

Foundation Trainee Pharmacist Assessment Activities and Tools Guide

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1. Introduction

This guide is a companion piece to the [Foundation Trainee Pharmacist Assessment Strategy](#).

The Foundation Trainee Pharmacist Assessment Strategy provides a structured approach for trainee pharmacists to demonstrate their achievement of the GPhC interim learning outcomes in practice, using a framework of assessment activities.

This Assessment Activities and Tools Guide is designed to support trainee pharmacists and designated supervisors to understand:

- the assessment activities and tools a trainee is expected to undertake during their foundation year
- indicative mapping of each assessment activity against the General Pharmaceutical Council (GPhC) interim learning outcomes for the initial training and education of pharmacists
- signposting to further training and guidance

For more information about the Foundation Trainee Pharmacist Programme, please refer to our [website](#).

2. Building a portfolio

To ensure trainees are consistently progressing throughout foundation training, they are required to develop a portfolio of evidence. The portfolio allows trainees to document assessment activities and experiences that demonstrate skills and behaviours, all mapped against the GPhC interim learning outcomes. Trainee pharmacists should monitor their progress against them at regular intervals. Trainee pharmacists and their designated supervisor(s) should review progress on achieving the interim learning outcomes at regular intervals such as the beginning of the training year, during appraisals and other review points agreed by both.

Throughout the training year it is recommended that trainee pharmacists:

- Have regular meetings with their supervisor to ensure they are progressing as expected and evidence is of the quality expected
- Submit evidence in a timely manner for regular review at trainee/supervisor meetings
- Make sure they include reflections on impact on practice AND mapping against learning outcomes for each evidence
- Look out for learning opportunities and consider the use of various evidence types to capture learning
- Check progress against learning outcomes mapping to see where they have gaps against the learning outcomes
- Ask team members for learning opportunities and regular feedback on their performance
- Challenge themselves with increasingly complex cases and scenarios as they develop through the year
- Check contribution to care logs on a fortnightly/monthly basis

2.1 Starting the learning journey

It is essential for trainee pharmacists to develop skills to effectively recognise their learning and development needs and create appropriate plans to meet them. This should be conducted in a planned manner. At the start of the Foundation Training year, it is recommended trainee pharmacists undertake an analysis of their personal learning needs to identify gaps. We recommend this is done by completing a Learning Needs Analysis (LNA). More information on

the LNA is available in section [3.3.5](#) and [3.4.1](#). Trainee pharmacists can seek advice and guidance from others during this process, for example their designated supervisor (DS).

Recognising gaps in learning is challenging and requires a lot of thought and reflection from trainee pharmacists about where their professional practice is now, and where they want (and need) it to be in the future. Trainee pharmacists shouldn't be tempted to only think about any knowledge gaps that they might have, they should think about skills and behaviours too.

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

- Use the GPhC interim learning outcomes as a starting point – these are designed to provide the key outcomes that a trainee pharmacist is expected to demonstrate at the end of the year
- 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.
- Repeat the identification of learning needs several times through-out the year

2.2 The NHS England Foundation Training Year E-portfolio

It is important that both the trainee pharmacist and their designated supervisor become familiar with the NHS England Foundation Training Year E-portfolio. The E-portfolio provides a mechanism for recording learning using the assessment tools, reflective practice, action planning and mapping to the GPhC Interim Learning outcomes and the Assessment Strategy.

Information on how to register, access and use the E-portfolio is available [here](#).

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 in [Appendix 2](#).

3. Assessment activities

The NHS England [Foundation Trainee Pharmacist Assessment Strategy](#) details 21 assessment activities which are designed to provide a range of evidence that supports demonstration of the GPhC interim learning outcomes over foundation training.

This section gives more information on these assessment activities, as well as practice examples for different sectors.

