

**London and Kent, Surrey and Sussex
Legacy Foundation Pharmacist Programme**

Guidance Information



Developing people
for health and
healthcare

www.hee.nhs.uk

Contents

Section 1: Programme Overview and Aims	3
Section 2: Structure of the Programme.....	4
2.1 Registration and starting the programme.....	5
2.2 Components of the Programme.....	6
Section 3: Learning and Teaching Methods.....	8
Section 4: Support in the Workplace.....	10
Section 5: Foundation Pharmacist Feedback.....	12
Appendix 1: RPS Foundation Pharmacy Framework.....	15
Appendix 2: Portfolio Building and Timeline Guide.....	19
Appendix 3: Learning Opportunities	21

Section 1: Programme Overview and Aims

‘A foundation pharmacist is a practitioner who is either newly qualified or has entered a new sector of pharmacy, and requires training and support to develop the knowledge, skills and behaviours that are essential to practise effectively and provide high quality patient care’

The landscape of early years pharmacist is set to change, with the introduction of a new national Interim Foundation Pharmacist Programme available for Provisionally Registered Pharmacists in Summer 2020.

The Health Education England London and South East (HEE LaSE) Legacy Foundation Pharmacist Programme has been co-designed with Trusts across London, Kent, Surrey and Sussex to provide educational infrastructure to support Foundation Pharmacists, whilst offering flexibility to both pharmacists and those supporting them.

The HEE LaSE Legacy Foundation Pharmacist Programme (LFPP) aims to develop the knowledge, skills and behaviours of existing Foundation Pharmacists as outlined in the Royal Pharmaceutical Society (RPS) Foundation Pharmacy Framework. This will be achieved primarily through workplace learning, in which the practitioner constructs a portfolio of diverse evidence, with the support of an Educational Supervisor and existing educational infrastructure within the individual’s organisation.

The Legacy Foundation Pharmacist is aimed at:

- Existing Foundation Pharmacists in secondary care who have yet to start a formal foundation pathway such as a postgraduate diploma
- Foundation Pharmacists who have moved from another sector of Pharmacy into secondary care

The Legacy Foundation Pharmacist programme is not aimed at:

- Provisionally Registered Pharmacists
- Foundation Pharmacists on an existing Foundation Pathway and studying for a Postgraduate Diploma for example or on a HEE Vocational Training Scheme Pilot

We hope you find the programme a useful tool to support Foundation Pharmacists within your Trust.



Katie Reygate, Associate Head of Pharmacy-Early Careers

Section 2: Structure of the Programme

The start date for the programme is flexible and should align with starting employment as a Foundation Pharmacist or transferring from another sector. Foundation Pharmacists will have access to an e-portfolio and resources via our website for up to 12 months from the point of registration onto the Legacy Foundation Programme and completion will be dependent on previous experience and the individual's own drive and commitment.

**Registration for the Legacy Foundation Programme will be accepted until April 2021.*

Summary of the Legacy Foundation Pharmacist Programme

	<p>Foundation Pharmacist (transferred to secondary care or working in secondary but not undertaking a postgraduate diploma)</p>
	<p>EPD to register Foundation Pharmacist on the Legacy LaSE Foundation Programme and go through Learning Agreement</p>
	<p>HEE LaSE to provide access to an e-portfolio system and resources (valid for 1 year)</p>
	<p>Foundation Pharmacist will gain a Certificate of Completion at the end of the programme</p>

2.1 Registration and starting the programme

Registration on to the programme will need to be completed by the Educational Programme Director (EPD) by completing the FP Registration to the programme 2020 excel spreadsheet and completing and submitting the online form via our website. <https://www.lasepharmacy.hee.nhs.uk/foundation-1/lase-legacy-foundation-programme/>

The registration form can be used to register more than one Foundation Pharmacist on the Legacy Foundation Programme at the same time.

As part of the registration process, the EPD will need to ensure that a learning agreement is completed for each Foundation Pharmacist, which must be uploaded on the e-portfolio by the Foundation Pharmacist (under 'other' evidence) once access has been provided.

