**RPS Foundation Pharmacy Framework Self-Assessment Summary & Action Plan**

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| --- | --- | --- | --- | --- | --- |
| **Foundation Pharmacist** |  | | | **Date** |  |
| **Educational Supervisor** |  | **Stage** |  | **Month** |  |

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| --- |
| **Patient and Pharmaceutical Care** |
| ***What aspects of your performance against these competencies are you especially pleased with?*** |
| ***What aspects of your performance against these competencies do you think you need to further develop/improve?*** |
| ***What do action do you need to take in the next 4 to 6 months in order to make progress on these competencies?*** |
| ***General Reflections:*** |
| **Professional Practice** |
| ***What aspects of your performance against these competencies are you especially pleased with?*** |
| ***What aspects of your performance against these competencies do you think you need to further develop/improve?*** |
| ***What do action do you need to take in the next 4 to 6 months in order to make progress on these competencies?*** |
| ***General Reflections:*** |
| **Personal Practice** |
| ***What aspects of your performance against these competencies are you especially pleased with?*** |
| ***What aspects of your performance against these competencies do you think you need to further develop/improve?*** |
| ***What do action do you need to take in the next 4 to 6 months in order to make progress on these competencies?*** |
| ***General Reflections:*** |

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| **Management and Organisation** |
| ***What aspects of your performance against these competencies are you especially pleased with?*** |
| ***What aspects of your performance against these competencies do you think you need to further develop/improve?*** |
| ***What do action do you need to take in the next 4 to 6 months in order to make progress on these competencies?*** |
| ***General Reflections:*** |

**Summary**

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient and Pharmaceutical Care** | | | |
| ⭘ | ⭘ | ⭘ | ⭘ |
| Not confident | Satisfactory but not confident | Confident in some cases but would like more experience | Fully confident in most cases |
| **Professional Practice** | | | |
| ⭘ | ⭘ | ⭘ | ⭘ |
| Not confident | Satisfactory but not confident | Confident in some cases but would like more experience | Fully confident in most cases |
| **Personal Practice** | | | |
| ⭘ | ⭘ | ⭘ | ⭘ |
| Not confident | Satisfactory but not confident | Confident in some cases but would like more experience | Fully confident in most cases |
| **Management and Organisation** | | | |
| ⭘ | ⭘ | ⭘ | ⭘ |
| Not confident | Satisfactory but not confident | Confident in some cases but would like more experience | Fully confident in most cases |

**General comments / reflection of assessment on performance at current stage in programme?**

**Action Plan**

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| --- | --- | --- |
| Learning Needs Identified | Action | Timescale |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Foundation Pharmacist Signature |  | Date: |
| Educational Supervisor Signature |  | Date: |