

Foundation Trainee Pharmacist: Multi-Sector Rotation Guide

2024/25

Foundation Trainee Pharmacist Name: _____

Base Pharmacy Designated Supervisor Name: _____

Rotational Pharmacy Designated Supervisor Name: _____



Using this Guide

NHS England, Workforce Training and Education directorate is responsible for planning, recruiting, educating and training the health workforce across England; ensuring that the healthcare workforce has the right numbers, skills, values and behaviours to deliver excellent healthcare and health improvement to patients and the public.

Due to the recent transition (Health Education England becoming part of NHS England) several policy and guidance documents will refer to Health Education England and be hosted on the Health Education England website. Please contact your [regional pharmacy](#) team for any questions relating to the documents and policies contained within this guide.

This guide is intended as a resource for everyone involved in the trainee's foundation training, including:

- the trainee
- the designated supervisor (DS) in the host (employing) pharmacy
- the designated supervisor (DS) at rotation site(s)
- Other education/rotational supervisors and healthcare staff

The table on the next page highlights and links to sections that may be of particular interest to the different staff groups.



Sections of the handbook of greatest interest to different members of the team			
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Welcome to your Foundation Trainee Pharmacist Multi-Sector Programme

Welcome to your foundation trainee pharmacist multi-sector programme. We would like to take this opportunity to thank all the sites involved in hosting a trainee as well as the trainees who have successfully been appointed to one of these exciting training programmes.

We hope that this foundation training programme will be a successful and rewarding experience for everyone involved.

Background

Multi-sector training programmes enable foundation trainee pharmacists to experience practice and understand the roles of pharmacists and other health and social care staff across settings. It is hoped this will create a more flexible workforce with a better understanding of care delivery at the point of registration.

Multi-sector rotations give foundation trainee pharmacists experience across sectors of practice whilst learning and evidencing their development against the General Pharmaceutical Council (GPhC) learning outcomes.

The [NHS People Plan \(2020/21\)](#) emphasises the importance of multi-sector training for early career pharmacists to meet the workforce needs of integrated care systems (ICS) as part of the [NHS Long Term Plan](#).

Changes outlined in the NHS Long Term Plan include:

- a greater focus on joined up care across the healthcare system with more care delivered closer to home
- an increasing focus on prevention as well as the treatment of illnesses
- a need to use medicines more judiciously, to improve health and wellbeing, while minimising the risks of harm
- a drive to include people in the decisions made about their treatment
- an even greater requirement for all healthcare professionals to work collaboratively in multi-disciplinary teams to deliver the best outcomes for patients
- a requirement for all healthcare professionals to utilise all their knowledge, skills and potential to provide the highest level of care for their populations.

The pharmacy profession is adapting to meet this need. You now have the opportunity to help make that future a reality, through engaging in this multi-sector training programme.

Employers are expected to make every effort to deliver a high-quality learning experience for trainees while managing staff and patient safety alongside service delivery. Designated Supervisors (DSs) in all sectors have a joint responsibility to support the trainee to complete

appraisals, sign-off interim learning outcomes and escalate any concerns as appropriate (see 'The role of the Designated Supervisor(s)').

Designated Supervisors in all sectors must plan out the training programme in line with their respective sites, working schedules and activities. This is to ensure that the training plan accommodates the trainee's needs and guides the DS in how they can sign off the trainee's competence.

Designated Supervisors should consider activities that are more site specific and align the training plan so that the learning outcomes can be met. This will ensure that the host and partner site DSs have a tailored approach to supervision and will avoid the trainee duplicating activities across both sites.

If at any point, there are any issues or concerns please do not hesitate to get in touch with your NHS England regional training programme directors and facilitators.

Contacts

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We would like to thank all who have contributed material that has been included, or adapted to be included, in this guide, including the Centre for Pharmacy Postgraduate Education (CPPE), NHS England regional foundation training teams, NHS England London region early careers team, Health and Justice Pharmacy Workforce Development Leads, Hannah Kinsey (University of East Anglia) and the Royal Pharmaceutical Society (RPS).

Introduction

Context

The [NHS Long Term Plan](#) commits to increasing the number of pharmacy professionals working in primary care over the coming years. The plan also sets out how patients and the public will increasingly rely on clinical care provided by pharmacy professionals across all healthcare sectors:

- *Clinical pharmacist prescribers will be a central part of multi-professional teams across Primary Care Networks.*
- *Community pharmacy teams will deliver consistent, high-quality care of patients with minor illnesses and support the public to live healthier lives.*
- *Hospital pharmacists will continue to be part of specialist teams but will extend their practice into primary care, including providing consultant pharmacist support.*
- *A focus to improve the wellbeing of people in prison, reduce inequalities and address health-related drivers of offending behaviours.*

Clinical pharmacists in all sectors will increase their activity in clinical research into new and existing medicines and professional interventions.

The challenge now is ensuring sustainability and consistency across the country, whilst maintaining workforce supply and development, so we have pharmacy professionals where they are needed with the right skills and support.

This will require new models of initial education and training for pharmacists, **including multi-sector foundation training pathways**, to develop a pipeline of pharmacists who have the skills and knowledge to work across sectors.

The Foundation Trainee Pharmacist Programme

In January 2021, the GPhC announced changes to the Standards for the Initial Education and Training of Pharmacists (IETP).

These standards introduced several important changes to make sure pharmacists are equipped for their future roles. These changes include:

- introducing a new set of learning outcomes that cover the full five years of education and training, and which can link to continued development after registration
- incorporating the skills, knowledge and attributes for prescribing, to enable pharmacists to independently prescribe* from the point of registration, emphasising the application of science in clinical practice and including a greater focus on the key skills needed for current and future roles – including professional judgement, management of risk, and diagnostic and consultation skills

- making the fifth year of initial education and training a foundation training year with strengthened supervision support, and collaborative working between higher education institutions, statutory education bodies and employers
- having a greater emphasis on equality, diversity and inclusion to combat discrimination and deal with health inequalities.

*Note: independent prescribing is not included in the foundation training programme in 2024/25. The GPhC has produced a set of interim learning outcomes to reflect this. For full details see the [GPhC Website](#).

Historically foundation trainee pharmacists have spent most of their pre-registration/foundation training in one sector, hospital, or community pharmacy, with small rotations into other sectors.

Multi-sector rotations aim to expose foundation trainee pharmacists to other sectors for a significant proportion of their training (at least 13 weeks) to prepare them for registration with the knowledge and skills defined in the learning outcomes and able to deliver pharmaceutical services across the NHS.

The GPhC stipulates that six month of foundation training needs to be spent in a 'patient facing environment'. This includes community pharmacy, hospital, GP practice, and health and justice settings.

Foundation trainee pharmacists studying in Great Britain have four routes to registration as a pharmacist:

Route 1: An initial four-year Master of Pharmacy (MPharm) degree followed by the foundation training programme.

Route 2: A five-year Master of Pharmacy (MPharm) degree including a pharmacy foundation degree followed by the foundation training programme.

Route 3: A five-year Master of Pharmacy (MPharm) degree including a preparatory year followed by the foundation training programme.

Route 4: A five-year Master of Pharmacy (MPharm) degree including the foundation training programme.

Those who have not trained in Great Britain must have completed a 1-year OSPAP (Overseas Pharmacists Assessment Programme) followed by the foundation training programme.

Historically, foundation trainee pharmacists may have had limited patient facing experience as an undergraduate with a large degree of variance depending on the school of pharmacy they attended. This is being addressed, following the publication of the new standards, with the introduction of clinical tariff-funded undergraduate rotations since 2022, however graduates may still have had relatively limited exposure to certain sectors of practice. As well as undergraduate rotations, foundation trainee pharmacists may have gained patient facing experience via a summer rotational programme or part time jobs. The foundation training programme remains the

main patient facing experience prior to registration, although this will continue to change as the new initial education and training standards are fully implemented and more undergraduate rotations introduced.

The structure of multi-sector rotations as part of the training programme

Our recommendations aim to allow sites to develop rotational structures in line with their own service delivery plan. Programmes will be established before the trainee starts and the information below made available to rotation providers and employers as part of the programme development.

Key principles to inform the development of rotational models include:

- Meeting the requirements of the pharmacy regulator (GPhC)
- Providing good experiential learning opportunities.

How long should a multi-sector rotation be?

We recommend a minimum of 13 weeks (full time equivalent) to ensure foundation trainee pharmacists have adequate opportunities to undertake the full range of activities, learn new skills and be part of the multidisciplinary team.

How should rotations be split?

This is at the discretion of the host partners and dependent on the service delivery model of the hosts.

There are a range of potential models for structuring rotations:

- block rotations,
- multiple smaller blocks,
- split weeks.

In principle, the host partners are free to develop their own rotational plan. The training programme may incorporate one or more multi-sector rotations of 13 weeks.

The model used will depend on a number of factors including the working pattern of the designated supervisor(s), the number of trainees at the training site and the distance between the rotation and the host pharmacy.

All models must ensure the trainee is based with the designated supervisor(s) for the appropriate number of hours per week, as set out by the GPhC (currently 28 hours across four days). Trainees must be supported to meet the rotation objectives and outcomes and have multi-professional learning opportunities facilitated.

Examples of 13-week multi-sector rotations:

13-week single block rotations			
13 weeks with lead employer	13 weeks with second host	26 weeks with lead employer	
13-week split week rotation			
13 weeks with lead employer	13 weeks of split weeks, 2 days with lead employer, 3 days with second host	13 weeks of split weeks, 3 days with lead employer, 2 days with second host	13 weeks with lead employer

Do multi-sector rotations have to happen at specific times during the foundation trainee pharmacist programme?

The timing of rotations within the Foundation Trainee Pharmacist Programme is at the discretion of the rotation providers. However, it is expected that the trainee starts their training with their lead employer (community pharmacy or hospital pharmacy) and is allowed a period to settle into the working environment. It may also be advisable that the trainee spends the final weeks or months of their training with their primary employer to allow consolidation of their learning.

Can the foundation trainee pharmacist spend their multi-sector time rotating across several sites?

While there are several benefits to exposing the trainee to different sites and experiences, it is important that they are given the opportunity to embed themselves as part of the multi-professional team. To support this, it is expected that the trainee should spend the majority of their time in the multi-sector rotation at a single site. However, visiting other sites is acceptable and is encouraged.

Should the trainee spend all their time working with pharmacists?

No. Trainees must be exposed to, and learn from, a wide range of professionals. This should be a range of professionals including pharmacy technicians, dispensers, other healthcare professionals and the wider multi-professional team involved in delivering care to patients.

The time spent with other healthcare professionals must cover clinical duties as well as non-clinical activities relevant to a pharmacist. It should include experience with practitioners delivering acute and chronic disease management, mental health services, substance misuse services and demonstrating the broad range of consultations and activities undertaken by the pharmacist.

If the designated supervisor is absent, can the trainee still be at the rotation?

Yes. There will be times when the designated supervisor is absent, for example on annual leave, and the trainee is at their multi-sector site. This should be planned, and appropriate supervision and activities put in place for the trainee in these instances. Arrangements should also be in place for the management of unplanned supervisor absences, for example sickness, including who has responsibility for the supervision of the trainee. Unexpected, prolonged absences would need to be escalated to the lead employer.

The role of the Designated Supervisor(s)

The GPhC describes the role of the Designated Supervisor within the 2021 Standards for IETP:

“The designated supervisor is responsible for having oversight of the trainee’s training and for signing off the trainee’s competence at the end of the foundation training year. They should be a source of advice and guidance and will work with practice partners to support the trainee in meeting the learning outcomes in these standards.”

Foundation trainee pharmacists must have a Designated Supervisor for any training location where they spend 13 weeks or more during the training programme, who, working with everyone involved, is responsible for co-ordinating their supervision, overseeing their progress and final sign off / declaration that all learning outcomes have been met.