Each assessment activity has a range of learning outcomes that it 'routinely' provides evidence for. It may also have some learning outcomes that it 'may provide evidence for' (if a particular circumstance arises). These are listed in [Appendix 1 – Assessment Activities Learning Outcome Mapping](#). However, it may be that the trainee pharmacist and/or designated supervisor (DS) feel that an assessment activity provides evidence for a learning outcome that is not mapped within this guide. It is not expected that a trainee pharmacist maps to all learning outcomes that an activity could provide evidence for. An assessment activity could be completed several times and be mapped to different learning outcomes each time according to the evidence that each incidence provides.

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

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

The following sections focus on each local training programme, minimum numbers as well as each themed group of assessment activities, a description of the activity and some suggested practice examples. Additional activities can also be completed in agreement between the trainee pharmacist and DS. These should be documented within and uploaded to the E-portfolio using an appropriate assessment tool(s).

3.1 Linking assessment activities to the local training programme

We suggest that the DS and/or other person within the training site responsible for supporting and planning training review the assessment activities at the start of the training year.

They should then decide when each of the activities will be completed during the training year, considering any planned rotations / split training site arrangements and the natural progression of gaining experience and confidence during the training year.

3.2 Minimum number of assessment activities

Trainee pharmacists are required to complete a minimum of one assessment activity of each type. For example, for Group A: Clinical and patient-facing activities, the trainee must complete and record one of each of the seven assessment activities as a minimum. It is anticipated that many trainees will complete multiple instances of some activities, particularly those in Group A.

In most cases, each assessment activity will relate to a separate event in practice. Trainees should complete one piece of evidence per assessment activity.

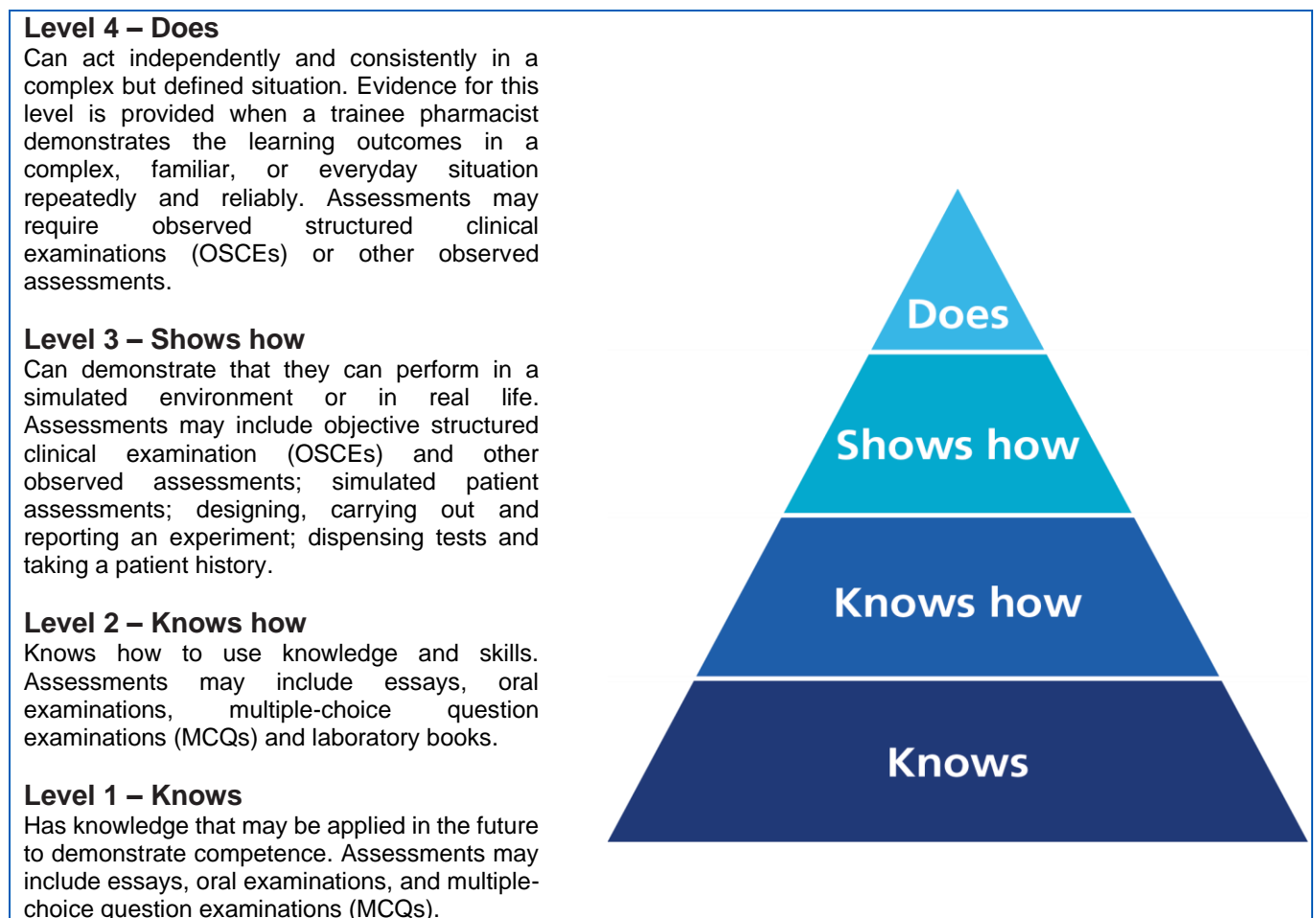
For most learning outcomes, trainee pharmacists are required to demonstrate most of the learning outcomes at the 'Does' level of Miller's triangle ([figure 1](#)). This means they must be demonstrating an outcome 'repeatedly and reliably'. The range of assessment activities are designed as an entity 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 learning outcomes are assessed at the 'Does' level of Miller's Triangle, the trainee pharmacist must be directly involved in providing 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 pharmacist could complete an assessment activity that would normally be conducted by a registered pharmacist or other appropriately registered healthcare professional, the designated supervisor 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.

