete their training successfully. If necessary, a representative from the regional pharmacy team may visit you and your Educational Supervisor (tutor) in the workplace during the pre-registration training year. This will provide an opportunity for the Regional team to review your progress with the practice activities and the GPhC Performance Standards and find the best way to support you through your training year. Trainees and Educational Supervisors can contact the Regional team with any queries. Trainees can also confidentially access the ‘Practitioner Health Programme’ – see section B.5.1 for more information.

More information is available from the KSS Pharmacy Education website where you can download a Pharmacy TiD guide.

http://www.ksspharmacy.nhs.uk/education-supervision/trainees-in-difficulty/

If, for any reason, you feel you may have difficulty during your training year, please liaise with your Educational Supervisor, Educational Programme Director or with the Regional Pharmacist Team (contact details above) as soon as possible.

B.5.1. Practitioner Health Programme (PHP)

http://kss.hee.nhs.uk/education-and-training/trainee-support/trainees/practitioner-healthprog/

The Practitioner Health Programme (PHP) offers a confidential consultation support service for KSS-managed trainees including pharmacists and pharmacy technicians. PHP can offer emotional, psychological and practical support for a wide range of issues and problems that are common to trainees. Below is a list of some of the common difficulties that PHP have been able to help trainees through.

- Depression
- Anxiety
- Obsessive thinking and behaviour
- Excessive worry
- Perfectionism
- Specific phobias
- Relationship problems
- Work related stress
- Social anxiety
- Issues related to Anger, Shame or Guilt
- Concerns over use of alcohol or drugs
- Setbacks, including exam failure

You may feel that your current difficulties do not fit into any of the above categories. This is quite normal and PHP are skilled at helping people access the right treatment options to suit their needs. During your initial assessment with a PHP clinician, they can help you identify your current issues and agree on how best you can be helped. PHP offers an initial assessment appointment with a specialist clinician for formulation and treatment planning. Once referral to PHP is made, an initial assessment appointment is offered within two working days. This appointment is offered within two working days of referral. Following assessment, cases are discussed by a multi-disciplinary team to agree provision of appropriate therapeutic support including:
Brief interventions, relapse prevention, psychodynamic psychotherapy and Cognitive Behavioural Therapy (CBT).

PHP is not an Occupational Health Service, although they are complementary to this service and can liaise as necessary, with your consent. If you are struggling, and for any reason find it hard to approach your GP, Educational Supervisor or access local services then please feel free to contact PHP directly via http://php.nhs.uk/contact-us/. If you are unsure and would like to discuss the PHP support service, you can contact the KSS TID lead, Emma Wright, in complete confidence at: ewright@kss.hee.nhs.uk

B.5.2. Bullying and harassment

Bullying and harassment is taken very seriously by Health Education Kent Surrey and Sussex. All guidance should be read in conjunction with your Trust’s guidance on the subject, as they carry the legal responsibility for such issues.

The following definitions (from the HEKSS website) may help clarify defining such behaviour:

**Bullying**: ‘offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means that undermine, humiliate, denigrate or injure the person to whom it is directed’.

It is not ‘firm supervision’ – which may include constructive, but negative, feedback.

**Harassment**: ‘unwanted conduct related to sex, gender reassignment, race or ethnic or national origin, disability, sexual orientation, religion or belief, age or any other personal characteristic’

What should you do if you think you are being bullied/harassed?

1. Speak to someone – if your first contact is not helpful, speak to someone else
2. Keep a record – diary of all incidents, as specific as possible.

For more guidance and information please refer to HEKSS guidance: http://kss.hee.nhs.uk/education-and-training/trainee-support/trainees/buh-guidance/ or your employing organisations policy.
C. Learning in the Workplace

Learning in the workplace is a very different experience from learning in an academic institution. In your experience of placements to date, you have probably had more emphasis on observing rather than doing. This year the balance will change. You will find that at the start of the year your Educational Supervisor is more directive and that you will need to observe and ask questions to learn about new processes and practices. When you are learning through observation, you should expect that your Practice Supervisor explains to you what is happening, as it is happening. If they do not, ask that they do. If you do not understand something, remember to always ask. Over time your Educational Supervisor and Practice Supervisors will expect you to take more responsibility for your own development and to make an increasing contribution to patient care. Your Educational and Practice Supervisors will give you instruction and opportunities to develop your knowledge and skills but you must take ownership of your training year. The ultimate responsibility for achieving the required standards is yours. Ensure that you set yourself realistic targets and review them regularly with your Educational Supervisor.

To support your training, the KSS Pharmacy Team will be providing a range of e-learning packages and bespoke study days throughout your year. As with your learning in your workplace, it is essential that you are proactive and self-directed in your learning. This will be demonstrated in completing learning packages in a timely manner and openly communicating about your learning with your Educational Supervisor.
D. Competence Based Training

All Pre-registration Trainee Pharmacists in the region follow the GPhC Performance Standards programme.

Performance Standards

To demonstrate that the pre-registration trainee pharmacist is competent in the GPhC Performance Standards, they need to produce evidences of practice, which can then be mapped to the GPhC Performance Standards. Note that one evidence can be mapped to several different GPhC Performance Standards, as long as it’s a true reflection of what happened.

• For each of the GPhC Performance Standards the Educational/Practice Supervisor and the Pre-registration Trainee Pharmacist should discuss and plan how they will achieve it during training, i.e.
  - What sort of training?
  - Who will be responsible for the training?
  - If, when and how an assessment will take place (note: not all performance standards have to be formally assessed. In some cases, being observed is sufficient)?
  - What information will be required to support the evidence of the performance standard (i.e. copy of prescription etc.)?

• The Pre-registration Trainee Pharmacist will then complete a record of evidence (as illustrated on the following page) and upload this to the e-Portfolio, indicating which of the performance standards have been met.

• The Educational/Practice Supervisor is then to examine and critique the record of evidence produced by the Pre-registration Trainee Pharmacist.

• On this reflection, the Educational/Practice Supervisor will decide whether evidence points to:
  - Competence.
  - Need for further training, practice or guidance.

• This review is then feedback to the Pre-registration Trainee Pharmacist through the e-Portfolio.

The responsibility for acquiring evidence and ensuring that competences are achieved is with the Pre-registration Trainee Pharmacist.

The trainee needs to be deemed competent in the GPhC Performance Standard by the Educational Supervisor before it is signed off/approved (in most cases this is likely to take more than one piece of evidence) and all GPhC Performance Standards need to be competently demonstrated for portfolio completion.

Further information about identifying your baseline knowledge, skills and competences and developing an action plan is contained in the GPhC Pre-registration Trainee Pharmacist’s manual available online here: www.pharmacyregulation.org/preregmanual.
E. Records of Evidence

Record of evidences that show that the performance standards have been met need to be uploaded to the e-Portfolio and mapped/linked to the GPhC performance standards and PRP learning objectives. HEKSS Pharmacy have a template form that can be used which is available in the File Library of the e-Portfolio or your Trust may have their own preferred version.

Below illustrates the information required in a record of evidence.

1. Brief summary of nature of event / activity
   - Set the scene - where you were, what was the overall task?

2. What were you trying to achieve?
   - Is there a description of the learning objective?
   - Is there a description of how this is relevant to you as a pharmacist or your practice?

3. What happened / what was the outcome?
   - Include any indication of interaction or feedback from the patient, healthcare professional, colleagues etc.? i.e. Do you think the patient understood what you were saying?
   - Relate your behaviour / actions to all the three main sections of the performance standards -
     A) Personal Effectiveness
     B) Interpersonal Skills
     C) Medicines and Health
   - Look at your learning and performance objectives and assess if you have met them. If they have been met say so. Explain how or why they were met.

4. What have you learnt as a result?
   - Did you learn what you set out to learn?
   - Is there a clear description of what you have learnt?
   - Have you related what you have learnt to the performance standards?
   - Does the record of evidence show how you have or will apply this learning to your practice as a pharmacist?

5. What do you want / need to learn more about?
   - What part of the exercise did not go well?
   - What skills or knowledge do you need to improve in this area?
   - Think of all the three main sections of the performance standards -
     A) Personal Effectiveness
     B) Interpersonal Skills
     C) Medicines and Health
   - and explain what you are going to do next to help yourself achieve these standards.

   - Set yourself new SMART Objective(s)
   - Get the evidence reviewed by the trainer / assessor as soon as is practically possible after the event has happened, and ask for written feedback on the record of evidence

And now .... These new SMART objectives will take you back to the top of the cycle.
F. Trust-based Pre-registration Trainee Pharmacist training programme

Each Trust that provides Pre-registration Trainee Pharmacist training is responsible for ensuring that work experience and training in the core areas of practice is made available.

Within Kent, Surrey, Sussex, Hampshire and the Isle of Wight, training for all NHS Pre-registration Trainee Pharmacists in Mental Health and Community Pharmacies during the 12 month training programme is a mandatory requirement. The regional pharmacy team recommends that pharmacists should have the opportunity to gain additional experience of working in NHS Commissioning Boards and in NHS Community Health Services during the 12 month Pre-registration Trainee Pharmacist training programme (desirable rotation).

All hospital trust-based Pre-registration Trainee Pharmacists are expected to rotate through the dispensary, clinical, medicines information and technical services whilst doing the hospital training programme - however occasionally these rotations may need to be secondments to another hospital or Trust for certain specialities. Dependent on the characteristics of the Trust and its specialist services and resources, Pre-registration Trainee Pharmacists should be able to gain experience in some optional areas of practice. Your Educational Supervisor will explain what opportunities are available through your base hospital. In addition the regional team also organise and provide study days and e-learning modules in specialist areas of practice, for trainees who are unable to gain hands on experience in the workplace.

F.1. Suggested time distribution

<table>
<thead>
<tr>
<th>Time (weeks)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CORE TRAINING</strong></td>
<td></td>
</tr>
<tr>
<td>Induction +</td>
<td>2</td>
</tr>
<tr>
<td>Clinical/Dispensary/Medicines Management (including medicines reconciliation, ward visits, ward rounds and clinics, procurement/stock control, inpatient and outpatient services, POD training)</td>
<td>26</td>
</tr>
<tr>
<td>Medicines Information</td>
<td>4</td>
</tr>
<tr>
<td>Preparative services (Aseptic preparative services)</td>
<td>2</td>
</tr>
<tr>
<td>Community Pharmacy</td>
<td>2</td>
</tr>
<tr>
<td>Mental health</td>
<td>1</td>
</tr>
<tr>
<td>Audit</td>
<td>1</td>
</tr>
<tr>
<td>Study Days and E-learning</td>
<td>3</td>
</tr>
<tr>
<td><strong>DESIRABLE TRAINING - NHS Commissioning Organisation</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>OPTIONAL TRAINING, Selection from:</strong></td>
<td></td>
</tr>
<tr>
<td>Large scale Hospital Pharmaceutical Manufacturing, Quality Control and Assurance</td>
<td></td>
</tr>
<tr>
<td>Extended preparative services and radiopharmacy</td>
<td></td>
</tr>
<tr>
<td>NHS Community Health Services/ intermediate care</td>
<td></td>
</tr>
<tr>
<td>Clinical Specialities e.g. ITU, HIV etc</td>
<td></td>
</tr>
<tr>
<td>Risk management</td>
<td></td>
</tr>
<tr>
<td>Flexible time can be used to provide additional training to meet individual needs or recover time lost through annual leave, external training etc.</td>
<td></td>
</tr>
<tr>
<td><strong>PLUS:</strong></td>
<td></td>
</tr>
<tr>
<td>Annual Leave</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>52</td>
</tr>
</tbody>
</table>

*Induction:* Pre-registration Trainee Pharmacists should spend a minimum of two weeks, during their first six weeks at their base hospital, in dispensary/clinical services. This will include an induction programme that will introduce the Pre-registration Trainee Pharmacist to all aspects of pharmacy work at their hospital.
The time allocation to each department is **offered as guidance only**. The trainee’s original training plan should comply with this time allocation guidance table. The emphasis is on individual competence and therefore it may be necessary to vary an educational plan during the course of the 12 month training period and spend more time in a department or rotation, in order to ensure that all performance standards are achieved.

**F.2. Learning Outcomes for Pre-registration Training**

For each area of work, a list of learning outcomes has been compiled. In order to achieve these, the recommended practice activities should be completed. To prevent duplication, a number of these have been cross-referenced to different sections.

For each practice activity, a list is attached of associated GPhC performance standards and exam syllabus taken from the GPhC Pre-registration Trainee Pharmacist manual. The purpose of this is to assist you in ensuring that you have gained appropriate experience during the year.

Next to some Learning Outcomes and Practice Activities, opportunities have been identified that show examples of the following methods of learning that are covered in our Pre-registration Trainee Pharmacist educational programme:

1) *Interprofessional Education (IPE) – ‘learning from or with other healthcare professionals’*
2) **Patient Involvement.**

As evidence is uploaded to the e-Portfolio and linked to the GPhC performance standards and PRP learning outcomes, you will be able to view your progress in the different areas and identify any gaps.

Please do refer to the GPhC pre-reg manual regarding the performance standards required.
G. Core Training

All of the numbering against the core training rotations and their respective learning outcomes corresponds directly with the criteria in the e-Portfolio, to aid navigation by the trainee and ES.

The suggested practice activities have been linked to GPhC Performance Standards (detailed in brackets) and selecting these practice activities in the e-Portfolio will trigger an electronic mapping tool which allows these pre-defined activities items to be mapped across the relevant GPhC standards at the click of a mouse.

1. Dispensary Services

Much of your experience gained will overlap with learning from medicines information, intermediate care services, and community pharmacy.

Specific learning outcomes are underpinned by many of the GPhC pre-registration performance standards.

Individual hospitals will have or may wish to expand their objectives in a different sequence and with different wording; however, each will embrace, as a minimum, the following learning outcomes and practice activities.

We encourage you to discuss with your educational supervisor where you may achieve these learning outcomes. For example, if outpatient pharmacy services are provided through another provider in your trust, it is important to be clear what you will achieve on a rotation through an outsourced unit and who will supervise you.

Learning Outcomes

1.1 To describe the individual roles of each member of the dispensary and their contribution to the dispensary service (*Inter-professional Education - IPE)

1.2 To undertake the procedure agreed for the receipt of prescriptions, including NHS charges and exemptions, screening and assessing the prescriptions and providing appropriate information to the patient.