This final declaration is part of the application for registration and includes confirmation that the trainee has demonstrated competence appropriate to a newly registered pharmacist by the end of their training and that they are a fit and proper person to be registered as a pharmacist. The designated supervisor must be a pharmacist and meet the [GPhC requirements for Designated Supervisors](#).

Most trainees will have a designated supervisor based at both the pharmacy employer and the rotation site. The designated supervisors have several roles:

- Supporting the trainee to get the best from their training programme
- Supervising the trainee’s practice and providing feedback
- Providing support and guidance to other staff who are supervising the trainee
- Providing regular feedback based on observation and review of submitted evidence
- Completing formal training reviews for GPhC at weeks 13, 26, 39 and 52
- Declaring if the trainee is competent, based on the evidence gathered throughout the programme, to join the register as a pharmacist.

It is important that the responsibility is shared in the case of joint designated supervisors or handed over appropriately between designated supervisors when they change over. Usually, designated supervisors will only be responsible for one trainee at a time.

At times, the designated supervisor may also choose to delegate the supervision of the foundation trainee pharmacist to another suitably experienced person, called a “practice supervisor”. The main responsibility of the practice supervisor is to ensure that trainees only carry out tasks which they are competent to do, or are learning under supervision to be competent, so that patient safety is always maintained.

Assessment activities may require a foundation trainee pharmacist to complete an activity that would normally be conducted by a registered pharmacist or other appropriately registered healthcare professional. Where this is the case, the designated supervisor must ensure that there is appropriate supervision (e.g., direct observation / supervision) in place so that patient safety is maintained at all times.

There must be agreed systems for supervision in place in all practice environments to make sure safe, person-centred care is always delivered.

The practice supervisor may also be an appropriate person to supervise and assess some of the assessment activities using the associated assessment tools. The designated supervisor must be assured that any practice supervisor participating in assessment activities is appropriately experienced and trained to conduct assessments. The designated supervisor will retain responsibility for the final sign-off of learning outcomes against any evidence provided by supervised learning events (SLE) that are assessed by practice supervisors.

Getting involved – information for training sites

Who can host a foundation trainee pharmacist?

Hospital or community pharmacies who have partnered with a rotation provider (e.g., health and justice setting, Integrated Care Board (ICB), PCN, general practice) to deliver a joint foundation trainee pharmacist programme.

The GPhC stipulates that six months of foundation training needs to be spent in a ‘patient facing environment’. This includes community pharmacy, hospital, GP practice based clinical pharmacy and health and justice settings. At present only community pharmacies and hospitals are able to access NHS England’s training contribution and therefore will be the employer in most instances, partnering with a rotation site to host the trainee for 13 to 26 weeks. This is changing from the 25/26 training year with any appropriate provider able to access the training contribution.

The rotation site must have a pharmacist working in a patient facing role. To satisfy the requirements of the pharmacy regulator (GPhC) the patient facing pharmacist must have been registered for at least 3 years at the point when the trainee commences the programme with relevant experience for the sector in which they will be supervising. The rotation site must then be named on the training plan submitted to the GPhC.

How can I get a foundation trainee pharmacist?

The first step is to form a partnership between a pharmacy employer who can act in the capacity of a host and a rotation site who can work in delivering a multi-sector rotation.

Consider the number of multi-sector foundation trainee pharmacists you would like to host / employ, keeping in mind the designated supervisor requirements and capacity to support other trainees within the organisation.

The next step is to decide length of rotation. If a 13-week or 26-week rotation is preferred, then the below steps must be followed:

- Foundation trainee pharmacists must be recruited via the national recruitment system (using the Oriel platform) for foundation trainee pharmacists.
- Successful multi sector rotations will need to enter their rotations into the Oriel system by 1st March each year (the year preceding the planned trainee start). This should be done by the host employer (community or hospital).
- Following the [Oriel](#) recruitment process, trainees will be allocated to rotations with no need to recruit directly.

What do I need to provide?

Foundation trainee pharmacists must train at a site which can provide them with the opportunity to develop and demonstrate the knowledge, skills, and behaviors that patients and the public expect from a qualified pharmacist. The host organisation (community or hospital) sites must be registered as training providers with the GPhC and provide a training plan which is mapped to the interim learning outcomes.

We recommend that the host organisation and rotation site work together to produce a training plan. Refer to appendices for suggested activities that foundation trainee pharmacists could complete within different rotation sites. These can be used to support the creation of a training plan.

Providers must have sufficient resources and capacity to meet the requirements of Foundation Trainee Pharmacist Programme which include:

- **Enough suitably trained staff.** The rotation site must have a pharmacist to act as a designated supervisor. The pharmacist must be in a patient-facing role to satisfy the requirement set by GPhC and must have been registered for at least 3 years when the trainee commences the programme. Other healthcare professionals **cannot** act as designated supervisors for foundation trainee pharmacists. Training materials for designated supervisors are available from NHSE WT&E, contact your [regional team](#) for more information.
- **Appropriate learning resources.**
- **Space for the trainee in the workplace,** for example an area for confidential discussions and patient interactions.
- **Facilities that are fit for purpose,** for example access to IT equipment, emails and e-portfolio.

Sharing responsibility for foundation trainee pharmacists

Employment

All trainees will be employed by the pharmacy provider (either hospital or community) for the entirety of the 12 months. As the employer, they will retain overall responsibility for the trainee throughout, including the trainee's salary and all human resources (HR) processes and issues.

The employer will set the trainees' conditions of employment, meeting all legal and regulatory requirements, and is responsible for sharing all relevant information with the rotation partner e.g., hours of work etc.

The rotation site should assume responsibility for the day-to-day management of the trainee whilst on their rotation and provide a safe working environment to look after the health, safety and wellbeing of the trainee.

Each organisation must implement agreements in line with their HR and employment policies.

Facilities

Each organisation must ensure that there are sufficient facilities for the trainee while they are undertaking their multi-sector rotation. This should include adequate space and access to electronic hardware. It also includes appropriate IT access including an nhs.net e-mail address and smart card with the appropriate permission settings. (See [appendix 8](#) for information on obtaining an NHS Smart Card).

Supervision

As foundation trainee pharmacists are not registered healthcare professionals, they must always have appropriate supervision. The rotation designated supervisor has overall responsibility for supervision of the trainee whilst in that rotation setting with a responsibility for ensuring appropriate and adequate supervision and support is available for the trainee.

Performance

It is expected that designated supervisors share all information that might impact on a trainee's development throughout the programme and their ability to successfully complete their foundation training.

Each designated supervisor is expected to manage any minor issues relating to performance in their respective organisations. Any significant or recurrent issues with performance must be referred to the employing organisation designated supervisor for escalation using the employer's mechanism for managing performance issues.

For further guidance please refer to the [NHSE WT&E Pharmacy Trainee Support Guide](#).

Leave

Annual leave entitlement will be included in the trainee's conditions of employment. There must be a clear process in place for booking leave and alerting both the employer and the rotation site of the trainee's leave. Similarly, there must be a clear process for how sickness and other absences are communicated to the employer to ensure they are appropriately recorded.

N.B. There are requirements, as set by the GPhC, regarding the total number of days the trainee can be absent within the 52-week period. See section 2.14 (Attendance) in [the GPhC Foundation Training manual](#).

Trainees may be required to attend regional and local study days as detailed in their GPhC training plan. These may be in person or virtually and rotation sites should enable trainees to attend these study days if these occur whilst on their rotation.

Indemnity

Both sites' must ensure that appropriate indemnity arrangements are in place to protect the trainee, their supervisors, and employers.

Change of Arrangements

If, for any reason, one of the host partners feels they can no longer facilitate the multi-sector rotations as anticipated, this must be communicated immediately with the partner site(s) and NHS England regional team.

The impact of any changes on the trainee's experience must be considered and all possible mitigations implemented.

If you are a trainee and have a change in designated supervisor, you must send a completed copy of the [GPhC Change of training details form](#) to foundation@pharmacyregulation.org **and** the regional [NHS England team](#).

Mandatory Training

Each organisation must ensure that trainees have undertaken all appropriate mandatory training relevant to their sector or practice. More information can be found in the [induction process](#).

Formal Agreements

Each organisation must implement agreements in line with their HR and employment policies.

Occupational Health

Any person providing patient facing healthcare services should have occupational health screening in line with their organisational policy. The purpose of this screening is two-fold; to identify any health issues which may pose a risk to patient and trainee safety and to identify any health issues which may require support to be provided during the training period. This may have been completed in the employing sector but need to consider the impact of the activities to be carried out in rotation site.

Induction

Trainees must undergo an induction in both their host pharmacy and rotation setting. It is important for the trainee to orientate to the environment(s) in which they will be working. This section outlines the local induction processes for foundation trainee pharmacists undertaking a multi-sector rotation. The induction processes should ensure the trainee understands the key aspects of the training programme and how they will be supported. It also serves to identify any supportive needs or other factors which may affect the success of training. Most of the activities should have been conducted as part of the induction in the employing sector. However, this must be reviewed by the designated supervisor in the rotation to ensure that any statutory or additional requirements are met.

NHS England require that these induction processes are carried out during the first **TWO WEEKS** (10 working days) of training in the sector/rotation. It may take longer for trainees undertaking a split-week arrangement to complete.

PLEASE NOTE:

A number of these induction processes must begin at the pre-employment stage, for example DBS checks and occupational health screening, to ensure no delay to the start of training. Please also see section on [shared responsibility for trainees](#).

Before Induction - Foundation trainee pharmacists to complete

Foundation Trainee Pharmacists - Preparing for your training			
Item	Details	Issues identified yes/no	Initial & date completed and any action needed
DSs in each sector	Find out who your DSs are in each sector (fill in their names on the title page of this handbook) and contact each before your rotation.		
Access multi-sector rotation website	Access the website of your multi-sector rotation provider to identify services they deliver.		
Opportunities in multi sector rotation	Consider experiences or shadowing opportunities you would like to complete during your rotation to discuss with your DS. Can use the following tool to support conversations.		

Induction checklist resource - Designated supervisors to complete

An induction checklist template is available in the [e-portfolio resources](#) section of the website.

Please also see the section on [resources](#) for guidance from the General Pharmaceutical Council (GPhC).

Supervisors should review each element of the induction checklist, date and initial once completed. Record if any actions are necessary and refer to the [Trainee Support guidance](#) if needed.

If support or information is required, please [contact the NHS England team](#).

Assessment

During the Foundation Trainee Pharmacist Programme each trainee must demonstrate and document their developing competence against the interim learning outcomes as set by the General Pharmaceutical Council (GPhC) and successfully pass the registration assessment. The designated supervisor(s) must be satisfied that their trainee has demonstrated competence against all the interim learning outcomes 'repeatedly and reliably' by the end of foundation training for the trainee to be eligible to register as a pharmacist.

Trainees are not expected to demonstrate each learning outcome in each setting if they undertake multi-sector training. The partner sites should work together to establish, via the training plan, which learning outcomes might be best met in each rotation setting to avoid duplication by the trainee.

NHS England has developed a common [Foundation Trainee Pharmacist Assessment Strategy](#) to support trainees and their supervisors. The NHS England Foundation Trainee Pharmacist Programme Assessment Strategy is designed to support practice-based assessment against, and sign-off of, the Learning Outcomes for year 5 of the GPhC Standards for the Initial Education and Training of Pharmacists (IETP).

The assessment strategy is provided to all foundation training sites in England, and we strongly recommend this is used to assess your trainee during their foundation training. Full details are available on the [NHS England WT&E website](#).

A [series of training videos and templates](#) have been developed to help trainees and their designated supervisors collect evidence, including supervised learning events (SLEs).