Although registration can take place at any time between now and April 2021, it is important to note that HEE will only process new registrants at the beginning of each month. Registration sent to HEE later than the 3rd week of each month will not be processed until the beginning of the following month.

Once the registration form has been completed by the EPD and processed by HEE, an email confirmation including e-portfolio login details will be sent to the Foundation Pharmacist and the Educational Supervisor welcoming them on the programme.

Learning Agreement

The learning agreement sets out clear expectations and must be read and signed at the start of the programme. The learning agreement is formed between the:

- Foundation Pharmacist (FP)
- Educational Supervisor (ES)
- Educational Programme Director (EPD)
- Health Education England (HEE)

Training Needs Analysis (TNA)

It is recommended that a TNA is completed at the start of the Legacy Foundation Pharmacist Programme to enable the Educational Supervisor and the Foundation Pharmacist to determine all pre-existing skills and competencies but also to highlight any training that needs to be completed to undertake the job of a Foundation Pharmacist safely and effectively. The TNA will also allow the Foundation Pharmacist to

progress and grow to become a confident and proficient practitioner. Existing in-house TNA tools can be utilised, alternatively a self-assessment form can be used to map against the RPS Foundation Pharmacist Framework. The self-assessment form is available to download on the [Resources and Change Process webpage](#).

2.2 Components of the Programme

E-portfolio

To ensure Foundation Pharmacists are consistently developing throughout the programme they are required to prepare a portfolio of evidence. Within this the Foundation Pharmacist must document various experiences that demonstrate the skills and behaviours stated within the RPS Foundation Pharmacy Framework. To assist in this task Foundation Pharmacists are required to self-assess themselves against the RPS Foundation Pharmacy Framework (see Portfolio Building Timeline Guide– appendix 3) at regular intervals and all evidence should be mapped against it.

The VQ Manager are the providers of the e-portfolio. FPs and their supervisors can upload evidence and document meetings to help monitor and facilitate development during the programme.

Handbooks for how to use the e-portfolio system are available within the file library of VQ Manager and access will be available once login details are sent post registration.

All Foundation Pharmacists should ensure that they meet the employer's information governance requirements when compiling portfolios and using patient and staff information on any form. This will primarily mean removing all patient and staff identifiable data from their portfolios. This includes addresses, dates of birth, hospital numbers and signatures on drug charts.

Any breach in information governance policy within a portfolio should be dealt with as per individual Trust policies.

The RPS Foundation Pharmacist Framework

Throughout the programme Foundation Pharmacists are required to develop the behaviours and skills as outlined in the RPS Foundation Pharmacy Framework, an outline of the framework is available in appendix 1, but more comprehensive information can be found on the [RPS website](#).

Curriculum for the Foundation Pharmacists Programme

The curriculum for the FPP has been developed using a mixed approach to ensure completion of the Foundation Pharmacist Framework and other identified learning needs.

The Legacy Foundation Programme curriculum utilises an organisation's existing:

- Induction plans for Foundation Pharmacists
- Trust Statutory and Mandatory Training
- Local curriculum developed by organisation
- Rotational and annual objectives set locally
- Personal Development Plan set at the start of the year

In addition, Foundation Pharmacist will have access to:

- An e-portfolio system to document evidences and learning
- SCRIPT e-learning modules*
- E- learning for health modules*
- CPPE modules (<https://www.cppe.ac.uk/gateway/education>)
 - Medicines Optimisation
 - Preventing medication errors
 - Risk Management
 - Life Skills
 - Consultation skills
- Edward Jenner Leadership Programme
- Medicines Complete
- Medicines Learning Portal
- BMJ Learning modules

**no minimum numbers of completion will be set by HEE. Expectations and modules to complete will need to be discussed between the ES and the Foundation Pharmacist.*

HINT: Register with the Trust's library

NHS libraries work in networks. Registering with the library will allow Foundation Pharmacists to use resources within the region. Foundation Pharmacists can register for an Athens account via their local library who will also offer training on literature searching.

