

Foundation Trainee Pharmacist Programme: Practice-based Assessment Strategy

Version 1 May 2024



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Introduction

In July 2025, NHS England Workforce, Training and Education (WT&E) take on new responsibilities, delegated by the General Pharmaceutical Council (GPhC), for the quality management of all foundation training sites in England as the Statutory Education Body.

The GPhC's role is to set standards and quality assure the management of the Pharmacy Foundation Training Programme. This includes the [Standards for the initial education and training of pharmacists](#) which include the learning outcomes which Foundation Trainee Pharmacists (trainees) must demonstrate.

NHS England WT&E's role is to oversee the delivery of the Pharmacy Foundation Training Programme. This includes the design, management and monitoring of the programme. Included in our responsibilities is the development of 'a coherent practice-based assessment strategy which assesses the required skills, knowledge, understanding and professional behaviours to meet the learning outcomes'¹.

The NHS England Practice-based Assessment Strategy (the Strategy) is the primary mechanism to meet this standard. It is compulsory that all foundation training sites in England use the Strategy and associated E-Portfolio from the 2025/26 training programme onwards.

Background

The 2025/26 Foundation Trainee Pharmacist Programme, starting in July 2025, will be the first year that trainees can be assessed against the full 2021 GPhC learning outcomes, including independent prescribing. Those that graduate against the [2011 GPhC learning outcomes](#), and Overseas Pharmacists' Assessment Programme graduates will continue to be assessed against the interim learning outcomes. [Table 1](#) describes the regulatory

¹ General Pharmaceutical Council (2021) *Standards for the initial education and training of pharmacists*. Available at: <https://assets.pharmacyregulation.org/files/2024-01/Standards%20for%20the%20initial%20education%20and%20training%20of%20pharmacists%20January%202021%20final%20v1.4.pdf> (accessed 30/04/2024)

requirements for these two different groups of learners to complete the foundation training programme.

While the learning outcomes span the undergraduate and foundation training programmes, they are differentiated by the level of 'Miller's triangle' at which the learning outcome must be demonstrated. Trainees must demonstrate all of the GPhC learning outcomes at the required level during their foundation training programme.

'Miller's triangle' is a competence and assessment hierarchy (see [Appendix 1](#)). For Foundation Pharmacist Training, most GPhC learning outcomes must be demonstrated at the 'Does' level of Miller's Triangle – that is, demonstrated in everyday situations, repeatedly and reliably. Trainees must be exposed to an appropriate breadth of patients and people in a range of environments to achieve this. This experience should be progressive, increase in complexity and take account of best practice.

The Strategy provides a clear framework between the continual formative assessment of trainees in practice and the final summative assessment against the GPhC learning outcomes. The trainee's progress is assessed using a range of defined and validated assessment methodologies, supporting professional and triangulated judgements about the trainee's progression.

The Foundation Trainee Pharmacist Programme: Practice-based Assessment Strategy is for all Foundation Trainee Pharmacist Training Sites in England. It contains a framework of activities which trainees must complete using a range of evidence tools. Through completion of the activities, the trainee will generate evidence against the GPhC learning outcomes, and document this within the E-Portfolio. The Designated Supervisor (DS) is then required to determine whether each GPhC learning outcome is satisfactorily demonstrated through the provided evidence, leading to the subsequent sign-off of the trainee.

The Strategy provides assurance that all trainees are being assessed through a consistent approach across all sectors of practice in England, in accordance with the requirements of the GPhC.