E-portfolio for recording trainee progress

We have commissioned the Royal Pharmaceutical Society (RPS), in collaboration with Axia Digital, to deliver the e-portfolio system for all foundation trainee pharmacists in England for the 2024/2025 foundation year.

This e-portfolio will directly support the use of the assessment strategy.

Recording evidence in an e-Portfolio facilitates better portability, flexibility, and accessibility to trainee evidence. The system also provides a method of ensuring the authenticity of trainees' work, using electronic signatures, and creates an audit trail for each trainee. The system allows designated supervisors to monitor progress throughout training, comment on evidence, sign off learning outcomes and provide support where necessary.

It is highly recommended that all trainees use the e-portfolio. Details of the e-portfolio, assessment forms and video guides, supporting training materials and frequently asked questions including accessing the e-portfolio can be found on the [e-portfolio website](#).

Trainee Support

Across all professions, it is recognised that individuals sometimes encounter challenges during their training for a variety of reasons requiring additional support. For many trainees, this support will only be required for a short timeframe. In other cases, support and/or adjustments to training may be required for the full training period. Requests from trainees for support, advice and/or adjustments should be normalised within the training environment. Employers should ensure this is not associated with stigma or disadvantage.

NHS England does not employ pharmacy trainees but is responsible for providing a training contribution. It is the responsibility of NHS England to support and assure the delivery of high-quality learning environments for pharmacy trainees. Therefore, NHS England has an interest in matters arising that relate to the education and training of pharmacy trainees in the employing organisation. In this context, NHS England has produced an England-wide core [Trainee Support Guide](#). Employers should use the guidance to assist with decision making around the trainee's training and outcomes.

The reference guide is designed to complement, and should be read in conjunction with, employers' own local Human Resource and Occupational Health policies. The reference guide does not address issues relating to terms and conditions of employment.

Trainees have an employment relationship with their host employer and are therefore subject to their employing organisations' policies and procedures and related employment law and relevant legislation.

Trainees undertaking multi-sector training will be employed by their host site, this will be a hospital or community pharmacy. However, it is expected that they undertake an appropriate induction when commencing other rotations and are made aware of relevant policies and procedures. See [induction](#) section.

Pharmacist Support – Pharmacist Support is an independent charity working for pharmacists and their families, former pharmacists and pharmacy students to provide help and support in times of need <https://pharmacistsupport.org/>. An information pack with specific information for trainee pharmacists is available at:

<https://pharmacistsupport.org/wp-content/uploads/2022/03/Pharmacist-Support-Trainee-Information-Pack.pdf>

Reporting to NHS England

NHS England WT&E, as the commissioner of training, is limited to providing support or guidance in the following areas:

- Signposting to support and guidance and ensuring all options have been explored.
- Advice regarding action planning.
- Advice regarding extensions or amendments to the training period, including requests for part time working or breaks in training.

Demonstrable consent **must** be obtained from the trainee prior to seeking the support and/or active involvement of NHS England in any situation where a trainee requires additional support.

The General Data Protection Regulation (GDPR) defines the consent of the data subject as: 'any freely given, specific, informed and unambiguous indication of the data subject's wishes by which he or she, by a statement or by a clear affirmative action, signifies agreement to the processing of personal data relating to him or her'.

'Clear affirmative action': Consent must be given through a clear affirmative act that reflects the willingness to accept the processing of personal data.

Trainees may contact NHS England directly. If contacting NHS England on behalf of a trainee consent must be obtained from the trainee and recorded using Appendix 6 of the [trainee support guide](#). When obtaining consent from the trainee, it should be explained to them that as NHS England is neither the regulatory body nor the employer its involvement is to help ensure that all support and adaptations have been put in place to maximise the likelihood of a successful outcome to training.

To contact NHS England to seek trainee support use the appropriate survey link in [Appendix 7](#).

If consent is not obtained from the trainee, contact can only be made with NHS England which does not disclose any personal information about the trainee.

Direct reporting by trainee

If a trainee does not feel able to discuss their support needs with their designated supervisor(s) or any other individual within the employing organisation they can report issues and problems directly to the NHS England regional team by completing the appropriate survey in [Appendix 7](#). We encourage trainees to make every effort to seek help within the organisation before they do so.

If not directly related to trainee support, trainees and/or their supervisors can get in touch with NHS England regional pharmacy teams using the [contact](#) details above.

If a trainee has concerns about malpractice, wrongdoing, or fraud, they can also call the 'Speak Up' helpline for specialist signposting, advice and guidance. Information regarding this is given below.

Raising a concern with NHS England

This provides another source for NHS employees across England to raise concerns and disclosures about their workplace in circumstances where a direct approach to their employer is not favoured, suitable or appropriate.

I need to raise a concern. What do I do?

When a concern feels serious because it might affect patients or people receiving care, colleagues, or your whole organisation, it can be difficult to know what to do. You may feel that raising the matter would be disloyal to colleagues, to managers or to your organisation.

However, everyone working in healthcare has a duty to follow their professional code of conduct and put patients and the people they care for first and protect their safety.

We would always encourage you to try to resolve any concern you have within your organisation first. If you feel unable to do so, you can speak to NHS England.

What types of concerns can I raise?

You can raise a concern about risk, malpractice or wrongdoing you think is harming the service your organisation delivers. Examples of a concern which NHS England can investigate include:

- Concerns about unsafe patient care
- Poor clinical practice or other malpractice which may harm patients
- Failure to safeguard patients
- Maladministration of medicines
- Untrained staff
- Unsafe working conditions
- Lack of policies
- A bullying culture
- Staff who are unwell or stressed and not seeking help.

Advice and support

If you are unsure about whether your concern is genuine, you can also contact: [Speak up](#) for free, independent, confidential advice on the speaking up process, [Protect](#), (formerly Public Concern at Work), your professional body or trade union representative.

Speak Up Helpline

This helpline is a free-phone service for employees, and organisations working within the NHS and social care sector.

Telephone: 08000 724 725 Web: <https://speakup.direct/>

Protect Helpline

This is a free and confidential helpline offering guidance and support on whistleblowing.

Telephone: 020 3117 2520 Web: <https://protect-advice.org.uk/>

Resources for Foundation Trainee Pharmacists

Recommended

GPhC Foundation training manual – All GPhC guidance and documents required for your foundation training, including the performance standards and assessment information:

<https://assets.pharmacyregulation.org/files/2024-06/GPhC-%20foundation-training-manual-2024-25.pdf>

NHS England WT&E The Foundation Trainee Pharmacist Programme resources- The Foundation Trainee Pharmacist Programme, Access to **Foundation Trainee Pharmacist Assessment Strategy** and associated assessment tools, information for trainees and trainee pharmacist learning resources.

<https://www.hee.nhs.uk/our-work/pharmacy/trainee-pharmacist-foundation-year-programme>

Royal Pharmaceutical Society (membership required for some resources) – A number of professional and clinical resources including “A Practical Guide for Pharmacists in GP Practices” – with relevant resources for foundation pharmacists as well as considerations if they want to take this further post qualification: <https://www.rpharms.com/resources/ultimate-guide-and-hubs/ultimate-guide-to-working-in-a-gp-practice>.

Includes: Medicines optimisation hub, Medication history quick reference guide, Medicines adherence quick reference guide, Polypharmacy: Getting it right for people prescribed many medicines, Counselling patients on medicines, Medication Review quick reference guide, Protecting vulnerable adults quick reference guide, Protecting children and young people quick reference guide, Handwashing.

Centre for Pharmacy Postgraduate Education (CPPE)

A wide range of resources to support you including e-learning and downloadable distance learning programmes. CPPE also runs workshops (online or face to face), facilitated by experienced tutors. Foundation trainee pharmacists page: <https://www.cppe.ac.uk/career/pre-regs>.

Resources for Designated Supervisors

CPPE

Helping others learn e-learning. The aim of this learning programme is to provide you with an overview of teaching and learning theory for adults and includes case study examples available for use or adaptation in your workplace: <https://www.cppe.ac.uk/programmes/l/learn-e-02>

Feedback guide. This programme will provide you with step-by-step guidance on how to provide appropriate and timely feedback to people you work with in order to motivate them and improve performance. It will also help raise your self-awareness by encouraging feedback and provide you with some useful points of action as you work through the programme.

<https://www.cppe.ac.uk/programmes/l/feedback-g-01>

GPhC

GPhC designated supervisor suitability policy:

<https://assets.pharmacyregulation.org/files/document/designated-supervisor-suitability-policy-2021-22.pdf>

GPhC guidance for foundation training supervisors:

<https://assets.pharmacyregulation.org/files/document/guidance-for-foundation-training-supervisors-2021-22.pdf>

GPhC designated supervisor development resource:

https://assets.pharmacyregulation.org/files/document/designated-supervisor-development-resource-august_2021.pdf

GPhC Foundation Training manual

<https://assets.pharmacyregulation.org/files/2024-06/GPhC-%20foundation-training-manual-2024-25.pdf>

GPhC Standards for the initial education and training of pharmacists:

<https://assets.pharmacyregulation.org/files/2024-01/Standards%20for%20the%20initial%20education%20and%20training%20of%20pharmacists%20January%202021%20final%20v1.4.pdf>

NHS England Workforce, Training & Education (formerly Health Education England)

Designated Supervisor Information and Resources

<https://www.hee.nhs.uk/our-work/pharmacy/trainee-pharmacist-foundation-year-programme/designated-supervisor-information-resources>

Quality Framework

The NHS England Quality Framework for education and training sets out the expectations for quality within the work-based learning environment. <https://www.hee.nhs.uk/our-work/quality>

eLearning for health (e-LfH) modules

Provides access to a large number of clinical and skills-based topics within the e-Learning for Healthcare (e-LfH) portfolio.

Access through using NHS mail account, Athens account or via CPPE:

<https://www.cppe.ac.uk/programmes/l/leaders-e-00/> Includes:

Pharmacist Tutor Training

https://portal.e-lfh.org.uk/myElearning/Index?HierarchyId=0_38346_38346&programmeld=38346

Statutory and Mandatory training

https://portal.e-lfh.org.uk/myElearning/Index?HierarchyId=0_38346_38346&programmeld=38346

Resources for remote consultations

e-LfH - https://portal.e-lfh.org.uk/Catalogue/Index?HierarchyId=0_45016&programmeld=45016

Full catalogue >Coronavirus (COVID-19) >Resources for Staff Working in a Primary Care and Community Setting >Telephone and video consulting

Appendices

Appendix 1 – Summary of Interim Learning Outcomes

Appendix 2 – General Practice Foundation Trainee Pharmacist Rotations

Appendix 3 – Health and Justice Foundation Trainee Pharmacist Rotations

Appendix 4 – Mental Health Foundation Trainee Pharmacist Rotations

Appendix 5 – Community Pharmacy Foundation Trainee Pharmacist Rotations

Appendix 6 – Hospital Pharmacy Foundation Trainee Pharmacist Rotations

Appendix 7 – Consent to involve NHS England in support and/or advice

Appendix 8 – Obtaining an NHS Smart Card

Appendix 1 – Summary of interim Learning Outcomes

Person centred care and collaboration		
1.	Demonstrate empathy and keep the person at the centre of their approach to care at all times	Does
2.	Work in partnership with people to support and empower them in shared decision-making about their health and wellbeing	Does
3.	Demonstrate effective communication at all times and adapt their approach and communication style to meet the needs of the person	Does
4.	Understand the variety of settings and adapt their communication accordingly	Does
5.	Proactively support people to make safe and effective use of their medicines and devices	Does
6.	Treat people as equals, with dignity and respect, and meet their own legal responsibilities under equality and human rights legislation, while respecting diversity and cultural differences	Does
7.	Obtain informed consent before providing care and pharmacy services	Does
8.	Assess and respond to the person's particular health risks, taking account of individuals' protected characteristics and background	Does
9.	Take responsibility for ensuring that personal values and beliefs do not compromise person-centred care	Does
10.	Demonstrate effective consultation skills, and in partnership with the person, decide the most appropriate course of action	Does
11.	Take into consideration factors that affect people's behaviours in relation to health and wellbeing	Does
12.	Take an all-inclusive approach to ensure the most appropriate course of action based on clinical, legal and professional considerations	Does
13.	Recognise the psychological, physiological and physical impact of prescribing decisions on people	Does
14.	Work collaboratively and effectively with other members of the multi-disciplinary team to ensure high-quality, person-centred care, including continuity of care	Does
Professional Practice		
15.	Demonstrate the values, attitudes and behaviours expected of a pharmacy professional at all times	Does
16.	Apply professional judgement in all circumstances, taking legal and ethical reasoning into account	Does
17.	Recognise and work within the limits of their knowledge and skills, and get support and refer to others when they need to	Does
18.	Take responsibility for all aspects of pharmacy services, and make sure that the care and services provided are safe and accurate	Does
19.	Take responsibility for all aspects of health and safety and take actions when necessary, particularly but not exclusively during the COVID-19 pandemic	Does