Assessments

There will not be summative assessment at the end of the Legacy Foundation Programme, but Foundation Pharmacist will be expected to have a mid- point educational review at 6 months followed by an end of 12 month review with their Educational Supervisor and a portfolio discussion with the ES and EPD.

Section 3: Learning and Teaching Methods

As qualified professionals, Foundation Pharmacists are expected to take responsibility for their learning throughout the programme. The course works on a philosophy of practitioner-centred workplace learning. The ethos and culture of the course is to **enhance and develop self-reliance and an adult approach to learning** in support of continuing professional development.

Most of the learning that occurs within the Legacy Foundation Programme will happen within the workplace. To capture this learning, all pharmacists are required to document contribution to care (using existing Trust proformas) and undertake continual professional development throughout the programme. It is important for all Foundation Pharmacists to identify early within the programme how to best utilise the workplace for learning opportunities and identify when learning has occurred. Examples of learning opportunities have been outlined in appendix 3 to assist FPs.

Learning in practice

“You are a Foundation Pharmacist working a late night, you receive a phone call regarding a medicine request and advice, and it takes you 30 minutes to resolve it (you have never had this type of request or dealt with this specific medicine before). In the meantime, work is building up; you have a team working with you. You ask them for help (checking, screening, making calls). In the end everything is resolved and finished”

This scenario is common and will occur in a hospital pharmacist's career, but what do you learn from this? In this scenario some of the possible learning includes:

- Learning about a new medicine
- Learning what resources are available and how to effectively use these resources to find out about the medication
- Learning the process of how to obtain the medication
- Learning how to delegate work to other members of the team
- Working as an effective member of the team

Foundation pharmacists who recognise this as learning may have:

- Used the medicine request as an opportunity to record it as a medicine's information enquiry, recording all aspects of the request including any information given on its use (including dosage, administration etc.). This can be used as evidence.
- Obtained feedback from members of the team on how they felt about their performance and team working. These members of staff could complete a 360 feedback for the Foundation Pharmacist in the future.
- Used this contribution to care to show what aspects of the RPS Foundation Pharmacy Framework competencies they were demonstrating.

Reflection is important especially after having an experience that has challenged you. Following this scenario, if the Foundation Pharmacist must deal with this request again, they are more than likely to deal with it in a different way, taking into consideration what they had learnt from the initial experience. Everyday a practicing Foundation Pharmacist will learn something, and from this adapt their behaviour accordingly.

Asynchronous Learning

Although much of the learning will take place in the workplace, Foundation Pharmacists will be expected to participate in asynchronous learning, which refers to learning through online channels without real-time interaction with other learners e.g. completing online e-modules.

Supervised Learning Events (SLEs)

Guidance on the various supervised learning events as well as templates to collect evidence is available on the HEE website.

Supervised learning events should not be assessed by fellow Foundation Pharmacists currently enrolled on the Programme or another Foundation Pharmacist Programme.

All supervised learning events should be signed and uploaded on the e-portfolio system as evidence.

Self-Directed Learning

To ensure Foundation Pharmacists fulfil the learning outcomes required within the programme it is essential they plan these and allocate time for studying.

Private Study time

Private study in the Foundation Pharmacist's own time is an essential ingredient of each course. It is very **unlikely** that you will be given private study time during your normal working hours. Please see 'Guidance on allocation of protected time for Foundation Pharmacists' below.

Guidance on allocation of protected time for Foundation Pharmacists

Workplace supervised learning events

- *Foundation pharmacists must be given protected time to undertake supervised learning events with their practice supervisor.*
- *The allocation of protected time will vary dependent on the Trust/Organisation's study leave policy – some will allocate set protected time each week during which time Foundation Pharmacists are expected to organise and complete their supervised learning events; in others there is no ring-fenced time but Foundation Pharmacists must always be able to secure protected time for supervised learning events.*

Section 4: Support in the Workplace

Educational Programme Director (EPD)

An EPD has overall responsibility for the educational development of the Foundation Pharmacist, ensuring that internal governance structures and resources are in place to enable the Foundation Pharmacist to practice safely and confidently. The EPD is also responsible for ensuring that Educational and Practice Supervisors are adequately trained to undertake these roles effectively.

