

# Foundation Trainee Pharmacist Practice- based Assessment Strategy: Assessment Activities and Tools Guide

Version 1, May 2024



---

## Contents

---

# Foundation Trainee Pharmacist Assessment Activities and Tools Guide 1

---

<b>1. Introduction</b>	<b>4</b>
1.1. Background	4
1.2. The NHS England Foundation Training E-portfolio	6
<b>2. Supervision in the Foundation Trainee Pharmacist Programme</b>	<b>7</b>
2.1. The Designated Supervisor	8
2.2. The Designated Prescribing Practitioner	10
2.3. Practice Supervisors	11
2.4. Ensuring the Safety of Patients and the Public	11
2.5. Raising Concerns	11
2.6. Communication	12
<b>3. The Activities</b>	<b>13</b>
3.1. Overview	13
3.2. Mandatory requirements	14
3.3. Professional Development Activities	16
3.4. Observed Clinical Activities	24
<b>4. Evidence Tools</b>	<b>32</b>
4.1. Recording Professional Development Activities	33
4.2. Recording Observed Clinical Activities	34
4.3. Continuing Professional Development (CPD)	35
4.4. Contribution to Care Log (CCL)	36
4.5. Final Prescribing Development Review	38
4.6. Final Sign Off and Declaration	39
4.7. Learning Agreement	40
4.8. Learning Needs Analysis and Personal Development Plan (LNA/PDP)	41
4.9. Multi-source Feedback (MSF)	42
4.10. Patient Satisfaction Questionnaire (PSQ)	43
4.11. Progress Review Form	44
4.12. Reflective Account (RA)	45
4.13. Supervised Learning Events	46



---

<b>5. Building, reviewing and signing off a portfolio of evidence</b>	<b>54</b>
5.1. Planning the learning journey	54
5.2. Building the portfolio of evidence	55
5.3. Prescribing learning, assessment and sign off	57
5.4. Reviewing trainee progress	60
5.5. Signing off a portfolio of evidence	62
<b>Appendix 1: Miller’s Triangle</b>	<b>65</b>
<b>Appendix 2: Designated Supervisor Person Specification</b>	<b>66</b>
<b>Appendix 3: Designated Prescribing Practitioner Person Specification</b>	<b>68</b>
<b>Appendix 4: Approved evidence tools and requirements for activities</b>	<b>70</b>
<b>Version History</b>	<b>73</b>

# 1. Introduction

This guide is a companion piece to the Foundation Trainee Pharmacist Practice-based Assessment Strategy (the Strategy).

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 activities (divided into the 'Professional Development Activities' and the 'Observed Clinical Activities') are designed to provide a range of evidence that supports demonstration of all the GPhC learning outcomes.

The Assessment Activities and Tools Guide is designed to support trainees, designated supervisors (DSs) and/or designated prescribing practitioner (DPP) to understand:


- The role of supervisors and supervision requirements within the foundation trainee pharmacist programme
- The activities and evidence tools a trainee is expected to undertake during their foundation programme
- The process of building, reviewing and signing off a portfolio of evidence
- How the activities of the assessment strategy as a whole are designed to provide evidence against all of the GPhC learning outcomes

This document should be used alongside the NHS England Practice-based Assessment Strategy Learning Outcome Indicative Mapping document. For more information about the Foundation Trainee Pharmacist Programme, please refer to our website.

**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.**

## 1.1. 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.

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.

For most learning outcomes, trainee pharmacists are required to demonstrate most of the learning outcomes at the 'Does' level of Miller's triangle. This means they must be demonstrating an outcome 'repeatedly and reliably'. The range of assessment activities are designed as an entity to provide multiple pieces of evidence against each learning outcome. The DS should use their professional judgement to decide when each learning outcome has been met.

Satisfactorily demonstrating a learning outcome once is unlikely to prove competence. It must be demonstrated consistently, in a variety of circumstances, to the standard expected of a newly registered pharmacist. This is the reason why several assessment activities demonstrate evidence for the same learning outcomes - the range of assessment activities are designed as an entity to provide multiple pieces of evidence against each learning outcome. DSs are expected to use their professional judgement in making decisions as to when a learning outcome has been met.

**Please note:** 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/services in these activities, and not just reviewing a patient/service users' care and commenting on/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 supervision (e.g., direct observation/supervision) in place, so that patient safety and appropriate professional responsibility and accountability for the service provision are maintained.

## 1.2. The NHS England Foundation Training E-Portfolio

It is important that both the trainee and their DS and/or DPP become familiar with the NHS England Foundation Training E-Portfolio. The E-Portfolio provides a mechanism for recording learning using the assessment strategy, reflective practice, action planning and mapping to the GPhC learning outcomes.

Information on how to register, access and use the E-Portfolio is available on our website.

To assist in building evidence in the E-Portfolio and to provide an overview of the types of tools to use and when, an example E-Portfolio evidence timeline is provided alongside the Strategy.



---

## 2. Supervision in the Foundation Trainee Pharmacist Programme

The GPhC require that trainees must be supervised by a designated supervisor and a designated prescribing practitioner where appropriate during their training programme to help them meet the GPhC learning outcomes. NHS England requires that designated supervisors and/or DPPs meet the relevant person specification to ensure that they have the required knowledge, skills and experience to fulfil the role.

Trainees can also be supervised by a range of healthcare professionals other than their designated supervisor and designated prescribing practitioner in a variety of settings. These are known as practice supervisors.

Effective supervision is required to ensure the safety of patients and the public, support the quality of the learning environment, and assure a consistent approach to assessment.

The NHS England Practice-based Assessment Strategy provides the framework that supervisors must work within to assess the trainee during the foundation programme. It includes:

- The process of planning learning, reviewing progress and sign-off for the trainee
- What to do if a trainee is not progressing as expected
- How supervisors will communicate with each other in relation to the trainee



---

## 2.1. The Designated Supervisor

The GPhC describes the role of the designated supervisor (DS) within the 2021 Standards for the Initial Education and Training of Pharmacists as follows:

“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.”

Trainee pharmacists must have a DS for any training location where they will spend 13 weeks or more. The DS must be a pharmacist and meet the NHS England Designated Supervisor Requirements for the 2025/26 Foundation Training Programme. As part of these requirements, Designated Supervisors must meet the NHS England Person Specification which can be found in Appendix 2.

The DS’s role is to:

- Support the trainee to get the best from their training.
- Supervise the trainee’s practice and provide feedback.
- Provide support and guidance to other staff who are supervising the trainee pharmacist.
- Provide regular feedback based on observation and review of submitted evidence.
- Complete formal progress reviews at weeks 13, 26, 39.
- Final sign off of the foundation trainee pharmacist against the learning outcomes, including evidence from the Prescribing Activities supervised by the DPP.
- Final sign off and declaration at end of training to declare if the trainee pharmacist is competent, based on the evidence gathered throughout training, to join the register as a pharmacist.

It is important for successful training for the DS and trainee pharmacist to develop a good relationship from the start. The DS must meet with the trainee at the start of the training programme to understand their learning needs and develop a shared action plan. The DS must have regular developmental and documented meetings with their trainee during their training. We recommend a weekly or fortnightly meeting to reflect on progress and review





---

objectives. These meetings must be documented, with key actions recorded, within the E-portfolio.



---

## 2.2. The Designated Prescribing Practitioner

The GPhC describes the role of the designated prescribing practitioner (DPP) within the 2021 Standards for the Initial Education and Training of Pharmacists as follows:

“A healthcare professional with an annotation or automatic right to prescribe – for example a medical practitioner, pharmacist, nurse, physiotherapist or paramedic – who will mentor and supervise the pharmacist during the foundation training year. The designated prescribing practitioner will provide a formal confirmation once they are satisfied of the trainee’s competence in prescribing.”

Trainee pharmacists must have a DPP, who, is responsible for overseeing the Prescribing Assessment Activities and assessing whether the trainee pharmacist has demonstrated these satisfactorily. The DPP must meet the person specification outlined in Appendix 3.

Successful completion of the Prescribing Activities includes confirmation that the trainee pharmacist has demonstrated competence to undertake prescribing activities aligned to the scope of practice of a newly qualified novice prescriber. It is expected that the Trainee understands the limits of their competence and the need for continuous professional development (CPD) to broaden their scope and enhance their prescribing capabilities post-registration.

The DPP has several roles:

- Determining whether the Prescribing Activities have been satisfactorily completed.
- Determining that at least 90 hours of learning focussed on prescribing capabilities have been completed.
- Regularly updating the DS on the trainee’s progress
- Escalating any concerns regarding the trainee’s progression in practice in relation to prescribing to the DS as soon as issues arise.
- Confirming that all elements of prescribing assessment are completed, and the trainee pharmacist is therefore suitable for registration as a prescriber.



---

### 2.3. Practice Supervisors

At times, the DS or DPP may choose to delegate the supervision of the trainee pharmacist to another suitably experienced person, called a “practice supervisor”.

The practice supervisor must ensure that trainees only carry out tasks at which they are competent, or are learning under supervision to be competent, so that patient safety is always maintained. For more information see section 2.4.