Table 1. Regulatory requirements for learner groups to complete the Foundation Trainee Pharmacist Programme

Learner Group	Students who started their MPharm in 2021 or later	MPharm students who graduated against the 2011 standards and Overseas Pharmacist Assessment Programme graduates
Foundation Training Learning Outcomes	<u>Full GPhC learning outcomes</u>	<u>Interim GPhC learning outcomes</u>
Foundation Trainee Pharmacist Programme requirements	<ul style="list-style-type: none"> • Completion of 52 weeks of foundation training (or equivalent if part-time). • Formal 'sign off' against all the GPhC learning outcomes by the Designated Supervisor (DS) by the end of training. • Satisfactory completion of at least 90 hours of supervised practice directly related to independent prescribing supervised by a Designated Prescribing Practitioner (DPP). 	<ul style="list-style-type: none"> • Completion of 52 weeks of foundation training (or equivalent if part-time). • Formal 'sign off' against all the GPhC learning outcomes by the Designated Supervisor (DS) by the end of training.
GPhC registration assessment requirements	<ul style="list-style-type: none"> • Passing the GPhC registration assessment. 	<ul style="list-style-type: none"> • Passing the GPhC registration assessment.

1. The Strategy

The Foundation Trainee Pharmacist Programme provides trainees the context in which to develop and demonstrate the skills, knowledge and behaviours needed to practise to the standards expected of a pharmacist, and in a way that delivers the best outcomes for patients and members of the public.

The Strategy consists of a range of practice-based activities (including prescribing) to be demonstrated by the trainee to be recorded in the E-Portfolio. These activities allow supervisors to measure performance at the 'Does' level of Miller's Triangle (see [Appendix 1](#)), and as a whole are designed to provide evidence against all of the GPhC learning outcomes.

The Strategy supports:

- Trainees to understand how they will collect evidence by completing the activities which demonstrate the GPhC learning outcomes.
- Designated Supervisors (DSs) and Designated Prescribing Practitioners (DPPs) to understand how their trainees will demonstrate the GPhC learning outcomes in a structured and consistent manner.
- Educational leads to develop their local training plans and any training programme that is provided/used by the training site.

This document provides an overview of the activities and tools that trainees must use to develop and provide evidence against the GPhC learning outcomes.

Irrespective of the type of programme, all training sites in England must use the NHS England Practice-based Assessment Strategy for all foundation trainee pharmacists.

1.1 Overview

The Strategy is made up of a total of 20 activities which all trainees must complete and an additional 8 prescribing activities for those trainees on the full GPhC learning outcomes.

These fall under the following groupings:

- Professional Development Activities
 - Includes activities such as personal development (e.g. learning needs analysis, progress reviews, final sign-off), supplying medicines, education and research and mandatory and specific development activities.
- Observed Clinical Activities
 - Includes activities such as patient consultations, medicines optimisation as well as a specific group of activities relating to independent prescribing², which must be completed under the supervision of the DPP.
- Supplementary Evidence
 - Supports the recording of any evidence that is additional to the above.

These activities must be recorded in the E-portfolio using an evidence tool.

The Strategy is designed so that a trainee completing all of the activities generates multiple pieces of evidence against each GPhC learning outcome, at the appropriate level of Miller's triangle. It:

- Supports trainees to achieve the GPhC learning outcomes in a structured way by completing a range of defined activities using evidence tools.
- Supports DSs and DPPs to identify activities that support demonstration of the GPhC learning outcomes.

1.1.1 Mandatory Requirements

NHS England is required by the GPhC to implement a consistent assessment strategy as part of the management of the Foundation Trainee Pharmacist Programme.

All training sites must use the Strategy, and there are key mandatory requirements that must be completed as part of this.

It is **mandatory** that trainees must complete:

² For trainees that have graduated from an MPharm against the 2021 Learning Outcomes.

- All of the Professional Development Activities
- All of the Observed Clinical Activities, including the prescribing activities². Each Observed Clinical Activity must be recorded using a permitted supervised learning event tool, demonstrated to a standard that aligns to safe and effective professional practice.

More details on the mandatory requirements are given in [section 1.5](#).

1.1.2 Supporting Documents

On the NHS England Foundation Trainee Pharmacist webpage, there are two supporting documents to this Strategy. Firstly, a Practice-based Assessment Strategy Indicative Mapping showing visually how the activities and GPhC learning outcomes map to one another. Secondly, the Foundation Trainee Pharmacist Assessment Activities and Tools Guide which describe the activities and tools and give more detail on their use in practice.