1.3 To demonstrate all practical and manipulative skills associated with the dispensary process from receipt of a prescription or request to supply and issue to the patient, ward, department or clinic, with special emphasis on those requests which require extemporaneous dispensing (cross reference: preparative services).

1.4 To follow the procedures agreed for dealing with prescriptions that cannot be dispensed in full at the time that they are prescribed, with special emphasis on communication with the patient and healthcare staff where applicable.

1.5 To demonstrate a full working knowledge of the use and properties of drugs and pharmaceutical preparations handled and dispensed in the pharmacy, and to be able to apply this knowledge to ensure that all drugs which are prescribed are dispensed in a correct, safe and appropriate manner.

1.6 To advise on the legal and procedural requirements for the receipt, dispensing, supply and destruction of all medicines, including controlled drugs.

1.7 To communicate effectively with the prescriber and ward nursing staff regarding queries which arise, relating to in-patient, out-patient and ward supplies (*IPE)
1.8 To follow the procedures agreed for dispensing drugs which are the subject of clinical trials and to become familiar with the protocols drawn up.

1.9 To follow the policy of the hospital for patient own drugs, self-medicating schemes, dispensing for discharge, homecare, hospital doctors and their families and private in/out patient prescriptions, including the maintenance of records and methods of payment.

1.10 To have an awareness of the role of the dispensary service within the overall hospital service (*IPE) and its impact on:-
   - discharge of patients
   - out-patients
   - wards
   - inter-professional relationships e.g. between the pharmacy staff and the medical staff, nursing colleagues etc

1.11 To apply COSHH regulations within the dispensary.

1.12 To apply local policies for selling medicines to the general public.

1.13 To adapt to exceptional circumstances in the dispensary (e.g. failure of the dispensary-based computer system, major incident, telephone system failure etc.).

1.14 To demonstrate the ability to prioritise workload according to local needs.

1.15 To counsel patients on the use of medicines where appropriate, including the use of compliance aids, patient information leaflets, and medication warning cards.

1.16 To discuss the purpose of all records and requisition documents used including stock control documents.

1.17 To demonstrate a knowledge of the policy for collecting and recording workload statistics.

1.18 To apply the concepts of quality assurance and quality standards as they apply to dispensary services.

1.19 To utilise local formularies when screening and dispensing prescriptions.

1.20 To ensure continuity of medication supply once a patient is discharged including consideration of MDS/blister packs (cross-reference to clinical learning outcomes).

1.21 To follow the procedure agreed for dealing with the receipt of requests for in-patient and discharge prescriptions.

1.22 To state the purpose of all essential requisition documents used and records kept for the supply of in-patient and discharge prescriptions, with special emphasis on the in-patient prescription card and discharge summary letter.

1.23 To demonstrate an appreciation of the dispensing and supply of high-cost items.

1.24 To demonstrate awareness of robotic dispensing systems and the advantages and disadvantages that may impact on the pharmacy service.

1.25 To gain an appreciation of the differing prescribers and prescriptions used within the hospital setting including in-patient prescriptions, private, NHS and prescriptions issued by non-medical prescribers.

**Dispensary Practice Activities**
These should be carried out according to local hospital policy.

The Pre-registration Trainee Pharmacist should:-

1. Competently receive a minimum of five outpatient prescriptions or FP10’s, including cash-transactions where possible (cross-reference to community placement activities).
(Performance standards C1.1, C1.2)

2. Competently dispense and endorse a minimum of 250 items which must include:
   - 10 Out-patient items
   - 5 discharge items
These should also include:
   - specialist Outpatient/TTO items i.e. addict, oncology, paediatric, medicine compliance aid, extemporaneous preparation
   - Controlled Drug outpatient/discharge items

In addition the Pre-registration Trainee Pharmacist should gain experience of dispensing a private prescription if possible.
(Performance Standards A3.1, A3.2, A3.3, A3.4, A3.5, A4.1, A4.2, A4.4, C1.3–C1.7, C1.11)

3. Demonstrate an awareness of the spillage requirements of two of these items e.g. cytotoxics, reconstitution of antibiotics. (Performance Standards A2.2, A4.5)

4. Record all personal dispensing errors throughout dispensary experience using the ‘Checking Scheme Diary Log’ form (Available on Moodle)
(Performance Standards A1.8, A3.1-5, A4.4, A5.1-7)

5. Be observed to competently undertake and document counselling to include, a minimum of five outpatients, each from a different speciality within the hospital. Using PIL’s, compliance aids etc or different drug forms, involving examples of the following dosage forms and drug therapies:

   Inhalers       Eyedrops       Eardrops
   Nasal Drops   Suppositories   Pessaries
   Oral syringes Medicines compliance aids e.g. Dosette box
   Complex drugs e.g. warfarin, amiodarone, steroids

(Performance Standards A1.1, A1.3, A2.2, B1.1-11, C1.8, C2.2, C2.11. Also cross reference to CLINICAL and MEDICINES MANAGEMENT practice activities)

6. Document all personal contributions/interventions in patient care (including ward work) e.g. dosage adjustments, interactions identified and appropriate action taken.
(Performance Standards A1.6, A2.4, A3.1, A4.6, C1.2-4, C2.3, C2.6, C2.7. Also cross reference to CLINICAL practice activities)

7. Design a personal self-checking procedure to minimise dispensing errors.
(Performance Standards A2.1, A4.2, A4.4)

8. Demonstrate the ability to accurately check the dispensing carried out by other members of staff. This should be reflective of the standards for National Framework for Accredited Checking
(Performance Standards A1.1, A1.7, A2.1, A2.2, A2.3, A3.1, A4.3, A4.4, B2.4, C1.12, C1.2, C1.3)

Accuracy checking – guidance on errors:

Each Pre-registration Trainee Pharmacist is to gather evidence of 250 correctly checked items, without error.
If a minor error is made (see paperwork) the trainee should reflect on the error and gather 50 additional items for each error, up to a maximum of 3 minor errors.

If a major error occurs (see paperwork), trainees must reflect on the error and gather 200 additional items.

If a second major error occurs, trainees should restart the process with a new total of 500 items to collect.

9. To clinically screen ten TTO’s for legality and clinical safety (cross reference with clinical practice activities). A Clinical Screening Log form is available for you to download in the Resources section in Moodle.
2. Procurement and Drug Distribution Services

**Learning Outcomes**

2.1 To describe the principles, practices and purpose of stock control including:

- re-ordering depleted stock from a variety of suppliers
- recognition of ordering an item out of hours and method of obtaining such drugs without delay
- stock rotation
- receipt of incoming stock
- notification of discrepancies or damages in incoming stock to the appropriate supplier
- documentation of delivery notes, invoices and credit notes
- stock checks
- NHS supplies and contracts
- Safe use of Controlled drugs (see also/ cross-reference: dispensary learning outcome 6)
- Appreciation of the communication channels when items are not available

2.2 To identify appropriate storage conditions for medicines and be aware of the medicine cold chain.

2.3 To describe the different procedures and methods for the supply of stock items to wards, departments and clinics in the hospital units where this experience is offered, e.g. topping up, patient’s own drugs, signed orders, verbal orders and to-follow-items.

2.4 To describe the procedures for handling a drug alert/product recall.

2.5 To comply with legislation and local policy surrounding the dispensing and prescribing of medicines that do not have a product licence or those being used off-label.

2.6 To comply with the policy and procedures for ensuring the accountability and security of drugs in transit and the functions and responsibilities of messengers/porters/drivers who transport medicines including controlled drugs.

2.7 To appreciate the legislation around waste management.

**Procurement and Distribution Practice Activities**

The Pre-registration Trainee Pharmacist should:

1. Perform competently two stock top-ups including the issue and preparation of stock delivery *(Performance Standards C1.9)*.

2. Dispose competently of unwanted medicines on two occasions, to include destruction of controlled-drugs under supervision. *(Performance Standards A1.1, A2.1, A2.2, A2.3, C1.9, C1.11)*

3. Competently order two items of stock outside the normal top-up system. *(Performance Standards C1.9)*

4. Competently receive and put away two wholesale orders including a fridge item and Controlled Drug. *(Performance Standards A2.1, A2.3, C1.9)*

5. Follow one drug from purchasing, receipt to dispensing. *(Performance Standards A2.4, C1.9)*

6. Deal competently with a minimum of two out-of-stock items from different areas (e.g. ward stock item, patient item). *(Performance Standards A1.1. A1.4, A3.1, A3.2)*
3. Medicines Management

This is a real opportunity to experience the powerful learning that comes from working alongside other professions. You will quite quickly find that you are required to become gradually more involved, carrying out medicines management activities under supervision. You will work closely with key pharmacy staff such as Clinical pharmacists and Medicines Management technicians (all grades and with different specialist knowledge).

The following learning outcomes should be covered throughout the Pre-registration Trainee Pharmacist’s training year. The learning outcomes specified will apply to time spent on the medicines management section of the training programme.

The Medication Related Consultation Framework (MRCF) training tool can be used to assess competence in Consultation Skills (achieve for at least one patient). When the practice based supervisor obtains Pre-registration Trainee Pharmacist performance feedback from the patient after the MRCF is completed, then:

1) Valuable and valid evidence can be generated for the trainee
2) Patient involvement in the training programme is obtained (**Patient Involvement).

The MRCF Tool can be downloaded from the Resources section on Moodle.

You will also find that it is normal to be shadowing staff in the earlier part of the year to enable you to become familiar with medicines management activities.

Learning outcomes:

3.1 To demonstrate a knowledge and understanding of the systems of work used to deliver drugs to in-patients.
3.2 To describe the workings of a ward and the communication network that exists at ward level.
3.3 To be able to take and document accurate patient Medicines reconciliations (**Patient Involvement).
3.4 To communicate effectively with and refer to colleagues and fellow health care professionals to ensure effective patient management.
3.5 To identify and provide counselling to patients who do not administer their drugs appropriately, including special formulations, the use of additional devices, and patient information leaflets.
3.6 To promote cost effectiveness by observing and implementing any local formulary requirements without compromising patient safety.
3.7 To demonstrate prioritisation of workflow including that of patient medicines management problems (both clinical and non-clinical issues).
3.8 To recognise the pharmaceutical needs of patients in advance of discharge and to be aware of both the hospital pharmacist role and the pharmacy technician role in addressing these (cross reference to dispensing learning outcomes) – e.g. ensuring appropriate monitoring/follow up plan is in place and/or effective communication across the primary-secondary interface – The New Medicines Service (NMS).
Medicines Management Practice Activities

1. Competently assess the suitability of patient own drugs for five different patients.
   *(Performance Standards A1.6, A2.1, A4.4)*

   - POD assessments:
     Each Pre-Registration Trainee Pharmacist is to competently assess a minimum of 60 Patient Own Drugs (POD) without error. Use the PODs Diary/Log and Intervention forms to record your progress and interventions. These forms are available for you to download in the Resources section on Moodle.
     This should be achieved by visiting wards on a minimum of five separate occasions, and on a variety of wards.
     *(Cross-reference to WARD, DISPENSARY & MEDICINES MANAGEMENT practice activities).*

2. Counsel a minimum of five *inpatients* involving examples of the following dosage forms and drug therapies:

   - Inhalers
   - Eyedrops
   - Eardrops
   - Nasal Drops
   - Suppositories
   - Pessaries
   - Oral syringes
   - Medicines compliance aids e.g. Dosette box, Blister Packs
   - Complex drugs e.g. warfarin, amiodarone, steroids


3. To competently undertake and document a minimum of five observed medicines reconciliations from individual patients and using appropriate sources for information *(Performance Standards C2.5, C2.6, B1.1-B1.11).* A Medicines Reconciliation Record Form is available for you to download on Moodle in the Resources section.
4. Clinical Pharmacy

The clinical pharmacist role is another opportunity to experience learning from Interprofessional Education (*IPE). This could include multiprofessional simulation exercises and joint teaching with FY1 doctors. Shadowing at the beginning of the year is common, allowing you to become familiar with the role. However, you will quite quickly find that you are required to become gradually more involved, carrying out clinical roles under supervision, and this normally results in allocation of your own ward or patients by the end of the year (with pharmacist supervision and support and pharmacy technician support). You will work closely with key pharmacy staff such as clinical pharmacists and pharmacy technicians (all grades and with different specialist knowledge).

The following clinical pharmacy learning outcomes should be covered throughout the Pre-registration Trainee Pharmacist’s training year. Some learning outcomes will specifically apply to time spent on the clinical rotation of the training programme, although it is expected that there will be an overlap with Medicines Information.

Your progress will be highlighted via supervised learning events such as mini clinical exercise (mini-CEX) and the Medication Related Consultation Framework (MRCF). The latter provides the opportunity to formally collect patient feedback which not only enables patient involvement in the training programme but is also generates valuable and valid evidence for the trainee.

The mini-CEX and MRCF forms can be downloaded from the Resources section on Moodle.

Learning Outcomes

4.1. To have a working knowledge of the trusts Clinical Pharmacy Standards/Policy and applies them to clinical practice.

4.2. To have a working knowledge of the BNF, summary of product characteristics (SPC) and hospital clinical resources. Examples of the hospital clinical resources include:

- Medicines Management policy
- Prescribing guidelines
- Local formulary including process for request / one off supply
- Antibiotic Guidelines / policies including IV antibiotic to oral switch policy
- Relevant clinical protocols
- Use of named patient & unlicensed drugs
- Administration on IV drugs
- Therapeutic Drug monitoring policies and procedures
- Ward stock locations
- Safe and secure handling of medicines
- High Cost Drugs
- Home IV procedures (where available)
- Self-administration policies (where available)

4.3. To utilise ward resources and the communication network that exists at ward level to ensure high quality patient care.

4.4. To demonstrate prioritisation of workflow including that of patient medicines management problems (both clinical and non-clinical issues).

4.5. To be able to accurately take and document patient medicines histories and reconciliations (**Patient Involvement) and resolve issues identified.
4.6. To identify patients with medication related problems that require the skills of a clinical pharmacist (**Patient Involvement)

4.7. To safely and effectively screen prescription charts to ensure appropriate treatment, including doses, interactions, monitoring and legality.

4.8. To demonstrate how to utilise supplementary charts (e.g. observation charts, blood glucose monitoring).

4.9. To apply and identify issues with the patients blood and monitored parameters (e.g. bloods pressure, temperature, blood glucose) to ensure safe and effective treatment.