The practice supervisor may be an appropriate person to supervise and assess some of the activities using the evidence tools. They can provide feedback on a trainee’s performance using the ticketed supervisor functionality within the E-portfolio. The DS or DPP must be assured that any practice supervisor participating in activities is appropriately experienced and trained to conduct assessments. The DS will retain responsibility for the final sign-off of GPhC learning outcomes against any evidence that are assessed by practice supervisors.

### 2.4. Ensuring the Safety of Patients and the Public


The first principle of supervision is that it must be ensured that trainees only carry out tasks at which they are competent, or are learning under supervision to be competent, so that the safety of patients and the public is always maintained.

It is the responsibility of the training site, Designated Supervisors and Designated Practitioner to ensure that appropriate supervision is in place 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. Where it is suggested that a trainee could complete an activity that would normally be conducted by a registered pharmacist or other appropriately registered healthcare professional, the DS or DPP needs to ensure that there is appropriate supervision (e.g., direct observation / supervision) in place, so that patient safety and appropriate professional responsibility and accountability for the service provision are maintained.

### 2.5. Raising Concerns

The DS and DPP have a professional responsibility to raise genuine concerns. Raising concerns about performance at an early stage of training can help to identify areas of practice that can be improved.



---

Where concerns relating to trainee progression are identified within a formal progress review, the DS must then complete an Action Plan to support the trainee's ongoing learning and development.

For more information, and when to seek further advice from NHS England relating to concerns about trainee progress, refer to the NHS England Pharmacy Trainee Support Guide.

Where fitness to practice concerns arise relating to trainee conduct or professionalism, the training site is required to report these to NHS England.

## 2.6. Communication

The Strategy sets out a system, for use by everyone involved, for co-ordinating a trainee's supervision, overseeing their progress and signing them off as being fit to practice at the end of the final period of training.

It is expected that everyone involved in the delivery of the foundation training programme undertakes to communicate effectively with each other to as needed to support the quality of the training programme.

The assessment strategy includes key elements designed to enable effective communication and collaboration:

- Formal planning and review points with associated documentation (see [Evidence Tools section](#)) which require communication and discussion between the trainee and their supervisors.
- Points for escalated communication (including to NHS England) if the trainee is not progressing as expected.
- Completion and sharing of the training plan, describing how the foundation training programme will be delivered for the trainee, including supervision arrangements.



---

## 3. The Activities

### 3.1. Overview

The NHS England Foundation Trainee Pharmacist Programme: Practice-based Assessment Strategy details the mandatory activities which trainees must complete during their training. These activities are designed to provide a range of evidence that supports demonstration of the GPhC learning outcomes over foundation training.

The Strategy is made up of the following:


- Professional Development Activities
- Observed Clinical Activities (including prescribing)
- Supplementary evidence

This document gives more information on these activities, including practice examples where applicable for different sectors, as well as the evidence tools that must be used to record activities.

Each activity has a range of GPhC learning outcomes that it ‘routinely’ provides evidence for. In addition, activities may also have some GPhC learning outcomes that they ‘may provide evidence for’ if a particular circumstance arises. These are listed in the NHS England Practice-based Assessment Strategy Learning Outcome Indicative Mapping document. It is not expected that a trainee maps to all GPhC learning outcomes that an activity could provide evidence for. The trainee, DS and/or DPP may feel that an activity provides evidence for a GPhC learning outcome that is not mapped.

The majority of 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.

Within the E-portfolio, when the trainee completes or uploads an evidence tool, they must indicate which activity or activities have been completed and map to the GPhC learning outcomes they believe it provides evidence for.



---

The E-portfolio functionality supports a ‘dashboard’ of evidence provided against the activities, as well as a GPhC learning outcomes matrix which provides an overview of the evidence collated to date against each GPhC learning outcome. Both will help the DS to understand how evidence is being collated over the training year and support eventual sign-off of the GPhC learning outcomes.

## 3.2. 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.

### 3.2.1. 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 [appendix 4](#).
  - Where more than one evidence tool can be used for an activity, a trainee may choose which evidence tools is most appropriate.

### 3.2.2. 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 [appendix 4](#).
  - 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

### **3.2.3. Supplementary Evidence**

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



---

### 3.3. Professional Development Activities

There are 14 Professional Development Activities that all trainees must complete. For those trainees on the full GPhC learning outcomes including prescribing, there are an additional 3 prescribing personal development activities that must be completed.

The Professional Development Activities are grouped to allow easy identification of similar types of activity. These are:

- Personal Development
- Personal Development (Prescribing)
- Supplying Medicines
- Education and Research
- Mandatory and Specific Development

The Professional Development Activities must be documented within the E-Portfolio using approved evidence tools. Detailed information on these is provided in the [Evidence Tools section](#).



### 3.3.1. Personal Development

These activities support the planning of learning and the subsequent development of the trainee during the Foundation Training Programme. This group also contains activities which must be completed to support the sign off of the trainee. The activities and a description of each for this group can be seen in [table 1](#).

Table 1. The Personal Development Activities

Activity	Description
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).

### 3.3.2. Personal Development (Prescribing)

These activities support the planning of learning and the subsequent development of the trainee during their prescribing placement time. These activities only need to be completed by those trainees on the full GPhC learning outcomes. The activities and a description of each for this group can be seen in [table 2](#).

Table 2. The Personal Development (Prescribing) Activities

Activity	Description
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.

### 3.3.3. Supplying Medicines

These activities relate to the safe and effective supply of medicines. They are typically more related to technical skills and processes such as dispensing and accuracy checking, but also to ensuring the legality and technical accuracy of prescriptions or other medicines-supply processes. Evidence for these activities could be provided as multiple smaller pieces of evidence or one big piece. The activities and a description of each for this group can be seen in [table 3](#).

The training site may have their own local procedure for assessing some components of this (e.g., dispensing accuracy and accuracy checking). Where this applies, the trainee should use evidence of completion of these local assessments to upload into their E-Portfolio.

Table 3. The Supplying Medicines Activities

Activities	Description
<b>9. Technical and Legal Prescription Issues</b>	Undertake the legal and technical assessment of prescription or inpatient medicines record or other medicines order form that contains an issue. Use professional judgement to support the generation of a recommendation to resolve the issue which may involve interaction with another healthcare professional.
<b>10. Preparing Medicinal Products</b>	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.

[Table 4](#) contains examples of tasks that could be undertaken in practice to meet these activities.



Table 4. Suggested practice tasks for Supplying Medicines Activities

Activities	Practice Examples
<b>9. Technical and Legal Prescription Issues</b>	<ul style="list-style-type: none"><li>• FP10 prescription</li><li>• Inpatient medicines record</li><li>• Controlled drug requisition</li></ul>
<b>10. Preparing Medicinal Products</b>	<ul style="list-style-type: none"><li>• Local training/competency assessment on dispensing medicines against a prescription or medicines order</li><li>• Local training/competency assessment on preparation of extemporaneous or aseptic products</li><li>• Management of a medicines recall</li><li>• Appropriate storage of medicines</li></ul>

### 3.3.4. Education and Research

These activities relate to supporting the learning and development of others and improving healthcare quality through participation in research, audit or quality improvement. The activities and a description of each for this group can be seen in [table 5](#).

Table 5. The Education and Research Activities

Activity	Description
<b>11. Teaching and Mentoring</b>	Support the learning and development of others within the team.
<b>12. Research, Audit and Quality Improvement</b>	Participate in a project and/or activity that supports research, audit or quality improvement which improves care or services.

[Table 6](#) contains examples of tasks that could be undertaken in practice to meet these activities.

Table 6. Suggested practice tasks for Education and Research Activities

Activity	Practice Examples
<b>11. Teaching and mentoring</b>	<ul style="list-style-type: none"><li>• Teaching/training activity</li><li>• Supporting and providing advice to colleagues or other trainees</li></ul>
<b>12. Research, audit and quality improvement</b>	<ul style="list-style-type: none"><li>• Quality Improvement Project</li><li>• Pharmacy Quality Scheme (PQS), PCN DES or CQUIN related activities</li><li>• Patient satisfaction survey</li><li>• Running reports and searches</li></ul>

### 3.3.5. Mandatory and Specific Development

These activities relate to ensuring that key pieces of mandatory training are completed as well as key pieces of specific developmental training to support attainment of the GPhC learning outcomes. The activities and a description of each for this group can be seen in [table 7](#).

Table 7. The Mandatory and Specific Development Activities

Activity	Description
<b>13. First Aid/Adult Basic Life Support</b>	Complete a reflective account following completion of training on first aid and basic life support.  N.B. This training will be provided for all trainees as part of the NHS England Foundation Trainee Pharmacist Programme Course Provision.
<b>14. Safeguarding Children and Vulnerable Adults</b>	Complete a reflective account following completion of mandatory training in relation to the safeguarding of children and vulnerable adults.
<b>15. Health and Safety</b>	Complete a reflective account following completion mandatory training on Health and Safety.
<b>16. Digital Healthcare Systems Used in Employing Organisation</b>	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).
<b>17. Development and Application of Advanced Therapies</b>	Complete a reflective account following completion of an appropriate training module covering the development and application of advanced therapies.  N.B. Learning materials to support this activity are available via the NHS England online learning materials.

[Table 8](#) contains examples of tasks that could be undertaken in practice to meet these activities.