Figure 1: Miller's Triangle



3.3 Group A: Clinical and patient-facing activities

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

Group A contains seven assessment activities (Assessment activities 1-7).

| Activity | Description | Practice Examples |
|---|--|--|
| 1. Medicines Reconciliation | Completion of a medicines reconciliation for a patient when they move from one sector of healthcare to another | <ul style="list-style-type: none"> • Secondary care to primary care (discharge from hospital) • Primary care to secondary care (admission into hospital) • Transfer of care between settings • Discharge Medicines Service |
| 2. Patient Consultation: Medicines Use | Conducting a consultation with a patient on how to use a medicine or device that has been prescribed for them | <ul style="list-style-type: none"> • Counselling on a new medicine in any sector • Medication review or chronic disease consultation • Discharge Medicines Service • New Medicines Service |
| 3. Patient Consultation: Diagnose / Assess / Recommend | Conducting a consultation with a patient that is presenting with a condition or symptoms: assess the patient, use diagnostic reasoning, and make a decision / recommendation | <ul style="list-style-type: none"> • Responding to symptoms consultation • Using a patient group direction • Community Pharmacy Consultation Service • Physical examination skills: Pulse, respiratory rate, oxygen saturation, temperature, blood pressure • Interpreting medical history, physical, biochemical, and other clinical assessments |
| 4. Medicines Optimisation | Clinical screening of a prescription / medicines: identify one or more clinical issues, use clinical reasoning to support the generation / implementation of a recommendation to optimise medicines. Make this recommendation to a prescriber to resolve the issue(s). This may include recommending the deprescribing of one or more medicines. | <ul style="list-style-type: none"> • Identify a clinical problem, generate solutions, and implement to resolve • Therapeutic drug monitoring • Medication review • Multidisciplinary care plan management • Liaison with other sectors |
| 5. Patient Focused | Conducting a consultation with a patient resulting in a public health | <ul style="list-style-type: none"> • NHS Health Check (community pharmacy or general practice) |

| | | |
|---|---|--|
| Public Health Intervention | intervention. This may include but is not limited to, smoking cessation, weight loss, infection prevention and control, use of antimicrobials. | <ul style="list-style-type: none"> • Antimicrobial stewardship intervention • Smoking cessation or weight management intervention • Vaccination service |
| 6. Medicines Safety | 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. | <ul style="list-style-type: none"> • MHRA Central Alerting System – medicine recall, notifications, and patient safety alerts • Yellow card MHRA report • Incident report • Error report |
| 7. Responding to a Medicines Query | Receiving and responding effectively to a medicines-related enquiry relating to a patient. The enquiry may come from a healthcare professional or the patient/carer etc. | <ul style="list-style-type: none"> • Enquiry from a patient, carer, etc • Enquiry from a healthcare professional |