4.10. Prioritises and resolves any issues arising from screening.

4.11. To identify particular medication needs of common patient groups.

4.12. To communicate effectively (and negotiate as required) with and refer to colleagues and fellow health care professionals to ensure optimal patient management.

4.13. To identify and provide counselling to patients who require help with the administration of their medicines or have been prescribed new medicines - including special formulations, the use of additional devices, and patient information leaflets.

4.14. To be able to provide both active and passive medicines information, advice and prescription queries to other health care professionals (i.e. part of the multidisciplinary team, MDT) e.g. adverse effects, medication and patient interactions, contra-indications, mechanisms of action, optimum drug formulation, appropriate route of administration, nil-by-mouth patients, and patients blood considerations.

4.15. To be able to apply the principles of pharmacokinetics to individualise patient therapy, including formulation changes.

4.16. To monitor the outcomes of medication therapy for effectiveness, adverse reactions and interactions.

4.17. To be able to endorse the patients inpatient chart as per trust policy.

4.18. To document clinical contributions to care, including recommendations, accurately and clearly in the patients notes.

4.19. To be able to identify if a medication is on the formulary and appropriately manages requests for non-formulary medicines.

4.20. Demonstrates awareness of the Drugs & Therapeutics Committee (or equivalent) at the trust and the processes to approve clinical guidelines and medication approval.

4.21. Understands the importance of data protection & confidentiality within your daily practice and has received trust/local training.

4.22. Demonstrates awareness of local clinical governance / risk structures, including how to report errors/incidents at a local level.

4.23. Be aware of ward-based audits that pharmacy is involved with e.g. medication safety, medication/CD storage.

4.24. To have an understanding of how medications can be supplied to patients without the need for a Drs prescription e.g. Patient Group Directions and non-medical prescribing.

4.25. Demonstrates awareness of local polices relating to NPSA alerts including:

- NPSA – Never Events List
- Wrong route & Oral Syringes
4.26. Demonstrates awareness of high risk drugs and the policies and procedures that are associated with the prescribing, screening, dispensing, checking and administration of them, including extravasation.

4.27. To present a critical review of a patient's care to colleagues – the Case Based Discussion (CBD) tool can be utilised. This is available on Moodle.

**Clinical Pharmacy Practice Activities**

These are directly linked to, and should provide, evidence that clinical objectives have been met.

1. **To shadow a minimum of two of the following health professionals:**

   - Ward Nurse
   - Dietician
   - Specialist Nurse e.g. Diabetic Nurse/Macmillan Nurse
   - Physiotherapist
   - F1/F2 doctor
   - Non-medical prescriber
   - Learning Disability Link Nurse Practitioner
   - Occupational Therapist

   *(Performance Standard A5.3)*

2. **To attend a minimum of one multi-professional ward round involving pharmacy input (**IPE**). *(Performance Standard A5.3)*

3. **To competently complete a minimum of five patient profiles, one of which incorporates reference to National Guidelines (e.g. NICE, etc.) showing how these link to trust policy.**

   One each of these profiles will include:
   - a patient in which Therapeutic Drug Monitoring is required
   - a patient whose therapy includes parental therapy and its associated pharmaceutical input

   and the remaining three profiles from the following list of disease states:

   - Acute kidney Injury
   - Fluid / Nutrition
   - Alzheimer's
   - GI Ulceration
   - Anaemia
   - Hypertension
   - Antibiotic Stewardship
   - Ischaemic heart disease
   - Asthma
   - Pain control
   - C.O.P.D.
   - Palliative
   - Care of the Elderly
   - Parkinson's disease
   - Congestive cardiac failure
   - Pre- & Post-Operative Care
   - Dementia
   - Swallowing Issues / Feeding Tube
   - Depression
   - Thromboembolic disorders
   - Diabetes
   - Dementia (including reference to National Guidelines, etc.)
   - Swallowing issues (including reference to National Guidelines, etc.)
   - Depression (including reference to National Guidelines, etc.)
   - Thromboembolic disorders (including reference to National Guidelines, etc.)
   - Diabetes (including reference to National Guidelines, etc.)

A working knowledge of all of the above is recommended though.

In addition, the pre-registration trainee pharmacist should gain experience of completing patient profiles for patients in the following specialities if possible (do consider patients with Learning Disabilities too):
Hepatic disease  Oncology/haematology (link with Technical Services section)
HIV  Paediatrics
Intensive care  Renal disease

NB – Use locally agreed formats to complete the patient profile, for example, CBD, Patient Medicines Management Problem (PMMP) or mini-CEX. Please refer to your Educational Supervisor for the appropriate documentation to use for this task. The key aim of the task is to ensure:

- Identification of pharmaceutical problems
- Prioritisation of pharmaceutical problems
- Development of an action plan to address or prevent problems
- Outcome and monitoring (including observations and bloods)

(Cross reference to Dispensary Practice Activities)

A template for CBD, PMMP’s and mini-CEX (along with the MRCF) tools are available in the Resources section on Moodle.


4. Counsel a minimum of five patients involving examples of the following devices, dosage forms, and medications (the MRCF can be a useful tool for this):

- Complex drugs e.g. warfarin, amiodarone, steroids
- Creams and Ointments
- Eardrops
- Eyedrops
- Inhalers
- Medicines compliance aids e.g. Dosette box, Blister Packs
- Nasal Drops
- Oral products
- Oral syringes
- Pens
- Pessaries
- Sprays
- Suppositories


We recommend that the trainee has a working knowledge of all of the above.

5. To competently present a case based discussion focusing on pharmaceutical issues.

(Performance Standards A1.1, A1.3, A1.6, A2.4, A3.1, A4.6, C1.2-4, C2.3, C2.6, C2.7)

6. To document personal contributions/interventions in-patient care e.g. dosage adjustments, Adverse Drug Reactions, interactions identified and appropriate action taken (Cross reference to DISPENSARY).

(Performance Standards A1.1, A1.3, A1.6, A2.4, A3.1, A4.6, C1.2-4, C2.3, C2.6, C2.7)

7. To clinically screen (under supervision) a minimum of ten prescriptions for legality and clinical safety. The prescriptions must represent a variety of formats (e.g. inpatient charts, TTOs etc) and clinical backgrounds.


8. To act as a clinical ward pharmacist and provide pharmaceutical patient care (under supervision) for a minimum of one month (a Ward Assessment Form for use by the Educational Supervisor is available for you to download on Moodle).

(Performance Standards A1.1, A1.3, A1.6, A2.4, A3.1, A4.6, C1.2-4, C2.3, C2.6, C2.7)

9. To ensure your clinical pharmacy skills are applicable to different patient groups.
5. Medicines Information Services

These learning outcomes, derived from the GPhC performance standards, identify where Medicines Information (MI) is well placed to provide good quality evidence of competence. Pre-registration trainee pharmacists should tackle a range of enquiries whilst in MI including those that are urgent and/or higher risk, and participate in other MI activities as appropriate (e.g. publications, formulary). It is recommended trainees answer at least twelve enquiries of at least five distinctly different types.

Trainees should be encouraged to complete self-assessment against the learning outcomes throughout the training, by providing evidence of attainment. They should also work with their Supervisor to identify outcomes that have not yet been met. Supervisors should comment constructively on achievements, and try to ensure that evidence and assessment methods are documented. Both trainee and Supervisor should sign the final assessment and the trainee be given a copy, as well as the Educational Supervisor (Pre reg Tutor).

This template can be populated and uploaded to the e-Portfolio as evidence of performance standards and learning outcomes met.

<table>
<thead>
<tr>
<th>GPhC Performance Standard</th>
<th>Example Learning Outcomes</th>
<th>Trainee Self-assessment</th>
<th>Assessment by MI Practice Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Process</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>A1.6 Makes decisions which demonstrate clear and logical thought</td>
<td>5.1. To demonstrate a systematic and organised approach to information retrieval and problem-solving when completing a range of real clinical enquiries</td>
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</tr>
<tr>
<td></td>
<td>5.2. To document the enquiry process accurately</td>
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<tr>
<td>Resources</td>
<td></td>
<td></td>
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<tr>
<td>A2.4 Uses resources effectively (includes other workers, equipment, workspace and references)</td>
<td>5.3. To demonstrate an understanding of the resources available in Medicines Information; to select and use them appropriately, appreciating their strengths and weaknesses</td>
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<td>5.4. To listen to and seek advice from MI team members</td>
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<td>5.5. To obtain information from sources outside the MI centre (e.g. expert colleagues, libraries, pharmaceutical manufacturers)</td>
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<tr>
<td>GPhC Performance Standard</td>
<td>Example Learning Outcomes</td>
<td>Trainee Self-assessment</td>
<td>Assessment by MI Practice Supervisor</td>
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<tr>
<td><strong>Problem Identification</strong></td>
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<tr>
<td>A3.1 Recognises and defines actual or potential problems</td>
<td>5.6. To undertake enquiries in the MI centre and: a) Interpret the enquirer’s needs suitably when searching for information and processing it b) Identify the potential impact on the eventual answer on other relevant issues</td>
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<tr>
<td><strong>Evaluating Options</strong></td>
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<tr>
<td>A3.2 Identifies workable options to resolve the problem</td>
<td>5.7. To collate the information gathered, and use it to consider the potential answers that might be given 5.8. To evaluate the potential answers by assessing the evidence, and considering the risks and benefits of each approach</td>
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<tr>
<td><strong>Formulating Answer</strong></td>
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<tr>
<td>A3.3 Selects the best solution, based on sound analysis and appropriate evidence</td>
<td>5.9. To compose answers to MI enquiries that demonstrate an understanding of the quality of evidence. 5.10. To demonstrate that the answer supplied is the best option for the specific scenario by being able to defend it. 5.11. To complete a basic literature evaluation on a published paper (RCT). 5.12. To cite literature references correctly.</td>
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<tr>
<td>A4.6 Base your actions, advice and decisions on evidence</td>
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<td>A4.7 Obtain and process the evidence you need to meet A4.6</td>
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<tr>
<td>C2.1 Provides considered and correct answers to queries, founded on research-based evidence</td>
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<tr>
<td><strong>Communicating Advice</strong></td>
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<tr>
<td>B1.1 Communicate effectively in English</td>
<td>5.13. To demonstrate effective telephone skills in gathering and delivering information.</td>
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<td></td>
<td>5.14. To compose clear, concise and professional written communications (email or letter) with good grammar, spelling and punctuation and language appropriate to the enquirer.</td>
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<td><strong>Questioning Skills</strong></td>
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<td>B1.4 Elicit all relevant information by the use of appropriate questions</td>
<td>5.15. To identify all of the information required from an enquirer before starting to answer their question.</td>
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<td>5.16. To actively seek more information or clarification from enquirers when it is not spontaneously forthcoming.</td>
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<tr>
<td><strong>Tailored Approach</strong></td>
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<td>B1.11 Provide information and advice appropriate to the needs of the recipient(s)</td>
<td>5.17. To translate information into practical advice that is relevant to the clinical situation presented by the enquirer.</td>
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<td>5.18. To use and adapt suitable language depending on the enquirer, and identify the most appropriate communication method (i.e. oral/written/in person)</td>
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<td>5.19. To anticipate enquirers’ future needs and identify additional issues which were not part of the original question but which will impact on the answer (e.g. interactions as part of adverse drug reaction enquiry).</td>
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<td>5.20. To understand the purpose of user satisfaction surveys in MI.</td>
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<td>GPhC Performance Standard</td>
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<td><strong>Proactive Information</strong></td>
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<td>C2.4 Actively provides information and advice to healthcare professionals</td>
<td>5.21. To provide or contribute to information that anticipates healthcare professionals’ needs about medicines</td>
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<td><strong>Representing Own Opinions</strong></td>
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<tr>
<td>B2.2 Present your own ideas and opinions appropriately when speaking and in writing</td>
<td>5.22. To be able to defend a professional opinion when answering an enquiry, whilst demonstrating an appropriate awareness of personal limitations.</td>
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<td><strong>Meeting Deadlines</strong></td>
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<td>B2.3 Meets commitments made to others within agreed deadlines</td>
<td>5.23. To answer enquiries within the agreed timeframe set by MI Practice Supervisor and/or enquirer.</td>
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<td>5.24. To demonstrate negotiation of deadlines with enquirers taking into account clinical urgency, departmental workload and enquiry complexity.</td>
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<td>5.25. To describe, if appropriate, examples of communication with enquirers where answers to enquiries couldn’t be done within the agreed timeline, with justification.</td>
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<tr>
<td>GPhC Performance Standard</td>
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<td><strong>Adverse Reactions</strong></td>
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<td>C2.7 Recognises possible adverse-drug reactions, evaluates risk and takes action accordingly</td>
<td>5.26. To receive enquiries which may involve adverse reactions and to ask appropriate questions (e.g. timing of medication and relevant medical history).</td>
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<td>5.27. To identify actual or potential adverse drug reactions and analyse the likelihood, severity, and remedial actions to take.</td>
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<td>5.28. To identify when MHRA yellow card reporting is required and demonstrate reporting process.</td>
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<td><strong>Signposting</strong></td>
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<td>C2.11 Refer, or direct the person, to a more suitable source of help or information when necessary</td>
<td>5.29. To demonstrate appropriate referral of patients or healthcare professionals when a request for advice is outside the competence of the MI team, and be able to justify why this was an appropriate course of action.</td>
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**General Comments:** Trainee

**General Comments:** Supervisor

Signed and dated: (Pre-registration trainee pharmacist)

Signed and dated: (MI Practice Supervisor)
6. Community Pharmacy

For each trainee undertaking a pre-registration year in hospital, the GPhC requires knowledge of certain aspects of community pharmacy. All hospital-based Pre-registration Trainee Pharmacists within the region will spend a minimum of two weeks rotation within a community pharmacy. The GPhC have produced a resource pack entitled “An Introduction to Community Pharmacy” that can be used to help plan your rotation. The guide is available here: [http://www.pharmacyregulation.org/sites/default/files/Resource%20pack%20for%20Hospital%20Placement.pdf](http://www.pharmacyregulation.org/sites/default/files/Resource%20pack%20for%20Hospital%20Placement.pdf)

The guide is dated 2010/11 but is the most current version and still useful as you prepare objectives for your cross sector rotation. There will be a regional ‘Community Pharmacy & Cross Sector Experience’ study day that will incorporate some training on Responding to Symptoms and Over the Counter prescribing. Our regional Drug Tariff Handbook will be available for you to access on Moodle. In addition, a self-directed e-learning course entitled “Responding to Minor Ailments” (by CPPE) is available, and must be completed by all Pre-registration Trainee Pharmacists to prepare you for your Community Placement.