1.1.3 Reasonable Adjustments

In some cases, reasonable adjustments to training programmes will need to be made. Where it has been considered appropriate to make reasonable adjustments to support trainees with disabilities or conditions, adjustments should also be made to the assessment process. Assessments in practice enable trainees to demonstrate their knowledge, skills and behaviours. The way that they demonstrate this can be adjusted, but not the level at which the learning outcome is demonstrated.

This is most likely to apply to trainees with physical disabilities who may be unable to complete certain practical skills. For example, the life support manoeuvres or common 'physical assessment' procedures. However, it may also apply to trainees with learning difficulties or differences.

It is outside the scope of this document to identify specific adjustments that may be required. When considering adjustments to evidence it must be remembered that each trainee must satisfactorily demonstrate the GPhC learning outcomes. It should be noted that NHS England cannot alter the GPhC learning outcomes that apply to training, as these are set by the GPhC. Whilst adjustments to an individual's training plan could potentially be explored, NHS England cannot disapply or alter the GPhC learning outcomes that a training plan is designed to facilitate the achievement of. There is the provision within the programme to



grant extensions to training for those unable to complete in the usual timescale due to health problems.

For further information, please refer to the NHS England Pharmacy Trainee Support Guide.

1.2 Professional Development Activities

There are 14 Professional Development Activities that all trainees must complete. They include personal development (e.g. learning needs analysis, progress reviews, final sign-off), supplying medicines, education and research and mandatory and specific development activities. For those trainees on the full GPhC learning outcomes including prescribing, there are an additional 3 prescribing personal development activities that must be completed. Completing these activities allows trainees to produce evidence towards demonstration of the GPhC learning outcomes and complete mandatory requirements of the training programme.

The Professional Development Activities are grouped to allow easy identification of similar types of activity. These can be seen in [table 2](#).

The Professional Development Activities must be documented within the E-Portfolio using specific evidence tools, as described in [Section 1.2.1](#).

Table 2. Professional Development Activity themed groups

Group
Personal Development
Supplying Medicines
Education and Research
Mandatory and Specific Development

The Professional Development Activities are described in [table 3](#). More details to support completion of these activities are provided in the Foundation Trainee Pharmacist Assessment Activities and Tools Guide.

Table 3. Professional Development Activities

Group	Activity	Description
Personal Development	1. Learning Agreement	Complete a learning agreement in collaboration with the designated supervisor(s).
	2. Learning Needs Analysis and Personal Development Plan	Complete an assessment of learning needs against the Strategy activities to review perceived level of learning or competence and create a development plan from this.
	3. Feedback	Gain feedback about professional behaviours from colleagues or service users.
	4. Progress Reviews	Undertake progress reviews at week 13, 26 and 39 (or equivalent for those completing training less than full time) with the designated supervisor(s).
	5. Designated Supervisor Final Sign off and Declaration	Completion of the final sign off and declaration by the designated supervisor(s).
Personal Development (Prescribing) ²	6. Prescribing Learning Agreement	Complete a prescribing learning agreement in collaboration with the designated prescribing practitioner.
	7. Prescribing Learning Needs Analysis and Personal Development Plan	Complete an assessment of prescribing learning needs against the Strategy activities (specifically prescribing activities) to review perceived level of learning or competence and create a development plan from this.
	8. Final Prescribing Development Review	Completion of the final prescribing development review and confirmation of satisfactory completion of the prescribing activities by the designated prescribing practitioner.
	9. Technical and Legal Prescription Issues	Undertake the legal and technical assessment of prescription or inpatient medicines record or other medicines order form that contains an issue. Use