The EPD will also be the link to regional and national information from HEE.

Educational Supervisors (ES)

Each Foundation Pharmacist will be allocated an Educational Supervisor, within the workplace. The role of the Educational Supervisor is to holistically review progress and support the Foundation Pharmacist throughout the duration of the programme. The Foundation Pharmacist and Educational Supervisor's relationship is vital to the success of the programme.

The Educational Supervisor will be responsible for conducting the educational appraisals, supporting to conduct supervised learning events and liaising with staff to gather feedback on the Foundation Pharmacist's progress and development.

Within the programme, meetings between the Foundation Pharmacist and Educational Supervisor should occur at a **minimum frequency** of every 6-8 weeks, however once a month is recommended. Each Trust may have its own meeting template, and this should be used where available. All meetings must be documented and uploaded to the practitioner's e-portfolio.

If the Educational Supervisor is on sick leave for a substantial period, the Foundation Pharmacist should discuss alternative supervision with the Educational Programme Director.

At the first meeting, it is important to find out about each other and set some ground rules, including:

- Expectations of each other, and discuss any differences in opinions and how the Foundation Pharmacists best learns
- Frequency of meetings and how best to arrange them
- How best to contact each other
- Evidence collection including when and how to submit them to the Educational Supervisor
- What to do if either the Foundation Pharmacist or Educational Supervisor has a concern about progress or performance

Practice Supervisor (PS)

It is important to note that other members of the pharmacy team can also support Foundation Pharmacists within the programme. These members of staff are known as Practice Supervisors.

The Practice Supervisor will be responsible for providing the day to day support to the Foundation Pharmacist and in most cases will be a specialist in the area of practice and change depending on the rotation or area of practice.

A key aspect of the PS role will be to help identify opportunities for learning in the workplace, provide feedback about progress and assist the ES and EPD in identifying Pharmacists who are struggling and not developing as expected. The PS will also be responsible for completing supervised learning events, which will be discussed later in the handbook.

Providing regular feedback is integral to ensuring key milestones are reached and there are various ways this can be achieved:

- Developmental feedback about a practitioner's progress can be provided by using the feedback box function on the VQManager platform
- Expert witness function can be used if a PS' has directly witnessed an activity
- In-house appraisal forms/ end of rotation forms can be to provide feedback and uploaded to the e-portfolio platform

Who are appropriate Practice Supervisors?

Practice Supervisors should be experienced in their field of practice. To assess Foundation Pharmacists, they should have adequate knowledge and experience of:

- The evidence and tools used to assess Foundation pharmacists within the programme.
- The level the Foundation Pharmacist should be performing at, at the time of the assessment within the programme.
- Giving developmental feedback.
- How to report or escalate locally if a Foundation Pharmacist requires additional assistance and / is in difficulty.

Pharmacists Requiring Additional Support

There will be no formal HEE process for pharmacists requiring additional support for the Legacy Foundation Pharmacist Programme and managers will be expected to follow individual Trust Capability Management policies.