Prior to the rotation, an opportunity will be provided to undergo a one-day group experience in a community pharmacy. You will be able to observe and undertake role-plays and better acquaint yourself with a community pharmacy layout within a real pharmacy setting that is closed to members of the public.

**Essential Learning Outcomes**

6.1 To effectively use the drug tariff.
6.2 To gain experience in “over the counter” prescribing and responding to symptoms (**Patient Involvement**)
6.3 To demonstrate a knowledge of the workings of Patient Medication Records and the legal requirements of their use.
6.4 To describe the role of the community pharmacist in health screening and health promotion.
6.5 To describe the range of compliance aids used in primary care.
6.6 To discuss the role of the Responsible Pharmacist.
6.7 To dispense private prescriptions.
6.8 To comply with the legal and professional requirements associated with supplying emergency hormonal contraception.
6.9 To list the different types of prescriptions used in primary care.
6.10 To gain experience of multi-professional working in primary care.
6.11 To discuss the process of the receipt, endorsement and filing of prescriptions according to the NHS Business Services Authority Prescriptions Services department.
6.12 To describe the local enhanced services provided by your placement pharmacy.
6.13 To understand the difference between a standard Medicines Use Review (MUR) and a Prescription Intervention MUR, and describe the national target groups for MURs.
6.14 To demonstrate an understanding of the New Medicines Service (NMS), and describe the list of medicines covered by this service.
Desirable Learning Outcomes

6.15 To demonstrate knowledge of the role of the community pharmacy in provision of advanced and enhanced services.

6.16 To observe a pharmacist undertaking a Medicines Use Review (MUR) with a patient.

6.17 To observe the three stages involved in successful completion of the New Medicines Service (NMS)

6.18 To observe the role of the pharmacist in advising on alternative therapies and food supplements.

6.19 To observe the fitting and supply of surgical appliances/stockings/stoma care.

6.20 To observe a pharmacist dealing with a request for an “emergency supply” of a POM.

6.21 To demonstrate a knowledge of the functions of the GPhC Inspectorate.

6.22 To observe the process involved in the supply of medicine to a care home run by the Local Authority (including if possible a care home that supplies medicines to patients with Learning Disabilities)

Community Practice Activities

Please note the level of community pharmacy experience in pre-registration pharmacists is highly variable. Furthermore, not all community pharmacies provide the same services. For this reason, we advocate individualised training plans that are developed and agreed in advance of the placement.

1. Plan your placement in advance and complete the appropriate activities in the GPhC resource pack or other agreed activities.

2. Complete the CPPE course entitled ‘Responding to Minor Ailments’ which is available from the CPPE website for download at www.cppe.ac.uk (you will need your CPPE username and password to download this pack). This must be completed before you attend the Cross Sector Experience Preparation Day.

3. Complete the regional Drug Tariff Handbook available to download on Moodle. This may be done before you attend your placement, however you may find it beneficial to have a Drug Tariff to hand.

4. Attend the one day community pharmacy group experience to better acquaint yourself with the workings of a community pharmacy.

Successful completion will provide evidence of the following performance standards:
(Performance Standards A1.1, A1.2, A2.1, A2.2, A2.4, A5.1-5.7, B1.6, B1.7, B1.8, B1.11, B2.5, C1.1, C1.2, C1.6, C1.10, C2.1, C2.8, C2.9, C2.11)
7. Technical Services

Technical Services is an excellent opportunity to gain experience in the handling and use of unfamiliar and hazardous medications, provide an insight into the different licensing laws and how that affects the pharmacist role and medication production, practical experience and improvement of calculation and accuracy skills. Clinical skills will also be developed with increased knowledge of chemotherapy and/or Total Parenteral Nutrition (TPN). All of the skills will enable you to describe the clinical application and administration of products prepared within the unit and their associated risks when administered to the patients.

7.1. To identify the role and responsibilities of all members of staff working within the unit and work alongside them.

7.2. To apply the following to the practical operation of the unit in which experience is based:

- Aseptic dispensing for NHS patients (Farwell report)
- Quality Assurance of aseptic preparation. (3rd edition)
- *For licensed units only:* Good Manufacturing Practice for Medicinal Products. (EU GMP)
- Standards for Clinical Pharmacy Verification of Prescriptions for Cancer Medicines, BOPA
- MHRA Rapid Response Alerts

7.3. To describe the differences between licensed and unlicensed units, including the importance of a responsible pharmacist (exemption 10 of the Medicines Act 1968).

7.4. To know the difference in responsibilities between the responsible pharmacist and an authorised pharmacist within the unit.

7.5. To apply the instructions set out in the local department procedure manual, with particular reference to Health & Safety issues, safe systems of work.

7.6. To describe what an external audit is and its applications/plan of action.

7.7. To describe what aseptic technique is and how it is achieved.

7.8. To observe and/or use equipment in the unit correctly and safely, depending upon units protocols

7.9. To describe the differences between positive and negative pressure isolators, describe what products are made within in each type of isolator and how this links to the patient.

7.10. To be aware of safe handling of drugs, chemicals and pharmaceutical products aseptically prepared within the unit, with special emphasis on cytotoxic preparations and TS staff safety.

7.11. To be aware of the formulation/ types of products compounded within the unit.

7.12. To state the sources of microbiological contamination, and how these can be controlled.

7.13. To have a working knowledge of the environmental monitoring and standards which are required for aseptic manipulation, the methods and equipment used to monitor the clean rooms and the workstations (i.e. LAF cabinets, isolators, unit benches etc) and the
interpretation of results and environment deviations (cross linked with Quality Assurance and Quality Control).

7.14. To state the importance of Standard Operating Procedures (SOP) (cross linked with Quality Assurance and Quality Control).

7.15. To identify the factors affecting stability of aseptically manipulated preparations, how they are controlled and what actions can be taken if stability breached/deviations occur (in both environment and SOP).

7.16. To know the importance of documentation in aseptics production, to gain experience in document production and know the consequences of product(s)/drug(s) recall, errors in production, defects and procedure deviations. To include what actions would need to be taken.

7.17. To undertake aseptic manipulations, under supervision (could include bench work, broth tests, ‘dummy’ products).

7.18. To describe the clinical application and administration of products prepared within the unit and their associated risks when administered to the patient.

7.19. To gain experience in checking products and screening prescriptions (using the Standards for Clinical Pharmacy Verification of Prescriptions for Cancer Medicines, BOPA)-

7.20. To be aware of high risk medications including MHRA rapid responses (as per Trust experience and exposure) and be aware of guidelines on how to screen, dispense and check these.

**Technical Services Practice Activities**

Some of the TS practice activities are linked to the GPhC performance standards, and identify where TS is particularly well placed to provide good quality evidence of competence. Additional performance standards can be gained as experience allows.

*Please see table below for performance standards sign-off*

1. To read and discuss the documents listed in the second and third learning outcomes (above) at practice supervisors discretion.

2. Under supervision, to undertake aseptic manipulation, bench work as a minimum. Additional options include broth tests and dummy products depending on local procedures (Performance Standards A2.1, A2.3, A2.4, A4.1, A4.2, A4.5, C1.5, C1.6*, C1.7, C1.11** ) *If does assemble item themselves. **If does own documentation.

3. To be aware of the rationale, benefits, issues and risks associated with administration of chemotherapy and/or TPN, considering both the patient and the product and discuss with practice supervisor.

4. Assist with the daily and weekly environmental and microbiological monitoring that occurs within the Aseptics unit. (If competently complete environmental monitoring, Performance Standards A2.1, A2.3, A2.4, A4.1, A4.2, A4.5).
5. To contribute to documentation for the aseptic preparation of at least three products. (Performance Standards A2.1, A2.3, A2.4, A4.1, A4.2, C1.5, C1.11).

6. Consider and discuss the possible issues of deviations (environmental and/or product) and actions that may need to be taken with the pharmacist practice supervisor.

**Methods of assessing pre-registration Pharmacists in TS**

A number of methods can be used to assess the pre-registration pharmacist in TS, including:

- Trust specific TS workbook and associated exercises
- Discussion with trainee
- Observation/shadowing
- Observed practice (and double checked by accredited staff member)
- Practical activities (including documentation, bench work, etc.)

**A Table Highlighting the Technical Services Performance Standards**

Some of the Technical Services practice activities are linked to the GPhC performance standards, and identify where TS is particularly well placed to provide good quality evidence of competence. Additional performance standards can be gained as experience allows.

<table>
<thead>
<tr>
<th>GPhC Performance standard</th>
<th>Technical Services example learning outcomes</th>
<th>Assessment of trainee by PS</th>
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</table>
| **A2.1** Carry out tasks effectively | - Undertaking aseptics manipulation (under supervision)  
- Assisting with environmental and microbiological monitoring in the TS unit  
- Completion of documentation | |
| **A2.3** Follow work systems correctly | - Undertaking aseptics manipulation (under supervision)  
- Assisting with environmental and microbiological monitoring in the TS unit  
- Completion of documentation | |
| **A2.4** Use resources effectively | - Undertaking aseptics manipulation (under supervision)  
- Assisting with environmental and microbiological monitoring in the TS unit  
- Completion of documentation | |
| **A4.1** Work to an acceptable standard when preparing products and delivering services | - Undertaking aseptics manipulation (under supervision)  
- Assisting with environmental and microbiological monitoring in the TS unit  
- Completion of documentation | |
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<tr>
<th>GPhC Performance standard</th>
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</tr>
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</table>
| A4.2 Check your own work effectively | - Undertaking aseptics manipulation (under supervision)  
- Assisting with environmental and microbiological monitoring in the TS unit  
- Completion of documentation | |
| A4.5 Minimise health and safety risks to yourself and others | - Undertaking aseptics manipulation (under supervision)  
- Assisting with environmental and microbiological monitoring in the TS unit | |
| C1.5 Perform calculations correctly | - Undertaking aseptics manipulation (under supervision)  
- Completion of documentation | |
| C1.6 Assemble the prescription correctly* | - Undertaking aseptics manipulation (under supervision) *If does assemble item themselves. | |
| C1.7 Supply extemporaneously prepared products according to the correct formula | - Undertaking aseptics manipulation (under supervision) | |
| C1.11 Correctly process necessary documentation* | - Undertaking aseptics manipulation (under supervision) *If does assemble item themselves.  
- Completion of documentation | |

**Technical Services Optional activities**

1. To gain “hands-on” experience or observation of:
   - Large Scale Hospital Pharmaceutical Manufacturing (cross reference to Large Scale Manufacturing section).
   - Radiopharmaceutical Preparative Service (cross reference to Radiopharmacy section).
   - Miscellaneous (aseptically prepared products not for intravenous use, e.g. eye drops).
8. Mental Health

A minimum of one week rotation in mental health should take place during the final 16 weeks of the Pre-registration year and ideally between weeks 39 and 45. The placement may be within a mental health trust or there may be specialist services linked to your own organisation. The placement is designed to provide an insight into the pharmaceutical care of patients with mental illness but, at the same time, afford you an opportunity to apply your clinical skills in a different environment. In this later stage of the year, you will be expected to actively contribute to the clinical care of patients rather than observing others.

Learning outcomes

8.1 To be able to describe common psychiatric illnesses.
8.2 To be able to discuss medicines commonly used to treat psychiatric illnesses, including their indications, side-effects and interactions.
8.3 To be able to discuss key counselling and concordance issues relating to psychotropic medication for:
   - Drugs used in dementia
   
And at least one out of the following:
   - Antipsychotics, including clozapine
   - Antidepressants
   - Benzodiazepines and hypnotics
   - Mood stabilisers
   - Drugs used in dementia
   - Drugs used in ADHD

and where possible, to successfully undertake a medication counselling session with a patient (**Patient Involvement).

8.4 To be able to describe the roles of the different health care professionals within a mental health team - and in particular, how a specialist mental health pharmacist and/or technician may contribute to patient care (*IPE).

8.5 To be able to discuss the basic principles of community mental health care.

8.6 To be able to describe key areas of the Mental Health Act, e.g. the difference between sectioned and informal patients and the implications of sectioning with regard to prescribing medicines.

8.7 To be able to access and discuss local (and national) resources for managing acutely disturbed behaviour e.g. Rapid Tranquilisation Protocols, NICE Guidance, protocols for the management of Behavioural and Psychological Symptoms of Dementia (BPSD).

8.8 To have an awareness of common challenges in relation to medications taken by dementia patients and associated challenges for their carers.

8.9 To be able to discuss key medicines management procedures specific to the host mental health trust e.g. use of the drug chart, discharge prescriptions and related procedures, outpatient prescribing etc.

8.10 To be able to safely dispense clozapine and to be able to describe the use of this drug and the dedicated patient monitoring system.

Outcomes nine and ten may be covered during general dispensary training.
Mental Health Practice Activities

1. Deliver a ten minute presentation to the local mental health pharmacy team. This may be a case study, a profile of a new drug, an interesting paper or any other topical clinical issue e.g. patient profile. Guidance will be given but the Pre-registration Trainee Pharmacist will need to:
   
   - Prepare, practise and deliver the presentation
   - Respond appropriately to questions
   - Respond to feedback from the team.

   *(Performance Standards A.3.1, A.3.2, A.3.3, A.5.1, B.1.1, B.1.10, B.2.2)*

2. Attend a multi-disciplinary team meeting, (where possible accompanying a clinical pharmacist) – *(IPE).*

3. Discuss the medication of at least five patients with a clinical pharmacist. Discussion must include the current treatment and its aims, together with any identified potential problems and suggested solutions.

   *(Performance standards A.1.6, A.3.1-5, A.4.6, C.1.2-5, C.2.3, C.2.6, C.2.7, C.2.11, CROSS REFERENCE CLINICAL)*

4. Through hands-on experience, monitoring or discussion, fully understand the clozapine dispensing process. To include checking the prescription, accessing the manufacturers on-line monitoring system, ensuring blood test results are up to date and within accepted clinical parameters.