20.	Act openly and honestly when things go wrong and raise concerns even when it is not easy to do so	Does
21.	Apply the science behind pharmacy in all activities	Does
22.	Demonstrate how the science behind pharmacy is applied in the discovery, design, development and safety testing of medicines and devices	Knows how
23.	Recognise the technologies that are behind developing advanced therapeutic medicinal products and precision medicines, including the formulation, supply and quality assurance of these therapeutic agents	Knows how
24.	Keep abreast of new technologies and use data and digital technologies to improve clinical outcomes and patient safety, keeping to information governance principles	Does
25.	Apply pharmaceutical principles to the safe and effective formulation, preparation, packaging and disposal of medicines and products	Shows how
26.	Consider the quality, safety and risks associated with medicines and products and take appropriate action when producing and supplying them	Shows how
27.	Take responsibility for the legal, safe and efficient supply and administration of medicines and devices	Does
28.	Demonstrate effective diagnostic skills, including physical examination, to decide the most appropriate course of action for the person. During the COVID-19 pandemic all relevant precautions must be taken to ensure the safety of the patient and foundation trainee when physical contact is necessary.	Shows How
29.	Apply the principles of clinical therapeutics, pharmacology and genomics to make effective use of medicines for people	Does
30.	Appraise the evidence base and apply clinical reasoning and professional judgement to make safe and logical decisions which minimise risk and optimise outcomes for the person	Does
31.	Critically evaluate and use national guidelines and clinical evidence to support safe, rational and cost-effective procurement for the use, and prescribing (by others) of, medicines, devices and services	Does
32.	Accurately perform calculations	Does
33.	Effectively promote healthy lifestyles using evidence-based techniques	Does
34.	Apply the principles of effective monitoring and management to improve health outcomes	Does
35.	Anticipate and recognise adverse drug reactions, and recognise the need to apply the principles of pharmacovigilance ¹	Does
36.	Apply relevant legislation related to prescribing	Does
37.	Prescribe effectively within the relevant systems and frameworks for medicines use	Does
38.	Understand clinical governance in relation to prescribing	Shows How
39.	Take responsibility for people's health records, including the legality, appropriateness, accuracy, security and confidentiality of personal data	Does

40.	Understand and implement relevant safeguarding procedures, including local and national guidance in relation to each person	Does
41.	Effectively make use of local and national health and social care policies to improve health outcomes and public health, and to address health inequalities	Does
42.	Proactively participate in the promotion and protection of public health in their practice	Does
43.	Identify misuse of medicines and implement effective strategies to deal with this	Does
44.	Respond appropriately to medical emergencies, including the provision of first aid	Shows how
Leadership and Management		
45.	Demonstrate effective leadership and management skills as part of the multi-disciplinary team	Does
46.	Make use of the skills and knowledge of other members of the multi-disciplinary team to manage resources and priorities	Does
47.	Develop, lead and apply effective strategies to improve the quality of care and safe use of medicines	Does
48.	Actively take part in the management of risks and consider the impacts on people	Does
49.	Use tools and techniques to avoid medication errors associated with prescribing (by others), supply and administration	Does
50.	Take appropriate actions to respond to complaints, incidents or errors in a timely manner and to prevent them happening again	Does
51.	Recognise when and how their performance or that of others could put people at risk and take appropriate actions	Does
52.	Demonstrate resilience and flexibility, and apply effective strategies to manage multiple priorities, uncertainty, complexity and change	Does
Education and Research		
53.	Reflect upon, identify, and proactively address their learning needs	Does
54.	Support the learning and development of others, including through mentoring	Does
55.	Take part in research activities, audit, service evaluation and quality improvement, and demonstrate how these are used to improve care and services	Does

More information is available on the [GPhC website](#).

Appendix 2 – General Practice

Pharmacists are increasingly working as part of general practice teams. They are highly qualified, experts in medicines and can help people in a range of ways. This includes carrying out structured medication reviews for patients with ongoing health problems and improving patient safety, outcomes and value through a person-centred approach.

The role of pharmacists in general practice is now well established with continuously growing evidence of how the role is significantly benefiting patients. 'Face to face' consultations may be in the traditional 'in person' setting, however telephone and online consultations are increasingly adopted as they enable greater patient choice and accessibility.

Expectations of Foundation Trainee Pharmacist Rotations in General Practice

Rotations in general practice aim to provide trainees with an understanding of working within a multi-professional team and learning how pharmacy plays an integral role in patient care.

General Practice rotation expected outcomes

The rotation in general practice will contribute to the trainee's ability to meet the requirements of the regulator and, in addition, it is expected to support the trainee to:

- Demonstrate an understanding of the role of the pharmacist in general practice as well as the systems and processes that apply in general practice
- Develop communication and consultation skills to interact effectively with patients and their carers, healthcare professionals and the public
- Respond to medication queries, complete medicines reconciliation and undertake medication reviews
- Conduct consultations with patients with a range of acute or chronic healthcare needs
- Use a range of basic clinical assessment skills, as listed in Box 1 below, demonstrating the rationale for undertaking each and how to interpret and act on the results
- Accurately interpret clinical data (medical notes entries, laboratory and other tests)
- Monitor ongoing treatment and make recommendations for common chronic conditions
- Evaluate the effect of multimorbidity and polypharmacy on individuals, take an individualised and holistic approach to shared decision making and make recommendations to adjust treatment appropriately. Including implementing deprescribing using a range of appropriate tools e.g. STOP/START
- Promote health and make every contact count.
- Undertake assessed patient medication reviews and receive feedback, for 13-week rotations a minimum of two is expected, for 26-week rotations a minimum of four with increasing complexity*.

**Examples of more complex reviews include the review of multiple medicines for more than one condition, patients with known adherence issues or patients with communication issues*

Box 1. Required Clinical Assessment Skills

All trainees should have exposure to and develop basic level of competence in, clinical assessment skills during their rotation in general practice. The focus should be on those clinical assessment skills that are most relevant to the pharmacist's role in their practice. To support this, the CPPE clinical examination and procedural skills assessment record (CEPSAR) has been provided separately for recording progress with the expected clinical assessments.

Further details are available in the [CEPSAR](#) handbook, including information on how to undertake the clinical assessments, and a log for recording progress.

- | | |
|--------------------|---------------------------|
| - weight | - blood pressure |
| - height | - oxygen saturation |
| - BMI | - urinalysis |
| - heart rate | - capillary blood glucose |
| - respiratory rate | - peak flow |
| - temperature | |

Some trainees may have between 13 and 26 weeks of general practice experience. These trainees should work towards the outcomes of the 26-week rotation.

These are the minimum expected outcomes for the duration described. Many trainees will undertake additional activities or may be performing more advanced or complex tasks.

[Table 2](#) has a list of suggested activities that may be completed in general practice and are linked to GPhC Learning Outcomes that completion of the activities may provide evidence towards. Further information linking suggested activities and Learning Outcomes can be found in the [Foundation Trainee Pharmacist Assessment Strategy](#).

Indemnity

The Clinical Negligence Scheme for General Practice (CNSGP) provides cover for clinical negligence claims for activities provided under a GMS, PMS or APMS contract or as enhanced primary care elements under Schedule 2L of the NHS Standard Contract.

In either case, all employees of the organisation contracted to deliver the care who provide care commissioned under a Primary Care Contract or direct sub-contract will receive cover under CNSGP.

If the services are not being provided under a Primary Care Contract, or a direct sub-contract to a Primary Care Contract, the services may still be covered if you can answer "yes" to all the following questions:

- 1) Are you carrying out an activity that consists of, or is in connection with, the provision of NHS services?

- 2) Are those NHS services being provided by, or under a contract with, a person or organisation whose principal activity is to provide primary care under a Primary Care Contract?
- 3) Is the activity in question connected to the diagnosis, care, or treatment of a patient?

Where a GP practice meets the above criteria then employees of the practice *and any other individual otherwise engaged, or permitted, by the practice to carry out the services that are covered* will themselves be covered by CNSGP.

More information on the CNSGP can be found on the [NHS Resolution website](#).

It should be noted that the indemnity provided by the CNSGP covers clinical negligence only, therefore employers, the general practice, designated supervisors **and** trainees should have appropriate additional indemnity arrangements in place for their scope of practice.

General Practice Specific Resources

Resources to support general practice rotations	Source
Quality and Outcomes Framework (QOF) Guidance – Information on the QOF incentive programme through which GP practices are financially rewarded for achievement of quality indicators and outcome measures.	NHS England
<p>CPPE Primary care essentials e-course (trainee pharmacist self-directed):</p> <p>The CPPE <i>Primary care essentials</i> e-course is an excellent introduction to working in a GP surgery. Foundation trainee pharmacists who are working in general practice and their designated supervisors will be able to access this e-course via the CPPE website via the following link</p> <p>The aim of the <i>Primary care essentials</i> e-course is to introduce the fundamentals of new roles in primary care.</p> <p>This e-course will cover NHS and primary care structure, introduction to local general practice and care homes, medicines optimisation, medication review, prescribing and repeat prescribing, prescribing data, clinical information technology systems, audits, evidence-based use of medicines, working within the multi-professional team and person-centred professionalism.</p> <p>There is also a CPPE Primary care essentials e-assessment that you can use to test your knowledge after you have completed the e-course.</p>	CPPE
CPPE and peer support: You can also find CPPE and peer support through the CPPE Trainee Pharmacist Facebook page	CPPE
<p>CPPE learning programmes</p> <p>Can be accessed via https://www.cppe.ac.uk</p>	CPPE

<p>Recommended CPPE gateway pages:</p> <p>These are not essential, and number of learning programmes undertaken will depend on GP rotation length and availability:</p> <ul style="list-style-type: none">• Consultation skills• General Practice• Genomics• Medication review	CPPE
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**Table 2: Suggested activities in general practice, mapped to assessment strategy activities and learning outcomes**See [Foundation Trainee Pharmacist Assessment Strategy](#) for further information.