Table 8. Suggested practice tasks for Education and Research Activities

Activity	Practice Examples
<b>13. First Aid/Basic Life Support</b>	<ul style="list-style-type: none"> <li>• First aid training course including basic life support</li> </ul> <p>N.B. This training will be provided for all trainees as part of the NHS England Foundation Trainee Pharmacist Programme Course Provision.</p>
<b>14. Safeguarding Children and Vulnerable Adults</b>	<ul style="list-style-type: none"> <li>• Employing organisation mandatory training on safeguarding children</li> <li>• Employing organisation mandatory training on safeguarding vulnerable adults</li> </ul> <p>If an employing organisation does not have specific training on Safeguarding Children and Vulnerable Adults, the following can be used:</p> <ul style="list-style-type: none"> <li>• <a href="#">e-Learning for Health: Safeguarding Adults – Level 2</a></li> <li>• <a href="#">e-Learning for Health: Safeguarding Children – Level 2</a></li> </ul>
<b>15. Health and Safety</b>	<p>Employing organisation mandatory training on Health and Safety.</p> <p>If an employing organisation does not have specific training on Health and Safety, the following can be used:</p> <ul style="list-style-type: none"> <li>• <a href="#">e-Learning for Health: Health, Safety and Welfare</a></li> </ul>
<b>16. Digital Healthcare Systems Used in Employing Organisation</b>	<ul style="list-style-type: none"> <li>• Electronic Prescribing and Medicines Administration (EPMA) system training</li> <li>• Electronic Health Record training (e.g., SystemOne)</li> <li>• PharmOutcomes</li> </ul>
<b>17. Development and Application of Advanced Therapies</b>	<ul style="list-style-type: none"> <li>• Completion of an appropriate learning module.</li> </ul> <p>N.B. Learning materials to support this activity are available via the NHS England online learning materials.</p>



---

### 3.4. 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.

The Observed Clinical Activities are grouped to allow easy identification of different types of professional activity. The themed groups are:

- [Clinical and Patient Facing](#)
- [Prescribing](#)

The Observed Clinical Activities must be documented within the E-Portfolio using specific evidence tools. Detailed information on these are provided in the [Evidence Tools section](#).



### 3.4.1. Clinical and Patient Facing

These activities focus on providing an aspect of healthcare to people. Some activities are directly 'patient facing' (e.g., involve a consultation with a patient), and others involve supporting the care of people through an interaction with another healthcare professional or at distance (e.g., providing a response to a medicines related enquiry or a public health intervention).

The activities and a description of each for this group can be seen in [table 9](#).

Table 9. Clinical and Patient Facing Activities

Activity	Description
<b>18. Medicines Reconciliation</b>	Undertaking medicines reconciliation for patients when they move from one sector of healthcare to another.
<b>19. Patient Consultation</b>	Conducting 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 diagnostic reasoning.
<b>20. Medicines Optimisation</b>	Undertaking 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 the deprescribing of one or more medicines.
<b>21. Public Health Intervention</b>	Conducting 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).
<b>22. Medicines Safety</b>	Completion of an activity in relation 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.

<b>23. Responding to a Medicines Query</b>	Receiving and responding 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.
--	--

Table 10 contains examples of tasks that could be undertaken in practice to meet these activities.

Table 10. Suggested practice tasks for Clinical and Patient Facing Activities

Activity	Practice Examples
<b>18. Medicines Reconciliation</b>	<ul style="list-style-type: none"> <li>• Secondary care to primary care (discharge from hospital)</li> <li>• Primary care to secondary care (admission into hospital)</li> <li>• Transfer of care between settings</li> <li>• Discharge Medicines Service</li> </ul>
<b>19. Patient Consultation</b>	<ul style="list-style-type: none"> <li>• Counselling on a new medicine in any sector</li> <li>• Medication review or chronic disease consultation</li> <li>• Discharge Medicines Service</li> <li>• New Medicines Service</li> <li>• Responding to symptoms consultation</li> <li>• Using a patient group direction</li> <li>• Pharmacy First Service</li> <li>• Physical examination skills: Pulse, respiratory rate, oxygen saturation, temperature, blood pressure</li> <li>• Interpreting medical history, physical, biochemical, and other clinical assessments</li> </ul>
<b>20. Medicines Optimisation</b>	<ul style="list-style-type: none"> <li>• Identify a clinical problem, generate solutions, and implement to resolve</li> <li>• Therapeutic drug monitoring</li> <li>• Medication review</li> <li>• Multidisciplinary care plan management</li> <li>• Liaison with other sectors</li> </ul>
<b>21. Public Health Intervention</b>	<ul style="list-style-type: none"> <li>• NHS Health Check (community pharmacy or general practice)</li> <li>• Antimicrobial stewardship intervention</li> <li>• Smoking cessation or weight management intervention</li> <li>• Vaccination service</li> <li>• Participation in public health campaigns</li> </ul>
<b>22. Medicines Safety</b>	<ul style="list-style-type: none"> <li>• MHRA Central Alerting System – medicine recall, notifications, and patient safety alerts</li> <li>• Yellow card MHRA report</li> </ul>



---

	<ul style="list-style-type: none"><li>• Incident report</li><li>• Error report</li></ul>
<b>23. Responding to a Medicines Query</b>	<ul style="list-style-type: none"><li>• Enquiry from a patient, carer, etc</li><li>• Enquiry from a healthcare professional</li></ul>

### 3.4.2. Prescribing


These activities focus on ensuring trainees can demonstrate their capability and suitability to practice as an independent prescriber. These activities only need to be undertaken by trainees on the full learning outcomes. Some activities must be completed within the trainees nominated prescribing area, but others do not.

The activities and a description of each for this group can be seen in [table 11](#). Examples of tasks that could be undertaken in practice to meet these activities can be found in [table 12](#)

#### Nominated Prescribing Area

During the foundation training programme, trainee pharmacists are required to have a nominated prescribing area in which to complete some of the prescribing assessment activities. This area must be suitable in complexity and acuity for the trainee's stage of training. The nominated area should align with the DPP's expertise, ensuring adequate supervision. Moreover, it should enable trainees to interact with patients, conducting consultations and completing prescribing assessment activities under effective supervision. This framework ensures that trainee pharmacists develop competency in a specific clinical domain while receiving appropriate guidance and support. NHS England do not specify a list of nominated prescribing areas that must be used/chosen from for a foundation trainee pharmacist in the foundation training year, but the nominated prescribing area needs to be:

- Appropriate (in terms of complexity/acuity) to the stage of training of a foundation trainee pharmacist
- A clinical area relating to the provision of healthcare (i.e. it cannot be a non-healthcare area such as aesthetics)
- A nominated prescribing area that the DPP is sufficiently knowledgeable, skilled, and experienced to supervise within
- An area within which the foundation trainee pharmacist is able to access patients (under effective supervision) with whom that they can conduct consultations (and complete the prescribing assessment activities with)
- Agreed by the DPP and DS
- Recorded in the e-portfolio when the foundation trainee pharmacist starts



---

The nominated prescribing area does not need to be one in which the trainee pharmacist is actively diagnosing a ‘new’ or undifferentiated condition – it could for example be:

- the ongoing management of an existing condition (for example in a chronic condition clinic in general practice)
- medicines optimisation within the provision of clinical services (for example in the admissions setting in secondary care as part of medicines reconciliation) Both of the examples above will require diagnostic and /or clinical reasoning to be demonstrated and would give plenty of opportunity for the capabilities of a prescriber to be demonstrated.

The nominated prescribing area will not limit the future scope of practice for the foundation trainee pharmacist; a pharmacist prescriber can develop and widen their scope of practice when registered, supporting this with effective CPD.

### **Hours of Learning**

The 90 hours of prescribing development practice-based time does not need to be completed in any specific ‘block’ of time. The training site should agree as part of the training schedule for the year how and when the time will be completed. Models that could be adopted include:

- 0.5 days each day over a period of a five-to-six-week period
- 1 day per week over a period of 13 weeks (aligning to a 13-week cross sector rotation)
- A dedicated 4–6-week prescribing placement in an appropriate setting

Models should consider how additional training time may be incorporated if needed.

The log of hours is one of the prescribing assessment activities and information will need to be maintained and uploaded onto the e-portfolio to clearly demonstrate how the trainee has met the minimum hours of prescribing development time. The trainee will need to map evidence detailing prescribing assessment activities to the log of hours on their E-Portfolio.