   *(Performance standards C.1.2-6, C.1.11, C.2.7)*

5. The CPPE Mental Health online package will help prepare you for your mental health rotation. The package is presented as an e-learning course, and provides a comprehensive overview of various conditions. Not all the sections will be necessary for you to complete; however, you should aim to complete certain sections within the training pack before undertaking your rotation. The link to the package and an introduction to mental health can be found within the ‘Resources’ section of Moodle, together with comprehensive instructions on which sections should be undertaken in anticipation of your rotation.

   Any remaining sections are optional. You may wish to complete the entire package to increase your knowledge in other aspects of mental health.

6. Accompany a clinical pharmacist or specialist pharmacy technician *(IPE)* when undertaking direct patient counselling (e.g. one-to-one patient consultation or running a Medicines Education Group) and be given the opportunity to directly counsel the patient or directly contribute to the session *(Patient Involvement).*

   *(Performance standards A.1.1, B.1.1, B.1.4, B.1.5, B.1.6, B.1.7, B.1.8, B.1.9, B.1.10, B.1.11, B.2.4)*

7. Accompany a clinical pharmacist on a teaching or educational visit to a ward or community team (where possible with at least two different care groups) and be given opportunity to directly contribute to the session *(IPE).*

   *(Performance standards A.1.1, A2.1, A5.3, B.1.1, B.1.4, B.1.5, B.1.6, B.1.8, B.1.9, B.1.10, B.1.11, B.2.2, B.2.4, C.2.4)*

8. Spend a session with other health professionals involved in mental healthcare e.g. community mental health team, crisis response team, outpatient clinic, memory clinic *(IPE).*

9. Attend an electro-convulsive therapy session and meet the mental health team caring for the patient *(IPE).*
Of the nine activities listed above, numbers one to five should be considered compulsory. Numbers seven to nine are examples of other activities that may be arranged according to the availability of staff and the time available. These may be substituted with other activities arranged by the local mental health pharmacy team according to local availability.

**Recommended reading**

1. UKPPG (UK Psychiatric Pharmacists Group) Patient Information Leaflets
2. Manufacturer’s information on clozapine
3. Relevant NICE guidelines e.g. treatment of depression etc
4. Local Medicine Policies e.g. Medicine Handbook, RT policy etc
5. CPPE Mental Health e-course
### H. Optional Training

#### 9. Large Scale Hospital Pharmaceutical Manufacturing – optional

*Some information is duplicated in Technical Services section too.*

9.1. To list and describe the differences between the various types of regulatory licences for medicinal products.

9.2. To apply the principles of the EU-GMP and the departmental procedure manual to the activities of the unit*.

9.3. To discuss the procedure manual and policies agreed for the services, with particular emphasis on safe systems of work, Health and Safety, adherence to British Standards and COSHH.

9.4. To identify and apply departmental procedures for the following specific areas:

- cleaning schedules
- the ordering and receipt of raw materials
- the bonding, stock rotation and release of containers, raw materials and finished products
- the preparation of worksheets/labels and documentation*
- process and operator validation
- reworking/reprocessing of any products
- recall*

9.5. To explain the theory and application of the various methods used for terminal sterilisation of pharmaceuticals prepared in the unit, with particular reference to methods of validation, in process monitoring and maintenance of records.

9.6. To define the standards required for the environment.

9.7. To complete the relevant documentation associated with large-scale pharmaceutical manufacture and assembly.

#### Practice Activities

1. To spend a two-week placement in a large-scale pharmaceutical manufacturing unit.
2. To witness all administrative procedures associated with the ordering and receipt of raw materials, the preparation of worksheets/labels and the bonding, stock rotation and release of containers, raw materials and finished products.
3. To demonstrate the correct selection equipment used within the unit.
   *(Performance Standards A2.1, A2.3, A2.4, A4.1, A4.5)*
4. To participate in the production/assembly of all product types prepared within the unit.
   *(Performance Standards A2.1, A2.3, A2.4, A4.1, A4.5, C1.5, C1.11)*
10. Radiopharmacy - optional

The radiopharmacy learning outcomes may be covered by spending time at one of the radiopharmacy/nuclear medicine departments within the Training Region.

Learning outcomes

10.1 To be aware of the principles and procedures of a radiopharmaceutical preparative service
10.2 To identify the role of a pharmacist in nuclear medicine.
10.3 To appreciate the professional responsibilities of a radiopharmacist/nuclear medicine scientist.
10.4 To discuss the roles of other disciplines in nuclear medicine and their working relationship with the radiopharmacist/nuclear medicine scientist.

Practice Activity

To spend one day observing practice in a nuclear medicine department

11. Quality Control and Quality Assurance – optional

^Some information duplicated in Technical Services section too.

The following learning outcomes and practice activities link with the preparative services rotation.

Learning outcomes

11.1 To discuss the concept of quality assurance.
11.2 To demonstrate the application of the principles of EU GMP^ and of Good Laboratory Practice.
11.3 To demonstrate an awareness of safety in the laboratory and pharmacy in general with knowledge of local and national rules, guidance and legislation.
11.4 To demonstrate an application of quality systems e.g. British and International Standards, Controls Assurance Standards and Health Technical Memorandums.
11.5 To demonstrate an awareness of professional standards.
11.6 To discuss the role of the Medicines Inspectorate, Office of the Chief Pharmacist, and Department of Health in hospital pharmacy manufacturing, aseptic dispensing, wholesale dealing and licensing.
11.7 To demonstrate knowledge of the local organisation, policies and procedures to ensure a quality service.
11.8 To be assessed competent in following all necessary Quality Assurance procedures during the testing of unlicensed medicines and their raw materials.
11.9 To identify and discuss factors which affect stability of various formulations^.
11.10 To state the importance of environmental monitoring and the interpretation of results^.
11.11 To demonstrate knowledge of the principles of quality control of medical gases (in accordance with HTM 2022).
11.12 To demonstrate an awareness of the QA requirements for the management of unlicensed medicinal products (cross reference to clinical).
11.13 To discuss the Drug Alert, complaint and recall procedures^.
11.14 To demonstrate knowledge of the methods and importance of instrument, method and process validation.
Quality Control and Quality Assurance Practice Activities

1. To satisfactorily complete Quality Assurance Pharmaceutical Calculations.

(Performance Standards C1.5)

2. Either by demonstration or assisting actual testing, understand the equipment and techniques of environmental monitoring. Interpretation of results and their relation to the regulatory standards to be covered.

(Performance Standards A2.1, A2.4, A4.1-if competently completes task)

3. By reviewing examples, regional and local procedures, understand the systems for dealing with Drug Alerts.

(Cross Reference to PROCUREMENT and DISTRIBUTION Performance Standards A1.1, A2.3, A2.4, C2.3)

4. In conjunction with the appropriate releasing officer, release products from the list below and then be able to discuss the key aspects of release procedures.

- Adult TPN or Paediatric TPN or Neonatal TPN
- Sterile Manufacturing Product
- Non-sterile Manufacturing Product
- Extemporaneously Dispensed Product
- C.I.V.A.S. Product
- Over labelled or Bulk Packed Tablets
- Raw Material
- Cytotoxic Product

(Performance Standards A2.1, A2.3, B1.1)

5. Assist in the testing of both Raw Materials and Finished Products, covering the requirements and preparation of the specifications used.

(Performance Standards A2.1, A2.3, A2.4, A4.1)

Optional practice activity

6. Either by demonstration or assisting actual testing, understand the equipment and techniques of medical gas testing, including a clear understanding of the Permit To Work system.
12. Community Health Service - optional

Community health services within the region provide a wide range of medical, nursing and therapeutic care to the population. They work to help people plan, manage and adapt to changes in their health, to prevent avoidable admission to hospital and to minimise hospital stays. From health visitors looking after new born babies to community practitioners (nurses and therapists) caring for the frail elderly, to their immunisation and vaccination role, Community Health Services look after some of the most vulnerable people in the community.

The rotation is designed to provide an insight into Community Health Services.

The list of practice activities is not exhaustive and may be modified locally by the Practice Supervisor provided they deliver the learning outcomes given below. Some practice activities (such as attendance at or support to meetings) may be dependent on the existing work programme of the community health services team.

Pre-registration Trainee Pharmacists should contact their rotation Practice Supervisor in advance of starting this rotation to discuss logistics, pre-reading and the rotation itself.

Essential Learning outcomes

12.1 To identify and describe the different roles, responsibilities and current priorities (local and national) of community health team members.
12.2 To understand the different models of community health care.
12.3 To be able to map out (including how they interlink) the key roles and responsibilities of the multidisciplinary team with whom the community health team work.

Desirable Learning outcomes

12.4 To understand pharmaceutical services in intermediate care and rehab teams - including role redesign and virtual wards, moving services into the community.
12.5 To identify and describe the immunisation and vaccination role (local and national) of the NHS community health teams.

Core Practice Activities

Examples of practice activities that may be used to support learning outcomes for the rotation are given below.

1. To discuss roles/responsibilities and shadow at least one community practitioner – for example a
   • Health visitor
   • Nurse
   • Therapist
   • Other allied healthcare professional
   (Performance Standards: A1.1, A1.4, A1.5, B1.2)

2. To attend and/or contribute to a multidisciplinary meeting (examples may include a working group meeting or equivalent). Alternatively a previous meeting could be discussed (including outcomes) with a relevant member of the community services team.
   (Performance standards if actively contributed: A2.1, A2.4, B1.1, B1.6, B2.1, B2.2)
3. To contribute to a community health services publication or discuss a previous publication, where possible linking it to the role of community health services pharmacists. 

(Performance standards if actively contributed: A2.1, A2.4, A3.3, B1.1, B2.2, B2.3, B2.5)

Optional Practice activities

4. To write or review a Standard Operating Procedure (SOP)
5. To visit a community hospital, hospice or bedded unit with a member of the community services team and to understand the services provided.
13. NHS Commissioning / Commissioning Support Organisations:
A 2-week preregistration pharmacist rotation into a Commissioning Organisation

The rotation is designed to provide an insight into medicines optimisation in NHS Clinical Commissioning Groups or Commissioning Support Organisations across the health economy.

In terms of the learning experience, it is not intended to be exhaustive but should provide a short insight into the role of pharmacists and other individuals in commissioning organisations. It should also be practical and trainee focused so that the learner is actively engaged most of the time rather than shadowing or passively receiving information.

The rotation should ideally take place AFTER the trainee has undertaken their medicines information training. We recommend trainees undertaking their training in pairs (or potentially larger groups in larger organisations). The ideal rotation length is 2 weeks although may be longer by local arrangement.

The list of practice activities is not exhaustive and may be modified locally by the Practice Supervisor provided they deliver the learning outcomes given below. Some practice activities (such as attendance at or support to meetings) may be dependent on the existing work programme of the medicines management team.

Pre-registration Trainee Pharmacists should contact their rotation Practice Supervisor in advance of starting this rotation to discuss logistics, pre-reading and the rotation itself.

Learning outcomes

13.1 To identify and describe the different roles, responsibilities and current commissioning priorities of local medicines management teams.

13.2 To describe how the local medicines management interfaces and works with the wider organisation multidisciplinary team of the commissioning organisation and local health economy.

13.3 To describe the structure and function of the NHS and how healthcare is both commissioned and provided, including the fundamental functions, differences and relationship between commissioning, commissioning support and provider organisations.

13.4 To identify how and why the medicines management/ commissioning team (CCG or CSU) influences prescribing decisions and be able to describe the different influences on prescribing. This is to include how the team promotes and supports safe and effective medicines use.

13.5 To understand how prescribing information is managed and communicated in primary care and why.

13.6 To apply and interpret prescribing data in a local context considering cost, quality, safety, and patient factors.

13.7 To describe the application of local decision making at either a patient or population level at a local level.

13.8 To contribute (under supervision) to the work of the team.

Practice activities

Examples of practice activities that may be used to support learning outcomes for the rotation are given below. All of these should also provide sources of evidence that can be used towards the GPhC preregistration performance standards.
1. Prescribing data analysis

Either provide the trainee with a prescribing data report or involve them in producing one. The trainee should interpret this report and draw some high level conclusions taking into account local guidelines, available evidence, demographic information etc. The trainee should be given some guidance on the task and asked to produce a report – written or presentation- which draws some conclusions. Suggested examples could include antimicrobial prescribing, NSAIDs etc.


2. Pharmaceutical queries

To draft a response to a request for pharmaceutical advice and to reflect on the differences in process and outcome given from the perspective of a medicines information service. This might be advice to an individual prescriber or more generic professional advice sought from medicines management. Ideally this should be a real time enquiry but if not feasible, the trainee could be provided with a previous query and asked to draft a response. Feedback can contrast the trainee’s response with how the query will be/ was responded to.


3. Multidisciplinary team working

Trainees should spend at least one day with other members of the CCG/CSU team so that they gain a first-hand insight into how they interact with medicines management teams/ staff. They should be required to reflect upon the experience and some prompting questions provided to assist with this. Examples include:

- GP
- Practice nurse
- Finance staff
- Non-medical prescriber
- Reception staff in a GP practice
- Other allied healthcare professional

In addition, even if they have not spent time with the particular member of the multidisciplinary team (MD), the trainees should still have an understanding of their role.

(Performance Standards: A1.1, A1.4, A1.5, B1.2)

4. Local decision making

To provide a professional opinion on a case in which local decision making is being applied

This could be a formulary decision going to Area Prescribing Committee (APC), an Individual Funding Request (IFR) or even a case that has gone to the Cancer Drug Fund (CDF). Trainees should be provided with the case being presented, given time to study it and undertake further investigation if need be and then provide their professional opinion. The ideal would be that there is decision being made while they are on rotation in which case, trainees can review the information in real time, attend the meeting and contrast their opinions with that of the committee/ panel. If this is not an option, an alternative is to review a previous decision or one which is in the near future. As well as reviewing the evidence, it is important that trainees are pushed to have an opinion and to explain the rationale for it.