Assessment strategy activity	Sector example(s)	Learning outcomes	Example assessment tools
Group A: Clinical and patient facing activities			
Medicines reconciliation	Medicines reconciliation (patient discharge or transfer of care between settings e.g. hospital, care homes)	3, 7, 14, 15, 18, 39, 49	Mini-CEX, DOPs, Contribution to care log
Patient consultation: Medicines use	Undertake medication review or chronic disease consultations (with appropriate supervision)	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 29, 14, 16, 17, 18, 28, 30, 33, 34, 35, 36, 37, 38, 41, 42	DOPS, Mini-CEX, MRCF
Patient consultation: diagnose, assess, recommend	Observe experienced healthcare staff undertaking physical assessments	1, 3, 4, 5, 6, 7, 8, 9, 10, 14, 17, 34	Reflective summaries
	Develop, undertake (with appropriate supervision) and be assessed undertaking physical assessments		DOPS, Mini-CEX, MRCF
	Supported interpretation of medical history, physical, biochemical and other clinical assessments	10, 12, 13, 14, 16, 18, 21, 26, 27, 28, 30, 31, 34, 35, 46, 48	Contribution to care log
	Observe and reflect on acute and chronic disease clinics conducted by a range of healthcare professionals	4, 11, 13, 38, 53	Reflective summaries, contribution to care log
Medicines optimisation	Liaison with community/hospital pharmacy	3, 4, 10, 14, 15, 27, 39	DOPs, Contribution to care log
Patient focused public health intervention	Observe/contribute to a smoking cessation clinic and/or weight management clinic or vaccination service (seasonal flu).	1, 2, 3, 6, 7, 9, 10, 11, 14, 17, 18, 27, 33, 41	DOPs, Mini-CEX, MRCF



Responding to a medicine enquiry	Responding to medicines queries – patient and health care professionals	1, 2, 3, 4, 5, 6, 8, 9, 10, 11, 12, 14, 16, 17, 18, 21, 30, 31, 34, 35, 54	DOPs, Mini-CEX, Contribution to care log
Medicines safety activity	Reception duties & management of repeat prescriptions	1, 3, 4, 6, 7, 10, 14, 39, 49, 52	DOPs
	Identification and escalation or resolution of risk issues	3, 6, 15, 16, 17, 18, 19, 20, 31, 45, 47, 48, 49, 50, 51, 52	DOPs
	Action and respond to MHRA alerts	3, 4, 5, 12, 14, 19, 34, 40	DOPs, contribution to care log
Group B: Healthcare quality and improvement			
Service improvement	Completion of audit/QI project	47, 48, 49, 55	Completed project and reflection on activity
	Running reports and searches	14, 17, 18, 24, 26, 31, 34, 35, 37, 39, 41, 43, 47, 48, 49, 55	Completed project and reflection on activity
	Undertake patient satisfaction survey	45, 47, 50, 53, 54, 55	Completed PSQs and reflection on activity
Teaching and mentoring	Prepare and deliver an educational session for the practice team	3, 4, 14, 45, 46, 51, 53, 54	Lesson plans, participant feedback, reflection on activity, peer assessment
Public health / health inequalities activity	Participate in public health campaigns	11, 33, 42, 46	Reflection on activity



Group C: Supplying medicines activities			
Dispensing prescriptions and preparing medicinal products	Observation/working with staff managing repeat dispensing process (reception staff, clerks, pharmacy staff)	17, 18, 19, 26, 27, 31, 32, 34, 36, 37, 38, 39, 49	Miscellaneous evidence (screening competency logs), Mini-CEX, contribution to care log
Group E: Personal development and progression			
PDP and LNA	Completion of reflective records of evidence	53	MRCF,
	Reflecting on performance and producing SMART objectives for further development	53	Completion of PDP and LNA within e-portfolio
	Managing own timetable	52	
	Engagement in GPhC progress reviews with DS	20, 51, 52, 53	Completion of evidence in e-portfolio and GPhC reviews
Multisource feedback	Undertakes multisource feedback	51, 53	Completion of MSF and PSQ within e-portfolio

Appendix 3 – Health and Justice

As a result of the recent changes in initial education and training for pharmacists as published by the General Pharmaceutical Council (GPhC), NHS England are supporting a national expansion of embedding Foundation Trainee Pharmacist rotations within the Department of Health and Justice.

Across England there are around 120 prisons for adults, four under-18 young offender institutions (YOI) three secure training centres (STC) and 14 secure children's homes (SCH). More than 45 of these sites have an on-site dispensing pharmacy.

UK Prison Population Statistics (2024) indicate that prison sentences are getting longer, with an increasing population of older prisoners. The purpose of healthcare in prisons, YOIs and STCs, including medicines optimisation, is to provide an excellent, safe and effective service to all people in custody equivalent to that in the community. This means pharmacy service provision includes the supply of medicines, medicines handling and governance as well as clinical pharmacy services aligned with those provided in GP practices. People in custody expect to experience improvement in their health and wellbeing, particularly in respect of recovery from substance use, mental health problems, management of long-term conditions and access to public health interventions to prevent disease and illness.

Services in all custodial settings are subject to independent inspection and challenge by the Care Quality Commission (CQC), HM Inspectorate of Prisons, Independent Monitoring Boards, Local Authorities, Coroners and the Prison and Probation Ombudsman. National Offender Management Service, The UK Health and Security Agency and NHS England work together to assure transparency as health services are scrutinised and to support learning from incidents as well as good practice.

Expectations of Foundation Trainee Pharmacist Rotations in Health and Justice

Foundation trainee pharmacists will have an opportunity to be exposed to pharmacy practice within health and justice whilst learning to work with a wide multi-professional team to deliver patient centred care in a safe and legal way.

Health and justice rotation expected outcomes

The rotation in health and justice will contribute to the trainee's ability to meet the requirements of the regulator and, in addition, it is expected to support the trainee to:

- Have an in-depth understanding of health and justice and the role of the pharmacist as part of the wider healthcare team
- Differentiate between different types of, and understand how healthcare is delivered in, secure environments
- Develop communication and consultation skills to interact effectively with people within secure environments.
- Be competent with the clinical governance requirements, IT systems (e.g. SystmOne) and formularies within secure environments

- Develop close working relationships and understanding of mental health, substance use and prison staff to appreciate their roles to the delivery of healthcare to the patient
- Be competent with medicines reconciliation and reviews, provision of safe medicines and provision of advice around medicines within health and justice
 - Be aware of the monitoring requirements for antipsychotics and other high-risk medicines used by mental health teams.
 - Understand how to monitor for withdrawal symptoms and signs of potential overdose or continued use of illicit drugs.
 - Implement strategies for risk reduction due to harm from misuse of prescribed medicines
 - Use a range of basic clinical assessment skills, demonstrating the rationale for undertaking each and how to interpret and act on the results
 - Monitor ongoing treatment and make recommendations for common chronic conditions.
- Understand the risk assessment strategies in place within health and justice such as risk assessment of medicines and in-possession risk assessments of patients
- Actively support transfer of care arrangements around medicines
- Complete a quality improvement project/audit cycle (optional - to be discussed with host organisation prior to starting rotation)
- Promote health and wellbeing in line with public health initiatives

Clearance and Prison Induction

As trainees will be required to be onsite for a substantial period, they will require prison clearance. This can be a time-consuming event and can take up to three months. Once clearance is obtained the trainee will require a prison induction and key training. This should be arranged as soon as the identity of the trainee is made available.

The host organisation should contact the rotation site and inform of the trainee who will be undertaking the rotation. The rotation site can then inform the prison security team to start the clearance process.

For shorter rotations alternative arrangements can be in place. This is dependent on local security processes.

It is vital for this process to be considered in the planning of the rotations.

Health and Justice Specific resources and support

Resources to support health and justice rotations	Source
Pharmacy Workforce - Health & Justice Inclusive Workforce Programme	NHS England
NHS England regional teams are available to answer questions and provide support.	NHS England

NHS England Pharmacy Workforce Team england.hjpharmacyworkforce@nhs.net	
<p>The CPPE Health and Justice e-course (foundation trainee pharmacist self-directed)</p> <p><i>The CPPE Health and Justice</i> e-course is an introduction to working in Health and Justice. Foundation trainee pharmacists who are working in Health and Justice will be able to access this e-course via the CPPE website via the following link:</p> <p>Health and Justice pharmacy (prisons and secure environments) (cppe.ac.uk)</p>	CPPE

Table 3: Suggested activities in health and justice, mapped to potential learning outcomes and assessment tools

See [Foundation Trainee Pharmacist Assessment Strategy](#) for further information.

Assessment strategy activity	Sector example(s)	Learning outcomes	Example assessment tool
Group A: Clinical & Patient Facing Activities			
Medicines reconciliation	Medicines reconciliation	3, 7, 14, 15, 18, 39, 49	Mini-CEX, contribution to care log
Patient consultation: Medicines use	Undertake medication review	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 16, 17, 18, 28, 29, 30, 33, 34, 35, 36, 37, 38, 41, 42	MRCF, Mini-CEX, contribution to care log, pharmacy peer assessment
Patient consultation: diagnose, assess, recommend	Observe experienced healthcare staff undertaking physical assessments	1, 3, 4, 5, 6, 7, 8, 9, 10, 14, 17, 28, 34	DOPS
	Supported interpretation of medical history, physical, biochemical and other clinical assessments	10, 12, 13, 14, 16, 18, 21, 26, 27, 28, 30, 31, 34, 35, 46, 48	MRCF, Mini-CEX, contribution to care log, pharmacy peer assessment
	Undertake appropriate infection risk management processes before, during and after any patient contact	15, 18, 19, 28, 44, 48,	DOPS
	Observe and reflect on acute and chronic disease clinics conducted by a range of healthcare professionals	2, 3, 4, 5, 7, 8, 11, 13, 15, 17, 33, 38, 41, 45, 52, 53	Reflective account
Medicines optimisation	Liaison with community and hospital pharmacy	2, 3, 4, 10, 14, 15, 27, 34, 38, 39	DOPS, Mini-CEX, contribution to care log
	Participate in multidisciplinary care plan management	14, 43	DOPS, CBD



Patient focused public health Intervention	Observe/contribute to a smoking cessation clinic	1, 2, 3, 6, 7, 9, 10, 11, 14, 17, 18, 27, 33, 41	DOPs, Mini-CEX
	Observe/contribute to a mental health clinic	1, 2, 3, 6, 7, 9, 10, 11, 14, 21	DOPs, Mini-CEX
Medicines safety activity	Manage adverse drug reaction(s) and report a yellow card	34, 35, 39	DOPS
Responding to a medicines query	Responding to medicines queries – patient and HCP	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 16, 17, 18, 21, 30, 31, 34, 35, 54	DOPS, Mini-CEX, contribution to care log
Group B: Healthcare quality and improvement			
Service Improvement	Completion of audit/QI project	47, 48, 49, 55	Completed project and reflection on activity
	Running reports and searches	14, 17, 18, 26, 31, 34, 35, 37, 39, 41, 43, 47, 48, 49, 55	DOPS, CBD
	Implement strategies for risk reduction due to harm from misuse of prescribed medicine	16, 19, 27, 37, 43, 45, 47, 49	DOPS, CBD
Teaching and mentoring	Prepare and deliver an educational session for healthcare team	3, 4, 14, 45, 46, 51, 53, 54	Lesson plans, participant feedback, reflection on activity, pharmacy peer assessment
	Prepare and deliver an educational session within host organisation describing healthcare within a secure environment.	3, 4, 14, 45, 46, 51, 53, 54	Lesson plans, participant feedback, reflection on activity, pharmacy peer assessment
Public health / health inequalities activity	Participate in public health campaigns	11, 33, 42, 46	Reflection on activity
Group C: Supplying medicines activities			
	Dispense and accuracy check medications	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 18, 25, 26	Competency logs



Technical and legal prescription issues: Identify and resolve	Clinical and legal check of prescriptions	1, 2, 3, 4, 5, 6, 9, 12, 14, 15, 16, 17, 18, 20, 24, 25, 26, 27, 29, 30, 31, 32, 34, 35, 36, 38, 39, 46, 43, 48, 49, 50, 51, 52	Screening logs, Mini-CEX, contribution to care log
Dispensing prescriptions and preparing medicinal products	Administration of medicines within substance misuse programmes	17, 18, 25, 26, 27, 32, 43, 48	Competency logs, DOPS
	Manage a MHRA medicines recall	47, 50	DOPS
	Fridge procedures and record keeping of temperature	18, 21, 25, 27	DOPS
Group D: Mandatory and Specific Training			
Health and safety	Complete specific prison induction	6, 15, 16, 17, 18, 24, 40, 53	Certificate of completion, reflective account, learning needs analysis
Group E: Personal Development and Progression			
Multisource feedback	Undertakes multisource feedback	51, 53	Completion of MSF within e-portfolio
PDP & LNA	Engagement in GPhC progress reviews with DS	20, 51, 52, 53	Completion of PDP and LNA within e-portfolio

Appendix 4 – Mental Health Pharmacy

Mental Health Hospitals are essential in delivering specialised care to patients who experience mental, neurological or behavioural conditions. Specialised teams support patients throughout their journey from admission onto inpatient wards to continuing their care within the community setting once they are discharged. Recognised as being a sector that is constantly expanding with one in four people now suffering from a mental health condition at some point in their life, the need to expand and develop services to support the ongoing demand has been recognised. Foundation trainee pharmacist exposure within mental health settings will help build confidence in managing mental health conditions and raising awareness of the speciality.