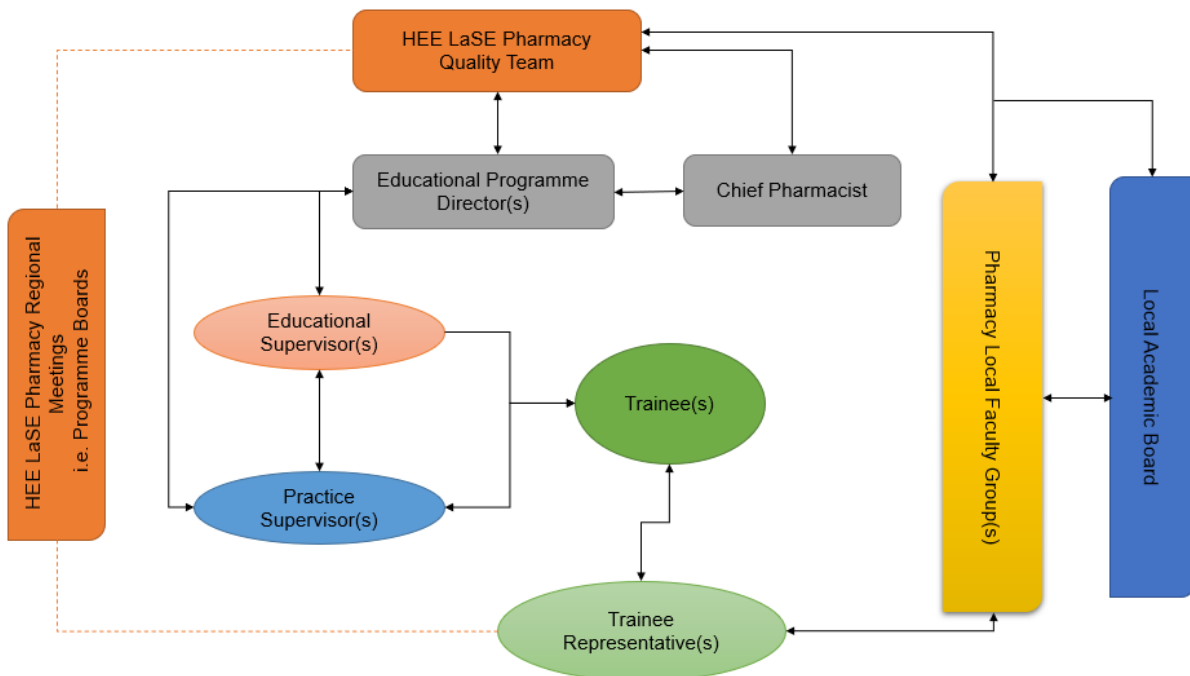
Section 5: Foundation Pharmacist Feedback

Foundation Pharmacist feedback is important, and any issues should be raised dealt with in a timely manner. The most effective way is to discuss any issues with the Educational Supervisor or Educational Programme Director and follow the Trust raising concerns/escalation policy.

Each pharmacy department should have a Local Faculty Group (LFG). The purpose of the group is to:

- Ensure there are systems and processes in place to develop learning programmes, teaching and assessment
- Ensure there is leadership, management, and administrative support to underpin high quality learning environments.
- Ensure teaching, learning and assessment is clearly linked to a national syllabus and curriculum.
- Review the pharmacy Quality Manual and Education Strategy.
- Monitor the progress of trainees/learners.

Trusts operate their Pharmacy LFG in different ways, below is a diagram showing the constitution of a LFG. The Foundation Pharmacist programme is one of many programmes that should be overseen by the LFG. Depending on the size of the organisation this may be done collectively for all programmes or separately.



**Trainee = Foundation Pharmacist in this instance*

Foundation Pharmacists should be represented on the Local Faculty Group; they should feedback positive experiences and areas of concern of all the foundation pharmacists within the department. The role of the representative is important, as the feedback given within the meeting should lead to actions to ensure the programme is running as intended.