3.4 Group B: Healthcare quality and improvement

These activities relate to improving healthcare quality through broader actions. Activities may include:

- A quality improvement project
- An audit
- Supporting the education and training of other members of the healthcare team

As part of these activities, trainees are required to include a focus on public health and health inequalities.

Group B contains three assessment activities (Assessment Activities 8-10).

| Activity | Description | Practice Examples |
|--|---|---|
| 8. Service Improvement | A project or activity that supports quality improvement. This may overlap with activity 9 and/or activity 10 in Group B | <ul style="list-style-type: none">• Quality Improvement Project• Pharmacy Quality Scheme (PQS), PCN DES or CQUIN related activities• Patient satisfaction survey• Running reports and searches |
| 9. Teaching and Mentoring | Supporting the learning and development of others within the team, e.g., a teaching session This may overlap with activity 8 and/or activity 10 in Group B. | <ul style="list-style-type: none">• Teaching/training activity |
| 10. Public Health / Health Inequalities | Participation in a public health/health inequalities activity. E.g., a health campaign or health promotion event. This may overlap with activity 8 and/or activity 9 in Group B | <ul style="list-style-type: none">• Participation in public health campaigns |

3.5 Group C: 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.

It is expected that the training site will have their own local procedure for assessing some components of this (e.g., dispensing accuracy and accuracy checking), so for some activities, the trainee should use evidence of completion of these local assessments to upload into their e-portfolio.

Group C contains three assessment activities (Assessment Activities 11-13).

| Activities | Description | Practice Examples |
|--|--|---|
| 11. Technical and Legal Prescription Issues: Identify and Resolve | Technical/legal screening of a prescription / inpatient medicines record / other medicines order form: identify a technical and/or legal issue, use professional reasoning to support the generation /implementation of a recommendation to resolve the issue, which may involve interaction with another healthcare professional. | <ul style="list-style-type: none"> • FP10 prescription • Inpatient medicines record • Controlled drug requisition |
| 12. Dispensing Prescriptions and Preparing Medicinal Products | Completion of local competency training in relation to the dispensing of medicines and devices, e.g., dispensing accuracy competency assessment. | <ul style="list-style-type: none"> • Local training/competency assessment on dispensing medicines against a prescription or medicines order • Local training/competency assessment on preparation of extemporaneous or aseptic products • Management of a medicines recall • Appropriate storage of medicines |
| 13. Accuracy Checking | Completion of local competency training in relation to the final (accuracy) checking of dispensed medicines and devices, e.g., checking accuracy competency assessment. | <ul style="list-style-type: none"> • Local training/competency assessment on accuracy checking |

3.6 Group D: Mandatory and specific training

These activities relate to learning outcomes that can be demonstrated through the completion of local training, including mandatory training, and first-aid training.

Group D contains five assessment activities (Assessment activities 14-18).

| Activities | Description | Practice Examples |
|--|---|--|
| 14. First Aid / Adult Basic Life Support | Completion of first aid training | <ul style="list-style-type: none"> • First aid training course • Adult Basic Life Support training where required, as part of mandatory training |
| 15. Safeguarding Children and Vulnerable Adults | Completion of mandatory training / assessment in relation to the safeguarding of children/vulnerable adults. | <ul style="list-style-type: none"> • Employing organisation mandatory training on safeguarding children • Employing organisation mandatory training on safeguarding vulnerable adults |
| 16. Health and Safety | Completion of mandatory training on Health and Safety | <ul style="list-style-type: none"> • Employing organisation mandatory training on Health and Safety |
| 17. Digital Healthcare Systems Used in Employing Organisation | Completion of local training as required for the use of digital healthcare systems in the training setting. | <ul style="list-style-type: none"> • Electronic Prescribing and Medicines Administration (EPMA) system training • Electronic Health Record training (e.g., SystemOne) • PharmOutcomes |
| 18. Development and Application of Advanced Therapies | Completion of an appropriate online learning module agreed between the trainee pharmacist and designated supervisor. <i>It should be noted that this Activity relates to learning outcomes 22 and 23, both of which are required to be demonstrated at 'Knows How' level only.</i> | <ul style="list-style-type: none"> • Completion of an appropriate learning module |

