# Appendix 2: Portfolio Building and Timeline Guide

Throughout the Legacy Foundation Pharmacist Programme all pharmacists are required to build a portfolio of evidence of application of knowledge to practice. It is recommended that supervised learning events and contributions to care are carried out on a regular, evenly spaced basis to ensure Foundation Pharmacists have time to reflect and act on feedback given by supervisors to improve practice.

Every 6 months the Foundation Pharmacist will be expected to have an Educational Appraisal and the following activities to have been completed as a minimum:

* 1 Self- assessment using the RPS FPF to map against
* 1 Case Based Discussion
* 1 Mini-CEX
* 1 MRCF
* 1 Peer Reviewed Enquiry
* Contribution to Care Log to cover 6-month period
* 1 360 Degree Review
* One Reflective Account

All portfolio entries should be mapped against the RPS Foundation Pharmacy Framework. Foundation pharmacists should monitor their progress against the FPF using the self-assessment available on the website.

**Other evidence**

Depending on the area of work or the rotation being undertaken, Foundation Pharmacists may wish to include a variety of other evidence to support their development and demonstrate competence. The following examples provide an idea of what can be included but is not an exhaustive list:

* Accreditation logs such as medicines reconciliation, counselling, final checking
* Queries from on-call, dispensary and medicines information
* Witness testimonials and thank you emails
* Aseptic and QA worksheets and releasing products training
* Audits and quality improvement initiatives
* Presentations from teaching sessions and feedback/evaluation forms
* Feedback from mentoring students and pre-registration trainees
* Meetings attended (including those chaired)

The example below is a timeline **GUIDE** for Foundation Pharmacists to assist timely completion of portfolio activities.

|  |
| --- |
| **Guidance for Portfolio Building** |
| Month | SLE\* | Peer Reviewed Enquiry | Contribution to care log | Reflective Account | Other evidence | FPF self-assessment | **Assessment**Educational Appraisal & multi-source 360 Feedback |
| **0** |  |  |  |  |  | **ü** |  |
| **1** | **ü** |  | **ü** |  | **ü** |  |  |
| **2** | **ü** |  | **ü** |  | **ü** |  |  |
| **3** | **ü** |  | **ü** |  | **ü** |  |  |
| **4** | **ü** | **ü** | **ü** |  | **ü** |  |  |
| **5** | **ü** |  | **ü** |  | **ü** |  |  |
| **6** | **ü** |  | **ü** | **ü** | **ü** | **ü** | **ü** |
| **7** | **ü** |  | **ü** |  | **ü** |  |  |
| **8** | **ü** |  | **ü** |  | **ü** |  |  |
| **9** | **ü** |  | **ü** |  | **ü** |  |  |
| **10** | **ü** | **ü** | **ü** |  | **ü** |  |  |
| **11** | **ü** |  | **ü** |  | **ü** |  |  |
| **12\*\*** | **ü** |  | **ü** | **ü** | **ü** | **ü** | **ü** |

*\*Any one of the SLE tools can be completed each month depending on the rotation*

*\*\*The final portfolio should be reviewed by both the Educational Supervisor and the Educational Programme Director*

*At the end of the one year programme the following checklist can be used to ensure the minimum portfolio requirements have been met:*

|  |  |  |
| --- | --- | --- |
| ***Portfolio Requirement at 12-month review*** | ***Minimum quantity*** | ***Achieved*** |
| *Learning Agreement signed at the start of the programme* | *1* |  |
| *Self- assessments using the RPS FPF to map against* | *3* |  |
| *Case Based Discussion* | *12 in total and a variety of each*  |  |
| *Mini-CEX* |  |
| *MRCF* |  |
| *Peer Reviewed Enquiries* | *2* |  |
| *Contribution to Care Logs*  | *12* |  |
| *Separate Multi-source reviews (360 Degree Reviews)* | *2 separate occasions* |  |
| *Reflective Accounts* | *2* |  |
| *Other evidence* | *NA-dependent on area of work and rotation* |  |

# Appendix 3: Learning Opportunities

To gain the maximum learning from this programme the single most important factor is **making the most of learning opportunities in the workplace**. The programme is designed to ensure all the learning is generated and practiced within the base NHS Trust.