Group	Activity	Description
Supplying Medicines		professional judgement to support the generation of a recommendation to resolve the issue which may involve interaction with another healthcare professional.
	10. Preparing and Supplying Medicinal Products	Prepare medicines and devices for their supply against a prescription/inpatient medicines record/other medicines order form, considering the quality, safety, and risks. This includes dispensing, final accuracy checking and supply processes.
Education and Research	11. Teaching and Mentoring	Support the learning and development of others within the team.
	12. Research, Audit and Quality Improvement	Participate in a project and/or activity that supports research, audit or quality improvement which improves care or services.
Mandatory and Specific Development	13. First Aid/Basic Life Support	Complete a reflective account following completion of training on first aid and basic life support. <i>N.B. This training will be provided for all trainees as part of the NHS England Foundation Trainee Pharmacist Programme Course Provision.</i>
	14. Safeguarding Children and Vulnerable Adults	Complete a reflective account following completion of mandatory training in relation to the safeguarding of children and vulnerable adults.
	15. Health and Safety	Complete a reflective account following completion mandatory training on Health and Safety.
	16. Digital Systems Used in Employing Organisation	Complete a reflective account following completion of a local training module as required for the use of digital healthcare systems in the training setting(s).
	17. Development and Application of Advanced Therapies	Complete a reflective account following completion of an appropriate training module covering the development and application of advanced therapies. <i>N.B. Learning materials to support this activity are available via the NHS England online learning materials.</i>

1.2.1 Recording Professional Development Activities

Professional Development Activities must be recorded in the E-Portfolio using the evidence tools provided within the platform.

The different evidence tools available are:

- Continuing professional development (CPD)
- Contribution to care log (CCL)
- Final prescribing development review
- Final sign off and declaration
- Learning agreement
- Learning needs analysis (LNA)
- Multi-source Feedback (MSF)
- Patient Satisfaction Questionnaire (PSQ)
- Progress review
- Reflective account (RA)

Some activities must be completed and recorded within set time scales; others may be completed flexibly within the foundation training period according to the training plan for the individual trainee. Please see [table 4](#) for details of which evidence tool(s) can be used for an activity and the timescale for completion.

The Professional Development Activities also provide evidence against specific GPhC learning outcomes. Please refer to the Practice-based Assessment Strategy Indicative Mapping for more details.

Table 4. Professional Development Activities and approved evidence tools and timescales

Professional Development Activities	Evidence tool(s)	Timescale for completion
1. Learning Agreement	Learning agreement	During the first 2 weeks of training
2. Learning Needs Analysis and Personal Development Plan	LNA/PDP	During the first 2 weeks of training
3. Feedback	MSF or PSQ	One MSF or PSQ must be completed during training
4. Progress Reviews	Progress review form	Week 13, 26 and 39 (or equivalent)
5. Designated Supervisor Final Sign off and Declaration	Final sign off form	From week 49 of training
6. Prescribing Learning Agreement	Learning agreement	At the start of prescribing practice time
7. Prescribing Learning Needs Analysis and Personal Development Plan	LNA/PDP	At the start of prescribing practice time
8. Final Prescribing Development Review	Prescribing development review form	At the end of prescribing practice time
9. Technical and Legal Prescription Issues	RA, CCL, CPD	Throughout training
10. Preparing Medicinal Products	RA, CCL, CPD	Throughout training
11. Teaching and Mentoring	RA	Throughout training
12. Research, Audit and Quality Improvement	RA	Throughout training
13. First Aid/Basic Life Support	RA with certificate of completion uploaded	During the first 13 weeks of training
14. Safeguarding Children and Vulnerable Adults	RA with certificate of completion uploaded	During the first 13 weeks of training

Professional Development Activities	Evidence tool(s)	Timescale for completion
15. Health and Safety	RA with certificate of completion uploaded	During the first 13 weeks of training
16. Digital Systems Used in Employing Organisation	RA with certificate of completion uploaded	During the first 13 weeks of training
17. Development and Application of Advanced Therapies	RA with certificate of completion uploaded	At an appropriate point during training

1.3 Observed Clinical Activities

There are 6 Observed Clinical Activities that must be completed by all trainees. For those trainees on the full learning outcomes including prescribing, there are an additional 5 prescribing activities that must be completed, under the supervision of the DPP. The activities are common clinical tasks that trainees are required to undertake as part of their training regardless of the sector they are working in. Completing these activities will support trainees to produce evidence towards demonstration of the GPhC learning outcomes.

The Observed Clinical Activities must be documented within the E-Portfolio using specific evidence tools, as described in [Section 1.3.1](#).