3.7 Group E: Personal development and progression

These activities support the planning of learning during the Foundation training year. They also provide the opportunity to provide specific evidence for learning outcomes that may have been more difficult to meet through other activities.

At the start of the Foundation training year, the trainee pharmacist and DS must have an initial meeting to support the completion of:

- A learning needs analysis (LNA) – to review the learning outcomes
- The learning agreement

At intervals of 13 weeks, the trainee pharmacist and the DS must meet to review progress (and complete a progress report for submission to the GPhC). The LNA has been designed so it can be repeated throughout the year. It should be completed at the beginning and mid-way through the foundation training year as a minimum. Some may choose to undertake it at the beginning of new rotations, especially when going into a new sector of practice.

As part of this process, the trainee pharmacist and DS should also plan when the different assessment activities will be completed, and that space has been provided within the LNA to document this.

Group E contains three assessment activities (Assessment activities 19-21).

| Activities | Description | Practice Examples |
|--|---|---|
| 19. Personal Development Plan and Learning Needs Assessment | Completion of an assessment of learning needs | <ul style="list-style-type: none"> • Completion of the Learning needs analysis • Generation of identified learning and plan of completion |
| 20. Multi-Source Feedback | Gain multisource feedback on own performance, from colleagues and service users. | <ul style="list-style-type: none"> • Completion of Patient Satisfaction Questionnaire cycle • Completion of Multi-Source Feedback cycle |
| 21. Supplementary Evidence | This activity is used in agreement between the trainee pharmacist and designated supervisor to provide evidence for specific learning outcomes that are difficult to provide evidence for using other activities. This may vary between sectors and location (region) of the training site. | |

4. Assessment tools

Assessment tools enable the recording of assessment activities in a standardised way. Each of the tools have been designed to incorporate trainee reflection and supervisor feedback, both of which are fundamental in promoting deeper learning and ensuring trainees ongoing development. The different types of assessment tools used are:

| Assessment tool | Examples |
|--|--|
| Supervised learning events (SLEs) | <ul style="list-style-type: none">• Mini-clinical evaluation exercise (Mini-CEX)• Direct observation of practical skills (DOPS)• Case based discussion (CBD)• Medicines related consultation framework (MRCF) |
| Contribution to care tools | <ul style="list-style-type: none">• Contribution to care logs• Reflective accounts |
| Feedback tools | <ul style="list-style-type: none">• Multi-source feedback (MSF)• Patient satisfaction questionnaires (PSQ) |
| Other | <ul style="list-style-type: none">• Miscellaneous evidence¹• Learning needs analysis (LNA)• Continuing professional development (CPD) |

They are all available within the E-portfolio, and each tool has a space to develop an action plan, where further learning goals can be documented. Downloadable versions of the tools are also available on [our website](#). It is important that trainees and supervisors become familiar with each of the tools, so they can select the most appropriate one, when an opportunity to record an assessment activity / learning in practice occurs.

Some of the tools should be used for planned learning¹, whilst others are more suited to unplanned learning².

¹ Planned learning can be undertaken when the individual decides to develop knowledge or skills in advance of undertaking the learning activity (e.g., attendance at an event or conference, or undertaking a specific activity around a known knowledge gap).

² Unplanned learning occurs when an event occurs that causes a learning activity to be undertaken or carried out without any prior thought or planning (e.g., through reading a journal, undertaking an activity or task, or a discussion with a colleague owing to an interaction during your normal working day).