Table 11. Prescribing Activities

Activity	Description
<b>24. History Taking</b>	Taking and documenting an appropriate medical, psychosocial and medication history including allergies and intolerances. <b>This activity does not have to be completed in the nominated prescribing area as long as it does not progress to decision making and prescribing.</b>
<b>25. Physical and Clinical Examination Skills</b>	Performing and documenting 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. <b>This activity does not have to be completed in the nominated prescribing area as long as it does not progress to decision making and prescribing.</b>
<b>26. Prescribing Consultation</b>	Undertaking prescribing consultations that incorporate: <ol style="list-style-type: none"> <li>1. Assessing the patient</li> <li>2. Identifying evidence-based treatment options available for clinical decision making</li> <li>3. Presenting options and reaching a shared decision</li> <li>4. Enacting a prescribing decision (which can include modification or deprescribing)</li> <li>5. Providing information and safety netting</li> <li>6. Recording, monitoring and reviewing</li> </ol> <b>This activity must be completed within the nominated prescribing area.</b>
<b>27. Prescription Writing</b>	Safely prescribing (or deprescribing) medicines for patients whilst considering: <ul style="list-style-type: none"> <li>• Application of relevant legislation and ethical decision-making related to prescribing</li> <li>• Use of relevant systems and frameworks for medicines use</li> <li>• Clinical governance</li> <li>• Using tools and techniques to avoid medication errors associated with prescribing</li> </ul> <b>This activity must be completed within the nominated prescribing area.</b>
<b>28. Log of 90 Hours</b>	Accurately documenting 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 Assessment Activities above, and any other learning activities that are planned/agreed between the DPP and trainee.



Table 12. Suggested practice tasks for Prescribing Activities

Activity	Practice examples
<b>24. History Taking</b>	<ul style="list-style-type: none"><li>• Presenting Patient</li><li>• Community Pharmacy Consultation Service</li><li>• New patient admissions to inpatient / admission ward</li><li>• Outpatient clinic</li><li>• Out of hours / Accident and Emergency</li><li>• Structured Medication Review clinic</li><li>• Chronic condition review/management</li></ul>
<b>25. Physical and Clinical Examination Skills</b>	<ul style="list-style-type: none"><li>• Physical observations such as measuring blood pressure, temperature, oxygen saturation, pulse, and respiratory rate.</li><li>• Psychosocial assessments such as patient health questionnaire-9, mini mental state examinations.</li><li>• Additional physical and clinical examination skills relevant to the nominated clinical area should be performed if appropriate.</li><li>• Interpretation with documentation of physical, biochemical and other clinical assessments.</li></ul>
<b>26. Prescribing Consultation</b>	<ul style="list-style-type: none"><li>• Prescribing consultation</li></ul>
<b>27. Prescription Writing</b>	<ul style="list-style-type: none"><li>• A log of prescriptions written in practice</li></ul>
<b>28. Log of 90 Hours</b>	<p>This log of hours should include all of the hours spent completing the other Prescribing Assessment Activities above, and any other learning activities that are planned/agreed between the DPP and trainee.</p> <p>Examples of activities captured within the log may include those related to the application of prescribing governance principles, prescribing safely, prescribing professionally, improving prescribing practice, and prescribing as part of a healthcare team.</p>



---

## 4. Evidence Tools

Evidence tools are used to record activities in the Strategy. They provide a standardised structure for recording the activity. Each is built into the E-portfolio. For some activities there is only one evidence tool available to use, whilst for others there may be more than one. Some of the tools have been chosen to incorporate trainee reflection and supervisor feedback, both of which are fundamental in promoting deeper learning and ensuring trainees ongoing development. 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)
- Supervised learning events
  - Mini Clinical Evaluation Exercise (Mini-CEX)
  - Direct Observation of Practical Skills (DOPS)
  - Case Based Discussion (CBD)
  - Medicines Related Consultation Framework (MRCF)

Please see [Appendix 4](#) for details of which evidence tool(s) can be used for an activity and the requirements for each activity.





---

## 4.1. Recording Professional Development Activities

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

The evidence tools available for Professional Development Activities 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.

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



---

## 4.2. Recording Observed Clinical Activities

An Observed Clinical Activity should be documented using a tool which provides a standardised structure for recording the activity. The evidence tools available to record an Observed Clinical Activity are:

- Continuing professional development (CPD)
- Contribution to care logs (CCL)
- Reflective accounts (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.



### 4.3. Continuing Professional Development (CPD)

Documenting learning planned or unplanned is required of all pharmacists as part of revalidation as a pharmacist with the General Pharmaceutical Council. The E-portfolio enables trainees to record planned or unplanned CPD, following the format of the GPhC. These can be used to record learning opportunities and can be used at any time during the training year. Examples are provided on the GPhC website.

Word document versions of planned and unplanned CPD are available.

- [CPD Planned](#)
- [CPD Unplanned](#)

The Continuing Professional Development evidence tool can be used for the following activities:

<b>Professional Development Activities</b>
9. Technical and Legal Prescription Issues
10. Preparing Medicinal Products
<b>Observed Clinical Activities</b>
18. Medicines Reconciliation
19. Patient Consultation
20. Medicines Optimisation
21. Public Health Intervention
22. Medicines Safety
23. Medicines Information
24. History Taking
25. Physical and Clinical Examination Skills
26. Prescribing Consultation
27. Prescription Writing
28. Log of 90 Hours



#### 4.4. Contribution to Care Log (CCL)

Contribution to care logs can be used to record a range of activities. Examples of contributions to care that link to activities are interventions that result in a change to a prescription, and when advice or information is provided to a patient or prescriber that results in improved outcomes to patient care.

The log should contain sufficient information to enable the designated supervisor to understand how the activity recorded provides evidence for the GPhC learning outcomes, and should include information such as the date, intervention, outcome, comments / reflection as a minimum.

Contribution to care logs could also be used as a tool to record the contributions to care that a trainee makes over a longer period of time if desired. If used in this way, it is recommended that the contribution to care log is submitted and reviewed on a regular basis.

It is expected that the contributions become more complex and demonstrate ability for autonomous practice as the trainee progresses throughout the year.

Further information and guidance on this tool can be found on [our website](#) which includes:

- [Contribution to care log word document template](#)
- [Short video](#) outlining how contribution to care logs can be used to record a range of assessment activities

The Contribution to Care Log evidence tool can be used for the following activities:

<b>Professional Development Activities</b>
9. Technical and Legal Prescription Issues
10. Preparing Medicinal Products
<b>Observed Clinical Activities</b>
18. Medicines Reconciliation
19. Patient Consultation
20. Medicines Optimisation
21. Public Health Intervention
22. Medicines Safety
23. Medicines Information
24. History Taking
25. Physical and Clinical Examination Skills



---

26. Prescribing Consultation
27. Prescription Writing
28. Log of 90 Hours



---

## 4.5. Final Prescribing Development Review

This tool should only be used by those trainees on the full learning outcomes.

The final prescribing development review must take place at the end of prescribing practice time between the trainee and the DPP. It forms part of the overall process for supporting independent prescribing practice development. This review should cover:

- Confirmation of satisfactory completion of all the Prescribing Activities
- Confirmation of 90 hours learning time completed
- Discuss GPhC learning outcome sign off and any further development needs
- Confirm that all elements of assessment are completed and the trainee is therefore suitable for registration as a prescriber

The Final Prescribing Development Review evidence tool can be used for the following activity:

<b>Professional Development Activities</b>
8. Final Prescribing Development Review



## 4.6. Final Sign Off and Declaration

The DS at the primary training site is responsible for the completion of the final review and check that all GPhC learning outcomes have been signed off, and completion of the final declaration.

This sign off will be informed by assessment and sign off completed by any DS at rotational sites, and by the DPP where appropriate in relation to the prescribing activities.

The DS will be required to:

- Confirmation that all learning outcomes have been satisfactorily signed off.
- Confirmation that the DPP has determined satisfactory outcomes for the Prescribing Assessment Activities and 90 hours of learning focussed on prescribing capabilities.
- Confirmation that the required duration of training has been completed.
- A final declaration that the trainee has completed all of the above requirements of foundation training and is therefore suitable to enter the register as a pharmacist independent prescriber (or pharmacist for those on interim learning outcomes).

In addition, they will need to record the other key individuals that have been involved in the assessment of the trainee.

The Final Sign Off and Declaration evidence tool can be used for the following activities:

### **Professional Development Activities**

#### **5. Designated Supervisor Final Sign Off and Declaration**



---

## 4.7. Learning Agreement

Within the first two weeks of starting training, the trainee pharmacist and DS must have an initial meeting to support the completion of the learning agreement. This sets out the roles and responsibilities of all parties involved in the development and assessment of the trainee.

When a trainee starts in their prescribing practice time, they should meet with their DPP and complete the same agreement for their prescribing time.

New learning agreements are required to be signed and submitted when there is a change in supervisors.

The Learning Agreement evidence tool can be used for the following activities:

<b>Professional Development Activities</b>
1. Learning Agreement
6. Prescribing Learning Agreement





## 4.8. Learning Needs Analysis and Personal Development Plan (LNA/PDP)

The Learning Needs Analysis (LNA) is a vital process within the Foundation Training Programme. It enables the trainee pharmacist and their DS (or DPP at the start of their prescribing practice time) to review the trainees perceived level of learning and competence to date and formulate a plan for the next period of training, to ensure they are on track to develop. It should be completed within the first two weeks of starting training.

Trainees should review the activities in the Strategy and consider how they are going to develop against these. By reviewing the activities, the trainee will identify ways in which they can demonstrate the GPhC learning outcomes.

The trainees are required as part of the LNA, to reflect on their ability to demonstrate the activity in practice, taking into account whether they have sufficient evidence and experience to date. As they reflect, they should consider what activities they can complete to fulfil learning outcome gaps.