This activity list is not exhaustive or prohibitive and CCGs/ CSUs may have other valuable learning experiences which they wish to involve their trainees in. This list has been compiled to identify a potentially common core curriculum which can accommodate local variation and support trainees to be active learners. It should also raise awareness of commissioning which will be beneficial irrespective of the future career paths of preregistration pharmacists.
I. GPhC Performance standards

All of the numbering against the GPhC performance standards corresponds directly with those in the GPhC Performance Standards area of the e-Portfolio, to aid navigation by the trainee and ES

<table>
<thead>
<tr>
<th>Unit A - Personal Effectiveness</th>
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<tbody>
<tr>
<td><strong>A1 – Manage Self</strong></td>
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<tr>
<td>A1.1 Behave in a manner consistent with membership of the profession</td>
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<tr>
<td>A1.2 Manage your time effectively</td>
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<td>A1.3 Recognise your personal and professional limitations and refer appropriately</td>
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<td>A1.4 Respond with willingness and flexibility to new situations and to change</td>
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<td>A1.5 Remain composed and personally effective in all situations</td>
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<td>A1.6 Make decisions which demonstrate clear and logical thought</td>
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<td>A1.7 Take responsibility for, and accept outcomes of, your own decisions</td>
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<tr>
<td>A1.8 Amend your behaviour, when necessary, based on evaluation of your performance by yourself or others</td>
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<tr>
<td><strong>A2 – Manage Work</strong></td>
<td></td>
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<tr>
<td>A2.1 Carry out tasks effectively</td>
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<tr>
<td>A2.2 Approach tasks and situations in accordance with the law and with the GPhC standards of conduct, ethics and performance</td>
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<tr>
<td>A2.3 Follow work systems correctly</td>
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<td>A2.4 Use resources effectively</td>
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<tr>
<td><strong>A3 – Manage Problems</strong></td>
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<tr>
<td>A3.1 Recognise and define actual or potential problems</td>
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<tr>
<td>A3.2 Identify workable options to resolve the problem</td>
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<tr>
<td>A3.3 Select the best solution, based on sound analysis and appropriate evidence</td>
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<tr>
<td>A3.4 Suggest and, if appropriate, implement solutions to problems</td>
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<tr>
<td>A3.5 Evaluate the outcome of the solution after implementation, and if necessary redefine the problem (see A3.1)</td>
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<tr>
<td><strong>A4 – Demonstrate a commitment to quality</strong></td>
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<tr>
<td>A4.1 Work to an acceptable standard when preparing products and delivering services</td>
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<tr>
<td>A4.2 Check your own work effectively</td>
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<tr>
<td>A4.3 Minimise error by others through effective supervision</td>
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<tr>
<td>A4.4 Identify and rectify your own and others’ mistakes promptly and effectively</td>
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<tr>
<td>A4.5 Minimise health and safety risks to yourself and others</td>
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<tr>
<td>A4.6 Base your actions, advice and decisions on evidence</td>
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<tr>
<td>A4.7 Obtain and process the evidence you need to meet A4.6</td>
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<tr>
<td>A4.8 Have successfully engaged in a quality improvement process. This could be achieved for example by carrying out a small, planned audit assignment or completing a PDSA cycle.</td>
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<tr>
<td><strong>A5 – Demonstrate ongoing learning and development</strong></td>
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<tr>
<td>A5.1 Identify and prioritise your own learning and development needs</td>
<td></td>
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<tr>
<td>A5.2 Develop your own plans to meet identified needs, using SMART learning objectives</td>
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<tr>
<td>A5.3 Make full use of learning and development opportunities</td>
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<tr>
<td>A5.4 Evaluate whether your learning objectives have been met</td>
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<tr>
<td>A5.5 Identify your further learning needs</td>
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<tr>
<td>A5.6 Record your own learning and development process and outcomes</td>
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<tr>
<td>A5.7 Apply learning to practice</td>
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<tr>
<td><strong>Unit B – Interpersonal skills</strong></td>
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<tr>
<td><strong>B1 – Communicate effectively</strong></td>
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<tr>
<td>B1.1 Communicate effectively in English</td>
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<tr>
<td>B1.2 Behave in a polite and helpful manner</td>
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<tr>
<td>Task</td>
<td>Description</td>
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<tr>
<td><strong>B1.3</strong></td>
<td>Sensitive approach people who need or who may need assistance</td>
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<td><strong>B1.4</strong></td>
<td>Elicit all relevant information by the use of appropriate questions</td>
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<tr>
<td><strong>B1.5</strong></td>
<td>Listen effectively to the whole message</td>
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<tr>
<td><strong>B1.6</strong></td>
<td>Respect and observe confidentiality</td>
</tr>
<tr>
<td><strong>B1.7</strong></td>
<td>Act appropriately in response to spoken and unspoken needs of others</td>
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<tr>
<td><strong>B1.8</strong></td>
<td>Behave in a manner which instils confidence</td>
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<tr>
<td><strong>B1.9</strong></td>
<td>Behave assertively</td>
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<tr>
<td><strong>B1.10</strong></td>
<td>Use appropriate body language</td>
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<tr>
<td><strong>B1.11</strong></td>
<td>Provide information and advice appropriate to the needs of the recipient(s)</td>
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<tr>
<td><strong>B1.12</strong></td>
<td>Handle conflict appropriately</td>
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<tr>
<td><strong>B2 – Work effectively with others</strong></td>
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<tr>
<td><strong>B2.1</strong></td>
<td>Acknowledge the ideas and opinions of others and act on them when appropriate</td>
</tr>
<tr>
<td><strong>B2.2</strong></td>
<td>Present your own ideas and opinions appropriately when speaking and in writing</td>
</tr>
<tr>
<td><strong>B2.3</strong></td>
<td>Meet commitments made to others within agreed deadlines</td>
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<tr>
<td><strong>B2.4</strong></td>
<td>Give constructive feedback to others based on accurate evaluation of their performance</td>
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<tr>
<td><strong>B2.5</strong></td>
<td>Secure help from others when necessary in an appropriate manner</td>
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<tr>
<td><strong>B2.6</strong></td>
<td>Assist others when necessary</td>
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<tr>
<td><strong>B2.7</strong></td>
<td>Delegate tasks appropriately</td>
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<tr>
<td><strong>B2.8</strong></td>
<td>Supervise others in an appropriate manner to ensure that agreed outcomes are achieved</td>
</tr>
<tr>
<td><strong>B2.9</strong></td>
<td>Use your knowledge and skills effectively when helping others learn</td>
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<tr>
<td><strong>Unit C – Medicines and health</strong></td>
<td></td>
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<tr>
<td><strong>C1 – Manage the dispensing process</strong></td>
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<tr>
<td><strong>C1.1</strong></td>
<td>Correctly receive prescriptions into the pharmacy</td>
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<td><strong>C1.2</strong></td>
<td>Check the prescription is valid</td>
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<tr>
<td><strong>C1.3</strong></td>
<td>Assess the prescription for safety and clinical appropriateness</td>
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<tr>
<td><strong>C1.4</strong></td>
<td>Resolve any identified problems appropriately</td>
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<tr>
<td><strong>C1.5</strong></td>
<td>Perform calculations correctly</td>
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<tr>
<td><strong>C1.6</strong></td>
<td>Assemble the prescription correctly</td>
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<tr>
<td><strong>C1.7</strong></td>
<td>Supply extemporaneously prepared products according to the correct formula</td>
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<tr>
<td><strong>C1.8</strong></td>
<td>Correctly issue dispensed item(s) to patient or representative, with appropriate information and advice</td>
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<tr>
<td><strong>C1.9</strong></td>
<td>Ensure stock is managed correctly</td>
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<tr>
<td><strong>C1.10</strong></td>
<td>Respond appropriately to requests to dispense prescription-only items without a prescription</td>
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<tr>
<td><strong>C1.11</strong></td>
<td>Correctly process necessary documentation</td>
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<tr>
<td><strong>C1.12</strong></td>
<td>Effectively check prescriptions dispensed by others</td>
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<tr>
<td><strong>C2 provide additional clinical and pharmaceutical services</strong></td>
<td></td>
</tr>
<tr>
<td><strong>C2.1</strong></td>
<td>Provide considered and correct answers to queries, founded on research-based evidence</td>
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<tr>
<td><strong>C2.2</strong></td>
<td>Pro-actively assist patients to obtain maximum benefit from their treatment</td>
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<tr>
<td><strong>C2.3</strong></td>
<td>Identify and take action to minimise risk to patients from their treatment</td>
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<tr>
<td><strong>C2.4</strong></td>
<td>Actively provide information and advice to healthcare professionals</td>
</tr>
<tr>
<td><strong>C2.5</strong></td>
<td>Construct medication histories using a range of sources</td>
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<tr>
<td><strong>C2.6</strong></td>
<td>Use medication histories correctly</td>
</tr>
<tr>
<td><strong>C2.7</strong></td>
<td>Recognise possible adverse drug reactions, evaluate risks and take action accordingly</td>
</tr>
<tr>
<td><strong>C2.8</strong></td>
<td>Provide appropriate information and advice on the management of minor and common ailments</td>
</tr>
<tr>
<td><strong>C2.9</strong></td>
<td>Effectively use opportunities to promote and support healthy lifestyles and prevent disease</td>
</tr>
<tr>
<td><strong>C2.10</strong></td>
<td>Demonstrate awareness of emergency first aid</td>
</tr>
<tr>
<td><strong>C2.11</strong></td>
<td>Refer, or direct the person, to a more suitable source of help or information, when necessary</td>
</tr>
</tbody>
</table>
J. Regional Support Programme & Activities 2015-16

J.1. Pre-course work
Pre-course reading and/or work will be recommended to you before the majority of the study days. You may be asked to complete specific e-learning modules if applicable to the subject topic. The occurrence of pre-course work will normally be stated in the study day programme (or e-learning module where relevant). For study days this will normally be sent to you electronically at least two weeks before the day. In order for you to gain the maximum benefit from the sessions you must complete all the study day pre-course work before attending.

J.2. CPD
CPD record forms are available on the Moodle e-learning platform for you to complete at base. You can use the form to reflect on what you have learnt and/or gained at the study day and through the e-learning activities. The completed CPD form should be discussed with your Educational Supervisor.

J.3. Study Day Attendance
If you are unable to attend any of the study days this should be discussed with your Educational Supervisor. You should then notify the regional pharmacy team by email to hhaynes@kss.hee.nhs.uk and copy in your Educational Supervisor. All absences (notified or not) from study days will be reported back to the relevant Educational Supervisor and recorded by KSS Pharmacy Education. Some of the days are run twice and there is sometimes scope for you to swap groups for individual days if you have a valid reason. You must contact us in advance; this is not guaranteed as it depends on numbers and venue capacity. Failure to attend a study day or notification of cancellation less than 24 hours before the event will incur a monetary charge.

J.4. E-learning
The online e-learning platform that we use is Moodle; you will receive your login details for Moodle at the beginning of your pre-reg year. To be able to complete the e-learning packages that we provide, you and your base trust will need to ensure the following is available to you:

- We recommend that you use Mozilla Firefox for Moodle, uploading documents which you will need to do when submitting your audit proposal and project will work best in Firefox. Moodle will work on Internet Explorer 7 or 8 – if you are not sure which version of Internet Explorer you have please ask your Trust IT Support to ensure that you have IE 7 or 8.
- Flash player
- Sound – we would recommend that you use headphones so as not to disturb others around you when viewing the videos and e-lectures within the training.
- Access to YouTube.com – We have become aware that some trusts block users access to YouTube, please check this on your work account or with the Educational Programme Director before commencing the training. If your trust blocks YouTube please contact your IT department; they should remove the block to allow you access as it is for training purposes.

We will monitor the work you do on the Moodle platform and check that you have completed the packages available to you. If we think that you are behind or not completing the e-learning we will contact your Educational Supervisor to discuss this. If you have any problems with accessing the e-learning please contact us via email to hhaynes@kss.hee.nhs.uk to discuss the problems as we may be able to advise a solution.
### J.5. Pre-registration Trainee Pharmacist Programme 2015 – 16.