4.1 Learning Needs Analysis

The Learning Needs Analysis (LNA) is a vital process within the Foundation Training Year. It enables the trainee pharmacist and their DS to review the trainees perceived level of learning / competence to date and formulate a plan for the next period of training, to ensure they are on track to develop against all the GPhC interim learning outcomes.

Each of the GPhC interim learning outcomes clearly defines what level trainees are expected to demonstrate at the end of foundation as defined by Millers triangle. The trainees are required as part of the LNA, to reflect on their ability to demonstrate the learning outcome in practice, taking into account whether they have sufficient evidence and experience to date. As they reflect, they reflect they should consider what assessment activities they can complete to fulfil learning outcome gaps.

From the trainee's reflection and discussion with their supervisor they are required to develop an action plan. When formulating the plan both parties should prioritise the action plan, relevant to practice, and discuss how the plan is to be monitored.

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

- [Learning Needs Analysis word document template](#)
- Short guidance on the Learning Needs Analysis process

The LNA most commonly links to the following assessment activity:

| Group | Activities |
|---|---|
| Group E: Personal Development and Progression | 19. Personal Development Plan and Learning Needs Assessment |

4.2 Supervised learning events

Supervised learning events (SLEs) are trainee-led formative³ assessments which aim to promote and facilitate learning. Trainees are encouraged to identify learning goals with their supervisors prior to any SLEs. Both trainees and supervisors should subsequently identify opportunities, which would facilitate the acquisition of these learning goals and are suitable for SLEs.

SLE 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 common types of SLE tool used:

- Mini-clinical evaluation exercise (Mini-CEX)
- Direct observation of practice (DOPS)
- Case based discussion (CBD)
- Medicines related consultation framework (MRCF)

Learning modules have been developed to orientate trainees and their supervisors, to the types of commonly used SLE tools in pharmacy, 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.

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

³ 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

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

4.2.1 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 the training year, 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](#)

A mini-CEX most commonly links to the following assessment activities:

| Group | Activities |
|--|---|
| Group A: Clinical and Patient Facing Activities | 1. Medicines Reconciliation |
| | 2. Patient Consultation: Medicines use |
| | 3. Patient Consultation: Diagnose/ Assess/Recommend |
| | 4. Medicines Optimisation |
| | 5. Patient Focused Public Health Intervention |
| | 6. Medicines Safety |
| | 7. Responding to a Medicines Query |
| Group C: Supplying Medicines Activities | 11. Technical and Legal Prescription Issues: Identify and Resolve |

4.2.2 Direct observation of practice (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:

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

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](#)

A DOPS most commonly links to the following assessment activities:

| Group | Activities |
|--|---|
| Group A: Clinical and Patient Facing Activities | 1. Medicines Reconciliation |
| | 2. Patient Consultation: Medicines use |
| | 3. Patient Consultation: Diagnose/ Assess/Recommend |
| | 4. Medicines Optimisation |
| | 5. Patient Focused Public Health Intervention |
| | 6. Medicines Safety |

| | |
|--|---|
| | 7. Responding to a Medicines Query |
| Group B: Healthcare Quality and Improvement | 8. Service Improvement |
| Group C: Supplying Medicines Activities | 11. Technical and Legal Prescription Issues: Identify and Resolve |
| | 12. Dispensing Prescriptions and Preparing Medicinal Products |
| | 13. Accuracy Checking |

4.2.3 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](#)

A CBD most commonly links to the following assessment activities:

| Group | Activities |
|---|---|
| Group A: Clinical and Patient Facing Activities | 3. Patient Consultation: Diagnose/ Assess/Recommend |
| | 4. Medicines Optimisation |
| | 7. Responding to a Medicines Query |

4.2.4 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 most commonly links to the following assessment activities:

| Group | Activities |
|---|---|
| Group A: Clinical and Patient Facing Activities | 2. Patient Consultation: Medicines use |
| | 3. Patient Consultation: Diagnose/ Assess/Recommend |
| | 4. Medicines Optimisation |
| | 5. Patient Focused Public Health Intervention |