From the trainee's reflection and discussion with their supervisor they are required to develop a personal development plan. When formulating the plan both parties should prioritise the plan, relevant to practice, and discuss how the plan is to be monitored. As part of this process, the trainee pharmacist and DS (or DPP at the start of their prescribing practice time) should also plan when the different assessment activities will be completed, and that space has been provided within the LNA to document this.

Trainees should review their learning needs analysis and personal development plan on a regular basis.

Further information and guidance on the LNA can be found on [our website](#).

The Learning Needs Analysis and Personal Development Plan evidence tool can be used for the following activities:

<b>Professional Development Activities</b>
2. Learning Needs Analysis
7. Prescribing Learning Needs Analysis

## 4.9. Multi-source Feedback (MSF)

Receiving feedback from colleagues and patients, provides trainees and their supervisors with information on the perceived capability of trainee from others. It provides an opportunity to reinforce good practice and develop plans for areas requiring improvement.

Sometimes known as mini-team assessment of behaviour (Mini-TAB) or 360 feedback, this is a method of gaining perspective from the trainee's colleagues to help them identify positive areas of their behaviour and performance, as well as areas that may benefit from improvement.

Multi-source feedback is an opportunity for both personal and professional development. It is important that the trainee and supervisors discusses who should be providing feedback. As part of the process the trainee will be required to reflect on their performance which is essential for the supervisor to see if the trainee's perceptions and self-reflections align with those of their colleagues.

The multi-source feedback tool should be scheduled to take place, ideally, midway to an end of a rotation, so that the views of colleagues reflects what they have seen in practice. There is a reduction in the quality of feedback received if it is carried out too early in a rotation.

Further information and guidance on the Multi-source feedback can be found on [our website](#) which includes:

- MSF: [Procedures for best practice for trainee pharmacists and designated supervisors](#) - A companion [video](#) is also available to describe the MSF process
- MSF process: [flow-diagram](#)
- Completing the MSF form: [video guide](#)
- Health Education England/Royal Pharmaceutical Society: [MSF webinar recording](#)

The Multi-source Feedback evidence tool can be used for the following activities:

Professional Development Activities
3. Feedback

## 4.10. Patient Satisfaction Questionnaire (PSQ)

The PSQ provides trainees with the opportunity to gather patient feedback on their key consultation skills, including how they demonstrate empathy and relationship-building and the degree to which they take a person-centred approach and engage in shared decision making.

The PSQ should ideally be scheduled to be carried out in a rotation where there is lots of opportunity for patient interactions. PSQ cycles can be repeated, so dependent on the trainees timetable and rotations can be done more than once, and hopefully show development in patient centre care and communication skills.

Further information and guidance on the PSQ can be found on [our website](#) which includes:

- PSQ: [Best practice guidance for trainee pharmacists and designated supervisors](#)
- PSQ process: [flow-diagram](#)
- Completing a PSQ cycle: [video](#)
- Health Education England/Royal Pharmaceutical Society: [PSQ webinar recording](#)

The Patient Satisfaction Questionnaire evidence tool can be used for the following activities:

Professional Development Activities
3. Feedback



---

#### 4.11. Progress Review Form

At week 13, 26 and 39 (or equivalent for part-time training) the trainee and the DS must meet to review progress. During this meeting, the trainee and the DS should review the trainees progress against the GPhC learning outcomes and personal development plan. Together they should plan for the next phase of training considering how outstanding activities will be completed and any specific GPhC learning outcomes that a trainee needs to demonstrate more evidence against.

Where there is a concern relating to trainee progression and demonstration of learning outcomes, an action plan must be generated and documented within the E-Portfolio. The NHS England Pharmacy Trainee Support Guide identifies when supervisors should contact NHS England regarding concerns about a trainee.

The Progress Review Form evidence tool can be used for the following activities:

<b>Professional Development Activities</b>
4. Progress Reviews



## 4.12. Reflective Account (RA)

Written reflections are an essential part of documenting learning. They provide an opportunity for the trainee to reflect on how their practice, including how they provide patient care, has changed because of learning. They can also help identify possible solutions to meet a particular learning outcome. They can be used at any time during the training year.

Further information and guidance on this tool can be found on [our website](#) which includes:

- [Reflective Account word document template](#)
- A [Short video](#) outlining how to complete a reflective account on how learning outcomes are being met across one or more activities undertaken.

The Reflective Account evidence tool can be used for the following activities:

<b>Professional Development Activities</b>
9. Technical and Legal Prescription Issues
10. Preparing Medicinal Products
11. Teaching and Mentoring
12. Research, Audit and Quality Improvement
13. First aid/basic life support
14. Safeguarding children and vulnerable adults
15. Health and safety
16. Digital healthcare systems used in employing organisation
17. Development and application of advanced therapies
<b>Observed Clinical Activities</b>
18. Medicines Reconciliation
19. Patient Consultation
20. Medicines Optimisation
21. Public Health Intervention
22. Medicines Safety
23. Medicines Information
24. History Taking
25. Physical and Clinical Examination Skills
26. Prescribing Consultation
27. Prescription Writing
28. Log of 90 Hours

---

### 4.13. Supervised Learning Events

Supervised learning events (SLEs) are trainee-led formative<sup>1</sup> assessments which aim to promote and facilitate learning. SLEs provide opportunities for supervisors to witness and provide feedback on trainee's interactions in providing patient centred care. They should be performed over a period of time with a variety of scenarios to allow them to collectively provide information on a trainee's development. SLE should be scheduled to take place when a trainee is in a clinical setting / rotation, where learning opportunities are more abundant.

There are 4 types of SLE tool used in the Pharmacy Foundation Training Programme:

- [Mini-clinical evaluation exercise \(Mini-CEX\)](#)
- [Direct observation of practice \(DOPS\)](#)
- [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). 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.

Learning modules have been developed to orientate trainees and their supervisors, to the SLE tools, including how to organise and get the most from them.

It is recommended that the e-Learning for Healthcare (e-LfH) Introduction to SLEs, is completed by trainees during the induction period.

- [e-LfH Introduction to SLEs](#)

In addition, on e-LfH educators can also find a series of video-based sessions providing an overview of SLEs in pharmacy training.

---

<sup>1</sup> Formative assessment is a planned, ongoing process used by all students and teachers during learning and teaching to elicit and use evidence of student learning to improve student understanding of intended disciplinary learning outcomes and support students to become self-directed learners



- 
- [e-LfH Pharmacy Educator Training Resources](#)

Word document versions of all the SLE are available on [our website](#).

#### 4.13.1. Mini Clinical Evaluation Exercise (Mini-CEX)

A Mini-CEX is used to assess the trainee's ability to identify, action and resolve issues effectively when providing pharmaceutical care for a patient. It enables supervisors to review various skills, attitudes, knowledge and behaviours of the trainee, and is useful for developing pharmacy staff. A Mini-CEX should generally be used in a planned manner with a suitable encounter identified and a time organised with a supervisor to observe the trainee in practice.

A Mini-CEX can be used in a variety of scenarios or contributions to care. These include:

- An unplanned consultation with a patient
- Negotiating and advising treatment choices with other healthcare professionals
- Advising a patient on treatment choice including over the counter medications
- Medicines reconciliation
- Community Pharmacist Consultation Service
- Performing health checks
- Referral to a specialist

The assessed scenario must involve a patient who is either:

1. New to the trainee, or
2. Already known to the trainee but for whom a new therapy has been prescribed or there has been a significant change in clinical status

To make sure it reflects everyday practice, a trainee must not prepare for the task a Mini-CEX is to assess. However, at the start of training, trainees may find it helpful to carry out a practice assessment away from the patient-facing setting, particularly if they are new to Mini-CEX.

The Mini-CEX grades trainees on two areas, their delivery of patient care and problem solving. These contain a total of 10 criteria which are graded on a scale by the supervisor based on whether the trainee's performance was as expected for someone of their experience.



- 
- This e-LfH module provides an overview of a Mini-CEX
  - Watch this 6-minute video to find out more about the Mini-CEX tool

The Mini-CEX evidence tool is permitted for the following Observed Clinical Activities:

<b>Observed Clinical Activities</b>
18. Medicines Reconciliation
19. Patient Consultation
20. Medicines Optimisation
24. History Taking
25. Prescribing Consultation
26. Log of 90 Hours



#### 4.13.2. Direct Observation of Practical Skills (DOPS)

A DOPS assesses the trainee's ability to carry out an activity that adheres to a defined protocol. A DOPS should generally be used in a planned manner with a suitable encounter identified and a time organised with a supervisor to observe the trainee in practice.

Examples of suitable activities are:

<b>Product supply process</b>	<ul style="list-style-type: none"><li>• Prescription validation/verification</li><li>• Completion of relevant documentation</li><li>• Final check of aseptically prepared product</li><li>• Dispensing of purchased unlicensed products</li><li>• Dispensing of medicines in multi-compartment compliance aids</li><li>• Preparation of products</li></ul>
<b>Administrative processes</b>	<ul style="list-style-type: none"><li>• Receiving an enquiry</li><li>• Retrieving relevant information to answer an enquiry</li><li>• Literature searching</li><li>• Providing a response to an enquiry</li><li>• Completion of an incident form</li><li>• Risk assessment</li><li>• Assessment of compatibility or stability</li></ul>
<b>Patient contact processes</b>	<ul style="list-style-type: none"><li>• Demonstration of the use of devices or administration of medicines via non-oral routes</li><li>• Observation of a trainee undertaking a physical assessment</li><li>• Administration of medicinal product</li></ul>

The DOPS tool is based on 10 criteria which assess how a trainee has completed a process. These are graded on a scale by the supervisor based on whether the trainee's performance was as expected for someone of their experience.