Expectations of Foundation Trainee Pharmacist Rotations in Mental Health

Foundation trainee pharmacists will have an opportunity to be exposed to pharmacy practice within mental health whilst learning to work with a wide multi-professional team to deliver patient-centred care in a safe and legal way.

Mental health pharmacy rotation expected outcomes

The rotation in mental health will contribute to the trainee's ability to meet the requirements of the regulator and, in addition, it is expected to support the trainee to:

- Demonstrate awareness of the patient's journey from admission to discharge within a mental health setting and the transfer of medication process between different sectors.
- Recognise different mental health services provided in the locality of your trust, the therapeutic areas and patient groups covered by them.
- Demonstrate awareness of the roles, day to day responsibilities and skill sets of the mental health multidisciplinary team.
- Describe the role of pharmacy within the multi-professional mental health team during meetings such as handovers and ward rounds, and have an awareness of the importance of leadership, management and collaboration in these settings.
- Demonstrate awareness of the role of the prescribing pharmacist within a mental health environment and how their skills benefit the patient journey to understand relevant legislation and clinical governance related to prescribing e.g., specialist pharmacists (pharmacist-led clinics and prescribing at ward level).
- Be able to discuss medicines commonly used to treat psychiatric conditions with your supervisor and other members of the multidisciplinary team as part of clinical service provision.
- Develop confidence in consulting with patients diagnosed with a mental health condition, including serious mental illness, and demonstrate the ability to adapt your approach and language where necessary.
- Demonstrate awareness of the process of dispensing, supplying, checking, and screening prescriptions within mental health and how this might vary to that in other pharmacy settings e.g., clozapine, antipsychotic depots.
- Describe the mental health medicines information service provision, including how healthcare professionals access the service, how queries are handled, and the types of queries received.

- Demonstrate awareness of local and national resources such as Trust guidelines and evidence-based medicine to support delivery of pharmaceutical care to patients with a mental health condition.
- Describe how mental health pharmacy staff promote public health and raise awareness of healthy lifestyles.
- Demonstrate an understanding of key components within the Mental Capacity Act (2005) and Mental Health Act (1983), when restrictions to prescribing apply, the importance of compliance and pharmacy's role in ensuring this.
- Discuss local clinical governance/risk structures, including how to report errors/incidents and share learning from poor practice within the organisation.
- Demonstrate clear understanding of escalating a safeguarding of vulnerable adults and children concern and your obligation as a healthcare professional.
- Actively promote de-stigmatisation of mental illness through peer, patient and carer education.

Mental Health pharmacy specific resources and support

The list below signposts to resources and e-learning you may find useful to prepare before and during your mental health pharmacy rotation.

Resources to support mental health rotations	Source
Mental Health Act and Mental Capacity Act	NHS England
National Dementia Friends Initiative	Dementia Friends
Stopping over medication of people with a learning disability, autism or both (STOMP)	NHS England
CPPE Mental Health Gateway CPPE Mental health gateway hub contains resources, learning and tools to support mental health knowledge and skills development	CPPE
CPPE Introduction to Mental Health module	CPPE
E-learning for healthcare Making every contact count A learning resource to support the development of the knowledge and understanding to make every contact count by asking others about their health and wellbeing.	elfh
The Oliver McGowan Mandatory Training on Learning Disability and Autism Training to support health and social care staff to develop better skills, knowledge and understanding of the needs for autistic people and people with a learning disability. https://www.e-lfh.org.uk/programmes/the-oliver-mcgowan-mandatory-training-on-learning-disability-and-autism/	elfh

**Table 4: Suggested activities in mental health pharmacy, mapped to potential learning outcomes and assessment tools**See [Foundation Trainee Pharmacist Assessment Strategy](#) for further information

Assessment strategy activity	Sector example(s)	Learning outcomes	Example assessment tool
Group A: Clinical & Patient Facing Activities			
Medicines reconciliation	Medicines reconciliation	3, 7, 14, 15, 18, 39, 49	Mini-CEX, contribution to care log
Patient consultation: Medicines use	Undertake patient consultation and medication review, utilising validated tools where appropriate e.g. Glasgow Antipsychotic Side-effects Scale (GASS)	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 16, 17, 18, 28, 30, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43	MRCF, Mini-CEX, contribution to care log, pharmacy peer assessment
Patient consultation: diagnose, assess, recommend	Observe experienced healthcare staff undertaking physical assessments and carry out physical assessments under supervision	1, 3, 4, 5, 6, 7, 8, 9, 10, 14, 17, 28, 34	DOPS
	Supported interpretation of medical history, physical, biochemical and other clinical assessments	10, 12, 13, 14, 16, 18, 21, 26, 27, 28, 30, 31, 34, 35, 46, 48	MRCF, Mini-CEX, contribution to care log, pharmacy peer assessment
	Undertake appropriate infection risk management processes before, during and after any patient contact	15, 18, 19, 28, 44, 48	DOPS
	Observe, reflect and discuss recommendations in acute and chronic disease clinics conducted by a range of healthcare professionals	2, 3, 4, 5, 7, 8, 11, 13, 15, 17, 33, 38, 41, 45, 52, 53	Reflective account
Medicines optimisation	Liaison with community and hospital pharmacy, community mental health teams, GP practice and home treatment teams	2, 3, 4, 10, 14, 15, 27, 34, 38, 39	DOPS, Mini-CEX, contribution to care log



	Demonstrate awareness of common challenges in relation to medicines taken by patient with learning disabilities, as well as the resources used locally to optimise care i.e., positive behaviour support, patient-centred care plans, STOMP	1, 2, 5, 6, 9, 10, 11, 12, 13, 15, 16, 40, 41	DOPS, Mini-CEX, contribution to care log, reflective account
	Participate in multidisciplinary care plan management	14, 43	DOPS, CBD
Patient focused public health Intervention	Observe/contribute to a smoking cessation clinic	1, 2, 3, 6, 7, 9, 10, 11, 14, 17, 18, 27, 33, 41	DOPs, Mini-CEX
	Observe/contribute to a mental health clinic	1, 2, 3, 6, 7, 9, 10, 11, 14, 21	DOPs, Mini-CEX
Medicines safety activity	Manage adverse drug reaction(s) and report a yellow card	34, 35, 39	DOPS
	Manage a MHRA medicines recall	47, 50	DOPS
Responding to a medicines query	Responding to medicines queries – patient and HCP	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 16, 17, 18, 21, 30, 31, 34, 35, 54	DOPS, Mini-CEX, contribution to care log
Group B: Healthcare quality and improvement			
Service Improvement	Completion of audit/QI project	47, 48, 49, 55	Completed project and reflection on activity
	Running reports and searches	14, 17, 18, 26, 31, 34, 35, 37, 39, 41, 43, 47, 48, 49, 55	DOPS, CBD
	Implement strategies for risk reduction due to harm from misuse of prescribed medicine	16, 19, 27, 37, 43, 45, 47, 49	DOPS, CBD
Teaching and mentoring	Prepare and deliver an educational session for healthcare team	3, 4, 14, 45, 46, 51, 53, 54	Lesson plans, participant feedback, reflection on activity, pharmacy peer assessment



	Prepare and deliver an educational session within host organisation describing healthcare within mental health	3, 4, 14, 45, 46, 51, 53, 54	Lesson plans, participant feedback, reflection on activity
Public health / health inequalities activity	Participate in public health campaigns	11, 33, 42, 46	Reflection on activity
Group C: Supplying medicines activities			
Technical and legal prescription issues: Identify and resolve	Clinical and legal check of prescriptions	1, 2, 3, 4, 5, 6, 9, 12, 14, 15, 16, 17, 18, 20, 24, 25, 26, 27, 29, 30, 31, 32, 34, 35, 36, 38, 39, 46, 43, 48, 49, 50, 51, 52	Screening logs, Mini-CEX, contribution to care log
	Demonstrate understanding of safe and appropriate use of clozapine and the supply process	16, 18, 21, 25, 26, 27, 29, 30, 32, 34, 35, 39, 43, 49	Competency logs, DOPS
	Discuss the requirements of the Mental Health Act with regards to medicines and check prescribed psychotropics subject to this for compliance.	27, 31, 39, 40, 41	Competency logs, DOPS, reflective account
Dispensing prescriptions and preparing medicinal products	Administration of medicines within substance misuse programmes	17, 18, 25, 26, 27, 32, 43, 48	Competency logs, DOPS
	Fridge procedures and record keeping of temperature	18, 21, 25, 27	DOPS
Accuracy checking	Dispense and accuracy check medications	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 18, 25, 26	Competency logs
Group D: Mandatory and Specific Training			
Safeguarding Children and Vulnerable Adults	Complete mandatory training / assessment in relation to the safeguarding of children/vulnerable adults. Review the organisational policy and apply this to a relevant scenario	1, 3, 4, 6, 7, 8, 12, 15, 16, 39, 40, 48	Certificate of completion, reflective account



Health and safety	Complete specific mental health induction including ward security and safety, entry and exit procedures, keys/fobs and personal alarms	6, 15, 16, 17, 18, 24, 40, 53	Certificate of completion, reflective account, learning needs analysis
Group E: Personal Development and Progression			
Multisource feedback	Undertakes multisource feedback	51, 53	Completion of MSF within e-portfolio
PDP & LNA	Reflect on performance and produce SMART objectives for further development	53	Completion of PDP and LNA within e-portfolio
	Complete reflective records of evidence	53	MRCF
	Manage own timetable	52	
	Engage in GPhC progress reviews with DS	20, 51, 52, 53	Completion of PDP and LNA within e-portfolio

Appendix 5 – Community Pharmacy

The role of community pharmacy is essential to patient care, and it is the public face of pharmacy. Community pharmacists utilise their range of professional knowledge and skills to manage their teams within the pharmacy, work across sectors with other healthcare professionals, such as GP and hospitals, to manage medicines issues, whilst also being the patient's key contact and point of support around their medications. Whilst continuing to provide patients with their prescribed medicines and enabling the care of minor conditions, the scope of community pharmacy services is expanding to include new functions which will in the future enable pharmacists to fully **utilise** their skills and knowledge to provide services to patients, including prescribing.

Expectations of Foundation Trainee Pharmacist Rotations in Community Pharmacy

Rotations in community pharmacy aim to provide trainees with an understanding of working in a community pharmacy team and learning how community pharmacy plays an integral role in patient care within primary care.