The Observed Clinical Activities are grouped to allow easy identification of different types of professional activity. The four themed groups can be seen in [table 5](#).

Table 5. Observed Clinical Activity themed groups

Group
Clinical and Patient Facing
Prescribing ²

Observed Clinical Activities allow trainees to use their day-to-day practice to provide evidence of their learning and reflection based on real events. They support and drive a trainee's learning by providing an opportunity for feedback to identify their strengths and potential development needs which can feed into Activity 2: Learning Needs Analysis and Personal Development Plan.

Performance is case specific, and each individual event is only a snapshot representation of a trainee's competence. Trainees develop their capabilities at different rates depending on their past experiences, knowledge, skills, and attitudes. Activities must be repeated regularly, over time, and in a variety of cases, planned between the trainee and the supervisor. Doing this provides a longitudinal picture of trainee progression.

Since most GPhC learning outcomes are assessed at the 'Does' level of Miller's triangle, a trainee must be directly involved in the provision of care or services in these activities, and not just reviewing care and commenting on or critiquing it theoretically. Where it is suggested that a trainee could complete an activity that would normally be conducted by a registered pharmacist or healthcare professional, the DS/DPP needs to ensure there is appropriate

consent and supervision (e.g., direct observation/supervision) in place, so that patient safety and appropriate professional responsibility and accountability for the service provision are maintained.

Trainee performance must align to safe and effective professional practice. Indicators of potential underperformance in an Observed Clinical Activity are defined alongside this Strategy. This is so that NHS England WT&E, trainees, supervisors and employers are clear as to what is acceptable progress in training. This enables support to be put in place in a reasonable timeframe.

The Observed Clinical Activities are described in detail in [table 6](#). More details including examples of each in different sectors of practice are given in the Foundation Trainee Pharmacist Assessment Activities and Tools Guide.

Table 6. Observed Clinical Activities

Group	Activity	Description
Clinical and Patient Facing	18. Medicines Reconciliation	Undertake medicines reconciliation for patients when they move from one sector of healthcare to another.
	19. Patient Consultation	Conduct consultations with a patient using a recognised consultation technique. This may be on how to use a medicine or device that has been prescribed or assessing a patient presenting with a condition or symptoms and making a decision or recommendation using clinical reasoning.
	20. Medicines Optimisation	Undertake clinical assessments of a prescription or medicines. Where a clinical issue(s) is identified a recommendation to optimise medicines is generated and made to a prescriber to resolve the issue. This may include recommending changes to one or more medicines.
	21. Public Health Intervention	Conduct public health interventions. This may include but is not limited to; smoking cessation, weight loss, infection prevention and control, use of antimicrobials or vaccinations, or participation in a public health/health inequalities activity (e.g., a health campaign or health promotion event).
	22. Medicines Safety	Complete activities related to medicines safety. This may be related to a specific patient (e.g., completion of a Yellow Card report) or a broader activity relating to a patient safety alert or actioning a product recall.
	23. Responding to a Medicines Query	Receive and respond effectively to medicines-related enquiries including those relating to advanced therapeutic medicinal products and precision medicines. Enquiries may come from a healthcare professional or the patient/carer etc.

Group	Activity	Description
Prescribing	24. History Taking	<p>Take and document an appropriate medical, psychosocial and medication history including allergies and intolerances.</p> <p>This activity does not have to be completed in the nominated prescribing area as long as it does not progress to decision making and prescribing³.</p>
	25. Physical and Clinical Examination Skills	<p>Perform and document appropriate physical and clinical examinations to decide the most appropriate course of action for the person. Follows local policies and has undertaken the appropriate training to undertake the role.</p> <p>This activity does not have to be completed in the nominated prescribing area as long as it does not progress to decision making and prescribing³.</p>
	26. Prescribing Consultation	<p>Undertake prescribing consultations that incorporate:</p> <ol style="list-style-type: none"> 1. Assessing the patient 2. Identifying evidence-based treatment options available for clinical decision making 3. Presenting options and reaching a shared decision 4. Enacting a prescribing decision (which can include modification or deprescribing) 5. Providing information and safety netting 6. Recording, monitoring and reviewing