- This e-LfH module provides an overview of a DOPS
- Watch this 6-minute video to find out more about the DOPS tool

The DOPS evidence tool is permitted for the following Observed Clinical Activities:

<b>Observed Clinical Activities</b>
18. Medicines Reconciliation
21. Public Health Intervention
22. Medicines Safety
23. Medicines Information
24. History Taking
25. Physical and Clinical Examination Skills
27. Prescription Writing
28. Log of 90 Hours



### 4.13.3. Case Based Discussion (CBD)

The CBD helps to determine the extent of a trainee's knowledge. It also assesses and encourages reflection on clinical decision making. It gives a trainee the opportunity to demonstrate their clinical reasoning and decision-making skills when undertaking contributions to care in practice. It is generally used retrospectively (after an activity) and so doesn't allow the supervisor to observe the trainee. In a CBD, the trainee discusses pharmaceutical management and understanding of a patient case with a supervisor. During the discussion, supervisors should probe a trainee's knowledge and approach to managing the case. For example, a CBD might cover a patient care interaction and intervention with a patient who has a chronic illness such as diabetes.

- [This e-LfH module provides an overview of a CBD](#)
- [Watch this 5-minute video to find out more about the CBD tool](#)

The CBD evidence tool is permitted for the following Observed Clinical Activities:

Observed Clinical Activities
20. Medicines Optimisation
21. Public Health Intervention
22. Medicines Safety
23. Medicines Information
27. Prescription Writing
28. Log of 90 Hours



#### 4.13.4. Medicines Related Consultation Framework (MRCF)

The MRCF is a structured validated patient-centred approach to patient consultation. It supports trainees in developing consultation skills. This tool enables the supervisor to assess and feedback whether the trainee is an effective communicator and able to shape the patient's behaviour through a shared agenda to ensure medicines optimisation. It is based on the Calgary-Cambridge guide to consultation. It is divided into 5 sections:

- Introduction
- Data collection and problem identification
- Action and solutions
- Closing
- Consultation behaviours

The MRCF can be carried out in any patient care setting. The following resources provide more information about the MRCF:

- [This e-LfH module provides an overview of the MRCF](#)
- [Watch this 6-minute video to find out more about the MRCF tool](#)

Other types of consultation tools are available, and if alternatives are used supervisors must ensure the trainee has had access to training or been briefed on the tool prior to use.

The MRCF evidence tool is permitted for the following Observed Clinical Activities:

Observed Clinical Activities
19. Patient Consultation
26. Prescribing Consultation
28. Log of 90 Hours



---

## 5. Building, reviewing and signing off a portfolio of evidence

The NHS England Foundation Trainee Pharmacist Practice-based Assessment Strategy sets out a suite of activities which trainees must complete during their training.

As described in [section 3](#), these activities (divided into the 'Professional Development Activities' and the 'Observed Clinical Activities') are designed to provide a range of evidence that supports demonstration of all the GPhC learning outcomes.

A trainee's E-Portfolio should systematically evidence their application of knowledge to practice using the activities and tools within the Strategy, mapped to the GPhC learning outcomes. Building this takes time and effort to complete but is a way to demonstrate strengths and achievements to others. Supervisors are required to regularly review the progress of trainees, leading to a final declaration and sign-off at the end of the training period.

It is not the number of pieces of evidence that matters, but their quality and relevance. Completing the activities using the evidence tools will demonstrate skills and behaviours which support demonstration of the GPhC learning outcomes.


### 5.1. Planning the learning journey

During the first two weeks of the Foundation Trainee Pharmacist Programme, the trainee and DS must have an initial meeting in which they must complete:

- A Learning Agreement
- A Learning Needs Analysis and Personal Development plan that considers how and when the activities of the assessment strategy will be completed

These are both mandatory activities within the Professional Development Activities of the Assessment Strategy and must be recorded using the approved evidence tool(s).

More information on the LA, LNA and PDP is available in [section 4](#). The trainee and DS may also find it useful to complete these with reference to the training plan. Trainees must discuss and agree alongside their DS and/or DPP when they will complete different assessment activities throughout the programme. This should be tailored to their development.



---

Supervised learning events (SLEs) and contributions to care should be carried out on a regular, evenly spaced basis through the training programme to ensure trainees can reflect and act on feedback given by supervisors to improve practice. DSs and/or DPPs may wish to undertake baseline SLEs with trainees as a starting point to guide development.

The following steps may support trainees to identify their learning needs:

- Use the activities of the assessment strategy as a starting point – these are designed to provide evidence against all of the GPhC learning outcomes
- Review the indicative mapping document, which gives a visual overview of how the activities are designed to provide evidence against the learning outcomes – this will help the trainee to decide which learning outcomes to map each completed activity to when they submit it in their E-Portfolio.
- Seek feedback – proactively seeking feedback from others will help trainees identify areas to focus on that may otherwise have been overlooked
- Consider critical incidents – reflecting on the errors that trainees, or others, have made is a useful way of planning actions to prevent similar incidents occurring again in the future
- Keep a diary of learning needs – keeping a note of learning needs that occur may be a useful way of identifying knowledge gaps
- Developing SMART actions – these should be Specific, Measurable, Achievable, Relevant, and Time-Bound
- Prioritise learning and continually review learning priorities and possible learning opportunities in practice, with the help of supervisors.

## 5.2. Building the portfolio of evidence

Based on the agreed PDP and any other supporting plans (such as a local timetable), the trainee will complete activities of the Assessment Strategy. Each activity will then be recorded by the trainee in the E-Portfolio within an evidence tool, and the trainee will map the activity to the GPhC learning outcome(s) that they believe it provides evidence for. The indicative mapping document provides a grid visually presenting how each activity is



---

anticipated to provide evidence against the GPhC learning outcomes, which the trainee and supervisor may find helpful in supporting this process.

Trainees are encouraged to:

- Submit records of completed activities on the E-portfolio in a timely manner for regular review at trainee/supervisor meetings.
- Look out for learning opportunities and consider the use of various evidence types to capture learning.
- As they progress through their training, challenge themselves with increasingly complex cases and scenarios as they develop.



### 5.3. Prescribing learning, assessment and sign off

For trainees on the full learning outcomes, there are specific mandatory Professional Development Activities and Observed Clinical Activities that must be completed to support the period of learning relating to prescribing.

#### 5.3.1. Prescribing Development Meeting

When a trainee commences their prescribing practice time, the trainee and DPP must have an initial Prescribing Development Meeting in which they will complete:

- A Prescribing Learning Agreement
- A Prescribing Learning Needs Analysis and Personal Development plan that considers how and when the prescribing activities of the assessment strategy will be completed

These are both mandatory activities within the Professional Development Activities of the Assessment Strategy and must be recorded using the approved evidence tool(s).

#### 5.3.2. Prescribing Activities

The Prescribing Activities form part of the Strategy. They support trainees to develop and provide evidence against the GPhC learning outcomes related to prescribing for sign off by their DS using a structured approach. These consist of five Observed Clinical Activities to be completed by the trainee and can be recorded using evidence tool(s). The activities are designed such that if a trainee completes all the prescribing activities, this should provide multiple pieces of evidence against the GPhC learning outcomes related to prescribing. Assessment of the activities is expected to support supervisors, and in particular the DPP and DS, to make robust and holistic decisions related to the trainee pharmacist's capability and suitability for annotation as an independent prescriber at the point of registration with the GPhC.

To facilitate the completion of these prescribing assessment activities, it is a requirement that trainee pharmacists spend at least 90 hours of their training in an environment undertaking activities that specifically enhance their prescribing capabilities. The 90 hours is a minimum requirement by the GPhC, and some trainees may need additional prescribing-oriented training beyond this.




At times, the DPP may also choose to delegate the supervision of the 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 at which they are competent, or are learning under supervision to be competent, so that patient safety is always maintained.

The practice supervisor may be an appropriate person to supervise and assess some of the prescribing assessment activities using the supervised learning event (SLE) tool. The DPP must be assured that any practice supervisor participating in assessment activities is appropriately experienced and trained to conduct assessments related to prescribing. The practice supervisor does not necessarily need to be a prescriber themselves dependent on the activity they are supervising. For example, a healthcare assistant may appropriately supervise the demonstration of some clinical skills. The DS will retain responsibility for the final sign-off of all GPhC learning outcomes, including those related to prescribing, based on evidence provided by SLEs that are assessed by practice supervisors.