#### J.5.1. Study Days

<table>
<thead>
<tr>
<th>Date</th>
<th>Title</th>
<th>Venue</th>
<th>Learning Outcomes</th>
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| 13<sup>th</sup> August 2015 | Induction                            | Hallam Conference Centre, London | ➢ Describe the role and responsibilities of a KSS Pre-registration trainee representative.  
➢ Describe the role and responsibilities of the KSS Pharmacy Education Pharmacy Team.  
➢ Define the role of the Educational Supervisor (pre-registration tutor) and Practice Supervisors in Pre-registration Pharmacist training.  
➢ Describe the principles of ‘competence based training’ in relation to the GPhC Workbook and KSS Pharmacy Education Handbook.  
➢ Demonstrate how to write quality evidence that proves competence in areas of the GPhC performance standards.  
➢ Develop a working definition of professionalism, its components and to identify unprofessional behaviours in the context of the Pre-registration year.  
➢ Define self-directed learning and how best to integrate it into your practice as a Pre-registration Pharmacist.  
➢ Produce learning contracts between the Pre-registration Trainee Pharmacists and the KSS Pharmacy Education team.  
➢ Become more familiar with the HEKSS OSCE process for pre-registration pharmacists. |
| 3<sup>rd</sup> September 2015 | Trainee Representative Training (This day is for the 2015/16 County Trainee Reps and their deputies only) | Holiday Inn Gatwick             | ➢ Define the key functions of a trainee rep  
➢ Demonstrate good practice points pre, during and post meetings  
➢ Categorise trainee feedback in order of importance  
➢ Compose your personal action plan for obtaining and disseminating trainee feedback  
➢ Formulate a contacts list of your fellow reps |
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<th>Date</th>
<th>Title</th>
<th>Venue</th>
<th>Learning Outcomes</th>
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| 8th October 2015 | Clinical Communication      | Holiday Inn Portsmouth | ➢ To describe the most appropriate interventions to resolve medication adherence issues  
➢ To identify opportunities to support medication adherence in practice  
➢ To develop further insight into the benefits of self-management for people living with long-term conditions  
➢ To reflect on the benefits of effective language and communication skills in supporting and empowering people living with LTC’s.  
➢ To describe how communication skills can be used to identify, resolve and prevent medication errors |
| 13th October 2015| Clinical Communication     | Holiday Inn Gatwick  | ➢ Assess the level of clinical competence of pre-registration trainee pharmacists.  
➢ Achieve a baseline understanding of future training needs and competencies.  
➢ Assess own learning needs through practicing calculations.  
➢ Describe the new exam format, assess own learning needs and signpost learning tools via the exam support session.  
➢ Describe how you may change your practice when dealing with patients with dementia |
| 15th October 2015| Baseline OSCEs             | Woburn House, London | ➢ State the extent of a pharmacist’s liability when acting in a professional capacity.  
➢ Examine the legal issues facing pharmacists.  
➢ State the key elements of effective evidence giving.  
➢ Describe how the law of consent applies to pharmacists  
➢ Describe whistle blowing and core principles for pharmacists, with particular reference to the Francis report |
| 5th November 2015| Professional Responsibilities| Woburn House, London| ➢ Employ relevant techniques to elicit information from patients OTC  
➢ Identify warning signs when responding to symptoms OTC  
➢ Compare and contrast common minor ailments  
➢ Examine common available treatments OTC  
➢ Understand the role of hospital pharmacists in Public Health, and the importance of signposting on discharge |
<table>
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<tr>
<th>Date</th>
<th>Title</th>
<th>Venue</th>
<th>Learning Outcomes</th>
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</thead>
</table>
| SAT 9<sup>th</sup> January 2016 | Community Pharmacy Experience | Kamsons Pharmacy, 175 Preston Road, Brighton BN1 6AG | ➢ To gain practical experience of OTC counselling  
➢ To understand the layout and design of a community pharmacy  
➢ To understand the rationale behind recommending products for different ailments |
| SAT 16<sup>th</sup> January 2016 | Community Pharmacy Experience | Kamsons Pharmacy, Brighton, as above  | ➢ To describe the current employment landscape in the South East in relation to hospital pharmacy posts  
➢ To identify strong application forms taking into account job descriptions and person specifications  
➢ To discuss the importance of a personal supporting statement and current CV  
➢ To identify key criteria that interviewers will look for in an interview process  
➢ To demonstrate the skills required when answering interview questions  
➢ To describe the Foundation Pharmacist training (KSS) and band 6 diploma opportunities (HIOW) and how they can relate to your hospital pharmacy career. |
| SAT 23<sup>rd</sup> January 2016 | Community Pharmacy Experience | Kamsons Pharmacy, Brighton, as above  | ➢ To describe the current employment landscape in the South East in relation to hospital pharmacy posts  
➢ To identify strong application forms taking into account job descriptions and person specifications  
➢ To discuss the importance of a personal supporting statement and current CV  
➢ To identify key criteria that interviewers will look for in an interview process  
➢ To demonstrate the skills required when answering interview questions  
➢ To describe the Foundation Pharmacist training (KSS) and band 6 diploma opportunities (HIOW) and how they can relate to your hospital pharmacy career. |
| 14<sup>th</sup> January 2016   | Recruitment & Selection         | Holiday Inn Gatwick                   | ➢ To describe the current employment landscape in the South East in relation to hospital pharmacy posts  
➢ To identify strong application forms taking into account job descriptions and person specifications  
➢ To discuss the importance of a personal supporting statement and current CV  
➢ To identify key criteria that interviewers will look for in an interview process  
➢ To demonstrate the skills required when answering interview questions  
➢ To describe the Foundation Pharmacist training (KSS) and band 6 diploma opportunities (HIOW) and how they can relate to your hospital pharmacy career. |
| 21<sup>st</sup> January 2016   | Recruitment & Selection         | Holiday Inn Portsmouth                 | ➢ To describe the current employment landscape in the South East in relation to hospital pharmacy posts  
➢ To identify strong application forms taking into account job descriptions and person specifications  
➢ To discuss the importance of a personal supporting statement and current CV  
➢ To identify key criteria that interviewers will look for in an interview process  
➢ To demonstrate the skills required when answering interview questions  
➢ To describe the Foundation Pharmacist training (KSS) and band 6 diploma opportunities (HIOW) and how they can relate to your hospital pharmacy career. |
| 4<sup>th</sup> February 2016   | Specialist Pharmacy            | Woburn House, London                  | ➢ Describe the different career opportunities available to pharmacists, including some opportunities outside of hospital.  
➢ Describe the different methods of career progression for pharmacists.  
➢ To have the opportunity to network with and learn from pharmacists from a variety of career backgrounds. |
| 10<sup>th</sup> March 2016     | OSCEs                           | Woburn House, London                  | ➢ Assess the level of clinical competence of pre-registration trainee pharmacists.  
➢ Identify areas to improve clinical practice. |
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| 21<sup>st</sup> April 2016 | Exam Syllabus Support | Holiday Inn Portsmouth       | ➢ Identify techniques to aid performance in your pre-registration exam.  
➢ Discuss various aspects of pharmacy law, with particular emphasis on Controlled Drug regulations  
➢ Apply your knowledge to solve ethical dilemmas  
➢ Identify and interpret common Adverse Drug Reactions and Drug Interactions  
➢ Understand the factors that influence the prescribing for children  
➢ Understand the differences in drug handling in children  
➢ Complete general questions and calculations using the BNFc  
➢ Understand the appropriate information sources for prescribing in children |
| 28<sup>th</sup> April 2016 | Exam Syllabus Support | Holiday Inn Gatwick          |                                                                                                                                                                                                                     |
| 12<sup>th</sup> May 2016    | First Aid            | Best Western Plus - Coniston Hotel, Sittingbourne | ➢ Demonstrate basic first aid skills and knowledge in line with GPhC performance standards.                                                                                                                        |
| 18<sup>th</sup> May 2016    | First Aid            | Holiday Inn Gatwick          |                                                                                                                                                                                                                     |
| 19<sup>th</sup> May 2016    | First Aid            | Holiday Inn Portsmouth       |                                                                                                                                                                                                                     |
| 6<sup>th</sup> July 2015    | Audit Day            | St Thomas’ Hospital, London  | ➢ Experience examples of good audit work from the region  
➢ Describe the RPS support role in professional development  
➢ Understand the importance of risk management to your practice                                                                                                                                                   |
**Split Study Day Groups:**

**First Aid**

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Institutions</th>
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<td>12th May 2016</td>
<td>Best Western Plus - Coniston Hotel, Sittingbourne</td>
<td>East Kent University Hospitals NHS Foundation Trust</td>
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<td>Dartford and Gravesham NHS Trust</td>
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<td>Royal Surrey County Hospital NHS Foundation Trust</td>
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<td></td>
<td></td>
<td>Care UK Ltd</td>
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**Community Pharmacy Experience - SATURDAYS**

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<thead>
<tr>
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<th>Location</th>
<th>Institutions</th>
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<tbody>
<tr>
<td>9th January 2016</td>
<td>Kamsons Pharmacy 175 Preston Road, Brighton BN1 6AG</td>
<td>East Kent University Hospitals NHS Foundation Trust</td>
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<td></td>
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<td>Maidstone &amp; Tunbridge Wells NHS Trust</td>
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<td>Ashford &amp; St Peters Hospitals NHS Foundation Trust</td>
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<td>16th January 2016</td>
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**All other split study days:**

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<td>Western Sussex Hospitals NHS Foundation Trust</td>
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</table>
J.5.2 E-learning & Coursework.
The following schedule details all the e-learning activities and coursework that are to be completed at base.
The time it will take to complete each topic is a guide only; you do not have to work through all of the activities in one sitting, but do ensure that they are completed by the recommended deadline. All e-learning is available for Pre-reg to access from the beginning of the year. Learning outcomes for all e-learning can be found within Moodle.
The Educational Supervisor should ensure that the Pre-registration Trainee Pharmacist completes all the necessary coursework and that the trainee has access to appropriate IT facilities.
At the beginning of the year, you will be sent a deadlines sheet to plan when you will complete your e-learning. This is to be completed with your ES taking into account where your rotations are.

<table>
<thead>
<tr>
<th>Title</th>
<th>Recommendation of when to complete</th>
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<tbody>
<tr>
<td>Resources 2015 – 16</td>
<td>Links to the CPPE Responding to Minor Ailments and CPPE Mental Health Packages that you are required to complete are available within the Resources area. This is also where you will find presentations and resources from study days.</td>
</tr>
</tbody>
</table>

**E-modules with fixed deadline:**

<table>
<thead>
<tr>
<th>Title</th>
<th>Recommendation of when to complete</th>
<th>Estimated time to complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit Support &amp; Project Guidance</td>
<td>Refer to Handbook and e-learning module for deadlines</td>
<td></td>
</tr>
<tr>
<td>CPD</td>
<td>It is anticipated that you will be completing CPD records throughout the year. <strong>This course should be completed at the beginning of your pre-reg year</strong> to aid you in recording CPD throughout your career.</td>
<td>One hour</td>
</tr>
</tbody>
</table>
| Calculations Support                | It is not a mandatory requirement that you complete the whole of the package; you may do as much as you feel you need to, in order to be competent in your ability to do calculations for the exam.  
**You are required to complete one timed practice exam by 16th September 2015.**  
Please refer to your Educational Supervisor (tutor) for guidance on the number and deadlines of additional calculation papers you are to complete. | Up to 10 hours              |
| Communication                       | This should be completed by the communication study day in October 2015                                                                                                                                                         | Six hours                   |
| Responding to Minor Ailments (CPPE resource) | **This must** be completed before you attend the Cross Sector Experience Preparation study day in December.                                                                                                                      | Up to eight hours.          |
### Title | Recommendation of when to complete | Estimated time to complete
---|---|---
Careers Planning | It is recommended that you complete this e-activity after you have had the Recruitment & Selection study day but if you would like to access it beforehand then you can do so. | Up to one hour

**E-modules with deadlines dependant on rotations at base:**

<table>
<thead>
<tr>
<th>Title</th>
<th>Recommendation of when to complete</th>
<th>Estimated time to complete</th>
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</thead>
<tbody>
<tr>
<td>Drug Tariff</td>
<td>Before/during your Community Pharmacy Placement.</td>
<td>Three hours</td>
</tr>
<tr>
<td>Mental Health e-course (CPPE resource)</td>
<td>Before your Mental Health rotation. You are required to complete certain sections as a minimum before your rotation. Please consult the Resources section of Moodle for further details.</td>
<td>Six hours</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>Recommended that you complete this package while undergoing your paediatric rotation or before the paediatric KSS training session (at the Exam Syllabus Support study day), whichever is first.</td>
<td>Four hours</td>
</tr>
<tr>
<td>Patient Safety</td>
<td>This is mainly a reference resource, highlighting important patient safety resources. After the Patient Safety session (at the Communication study day) you are required to read the Patient Safety presentation and to reflect on your practice with regards to the Francis Report.</td>
<td>1.5 hours</td>
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**E-learning Learning Outcomes:**

<table>
<thead>
<tr>
<th>Title</th>
<th>Learning Outcomes</th>
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</thead>
</table>
| Audit Support & Project Guidance | ✓ Discuss why audit is important  
✓ Describe the audit cycle and it’s component stages  
✓ Complete a small audit as per the GPhC performance standard |
| Calculations Support | ✓ Apply your knowledge to perform basic maths including calculating using fractions, percentages and equations.  
✓ Apply your knowledge to practice developmental topics and applied maths including concentrations and dilutions.  
✓ Apply your knowledge to complete one timed practice exam by 16th September 2015. Please refer to your Educational Supervisor (tutor) for guidance on the number and deadlines of additional calculation papers you are to complete. |
<table>
<thead>
<tr>
<th>Title</th>
<th>Learning Outcomes</th>
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</table>
| Careers Planning    | ➢ Describe why career planning is important  
 ➢ Describe different techniques available for interview preparation  
 ➢ Evaluate the top tips for being successful at interview  
 ➢ Describe the recruitment processes involved from the application stage to the interview day stage |
| Communication       | ➢ Review the problems with medicines that are associated with transfers of care  
 ➢ Introduce the basic concept of ‘medicines reconciliation’  
 ➢ Discuss some of the problems that can occur when medicines are not reconciled  
 ➢ Describe two levels of medicines reconciliation  
 ➢ Discuss the key skills that are required for medicines reconciliation  
 ➢ Identify ways of overcoming some of the barriers to successful implementation of medicines reconciliation  
 ➢ Clarify methods of measuring the impact and process of medicines reconciliation  
 ➢ Explain what a patient-centred consultation involves and highlight the benefits of this approach  
 ➢ Understand the benefits of a structured approach to consultations  
 ➢ Outline the stages of an effective consultation  
 ➢ Practice patient counselling using the MRCF training tool to assess competence in consultation skills  
 ➢ Describe how influencing skills can be used in practice for better patient outcomes |
| CPD                 | ➢ Apply your knowledge to complete a CPD record online  
 ➢ Describe where to locate useful resources on websites for CPD  
 ➢ Describe the key aspects of completing a CPD entry correctly  
 ➢ Identify one measure that will encourage you to record CPD more frequently |
| Drug Tariff         | ➢ Describe the drug tariff layout and practice using this additional resource                                                                                                                                 |
| Mental Health       | ➢ Recognise the signs and symptoms of depression, bipolar effective disorder, schizophrenia and anxiety  
 ➢ Describe the pharmacology of available treatments for the above conditions  
 ➢ Illustrate the issues concerning medically unwell psychiatric patients  
 ➢ State the major consultation points when advising patients with mental illness about their medicines  
 ➢ Express the issues surrounding the treatment of dementia  
 ➢ Evaluate the impact of multimedia outlets on the societal view of mental health |
<table>
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<tr>
<th>Title</th>
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</thead>
<tbody>
<tr>
<td>Paediatrics</td>
<td>➢ Describe the most common childhood illnesses and their management  &lt;br&gt; ➢ Describe the risks associated with prescribing in paediatric patients  &lt;br&gt; <strong>Focal point (CPPE)</strong>  &lt;br&gt; ➢ To explain the differences in drug handling and effects between children and adults  &lt;br&gt; ➢ To discuss the licensing issues that must be considered when dealing with children and their medicines  &lt;br&gt; ➢ To develop skills to implement a holistic approach to the treatment of children with long-term conditions  &lt;br&gt; ➢ To highlight tools/skills for appropriate and effective communication with children and their parents or carers to ensure safe and effective use of medicines  &lt;br&gt; ➢ To recognise potential ways in which children may be harmed by medicines, including medication errors and adverse drug reactions  &lt;br&gt; ➢ To be able to recall useful information sources when dealing with paediatric patients.  &lt;br&gt; ➢ To review your current approach in supporting children and identify ways you can help them</td>
</tr>
<tr>
<td>Responding to Minor Ailments</td>
<td>➢ Recognise the symptoms of common minor ailments  &lt;br&gt; ➢ Recommend evidence-based over-the-counter treatment of common minor ailments  &lt;br&gt; ➢ Recognise danger symptoms and know when and where to refer patients  &lt;br&gt; ➢ Be confident when offering advice and support to patients to help them manage minor ailments.</td>
</tr>
</tbody>
</table>
J.6. GPhC: Fitness to Practice Committee Visits

Fitness to Practice Committee Visits will be co-ordinated initially on Moodle. When dates are available, we will email you asking you to log in to Moodle and select which date you would like to attend. Dates will automatically close as soon as they are full. It is your responsibility to log in to Moodle and select a date on which you wish to attend. Further information will be available on Moodle within the Resources section. Once the majority of Trainees have booked a date, updates will no longer be provided. If you have not attended by this time, it is your responsibility to access the GPhC hearings page and organise a visit yourself.