Group	Activity	Description
		This activity must be completed within the nominated prescribing area³.
	27. Prescription Writing	Safely prescribe (or deprescribe) medicines for patients whilst considering: <ul style="list-style-type: none"> • Application of relevant legislation and ethical decision-making related to prescribing • Use of relevant systems and frameworks for medicines use • Clinical governance • Using tools and techniques to avoid medication errors associated with prescribing
	28. Log of 90 Hours	This activity must be completed within the nominated prescribing area³. <p>Accurately document learning hours attributable to development as a prescriber in practice. This log of hours should include all of the hours spent completing the other Prescribing Activities above, and any other learning activities that are planned/agreed between the DPP and trainee.</p>

³ For more information on the nominated prescribing area, please see the [Prescribing Supervision and Assessment in the Foundation Trainee Pharmacist Programme from 2025/26](#)

1.3.1 Recording Observed Clinical Activities

Observed Clinical Activities are documented using evidence tools which provide a standardised structure for recording the activity. The different types of evidence tools available to record an Observed Clinical Activity are:

- Continuing professional development (CPD)
- Contribution to care logs (CCL)
- Reflective account (RA)
- Supervised Learning Events
 - Mini-clinical evaluation exercise (Mini-CEX)
 - Direct observation of practical skills (DOPS)
 - Case based discussion (CBD)
 - Medicines related consultation framework (MRCF)

The Strategy requires a sufficient amount of direct observation of the trainee by the supervisor(s). **Therefore, each Observed Clinical Activity (except Activity 28: Log of 90 hours) must be assessed a minimum of three times using a Supervised Learning Event (SLE), to assure the supervisor that the trainee can demonstrate satisfactory performance, repeatedly and reliably, which aligns with safe and effective practice.**

Alongside this, trainees should retrospectively record a minimum of one of each of the Observed Clinical Activities using the other evidence tools such as continuing professional development, contribution to care logs, and reflective accounts. This will support the supervisor to ensure the trainee is developing repeatedly and reliably.

Three of the SLEs (Mini-CEX, DOPS and MRCF) include direct observation of the trainee's performance by a supervisor. CBDs require indirect observation of the activity as a structured retrospective discussion of a clinical case. It is a requirement that a SLE involving direct observation of the trainee is used for some of the Observed Clinical Activities. Permitted SLEs for use with an Observed Clinical Activity are shown in [table 7](#). An accessible version of this table can be found in [appendix 2](#).

A good portfolio of evidence will include examples of multiple different SLEs, observed by a variety of supervisors. Each SLE includes a rating scale that the supervisor uses to determine the overall level of performance of the trainee. Where the trainee does not demonstrate satisfactory performance that aligns to safe and effective professional practice,

the trainee must be required to repeat the activity (at an appropriate time agreed between the trainee and the supervisor) within an SLE until this is demonstrated. It should be noted that even if a trainee does not demonstrate overall satisfactory performance within an SLE, this can still be used to contribute evidence towards GPhC learning outcomes within the E-Portfolio.

All Observed Clinical Activities must be recorded within the trainee's E-Portfolio using the inbuilt evidence tool functionality. Paper copies of each of the tool forms are available on [our webpage](#) which can be uploaded to the trainee's E-Portfolio. All tools on the E-Portfolio can be countersigned by additional supervisors.

Table 7. Observed Clinical Activities and Permitted Supervised Learning Events

Observed Clinical Activities	Supervised Learning Events			
	Mini-CEX	DOPS	CBD	MRCF
18. Medicines Reconciliation	✓	✓		
19. Patient Consultation	✓			✓
20. Medicines Optimisation	✓		✓	
21. Public Health Intervention		✓	✓	
22. Medicines Safety		✓	✓	
23. Responding to a Medicines Query		✓	✓	
24. History Taking	✓	✓		
25. Physical and Clinical Examination Skills		✓		
26. Prescribing Consultation	✓			✓
27. Prescription Writing		✓	✓	
28. Log of 90 Hours	The log must include SLEs from activities 24, 25, 26 and 27.			