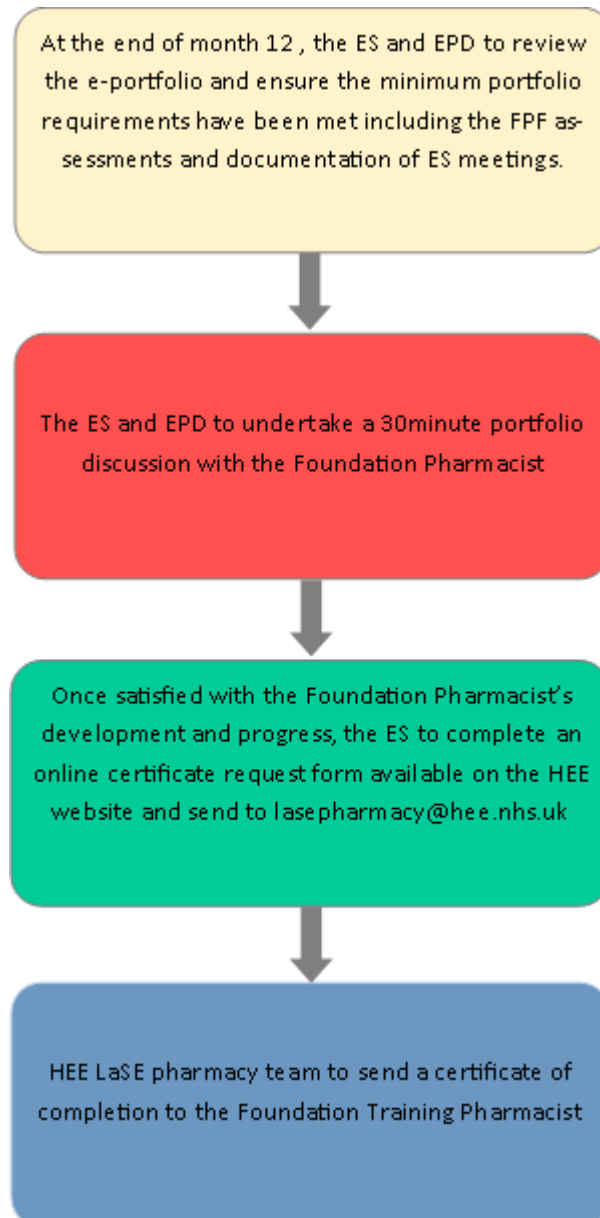
The Foundation Pharmacist should be provided with the opportunity to discuss the following areas of the programme:

- Workplace learning environment
- Supervised learning events
- Educational Supervisor support
- Practice Supervisor support
- Access to resources

What happens at the end of the LaSE Legacy Foundation Programme?

At the end of the 1-year programme, Foundation Pharmacists will receive a Certificate of Completion to demonstrate they have worked towards the RPS Foundation Pharmacy Framework.

The following diagram outlines the process of obtaining the Certificate of Completion



Appendix 1: RPS Foundation Pharmacy Framework

The table below lists the attributes and behaviour statements within the RPS Foundation Pharmacy Framework.

Attribute	Behavioural Descriptors
1. Applying Clinical Knowledge & Skills	1.1 Applies evidence-based clinical knowledge to make suitable recommendations or take appropriate actions
	1.2 Provides the multi-disciplinary team with information and education, for example, on clinical, legal and governance aspects of medicines
	1.3 Has an awareness of the range of clinical, medicines-related and public health activities offered by a pharmacist across all sectors; seeks out opportunities to deliver different services in practice
	1.4 Proficient in conducting patient clinical examinations and assessments, gathering information and history taking; seeks to develop own diagnostic skills
	1.5 Demonstrates the capabilities to become an independent prescriber; identifies the knowledge and skills required to achieve this
	1.6 Utilises own pharmaceutical knowledge to positively impact the usage and stewardship of medicines at an individual and population level
	1.7 Undertakes a holistic clinical review of a person's medicines to ensure appropriate
2. Person-Centred Care	2.1 Keeps the individual at the centre of their approach to care at all times
	2.2 Works in partnership with individuals receiving care as unique, seeking to understand the physical, psychological and social aspects for that person
	2.3 Demonstrates empathy; seeking to understand a situation from the perspective of each individual
	2.4 Engages on an individual basis with the person receiving care, remains open to what they might share
	2.5 Supports and facilitates the seamless continuity of care for each individual
3. Evidenced-Informed Decision-Making	3.1 Draws upon own knowledge and up to date guidance to effectively make decisions appropriately and with confidence
	3.2 Critically appraises appropriate information to make a decision in an efficient and systematic manner; adopts evidenced-informed solutions
	3.3 Demonstrates awareness of where to seek appropriate information to solve problems and make decisions.
	3.4 Asks the appropriate questions when engaging with other healthcare professionals to support own decision-making process.
	3.5 Manages uncertainty and possible risk appropriately, whilst ensuring high attention to detail is maintained, when making decisions regarding the individual receiving care.
	3.6 Demonstrates an understanding that data can support improving care; values the importance of the skills required for the interpretation, analysis and the effective use of data within clinical practice; considers how to use data to improve the outcome for individuals
	3.7 Takes the cost-effectiveness of a decision into account where necessary, working to the appropriate formulary.