Here are some hints and tips for Foundation Pharmacists to enable them to get the most from experiences within the trust and the programme:

**TIP 1:** Learning outcomes are achievable in any setting. Foundation pharmacists do not have to be on the ward to practice clinical pharmacy. Medicines information can be given in a variety of settings. And so on…

**Ward Based Services:**

Working as a hospital pharmacist there are numerous opportunities to put core clinical knowledge into practice. Most will stem from practice on the ward, but it can also arise from patient services, medicines information, technical services, on call services etc.

**TIP 2:** The biggest challenge facing most Foundation Pharmacists when collating evidence of clinical competence is managing to keep up with recording all their contributions, they make daily. Most Foundation Pharmacists, when they can record correctly and effectively, will quickly realise that they apply the knowledge and competence into everyday practice.

**TIP 3:** Foundation Pharmacists must plan their learning, where possible to their rotations, but they should leave room for spontaneous learning too. Rotations are never set in concrete and new learning opportunities will arise from extra-ward cover, on-call queries/ weekend commitments and unplanned events.

All Foundation Pharmacists will encounter medicines optimisation issues on a regular basis, most will stem from practice on the ward but can also arise from patient services, medicines information, technical services and on-call services.

**TIP 4:** Incident forms are a very important contribution to care. Foundation Pharmacists must ensure they are entered into their contribution to care log, or for those more complex scenarios document as a significant or extended intervention.

Other ward duties that may occur less frequently will also count towards learning outcomes and the FPF, for example, audits, CD checks, training to name but a few.

**TIP 5:** If the Foundation Pharmacist is asked to undertake a role or task that is not part of their everyday practice, look for the opportunity to include it as evidence.

**TIP 6:** Utilise ward staff; not only should they help complete 360 degree feedback but they are a useful source of information e.g. foundation pharmacists should have frequent conversation with the ward sister, asking questions to aid in their practice and improve patient safety, they may want to ask what the common medication errors are on the ward (both prescribing and administration)

**Medicines Information (MI)**

If Foundation Pharmacists can undertake a MI rotation then this is a great opportunity, although it is recognised that some NHS Trusts do not have a MI department or cannot support all their Foundation Pharmacists to spend time in MI. It is important to note that enquires are generated on a regular basis from other sources, such as:

* On-call enquiries
* Questions received in patient services
* Questions received in clinical services

**TIP 7:** Foundation Pharmacists should use all on-call enquiry sheets as contributions to care. They should ask clinical leads/senior pharmacists to peer review the enquiries to assist in their development.

**TIP 8:** Foundation Pharmacists should use all local MI enquiry forms for questions received in patient, clinical or other services. If there is no MI department, the Foundation Pharmacist can create their own and ask a MI Practice Supervisor, from another Trust, to review the form.

**Patient Services:**

Foundation Pharmacists will still find themselves within the dispensary, where there are plenty of opportunities for learning.

**TIP 9:** During the induction period, Foundation Pharmacists will work their way through various tasks to ensure competence within patient services. Once completed this should be added to the portfolio as evidence and mapped against the FPF.

**TIP 10:** During on-call and late-night duties, Foundation Pharmacists are expected to provide leadership within vital patient services, which can provide fruitful opportunities for generating evidence.

Queries and problems raised and the method in which the Foundation Pharmacist resolves them can demonstrate various skills and competence. This can be documented in various ways, contributions to care intervention and CPD for example

**TIP 11:** If a Foundation Pharmacist resolves a complex issue, witness testimonials and thank you emails can be taken as evidence.

**Technical Services**

Foundation pharmacists whose trusts have technical services will have access to a Specialist Pharmacist with a working knowledge of governance associated with the medicine production. These departments will have resources and plenty of opportunities that can help Foundation Pharmacists achieve core knowledge and demonstrate competence. Foundation Pharmacists should be encouraged to seek opportunities to rotate into an aseptic manufacturing department where available.

**TIP 12:** Where there is a technical services rotation, the competency programme used within it must be used as evidence and mapped to syllabus learning outcomes and the FPF.