1.4 Supplementary Evidence

The supplementary evidence category should be used to support the recording of any evidence additional to the activities listed within the Strategy.

This can be uploaded to the E-Portfolio using the reflective account evidence tool. This allows mapping of the evidence to the GPhC learning outcomes and local tools and forms can be uploaded as attachments.

1.5 Mandatory Requirements

NHS England is required by the GPhC to implement a consistent assessment strategy as part of the management of the Foundation Trainee Pharmacist Programme.

All training sites must use the Strategy and E-portfolio, and there are key mandatory requirements that must be completed as part of this. A checklist of the mandatory requirements for those on the full learning outcomes and interim learning outcomes can be found in [Appendix 3](#).

Below are the detailed requirements for each grouping that trainees must complete during their training programme.

1.5.1 Professional Development Activities

Over the course of the training programme, trainees must complete:

- A minimum of one of each of the Professional Development Activities using the specified evidence tool(s) in [table 4](#).
 - Where more than one evidence tool can be used for an activity, a trainee may choose which evidence tools is most appropriate.

1.5.2 Observed Clinical Activities

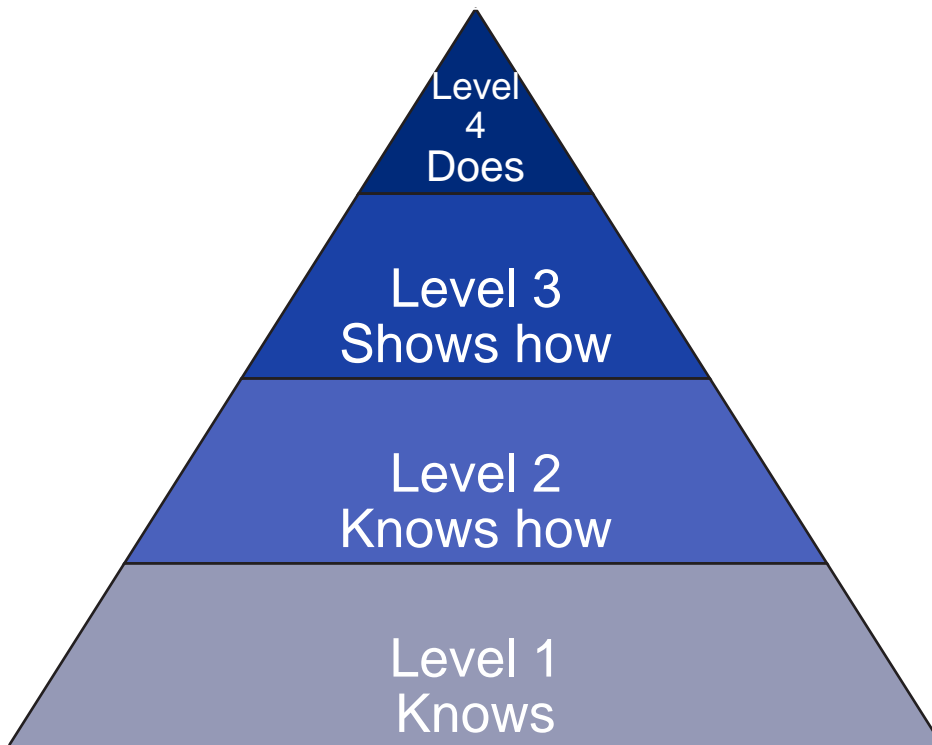
Over the course of the training programme, trainees must complete:

- A minimum of three of each of the Observed Clinical Activities (except for Activity 28: Log of 90 hours) using a permitted Supervised Learning Event (SLE) as per [table 7](#).
 - The trainee must demonstrate satisfactory performance that aligns with safe and effective professional practice.
- A minimum of one of each of the Observed Clinical Activities using one of the following evidence tools
 - Continuing Professional Development
 - Contribution to Care Log
 - Reflective Account

1.5.3 Supplementary Evidence

Over the course of the training programme, it is not mandatory for trainees to complete any supplementary evidence.