Satisfactorily performing an activity once is unlikely to prove competence, it must be demonstrated consistently, in a variety of circumstances, to the standard expected of a newly qualified novice prescriber. As outlined, trainee pharmacists are required to demonstrate most of the learning outcomes at the ‘Does’ level of Miller’s triangle, which means they are demonstrating an outcome **‘repeatedly and reliably’**. For this reason, the range of prescribing assessment activities are designed to provide **multiple pieces of evidence** against the prescribing related learning outcomes. DPPs are expected to use their professional judgement in making decisions as to whether a prescribing assessment activity has been satisfactorily completed. It is expected that usually a DPP can be assured of the trainee pharmacist’s ability to carry out a prescribing related activity if it has been observed satisfactorily a minimum of three times in different contexts.

### **Royal Pharmaceutical Society Prescribing Competency Framework**

In order to ensure safe and efficient prescribing practices for all prescribers, the National Prescribing Centre/National Institute for Health and Care Excellence (NICE) issued a unified prescribing competency framework in 2012. Drawing upon previous prescribing competency frameworks specific to various professions, the 2012 framework was developed to establish a shared foundation of competencies essential for prescribing, irrespective of professional



---

background. The [RPS Competency Framework for All Prescribers](#) framework is an updated and revised resource to support prescribers in enhancing their understanding, abilities, motivations, and personal attributes, thereby facilitating ongoing improvement in their performance and ensuring safe and effective practice.

**The GPhC learning outcomes take into account the RPS competency framework.** The Prescribing Assessment Activities have been developed to support trainees in demonstrating the GPhC learning outcomes. This quality assured framework provide assurance to DPPs and DSs that the trainee is demonstrating the competencies required to be a prescriber through the satisfactory completion of the activities.

### **5.3.3. Final Prescribing Development Review**

When a trainee completes their prescribing practice time, the trainee and DPP must have a Final Prescribing Development Review in which they will complete:

- Confirmation of satisfactory completion of Prescribing Activities
- Confirmation of 90 hours learning time completed
- Discuss GPhC learning outcome sign off
- Declare any further development needs
- Confirming that all elements of assessment are completed, and the trainee pharmacist is therefore suitable for registration as a prescriber

This is a mandatory activity within the Professional Development Activities of the Assessment Strategy and must be recorded using the approved evidence tool.

## 5.4. Reviewing trainee progress

As trainees build their portfolio of evidence this should be regularly reviewed by supervisors and feedback provided. The type of feedback given may vary depending on the type of evidence tool used by the trainee.

The DS (or DPP when appropriate) must review and sign off each trainee submission to confirm that it does contribute evidence to each GPhC learning outcome the trainee has mapped it against. They should consider alongside their trainee whether the evidence provided is:

- **Valid** – an appropriate way of demonstrating abilities to meet the needs of the GPhC learning outcomes.
- **Authentic** – has been produced by the trainee only. Where the trainee is submitting evidence within the workplace this should be assessed by a practice supervisor as an accurate reflection of events.
- **Reliable** – a genuine description of events
- **Sufficient** – enough of the right type of evidence to demonstrate the mapped GPhC learning outcomes.
- **Compliant with data protection** – the evidence submitted protect the anonymity and confidentiality of patients, staff and organisations.

The review of evidence by a supervisor needs to be fair and objective. It must help the trainee to understand how they are performing in line with the requirements of their personal development plan and progress towards learning outcome sign off. The use of the evidence tools, particularly supervised learning events, with structured checklists supports supervisors in identifying strengths and areas for development.

### 5.4.1. Progress reviews

The trainee and the DS are required to complete a progress review at weeks 13, 26 and 39, and document these using the relevant tool in the E-Portfolio.

The progress reviews are mandatory activities within the Professional Development Activities of the Assessment Strategy.



---

During each progress review, the trainee and DS use the tool provided to review the activities that have been completed, how these have provided evidence against the GPhC learning outcomes, and which learning outcomes the Designated Supervisor will sign-off. Each review should also be used as an opportunity to provide an update to the LNA/PDP. Where the DS has concerns about the trainee's progression, they will complete an Action Plan to support the trainee in their ongoing learning and development, and record this in the E-Portfolio. For more information, and when to seek further advice from NHS England relating to concerns about trainee progress, refer to the NHS England Pharmacy Trainee Support Guide.

Outside of the formal progress reviews it is recommended that trainees:

- Have regular meetings with their supervisor(s), documented in the E-Portfolio to:
  - Ensure they are progressing as expected and evidence is of the quality required
  - Review when activities will be completed and the evidence tools that will be used for these
- Monitor their own progress against their PDP at regular intervals.

## 5.5. Signing off a portfolio of evidence

The Designated Supervisor is required to determine when each GPhC learning outcome has been satisfactorily demonstrated, and complete a final review, sign-off and declaration at the end of the training period.

The distinct roles of the DS and DPP should be noted:

- The DPP is responsible for confirming that all elements of prescribing assessment (Prescribing Activities demonstrated satisfactorily completed and 90 hours of learning in practice) are completed and the trainee pharmacist is therefore suitable for registration as a prescriber
- The DS is responsible for determining that all GPhC learning outcomes have been satisfactorily demonstrated, including evidence from the prescribing activities where applicable.


### 5.5.1. The final sign-off process

The final process of sign off by Designated Supervisors can be completed from week 49 of training and consists of:

- Confirmation that all learning outcomes have been satisfactorily signed off, including evidence from the prescribing activities where applicable.
- Confirmation that the required duration of training has been completed.
- Where applicable, confirmation that the DPP has determined satisfactory outcomes for the Prescribing Assessment Activities and 90 hours of learning focussed on prescribing capabilities.
- A final declaration that the trainee has completed all of the above requirements of foundation training, and is therefore suitable to enter the register as a pharmacist independent prescriber (or pharmacist for those on interim learning outcomes).

### 5.5.2. What is sufficient evidence for a learning outcome to be met?

Assessing a trainee's performance against the learning outcomes is essential to determining the final assessment of competence to join the register.



---

Satisfactorily performing an activity once is unlikely to prove competence, it must be demonstrated consistently, in a variety of circumstances, to the standard expected of a newly registered pharmacist. As outlined, trainee pharmacists are required to demonstrate most of the learning outcomes at the ‘Does’ level of Miller’s triangle, which means they are demonstrating an outcome **‘repeatedly and reliably’**.

For this reason, the range of assessment activities are designed to provide **multiple pieces of evidence** against each learning outcome. DSs are expected to use their professional judgement in making decisions as to whether a learning outcome has been met.

Evidencing competency against learning outcomes is a formative process and evidence should show development over time. At the start of training evidence may demonstrate a trainee is at level 3 of Miller’s Triangle, ‘shows how’. As they progress through their training, their assessments and evidence should show progression, in increasing complexity, towards level 4 ‘does’, as appropriate to the relevant learning outcome.

Since most learning outcomes are assessed at the ‘Does’ level of Miller’s Triangle, the trainee must be directly involved in the provision of care / services in these Activities, and not just reviewing a patient/service user’s care and commenting on / critiquing it theoretically, which would equate to ‘Knows How’ / ‘Shows How’.

A good portfolio of evidence should:

- Be clear, concise, and relevant to the specific learning outcome
- Contain critical reflection – the trainee should reflect on what they have learned and what they could do differently next time to improve practice
- Demonstrate that competence has been achieved; what the trainee did, how they have progressed, and any feedback received from colleagues or patients on their competence
- Show the trainee is an evidence-based practitioner – they can apply academic learning and best practice guidance in a clinical context

Once a learning outcome has been met the DS can sign it off. The trainee is expected to continue to demonstrate competence in practice. As the DS, you may reverse this decision if trainee’s performance becomes unsatisfactory for a learning outcome they have already achieved.



---

### 5.5.3. Behavioural components of learning outcomes

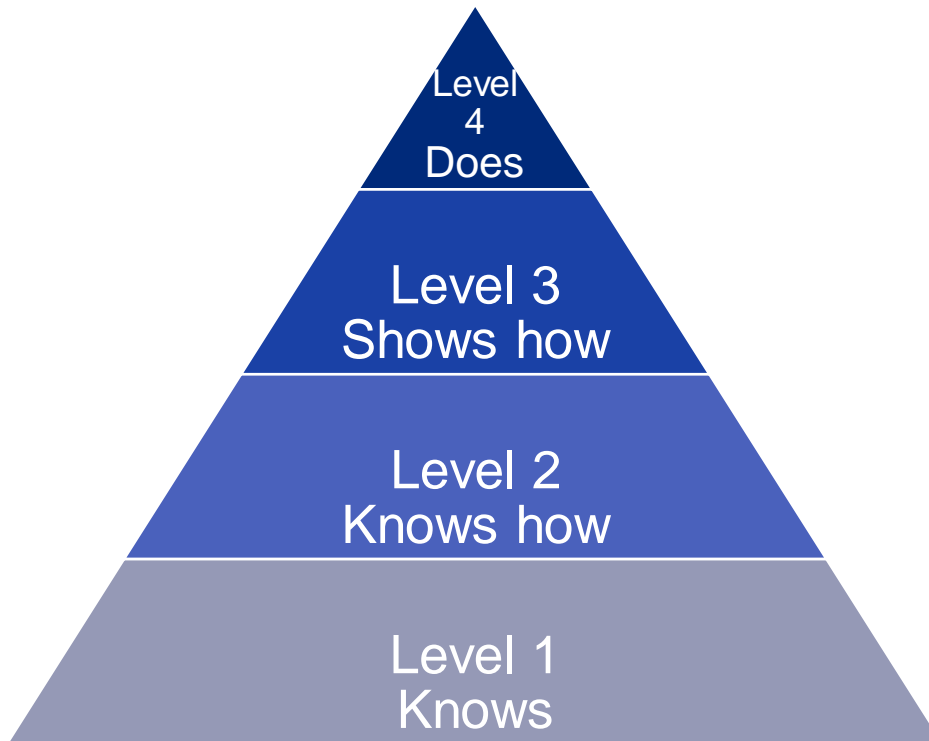
Many of the learning outcomes are 'composite' learning outcomes; that is, they may combine elements of **knowledge**, demonstration of **skills** and sometimes also **behaviours**.