Attribute	Behavioural Descriptors
4. Leadership & Management	4.1 Acts as a role model, mentoring and leading others within the multi-disciplinary team, where appropriate
	4.2 Communicates vision and goals to the broader team to support with achieving group tasks
	4.3 Approaches the role with enthusiasm, seeks to demonstrate and promote the value of pharmacy across other healthcare professionals; educates the public about the role of the pharmacy team within individual healthcare management
	4.4 Is open to new approaches and ways of completing work tasks; shares own innovative ideas to improve working practices, both internally and externally
	4.5 Appropriately challenges others to consider new ideas and approaches to improve the quality of care, doing so in a confident manner
	4.6 Critically analyses business needs; is mindful of commercial aspects within the pharmacy context; seeks to promote new pharmacy services
	4.7 Draws upon own networks to understand how the pharmacy profession operates among different sectors and across the care pathway
	4.8 Recognises the changes to and the opportunities within the future role of pharmacists, modifying own approach when required
5. Collaborative Working	5.1 Builds strong relationships across the multi-disciplinary team; works in partnership to promote positive outcomes
	5.2 Seeks feedback from colleagues where appropriate; is receptive to information or advice given to them by others
	5.3 Recognises the value of members of the multi-disciplinary team across the whole care pathway, drawing on those both present and virtually, to develop breadth of skills and support own practice
	5.4 Works with other members of the multi-disciplinary team to support them in the safe use of medication and to meet the individual needs of those receiving care; effectively influences the decision-making process across the team regarding medicines, where appropriate
	5.5 Delegates and refers appropriately to members of the multi-disciplinary team, demonstrating an awareness of and using the expertise and knowledge of others
	5.6 Effectively uses own expertise to provide guidance, support or supervision for less experienced members of the multi-disciplinary team
6. Communication & Consultation Skills	6.1 Demonstrates confidence in speaking to healthcare professionals across the multi-disciplinary team; seeking to use appropriate language to influence others
	6.2 Assimilates and communicates information clearly and calmly through different mediums including face to face, written and virtual; tailors messages depending on the audience; is able to respond appropriately to questions
	6.3 Builds rapport with colleagues and individuals receiving care
	6.4 Demonstrates active listening skills, identifies non-verbal cues in others
	6.4 Uses effective questioning techniques when working with individuals receiving care or other healthcare professionals
	6.5 Consults with individuals through open conversation; creates an environment to support shared decision making around personal healthcare outcomes
	6.6 Uses appropriate language to engage with the individual; empowers the individual through communication and consultation skills, supporting them in making changes to their health behaviour
	6.7 Adapts language to provide support in challenging situations