Appendix 1: Miller's Triangle



Level 4 – Does	Can act independently and consistently in a complex but defined situation. Evidence for this level is provided when a trainee pharmacist demonstrates the learning outcomes in a complex, familiar, or everyday situation repeatedly and reliably. Assessments may require observed structured clinical examinations (OSCEs) or other observed assessments.
Level 3 – Shows how	Can demonstrate that they can perform in a simulated environment or in real life. Assessments may include objective structured clinical examination (OSCEs) and other observed assessments; simulated patient assessments; designing, carrying out and reporting an experiment; dispensing tests and taking a patient history.
Level 2 – Knows how	Knows how to use knowledge and skills. Assessments may include essays, oral examinations, multiple-choice question examinations (MCQs) and laboratory books.
Level 1 – Knows	Has knowledge that may be applied in the future to demonstrate competence. Assessments may include essays, oral examinations, and multiple-choice question examinations (MCQs).

Appendix 2: Observed Clinical Activities and Permitted Supervised Learning Events – Accessible Version

Observed Clinical Activities	Permitted Supervised Learning Events (Mini-CEX, DOPS, CBD, MRCF)
29. Medicines Reconciliation	Mini-CEX, DOPS
30. Patient Consultation	Mini-CEX, MRCF
31. Medicines Optimisation	Mini-CEX, CBD
32. Public Health Intervention	DOPS, CBD
33. Medicines Safety	DOPS, CBD
34. Responding to a Medicines Query	DOPS, CBD
35. History Taking	Mini-CEX, DOPS
36. Physical and Clinical Examination Skills	DOPS
37. Prescribing Consultation	Mini-CEX, MRCF
38. Prescription Writing	DOPS, CBD
39. Log of 90 Hours	The log must include SLEs from activities 24, 25, 26 and 27.

Appendix 3: Mandatory Requirements Checklist: Full Learning Outcomes vs. Interim Learning Outcomes

Activity	Mandatory requirement	
	Full learning outcomes	Interim learning outcomes
Professional Development Activities		
1. Learning Agreement	Yes	Yes
2. Learning Needs Analysis	Yes	Yes
3. Feedback	Yes	Yes
4. Progress Reviews	Yes	Yes
5. Designated Supervisor Final Sign Off and Declaration	Yes	Yes
6. Prescribing Learning Agreement	Yes	Does not need to be completed
7. Prescribing Learning Needs Analysis	Yes	Does not need to be completed
8. Final Prescribing Development Review	Yes	Does not need to be completed
9. Technical and Legal Prescription Issues	Yes	Yes
10. Preparing Medicinal Products	Yes	Yes
11. Teaching and Mentoring	Yes	Yes
12. Research, Audit and Quality Improvement	Yes	Yes
13. First aid/basic life support	Yes	Yes
14. Safeguarding children and vulnerable adults	Yes	Yes
15. Health and safety	Yes	Yes
16. Digital healthcare systems used in employing organisation	Yes	Yes
17. Development and application of advanced therapies	Yes	Yes
Observed Clinical Activities		
18. Medicines Reconciliation	Yes	Yes

19. Patient Consultation	Yes	Yes
20. Medicines Optimisation	Yes	Yes
21. Public Health Intervention	Yes	Yes
22. Medicines Safety	Yes	Yes
23. Medicines Information	Yes	Yes
24. History Taking	Yes	Does not need to be completed
25. Physical and Clinical Examination Skills	Yes	Does not need to be completed
26. Prescribing Consultation	Yes	Does not need to be completed
27. Prescription Writing	Yes	Does not need to be completed
28. Log of 90 Hours	Yes	Does not need to be completed

Version history

This Foundation Trainee Pharmacist Programme: Practice-based Assessment Strategy supersedes the Strategy published in June 2021.

Please contact england.trainee pharmacist@nhs.net with any editorial suggestions.

Version	Date	Purpose / change
1	May 2024	Full revision of 2021 Strategy ahead of 2025/26 including: <ul style="list-style-type: none">• Update to terminology• Inclusion of Prescribing Assessment Activities

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