Where a learning outcome includes a behavioural component, DSs may wish to use assessment activities such as multi-source feedback from colleagues and service users to determine whether the trainee pharmacist is demonstrating this.

As outlined above, it is down to the professional judgement of the DS to determine when each learning outcome has been satisfactorily demonstrated.



## Appendix 1: Miller's Triangle



<b>Level 4 – Does</b>	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.
<b>Level 3 – Shows how</b>	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.
<b>Level 2 – Knows how</b>	Knows how to use knowledge and skills. Assessments may include essays, oral examinations, multiple-choice question examinations (MCQs) and laboratory books.
<b>Level 1 – Knows</b>	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: Designated Supervisor Person Specification

### Core supervisor person specification

The core person specification applies to both a DS and DPP.

Description	Essential
Knowledge	Has undertaken Foundation Trainee Pharmacist Programme Orientation training required for their role.
	Undertakes appropriate Equality, Diversity, and Inclusion (EDI) training according to mandated requirements of the organisation/employers.
	Ensures familiarity with the process of escalating concerns about a trainee, and, where appropriate, engages with this process.
Skills/experience	Demonstrates the ability to effectively communicate, establish and maintain working relationships to collaborate with others including trainee and educational stakeholders (e.g., multi-professionals, other supervisors, educational leads).
	During the supervisory period, can competently assess, monitor and sign-off the trainees' skills, knowledge, understanding and behaviours against the required GPhC learning outcomes and NHSE WTE foundation trainee pharmacist assessment strategy.
	Able to provide effective feedback to trainee.
Behaviours	Is able to set and maintain appropriate boundaries.
	Understands the role of a supervisor as a positive role model and mentor to the trainee in providing professional support and guidance.
Training	<p>The supervisor has undertaken and maintained the currency of relevant training in supervision which includes understanding and applying the following:</p> <ul style="list-style-type: none"> <li>• The role of the supervisor</li> <li>• Educational theories that support effective learning</li> </ul>



	<ul style="list-style-type: none"><li>• Methods to ensure effective learning and adapt these to meet trainee needs</li><li>• Assessment and monitoring</li><li>• Approaches that meet the needs of trainees that require additional support</li><li>• Effective feedback</li></ul>
--	--

### Additional DS person specification

In addition to the above core supervisor person specification this person specification applies to a DS (someone fulfilling the role of **DPP** only does not need to meet these requirements)

Description	Essential
Regulator requirement	Registered as a pharmacist in Great Britain or Northern Ireland for a minimum of 3 years and meet the Standards for Pharmacy Professionals set by the GPhC.
	Satisfies the assessment requirements if under investigation by the GPhC (have no sanctions or conditions on GPhC registration and no current fitness to practice issues).
Knowledge	Understands and is up to date with pharmacist foundation training and GPhC learning outcomes
Experience	Currently practicing and has relevant experience in sector of practice in which they wish to supervise.

## Appendix 3: Designated Prescribing Practitioner Person Specification

The DPP and DS roles can be filled by two separate people or one person, as long as that person meets the requirements for both roles.

### Core supervisor person specification

The core person specification applies to both a DS and DPP.

Description	Essential
Knowledge	Has undertaken Foundation Trainee Pharmacist Programme Orientation training required for their role.
	Undertakes appropriate Equality, Diversity, and Inclusion (EDI) training according to mandated requirements of the organisation/employers.
	Ensures familiarity with the process of escalating concerns about a trainee, and, where appropriate, engages with this process.
Skills/experience	Demonstrates the ability to effectively communicate, establish and maintain working relationships to collaborate with others including trainee and educational stakeholders (e.g., multi-professionals, other supervisors, educational leads).
	During the supervisory period, can competently assess, monitor and sign-off the trainees' skills, knowledge, understanding and behaviours against the required GPhC learning outcomes and NHSE WTE foundation trainee pharmacist assessment strategy.
	Able to provide effective feedback to trainee.
Behaviours	Is able to set and maintain appropriate boundaries.
	Understands the role of a supervisor as a positive role model and mentor to the trainee in providing professional support and guidance.
Training	The supervisor has undertaken and maintained the currency of relevant training in supervision which includes understanding and applying the following:



	<ul style="list-style-type: none"> <li>• The role of the supervisor</li> <li>• Educational theories that support effective learning</li> <li>• Methods to ensure effective learning and adapt these to meet trainee needs</li> <li>• Assessment and monitoring</li> <li>• Approaches that meet the needs of trainees that require additional support</li> <li>• Effective feedback</li> </ul>
--	---

### Additional DPP person specification

In addition to the above core supervisor person specification this person specification applies to a DPP.

It is important to note that DPP requirements may vary across Higher Education Institutes (HEIs) for those undertaking non-medical prescribing course **which is not** part of Pharmacist Foundation Training. Please see individual HEI websites for further information.

Description	Essential
Regulator requirement	Registered healthcare professional in Great Britain or Northern Ireland who is an independent prescriber (either through primary or post-registration training).
	Good standing with their professional regulator (have no sanctions or conditions on their registration and no current fitness to practice issues).
Experience	An active prescriber* in a patient-facing role, with appropriate knowledge and experience relevant to the trainee’s nominated prescribing area.
	Practises in line with the Competency Framework for All Prescribers.

\* An active prescriber consults with patients and makes prescribing decisions based on clinical assessment with sufficient frequency to maintain competence. Reflects and audits prescribing practice to identify developmental needs.<sup>1</sup>

## Appendix 4: Approved evidence tools and requirements for activities

Activities	Approved evidence tool(s)	Requirements
<b>Professional Development Activities</b>		
1. Learning Agreement	Learning agreement	During the first 2 weeks of training
2. Learning Needs Analysis	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	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

<b>15. Health and safety</b>	RA with certificate of completion uploaded	During the first 13 weeks of training
<b>16. Digital healthcare systems used in employing organisation</b>	RA with certificate of completion uploaded	During the first 13 weeks of training
<b>17. Development and application of advanced therapies</b>	RA with certificate of completion uploaded	At an appropriate point during training
<b>Observed Clinical Activities</b>		
<b>18. Medicines Reconciliation</b>	SLEs: Mini-CEX, DOPS Other: CPD, CCL, RA	SLEs: Minimum of 3 Other: Minimum of 1
<b>19. Patient Consultation</b>	SLEs: Mini-CEX, MRCF Other: CPD, CCL, RA	SLEs: Minimum of 3 Other: Minimum of 1
<b>20. Medicines Optimisation</b>	SLEs: Mini-CEX, CBD Other: CPD, CCL, RA	SLEs: Minimum of 3 Other: Minimum of 1
<b>21. Public Health Intervention</b>	SLEs: DOPS, CBD Other: CPD, CCL, RA	SLEs: Minimum of 3 Other: Minimum of 1
<b>22. Medicines Safety</b>	SLEs: DOPS, CBD Other: CPD, CCL, RA	SLEs: Minimum of 3 Other: Minimum of 1
<b>23. Medicines Information</b>	SLEs: DOPS, CBD Other: CPD, CCL, RA	SLEs: Minimum of 3 Other: Minimum of 1
<b>24. History Taking</b>	SLEs: Mini-CEX, DOPS Other: CPD, CCL, RA	SLEs: Minimum of 3 Other: Minimum of 1
<b>25. Physical and Clinical Examination Skills</b>	SLEs: DOPS Other: CPD, CCL, RA	SLEs: Minimum of 3 Other: Minimum of 1
<b>26. Prescribing Consultation</b>	SLEs: Mini-CEX, MRCF Other: CPD, CCL, RA	SLEs: Minimum of 3 Other: Minimum of 1
<b>27. Prescription Writing</b>	SLEs: DOPS, CBD Other: CPD, CCL, RA	SLEs: Minimum of 3 Other: Minimum of 1
<b>28. Log of 90 Hours</b>	The log must include SLEs from activities 24, 25, 26 and 27.	SLEs: Minimum of 3 Other: Minimum of 1



	Other: CPD, CCL, RA	
--	---------------------	--



## Version History

This Foundation Trainee Pharmacist Programme: Practice-based Assessment Strategy Activities and Tools Guide supersedes the version published in June 2021.

Please contact [england.trainee pharmacist@nhs.net](mailto: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"><li>• Update to terminology</li><li>• Inclusion of Prescribing Assessment Activities</li></ul>

NHS England  
Wellington House  
133-155 Waterloo Road  
London  
SE1 8UG

This publication can be made available in a number of alternative formats on request.