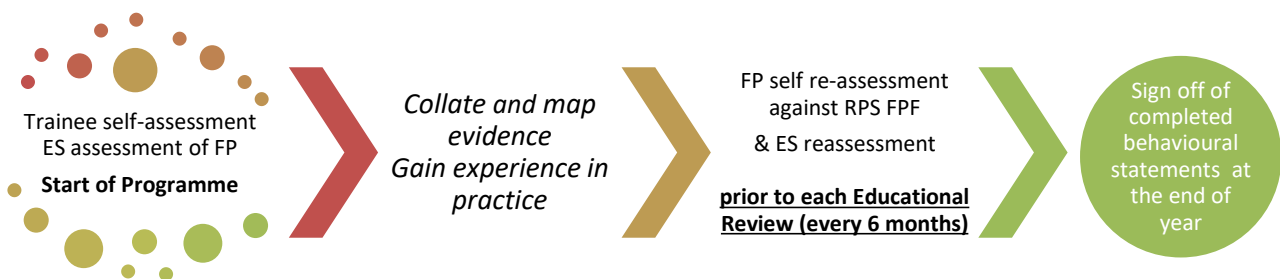
Attribute	Behavioural Descriptors
7. Professional Accountability	7.1 Actively practises honesty and integrity in all that they do; upholds a duty of candour.
	7.2 Is accountable and responsible for own decisions and actions, understanding the potential consequences of these decisions across the whole care pathway
	7.3 Effectively identifies and raises concerns regarding patient safety and risk management
	7.4 Proactively recognises and corrects the overuse of medications
	7.5 Works safely within own level of competence, understanding the importance of working within this; knows when it is appropriate to escalate a situation
	7.6 Treats others as equals, with dignity and respect, supporting them regardless of individual circumstance or background; seeks to promote this.
	7.7 Values the quality and safety of the use of medicines as of the utmost importance; seeks to improve this routinely.
	7.8 Works within ethical guidelines and legal frameworks including consent and confidentiality; seeks to gain permission from the individual before accessing confidential records where necessary
8. Education, research & evaluation	8.1 Demonstrates a positive attitude to development within the role; has a desire and motivation to try new things
	8.2 Proactively seeks to find learning opportunities within the day to day role; asks to take part in learning activities
	8.3 Uses learning experiences to support own practice.
	8.4 Seeks to be involved in research activities; actively disseminates outcomes to appropriate audiences
	8.5 Sets personal objectives, developing own plan for achieving these in order to maintain knowledge base and identify potential innovations
	8.6 Demonstrates a commitment to the importance of self-development throughout own career; undertaking personal reflection regularly to consider personal strengths, areas for development and potential barriers to achieving these
	8.7 Seeks and is open to receiving feedback, taking on board this to make changes to own practice
9. Resilience & Adaptability	9.1 Develops and draws upon support network to provide resources to deal with challenging situations; is open to seeking support
	9.2 Demonstrates self-awareness and emotional intelligence within the role, reflects on and understands the impact a situation may have on one's own resources
	9.3 Remains composed in situations involving the individual receiving care, or involving colleagues even in challenging or high-pressured situations
	9.4 Effectively and efficiently manages multiple priorities; manages own time and workload calmly, demonstrating resilience
	9.5 Maintains accuracy when in a challenging situation, completing tasks in an efficient and safe way
	9.6 Works flexibly within unfamiliar environments; is able to adapt and work effectively across different sectors within the pharmacy profession by applying previous learning to new settings

How does a foundation pharmacist evidence that they demonstrate the attribute in practice?

When a Foundation Pharmacist has **consistently** demonstrated all the behavioural statements within the attribute then they are suitable to be considered as proficient in those attributes. Within the context of the Foundation Pharmacist Programme, this should be linked to evidence, such as supervised learning events, contributions to care and 360-degree feedback. It should also be associated with overall performance of the trainee which can be achieved via the foundation pharmacist’s self-assessment, paired to the educational supervisor’s assessment (see diagram below).

It is the responsibility of the educational supervisor to judge whether a foundation pharmacist is proficient and to do this they must look at all the evidence holistically. Therefore, the quantity of evidence required for each attribute or behavioural statement is outlined within e-portfolio (as a guide) but ultimately this is to be decided by the Educational Supervisor.

For further information on the best use and application of each behavioural statement please refer to the RPS Foundation Pharmacy Framework Handbook.



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)

Foundation Pharmacist Legacy Guidance

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	<u>Assessment</u> Educational Appraisal & multi-source 360 Feedback
0						✓	
1	✓		✓		✓		
2	✓		✓		✓		
3	✓		✓		✓		
4	✓	✓	✓		✓		
5	✓		✓		✓		
6	✓		✓	✓	✓	✓	✓
7	✓		✓		✓		
8	✓		✓		✓		
9	✓		✓		✓		
10	✓	✓	✓		✓		
11	✓		✓		✓		
12**	✓		✓	✓	✓	✓	✓

*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
<i>Learning Agreement signed at the start of the programme</i>	1	
<i>Self- assessments using the RPS FPF to map against</i>	3	
<i>Case Based Discussion</i>	12 in total and a variety of each	
<i>Mini-CEX</i>		
<i>MRCF</i>		
<i>Peer Reviewed Enquiries</i>	2	
<i>Contribution to Care Logs</i>	12	
<i>Separate Multi-source reviews (360 Degree Reviews)</i>	2 separate occasions	
<i>Reflective Accounts</i>	2	
<i>Other evidence</i>	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.