Community pharmacy rotation expected outcomes

The rotation in community pharmacy will contribute to the trainee's ability to meet the requirements of the regulator and it is expected to support the trainee to:

- Demonstrate an understanding of the role of the responsible pharmacist and its regulations in community pharmacy as well as the systems, procedures and processes that apply in community pharmacy
- Demonstrate the safe and effective supply of medicines commonly encountered in community pharmacy (NHS and private prescriptions, emergency supply, OTC, pharmacy services, patient group directions) ensuring validity, eligibility, legal, clinical and patient factors are considered.
- Demonstrate the process of endorsement, pricing, and submission of prescriptions according to the NHS Business Services Authority Prescriptions Services department.
- Develop communication and consultation skills to interact effectively with patients and their carers, healthcare professionals and the public
- Respond to medication queries, complete medicines reconciliation and undertake medication reviews.
- Conduct consultations with patients with a range of acute and chronic healthcare needs.
- Identify conditions or situations that need referring to another healthcare professional and signpost accordingly.
- Identify common conditions that may be treated by non-prescription medicines and relate the selection of OTC and treatments for minor ailments to treatment guidelines, drug properties and the patient.

- Accurately interpret clinical data as appropriate to support prescription and services clinical decisions (summary care record entries, laboratory and other tests)
- Monitor ongoing treatment and make recommendations for common chronic conditions
- Promote health and make every contact count.
- Recognise the role of community pharmacy within the wider NHS and describe the different services provided by community pharmacies in response to the needs of the local population.

Community pharmacy specific resources and support

The list below signposts to resources and e-learning you may find useful to prepare before and during your community pharmacy rotation.

Resources to support community pharmacy rotations	Source
Preparing for community pharmacy practice: CPPE	CPPE
Repeat dispensing: CPPE	CPPE
Responsible pharmacist: CPPE	CPPE
Summary Care Records	CPPE
National Pharmacy Services – Community Pharmacy England (CPE) This resource signposts to information regarding community pharmacy national services including essential, enhanced and advanced services. Training for these services provided by CPPE are signposted below.	CPE
Community Pharmacy England Pharmacy First service	CPE
NHS Pharmacy First	CPPE
Community Pharmacy England Flu Vaccination Service	CPE
Emergency contraception: CPPE	CPPE
Healthy Living Pharmacy	
NHS community pharmacy hypertension case-finding service (cppe.ac.uk)	CPPE
Hypertension case-finding service	CPPE
New medicine service (NMS): CPPE	CPPE
NHS Discharge Medicines Service: improving outcomes for patients transferring care	CPPE
Pharmacy in Primary Care	elfh
Substance use and misuse: CPPE	CPPE

**Table 5: Suggested activities in in community pharmacy, mapped to potential learning outcomes and assessment tools**See [Foundation Trainee Pharmacist Assessment Strategy](#) for further information.

Assessment strategy activity	Sector example(s)	Learning outcomes	Example assessment tools
Group A: Clinical & Patient Facing Activities			
Medicines reconciliation	Medicines reconciliation (e.g. between patient discharge from hospital or with care homes)	3, 7, 14, 15, 18, 39, 49	Mini-CEX, DOPs, Contribution to care log
Patient consultation: Medicines use	Undertake medication review, minor ailments or chronic disease consultations (with appropriate supervision)	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 16, 17, 18, 28, 30, 33, 34, 35, 36, 37, 38, 41, 42	DOPS, MRCF, Mini-CEX, Contribution to care log
Patient consultation: diagnose, assess, recommend	Observe experienced healthcare staff undertaking physical assessments	1, 3, 4, 5, 6, 7, 8, 9, 10, 14, 17, 28, 34	Reflective summaries
	Develop, undertake (with appropriate supervision) and be assessed undertaking physical assessments		DOPs, Mini-CEX, MRCF
	Interpretation of medical history, physical, biochemical and other clinical assessments to make informed decisions about patient care	10, 12, 13, 14, 16, 18, 21, 26, 27, 28, 30, 31, 34, 35, 46, 48	Contribution to care log
	Undertake appropriate infection risk management processes before, during and after any patient contact	15, 18, 19, 44, 48	DOPS
Medicines optimisation	Liaise with GP practice, care home and hospital pharmacy	3, 4, 14, 15, 27, 34, 38, 39	DOPS, Contribution to care log
Patient focused public health Intervention	Observe/contribute to a service consultation or clinic	1, 2, 3, 5, 6, 7, 8, 9, 10, 11, 13, 14, 17, 18, 27, 33, 39, 41	DOPs, Mini-CEX, MRCF



Medicines safety activity	Identification and escalation or resolution of risk issues	3, 6, 15, 16, 17, 18, 19, 20, 31, 45, 47, 48, 49, 50, 51, 52	DOPs
	Action and respond to MHRA alerts	3, 4, 5, 12, 14, 19, 34, 40	DOPs, contribution to care log
	Manage a MHRA recall	47, 48, 50	DOPS
	Manage adverse drug reaction(s) and report a yellow card	34, 35, 39	DOPS
Responding to a medicines query	Respond to medicines queries from a variety of sources, e.g., patient and healthcare professionals	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 16, 17, 18, 21, 30, 31, 34, 35, 54	DOPS, Mini-CEX, Contribution to care log
Group B: Healthcare quality and improvement			
Service Improvement	Completion of audit/QI project	47, 48, 49, 55	Completed project and reflection on activity
	Undertake patient satisfaction survey	45, 47, 50, 53, 54, 55	Completed PSQs and reflection on activity
Teaching and mentoring	Prepare and deliver an educational session for your pharmacy team	3, 4, 14, 45, 46, 51, 53, 54	Lesson plans, participant feedback, reflection on activity
Public health / health inequalities activity	Participate in public health campaigns	11, 33, 42, 46	Reflection on activity



Group C: Supplying medicines activities			
Technical and legal prescription issues: Identify and resolve	Manage requests for urgent and emergency supply of a Prescription Only Medicine (POM), such as at the request of a prescriber, a patient or a patient's representative and as part of Pharmacy First services	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 27, 38, 39, 40, 43	DOPS, contribution to care logs
	Demonstrate ability to receive (including validity, eligibility, and legal checks) and dispense prescriptions commonly presented in primary care. Examples could include prescriptions issued by a GP or non-medical prescriber (vet, dentist, nurse), private prescriptions, prescriptions for controlled drugs, prescriptions for supply by instalments, handwritten prescriptions	1, 2, 3, 4, 5, 6, 9, 12, 14, 15, 16, 17, 18, 20, 24, 25, 26, 27, 29, 30, 31, 32, 34, 35, 36, 38, 39, 46, 43, 48, 49, 50, 51, 52	Screening logs, Mini-CEX, DOPS, contribution to care log
	Endorsement, pricing, and submission of paper and electronic prescriptions according to the NHS Business Services Authority Prescriptions Services process. Examples could include medicinal products and devices, unlicensed specials, imports and special containers, as well as management of claims for services e.g. via MYS	16, 17, 18, 20, 27, 36	DOPS, reflective account
Dispensing prescriptions and preparing medicinal products	Fridge procedures and record keeping of temperature	18, 21, 25, 27	DOPS
	Administration of medicines within substance misuse programmes	17, 18, 25, 26, 27, 32, 43, 48	Competency logs, DOPS



Accuracy checking	Dispense and accuracy check medications	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 18, 25, 26	Competency logs
Group D: Mandatory and Specific Training			
Health and safety	Complete health and safety training for community pharmacy	6, 15, 16, 17, 18, 53	Certificate of completion, reflective account, learning needs analysis
Community Pharmacy service specific training	Completion of the training required for community pharmacy services including: <ul style="list-style-type: none">• Flu vaccination training• COVID-19 vaccination training• Healthy Living Pharmacy• Services such as Pharmacy First	15, 17, 18, 19, 53	Reflective accounts, learning needs analysis, certificate of completion
Group E: Personal Development and Progression			
PDP & LNA	Engagement in GPhC progress reviews with DS	20, 51, 52, 53	Completion of PDP and LNA within e-portfolio
	Reflecting on performance and producing SMART objectives for further development	53	Completion of PDP and LNA within e-portfolio
	Completion of reflective records of evidence	53	MRCF
	Managing own timetable	52	
Multisource feedback	Undertakes multisource feedback	51, 53	Completion of MSF and PSQ within e-portfolio

Appendix 6 – Hospital Pharmacy

Pharmacists working in the hospital pharmacy sector have an invaluable role in ensuring medicines optimisation as part of the acute care of patients. They work as part of the wider multi-disciplinary team on wards to ensure accurate medicines reconciliation, prescribing and medicines administration, supporting other healthcare professionals with safe and accurate medicines optimisation in a ward-based setting. Pharmacists also provide medicines expertise in a variety of other roles across the hospital setting including aseptic services, medicines information, medication safety and governance, as well as specialist medicine reviews for acute and chronic conditions as part of outpatient clinic services.

Working in a hospital pharmacy setting as part of foundation training enables trainees to gain experience across different clinical specialities and different hospital environments, as well as develop their skills as part of working within the multi-disciplinary team.

Expectations of Foundation Trainee Pharmacist Rotations in Hospital Pharmacy

Rotations in hospital pharmacy aim to provide trainees with an understanding of working within the hospital pharmacy and ward environment, working with and as part of multi-disciplinary teams, and learning how pharmacy plays an integral role in acute patient care.

Hospital pharmacy rotation expected outcomes

- Demonstrate understanding of the patient's journey from admission to discharge within a hospital setting and the transfer of medication process between different sectors.
- Describe how interface communication occurs at admission and discharge between the hospital pharmacy team and other sectors.
- Demonstrate understanding of the roles, day to day responsibilities and skill sets of the hospital pharmacy team.
- Describe the role of pharmacy within the multi-professional ward team during meetings such as handovers and ward rounds. Understand the importance of leadership, management and collaboration in these settings.
- Demonstrate understanding of the role of the prescribing pharmacist within a hospital environment and how their skills benefit the patient journey.
- Demonstrate understanding of the relevant legislation and clinical governance related to prescribing e.g. specialist pharmacists, pharmacist-led clinics and prescribing at ward level.
- Demonstrate understanding of how the IT systems in the hospital support pharmacist activities e.g. medicines optimisation and medicines leadership to improve patient care.
- Demonstrate awareness of the process of dispensing, checking, and screening prescriptions within the hospital setting and how this might vary to that in other pharmacy settings.

- Describe how medicines information is accessed; whether this is via an in-house team or linked to another organisation, and the process for healthcare professionals to access this service.
- Demonstrate awareness of the types of pharmacy queries that may occur during and outside pharmacy opening hours and how these are managed.
- Demonstrate awareness of local and national resources such as Trust guidelines and evidence-based medicine to support delivery of pharmaceutical care to patients.
- Describe how hospital pharmacy staff promote public health and raise awareness of healthy lifestyles.
- Demonstrate awareness of high-risk drugs (including total parenteral nutrition) as per safety alerts and the GPhC registration assessment framework.
- Demonstrate an understanding of the local clinical governance and risk structures, including how to report errors, incidents and poor practice within the organisation.

Hospital pharmacy specific resources and support

The list below signposts to resources you may find useful to prepare for your hospital pharmacy rotation.

Resources to support hospital pharmacy rotations	Source
MicroGuide for the hospital you are undertaking a hospital rotation: App may be downloaded from the Google Play store or the App Store	Hospital resources
Local formularies, hospital policies and clinical guidelines: discuss with your hospital rotation supervisor which of these may be helpful for you to have access to prior to the rotation e.g. anticoagulant guidance, pain management	Hospital resources
Orientation to hospital pharmacy	CPPE
Medicine Reconciliation e-learning (1.5 hours) and e-assessment	CPPE
NHS Discharge Medicines Service: improving outcomes for patients transferring care e-learning (2 hours) and e-assessment	CPPE
Assessments for on-call pharmacists	e-LfH
SCRIPT e-learning modules. You will need to register at www.safe.prescriber.org ensuring you select trainee pharmacist as your role.	SCRIPT
Medicines Learning Portal	Medicines Learning Portal
BMJ Best Practice	British Medical Journal
Biochemistry	CPPE

**Table 6: Suggested activities in hospital pharmacy mapped to assessment strategy activities and learning outcomes**See [Foundation Trainee Pharmacist Assessment Strategy](#) for further information.