Please note that these are externally organised visits and pre-booking is not a guarantee of entry. Places at hearings are limited and due to the nature of some hearings access may not be granted at the last minute; discuss with your ES/EPD before your visit what you are expected to do for the remainder of the day in case you attend a hearing and are refused entry. To minimise such issues you should confirm your attendance with the GPhC as per the process below.

1. Please dress professionally for your Fitness to Practice Committee visit.
2. Report to the main reception at the General Pharmaceutical Council by 9am. The venue details will be provided via Moodle.
3. Contact the GPhC office on the working day before the scheduled visit, to confirm that there are no changes to the start time or cancellations. In some cases, hearings may be cancelled at the last minute and it is your responsibility to check this before you leave for your visit. In the event of a meeting being cancelled you can choose another date later in the year if possible.
4. In the event of you needing to cancel your visit please notify the regional pharmacy team at the earliest opportunity and if it is on the day of the visit please contact the GPhC. Contact details will be provided on Moodle.
5. Before your visit please visit the GPhC website and read the section on raising concerns which includes sections on the inspectorate, inspections, investigations, hearings and decisions and appeals. You should also view the documents on Moodle relating to fitness to practice.
6. These are observational visits of the proceedings of the Fitness to Practice Committee and therefore no refreshments are provided.
7. It is not possible to provide a specific finish time for the day as this will be wholly dependent on the cases being heard on the day. Generally the meetings are finished by mid-afternoon.
8. You will not be able to take bags into the hearing chamber – there is only limited space to store belongings therefore please avoid taking large bags.
9. A course evaluation CPD form is available to download from our website, to help you reflect on the visit and it would be extremely useful if you could make a copy and forward this to the regional pharmacy team to allow us to evaluate these visits for future Pre-registration Trainee Pharmacists. Any additional feedback would also be appreciated.
J.7. Objective Structured Clinical Examination (OSCE)

The practice of pharmacy is a complex process, which requires the application of clinical knowledge and communication and problem-solving skills. These aspects, combined with a professional attitude, allow a pharmacist to identify, resolve or prevent real or potential drug related problems.

In order to overcome some of the traditional problems of assessing clinical competence e.g. personality differences and the variability of patients and settings, the Objective Structured Clinical Examination (OSCE) technique has been well developed. The OSCE allows us to incorporate a range of clinically relevant tasks to test the application of clinical knowledge and relevant skills. The OSCE consists of a number of 9 minute ‘stations’ through which Pre-registration Trainee Pharmacists rotate. At each station, a task is performed and the trainees performance is assessed, by a trained assessor, on their ability to perform the clinical tasks and skills. If any Pre-registration Trainee Pharmacist is concerned about their performance, they should ask their Practice/Educational Supervisor to observe them performing the various tasks. These OSCE are a formative assessment and used to highlight the trainees strong attributes along with areas for development - which can then be addressed by an action plan at the base hospital.

An ‘Introduction to OSCE’ session is part of the Induction study day, to make you more familiar with the process and align expectations. A baseline OSCE is timetabled in October and the final OSCE in the spring. A report of your performances in both OSCE plus an outline of the OSCE stations and associated GPhC performance standards will be sent to you and your Educational Supervisor. Our regional OSCEs have been updated to bring them in line with current best practice:

- A yellow card system is used by the OSCE station assessors alongside the assessment checklist and will be used to raise any issues of unprofessional or unsafe behaviour – including inappropriate language and dress ad patient safety concerns.
- The OSCE are blueprinted against the performance standards set by the GPhC, plus disease states, skill and situation. This ensures a wide range of areas are assessed and will aid with specific constructive feedback.
- Actor feedback and global judgement from the assessor is completed at each OSCE station. This allows empathy and rapport to be assessed.
- All candidate instructions are passed through a ‘readability calculator’ to ensure that there is no disadvantage that could be due to misunderstanding of what is expected at the OSCE stations.
- Regression based analysis is currently utilised for determining the pass mark as this is the current gold standard for small cohorts, but we will adapt out processes if new evidence is published.
J.7.1. OSCE Pre-registration Trainee Pharmacists role

Below is a detailed outline of what is expected from Pre-registration Trainee Pharmacists during the OSCE.

Assessment of clinical communication in OSCEs
All OSCE stations involving a simulated patient or healthcare professional (colleague) will assess how, as Pre-registration Trainee Pharmacists, you communicate with your patients and colleagues, as well as testing your application of your clinical knowledge and problem-solving skills. These core communication skills are learned at undergraduate level and are used throughout your professional career. The particular skills included in any one OSCE station will depend on the clinical and professional elements being assessed. The following section identifies many of these skills together with elaboration of purpose and some examples. It is important that you find your own style and forms of words that you feel comfortable with.

Appropriate introduction
You are expected to use a greeting (good morning, good afternoon or hello), introduce yourself with your name (family and given name) and your role.

Explain what the discussion is to be about
This explanation is going to depend on the instructions that you have been given about your task at the station. Saying that you want ‘a quick chat’ or you ‘just want to ask a few questions’ is not adequate and you will not gain all marks available. An example of what you could say to a simulated patient is ‘What I would like to do is ask you about your medication to ensure you are gaining the most benefit from it’ (you should check with the patient that this is acceptable) and to a simulated colleague ‘I understand you had a query regarding the medication, can I just get some more information from you please’.

Medication History-taking and Reconciliation stations
Appropriate questioning technique
You will need to demonstrate that you can use a mix of question types. The most effective way of gathering information is to start out with a broad focused open question and then focus down to elicit more specific information, finishing with closed questions to ensure that you have covered everything.

Examples of different question types:
What is the main issue you have with your medication? (open question)
How many tablets do you take a day? (focused open question)
Have you taken anything for your heartburn? (closed question)

Question types to avoid and which will lose you marks:
Leading questions, which anticipate the answer
e.g. ‘Apart from what we’ve discussed, no more problems?’
‘You don’t smoke, do you?’

Multiple questions when more than one question is asked without giving the patient a chance to respond
e.g.
‘Have you taken anything that makes it worse or makes it better?’
‘What’s the pain like? Is it sharp or stabbing or dull?’

Clarifying what your patient has told you
If a patient uses any words or says anything that you do not fully understand or think that you may have misunderstood, make sure that you ask for clarification e.g. ‘You said a minute ago that you have been struggling to remember to take your medication – can you tell me some more about that?’ Be aware that
even words in common parlance, such as ‘diarrhoea’ or ‘indigestion’ might have different meanings for a patient and a pharmacist.

**Elicits patients concerns and responds sensitively**
Establishing a patient’s concerns is an important part of medication history-taking and reconciliation. It is important that you acknowledge these concerns and respond appropriately. Using a platitude or premature reassurance e.g. ‘I’m sure there’s nothing seriously wrong’ will not gain you marks. Try something along the lines of ‘I can see why that would be causing anxiety for you and I think it’s important that you talk to the consultant about it when you go in to see him’.

**Avoids or explains jargon**
When dealing with a simulated patient, if you use words that are part of medical jargon or technical language, take care to explain what you mean by the word or phrase. You need to be aware that even words in common medical language like ‘chronic’ may be misunderstood.

**Summarises history back to patient, including concerns**
Summarising back your understanding of what the patient has told you is a key communication skill. It conveys to the patient that you have listened. It also allows both of you to clarify any inconsistencies or misunderstandings. You may want to use small summaries as you go along e.g. ‘so you’ve told me that this diarrhoea and discomfort started about 3 months after starting this medication and it’s making your work situation particularly difficult’. You may decide to do a bigger summary at the end. Either way, it is important that you summarise the patient’s concerns as well as medication issues so that the patient knows that both aspects are being taken seriously.

**Signposts change of focus in information-gathering**
It is helpful to patients to know when you are changing the focus if you’re questioning and you can use a signpost to give a rationale for the new topic. It is often used after a summary e.g. ‘I think I’ve got a clear picture now about your medication – what I’d like to do now is to find out about what support you have at home to help you take it regularly’.

**Explaining or information-giving stations**
Checks what the patient or colleague already knows or has been told
This is an important part of the information-giving process in which you are checking not only baseline knowledge but also starting to assess how your patient or colleague uses language and something of their mood. Depending on your instructions, it may also be useful to clarify what information your patient or colleague would like at this meeting.

**Delivers information in manageable chunks**
An important aspect of information-giving is to demonstrate awareness that it is difficult for anyone to take in large amounts of information unless it is divided up in some logical sort of way e.g. ‘What I’d like to do is show you how to use your inhaler, then we’ll talk about how regularly you should take it and then we can discuss asthma action plan’ or (if dealing with a colleague) ‘I will confirm the dose of the antibiotic for you and then I explain how you administer it to the patient’.

**Encourage a dialogue**
Even with limited time in an OSCE, you need to demonstrate your awareness that information-giving is a two-way process, not a monologue. For instance this could involve finding out whether the information ‘fits’ the patient’s lifestyle e.g. ‘Before we talk about your Dosette box, perhaps you could tell me a bit about whether you have anyone available just now who could give you some support picking them up from the pharmacy when you go home?’ or if discussing a medical issue with a colleague ‘Is there a further information you need me to cover?’.
Dealing with conflict stations
Unfortunately as a pharmacist you have to be able to deal from conflict from both patients and colleagues. This may occur for many reasons which can include differing of opinions, different needs from the pharmacy service, frustration or lack of knowledge on the topic. Therefore you need to equip yourself with skills to deal with such situations. Remaining calm is a must. Explaining why requests cannot be done (if you know why) plus provision of an alternative solution often helps e.g. ‘I am sorry I cannot provide that medication due to concerns I have about the patient safety, however another treatment option could be…..’ or ‘I am sorry that the medication consultation is delayed, if you have a few minutes I am happy to go through this now with you’.
K. Pre-registration Trainee Pharmacist Audit

All Pre-registration Trainee Pharmacists must “Have successfully engaged in a quality improvement process. This could be achieved for example by carrying out a small, planned audit assignment or completing a PDSA cycle” (GPhC Performance Standard A4.8). The objectives are to:

1. Develop your skills in audit methodology, such as evaluation of the evidence base, planning and time management, data collection tool design, data collection, data analysis and interpretation, and report writing.
2. Contribute to the quality of care provided to patients within your organisation.
3. Allow you to study a topic of relevance to your organisation’s local priorities and objectives.
4. Contribute to the pool of studies conducted within your hospital and within the region.

In line with the NHS constitution and values, it is recommended that Trusts particularly focus on audits that involve patient engagement.

Full audit project details, templates and submission guidance are available on Moodle. The deadlines for submission of your audit proposal and final audit project are below:

- 18th September 2015 – Submit Audit Proposal via Moodle
- 22nd April 2016 – Submit Final Audit Project via Moodle

For full submission details please view the guidance on Moodle.

Audits must be submitted by April 22nd 2016 (NB: you may wish to make one copy for the organisation where you completed your audit, and make a personal copy for yourself, however all submissions to KSS Pharmacy are sent electronically via Moodle; paper submissions are not required). Extensions will not normally be granted. Please note that a busy department or annual leave are not reasons for an extension to be granted. If an extension is required your Educational Supervisor must contact the regional team in writing with details of extenuating circumstances as soon as you are aware you will not meet the deadline. In extenuating circumstances an extension of one week may be granted by the Course Lead.
## L. Summary of Forms

All forms that are referred to throughout this handbook are available for you download within the resources section of Moodle. The forms that are available are:

<table>
<thead>
<tr>
<th>Form</th>
<th>Use of form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case-based Discussion (CBD) Form</td>
<td>This form can be used to guide and assess your competence to complete a pharmacist clinical and holistic review of a patient. <strong>This is only to be used as a learning tool by your Supervisor.</strong></td>
</tr>
<tr>
<td>Checking Scheme Diary Log Form</td>
<td>Use this form to record your progress in Accuracy Checking in your Dispensary Rotation.</td>
</tr>
<tr>
<td>Details of Dispensed or Checking Errors Detected Form</td>
<td>Use this form with the Checking Scheme Diary Log to record any details of dispensed or checking errors that you detect.</td>
</tr>
<tr>
<td>Checking Error Reflection</td>
<td>Use this form to reflect on any errors made whilst gather evidence for checking dispensed prescriptions</td>
</tr>
<tr>
<td>Clinical Screening Log Form</td>
<td>A Clinical Screening Log form is included for use if appropriate. Please consult with your Educational Supervisor if this form is to be used at your hospital base.</td>
</tr>
<tr>
<td>Medication Related Consultation Framework (MRCF)</td>
<td>This form can be used to guide and assess your competence to complete a shared consultation with a patient. <strong>This is only to be used as a learning tool by your Supervisor.</strong></td>
</tr>
<tr>
<td>Medicines Reconciliation Record Form</td>
<td>A Medicines Reconciliation Record form is included for use during your clinical rotation (if applicable).</td>
</tr>
<tr>
<td>Mini-Clinical Evaluation Exercise (mini-CEX) Form</td>
<td>This form can be used as an assessment tool to assess your ability to provide pharmaceutical care to a selected patient. <strong>This is only to be used as a learning tool by your Supervisor.</strong></td>
</tr>
<tr>
<td>Patient Medicine Management Problem (PMMP)</td>
<td>The purpose of using the PMMP template in practice is to help you develop your ability to identify pharmaceutical care issues, as well as develop your problem solving skills. This will enable you to develop your clinical skills in practice.</td>
</tr>
<tr>
<td>Patients Own Drugs Diary Log Form</td>
<td>Use this form to record your progress in checking Patients own drugs.</td>
</tr>
<tr>
<td>Patients Own Drugs Details of Intervention Form</td>
<td>Use this form with the PODs diary log to record any details of PODs interventions you have to make.</td>
</tr>
<tr>
<td>Ward Assessment Form</td>
<td>Your Educational Supervisor may use this tool, if appropriate, when you are having ward assessments. <strong>This is only to be used as a learning tool by your Supervisor.</strong></td>
</tr>
</tbody>
</table>