Assessment strategy activity	Sector example(s)	Learning outcomes	Example assessment tools
Group A: Clinical and patient facing activities			
Medicines reconciliation	Medicines reconciliation including a Patients' Own Drug (POD) assessment and transcribing for supply.	3, 7, 14, 15, 17, 18, 39, 49	Mini-CEX, DOPs, Contribution to care log
Patient consultation: Medicines use	Undertake medication review consultations (with appropriate supervision).	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 16, 17, 18, 28, 29, 30, 33, 34, 35, 36, 37, 38, 41, 42	DOPS, Mini-CEX, MRCF
	Undertake a patient counselling event e.g. for newly initiated/ changed medication, discharge medication.	1, 2, 3, 4, 5, 6, 7, 8, 11, 13, 15, 16, 17, 18, 49	DOPS, Mini-CEX, MRCF
Patient consultation: diagnose, assess, recommend	Observe experienced healthcare staff undertaking physical assessments.		Reflective summaries
	Develop, undertake (with appropriate supervision) and be assessed undertaking physical assessments.	1, 3, 4, 5, 6, 7, 8, 9, 10, 14, 17, 34	DOPS, Mini-CEX, MRCF
	Undertake appropriate infection risk management processes before, during and after any patient contact.	15, 18, 19, 28, 44, 48,	DOPS
	Supported interpretation of medical history, physical, biochemical and other clinical assessments.	10, 12, 13, 14, 16, 18, 21, 26, 27, 28,	Contribution to care log



		30, 31, 34, 35, 46, 48	
	Observe and reflect on acute and chronic disease reviews conducted by a range of healthcare professionals.	4, 11, 13, 38, 53	Reflective summaries, contribution to care log
Medicines optimisation	Liaison with community pharmacy, GP practice, care home and other hospitals	3, 4, 10, 14, 15, 27, 39	DOPs, Contribution to care log
	Participate in multi-professional ward rounds with a member of the pharmacy team.	3, 4, 14, 15, 16, 17, 18, 46	Reflective summaries, contribution to care log
Responding to a medicine enquiry	Responding to medicines queries – patient and health care professionals	1, 2, 3, 4, 5, 6, 8, 9, 10, 11, 12, 14, 16, 17, 18, 21, 30, 31, 34, 35, 54	DOPs, Mini-CEX, Contribution to care log
Medicines safety activity	Participate in error reporting and be able to describe how reports are processed within the hospital as part of the wider risk management strategy, including internal and external medication errors.	48, 49, 50, 51	
	Identification and escalation or resolution of risk issues	3, 6, 15, 16, 17, 18, 19, 20, 31, 45, 47, 48, 49, 50, 51, 52	DOPs
	Action and respond to MHRA alerts	3, 4, 5, 12, 14, 19, 34, 40	DOPs, contribution to care log



Group B: Healthcare quality and improvement			
Service improvement	Completion of audit/QI project	47, 48, 49, 55	Completed project and reflection on activity
	Running reports and searches	14, 17, 18, 26, 31, 34, 35, 37, 39, 41, 43, 47, 48, 49, 55	Completed project and reflection on activity
	Be aware of the quality improvement projects or audits being carried out within the hospital pharmacy department, how these projects are prioritised, service improvement governance mechanisms, and how the results will be used to improve patient care.	47	Reflective summaries
	Undertake patient satisfaction survey	45, 47, 50, 53, 54, 55	Completed PSQs and reflection on activity
Teaching and mentoring	Prepare and deliver an educational session for the practice team	3, 4, 14, 45, 46, 51, 53, 54	Lesson plans, participant feedback, reflection on activity, peer assessment
Public health / health inequalities activity	Participate in public health campaigns	11, 33, 42, 46	Reflection on activity
	Identify specific opportunities to promote health and wellbeing to patients and discuss these with your supervisor	33	Reflection on activity



Group C: Supplying medicines activities			
Technical and legal prescription issues: Identify and resolve	Clinical and legal check of prescriptions	1, 2, 3, 4, 5, 6, 9, 12, 14, 15, 16, 17, 18, 20, 24, 25, 26, 27, 29, 30, 31, 32, 34, 35, 36, 38, 39, 46, 43, 48, 49, 50, 51, 52	Screening logs, Mini- CEX, contribution to care log
Dispensing prescriptions and preparing medicinal products	Dispense and check items under supervision, such as: <ul style="list-style-type: none">• discharge items• palliative care items• unlicensed items• specialist items e.g. paediatrics• medicine compliance aids• medicines for addiction• cancer treatment• clinical trials• high risk drugs (including total parenteral nutrition).	18, 25, 26, 27, 32	Competency logs, DOPS, reflective account
	Describe the benefits and limitations of robotic dispensing systems and the use of technology e.g. electronic prescribing systems and prescription tracking systems	24	Reflective account
	Fridge procedures and record keeping of temperature	18, 21, 25, 27	DOPS
Accuracy checking	Dispense and accuracy check medications	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 18, 25, 26	Competency logs



Group E: Personal development and progression			
PDP and LNA	Completion of reflective records of evidence	53	MRCF,
	Reflecting on performance and producing SMART objectives for further development	53	Completion of PDP and LNA within e-portfolio
	Managing own timetable	52	
	Engagement in GPhC progress reviews with DS	20, 51, 52, 53	Completion of evidence in e-portfolio and GPhC reviews
Multisource feedback	Undertakes multisource feedback	51, 53	Completion of MSF and PSQ within e-portfolio

Appendix 7 – Consent to involve NHS England in support and/or advice

The following support can be offered to pharmacy trainees on NHS England commissioned rotations:

- Signposting to support and guidance and ensuring all options have been explored
- Advice regarding action planning
- Advice regarding extensions or amendments to the training period, including requests for part time working or breaks in training

To request support from NHS England please complete the relevant survey link/email:

- East of England
- London
- Midlands
- North East & Yorkshire
- North West
- South East
- South West

On receipt of a request a member of the NHS England pharmacy team will contact the trainee and designated supervisor.

How do we process your personal data?

NHS England complies with its obligations under the GDPR by keeping personal data up to date; by storing and destroying it securely; by not collecting or retaining excessive amounts of data; by protecting personal data from loss, misuse, unauthorised access and disclosure and by ensuring that appropriate technical measures are in place to protect personal data.

The information that you supply to request support from NHS England will be collected electronically via Jisc Online Surveys. It will be stored safely in accordance with all the relevant information governance standards and NHS England policies and procedures. It will be kept for no longer than two years after the completion of training and will be securely deleted in accordance with our governance procedures.

We use your personal data for the following purposes:

- 1. To provide additional guidance and/or support to a trainee and/or the designated supervisor**
- 2. To inform NHS England finance teams of any change to the training period and/or breaks in training**

Transfer of Data Abroad

We will not transfer your data abroad. Please note, however, that AWS hold their information in the Republic of Ireland.

We may share information, where necessary, to assist in the administration of justice, for the purposes of seeking legal advice or exercising or defending legal rights or as otherwise required by the law.

Where the data is used for analysis and publication by a recipient or third party, any publication will be on an anonymous basis, and will not make it possible to identify any individual. This will mean that the data ceases to become personal data.

Your Rights

The GDPR provides the following rights for individuals:

1. The right to be informed
2. The right of access
3. The right to rectification
4. The right to erasure
5. The right to restrict processing
6. The right to data portability
7. The right to object
8. Rights in relation to automated decision making and profiling.

To exercise all relevant rights, or for queries or complaints please in the first instance contact your relevant regional team.

Our Legal Basis for Processing

You can obtain further information relating to NHS England's legal basis for processing by viewing our privacy notice at <https://www.england.nhs.uk/privacy-policy/>

Further processing

If we wish to use your personal data for a new purpose, not covered by this Data Protection Notice, then we will provide you with a new notice explaining this new use prior to commencing the processing and setting out the relevant purposes and processing conditions. Where and whenever necessary, we will seek your prior consent to the new processing.

If you wish to withdraw your consent at any point, please contact the relevant regional team:

	E-mail address
Northwest	england.WTEpharmacy.nw@nhs.net
Northeast, Yorkshire & Humber	england.wtepharmacy.ney@nhs.net
Midlands	england.WTEpharmacy.mids@nhs.net

East of England	england.WTEpharmacy.eoe@nhs.net
South West	england.WTEpharmacy.sw@nhs.net
London	england.wtepharmacy.london@nhs.net
South East	england.wtepharmacy.se@nhs.net

Appendix 8 – Obtaining an NHS Smart Card

To obtain a smart card the foundation trainee pharmacist will need to meet with a Local Smartcard Administrator (known as a sponsor) at either the practice or pharmacy or NHS Trust as soon as possible after starting, to show the required identity documents and have their photograph taken. The sponsor can then request a smartcard from the local registration authority. It is expected that most GP practices and many community pharmacies will have a member of staff that holds this role, but should trainees have difficulty in obtaining a smart card they should contact their local registration authority, a list of these is available at:

<https://digital.nhs.uk/services/registration-authorities-and-smartcards/primary-care-service-provider-contact-details>

The sponsor will then need to allocate the foundation trainee pharmacist a role and an organisation. The role should be agreed locally depending on the requirements of the practice and pharmacy, and the foundation trainee pharmacist may have different roles for each organisation or sector of practice. Suitable roles may include R8004 Healthcare Student Access Role or R8008 Admin/Clinical Support Access Role. Depending on local arrangements, sponsors may be able to add roles and organisations outside of their own organisation, for example a GP practice sponsor may be able to add a pharmacy organisation and appropriate role, however the trainee may need these to be added by each separate organisation. Some foundation trainee pharmacists may already have a smartcard; in these cases, the sponsor can add the new organisation and roles to the existing smartcard.

For information on the required identity documents, please see <https://www.NHSEnglandemployers.org/publications/identity-checks>

For further information on smart cards, please see <https://digital.nhs.uk/services/registration-authorities-and-smartcards> or contact your local registration authority.



Glossary

CPPE	Centre for Postgraduate Pharmacy Education, provider of educational solutions for the NHS pharmacy workforce across England to maximise its contribution to improving patient care.
Designated Supervisor	The designated supervisor is responsible for having oversight of the foundation trainee pharmacist's training and for signing off the trainee's competence at the end of foundation training. They should be a source of advice and guidance and will work with practice partners to support the trainee in meeting the learning outcomes in these standards.
Employing sector	This refers to the pharmacy sector which employs the trainee (either community pharmacy or hospital)
Foundation trainee pharmacist (FTP)	An individual who has completed an MPharm degree, or equivalent, and is undertaking their foundation training to become registered as a pharmacist.
GPhC	General Pharmaceutical Council, the independent regulator for pharmacists, pharmacy technicians and pharmacy premises in Great Britain.
Health Education England (HEE)	Health Education England. The organisation that merged into NHS England to form the Workforce, Training & Education (WT&E) directorate. HEE was an executive non-departmental public body of the Department of Health and Social Care . Its function is to provide national leadership and coordination for the education and training within the health and public health workforce within England. From 1 st April 2023 HEE merged with NHS England to form one organisation.
NHS England	NHS England is an executive non-departmental public body of the Department of Health and Social Care. It oversees the budget, planning, delivery and day to day operation of the commissioning side of the National Health Service in England. As of 1 April 2023 NHS England and HEE merged to form one organisation.
RPS	Royal Pharmaceutical Society, the professional membership body for pharmacists



Training Programme Facilitator (TPF), Training programme Director (TPD), Regional facilitator (RF)	Members of the NHS England Workforce, Training and Education team who support trainees and their supervisors as part of the Foundation Trainee Pharmacist Programme and pre-registration trainee pharmacy technician training.