4.3 Contribution to Care Tools and Reflective Account

4.3.1 Contribution to Care Logs

Contribution to care logs can be used to record a range of assessment activities. Examples of contributions to care that link to assessment 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 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

Contribution to care logs most commonly link to the following assessment activities:

| Group | Activities |
|---|---|
| Group A: Clinical and Patient Facing Activities | 1. Medicines Reconciliation |
| | 2. Patient Consultation: Medicines use |
| | 3. Patient Consultation: Diagnose/ Assess/Recommend |
| | 4. Medicines Optimisation |
| | 6. Medicines Safety |
| | 7. Responding to a Medicines Query |
| | Group C: Supplying Medicines Activities |
| 11. Technical and Legal Prescription Issues: Identify and Resolve | |
| 12. Dispensing Prescriptions and Preparing Medicinal Products | |

4.3.2 Reflective Account

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

| Group | Activities |
|---|---|
| Group A: Clinical and Patient Facing Activities | 3. Patient Consultation: Diagnose/ Assess/Recommend |
| Group B: Healthcare Quality and Improvement | 8. Service Improvement |
| | 9. Teaching and Mentoring |
| | 10. Public Health/Health Inequalities |
| Group D: Mandatory and Specific Training | 17. Digital Healthcare Systems Used in Employing Organisation |

4.4 Feedback tools

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.

4.4.1 Multi-source feedback

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](#)

| Group | Activities |
|---|---------------------------|
| Group E: Personal Development and Progression | 20. Multi-Source Feedback |

4.4.2 Patient satisfaction questionnaires (PSQs)

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](#)

| Group | Activities |
|---|---------------------------|
| Group E: Personal Development and Progression | 20. Multi-Source Feedback |

4.5 Other evidence types

4.5.1 Miscellaneous evidence

This form can be used to record any assessment activity. It is also the form that should be used to record a 'supplementary evidence' assessment activity where a specific activity has been agreed between a trainee and designated supervisor to provide evidence against a learning outcome. Other examples of activities that might be recorded in this form are projects and mandatory training completed during the year. Trainees can upload documents relating to these events where they provide evidence for learning outcomes. They can be used at any time during the training year.

Examples of evidence than can be recorded in this form include:

- Completed induction training
- Certificates of attendance at a course
- Completed projects
- Competency log (for example dispensing accuracy)

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

- [Miscellaneous evidence word document template](#)
- Short [video](#) outlining how miscellaneous evidence can be used to record a range of assessment activities

| Group | Activities |
|---|---|
| Group B: Healthcare Quality and Improvement | 8. Service Improvement |
| | 9. Teaching and Mentoring |
| Group C: Supplying Medicines Activities | 11. Technical and Legal Prescription Issues: Identify and Resolve |
| | 12. Dispensing Prescriptions and Preparing Medicinal Products |
| | 13. Accuracy Checking |
| Group D: Mandatory and Specific Training | 14. First Aid/Adult Basic Life Support |
| | 15. Safeguarding Children and Vulnerable Adults |
| | 16. Health and Safety |
| | 17. Digital Healthcare Systems Used in Employing Organisation |
| | 18. Development and Application of Advanced Therapies |

4.5.2 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](#)

| Group | Activities |
|---|---|
| Group D: Mandatory and Specific Training | 14. First Aid/Adult Basic Life Support |
| | 15. Safeguarding Children and Vulnerable Adults |
| | 16. Health and Safety |
| | 17. Digital Healthcare Systems Used in Employing Organisation |
| | 18. Development and Application of Advanced Therapies |

5. Appendix 1 - Mapping to Learning Outcomes

This section details which learning outcomes each assessment activity ‘routinely’ provides evidence for. It also detailed where each assessment activity has some learning outcomes that it ‘may provide evidence for’ (if a particular circumstance arises). However, it may be that the trainee pharmacist and/or designated supervisor (DS) feel that an assessment activity provides evidence for a learning outcome that is not mapped within this guide.

This information is also available within an excel spreadsheet on [our website](#) where all the learning outcomes and assessment activities and how they map can be viewed.

Group A: Clinical and patient-facing activities

1. Medicines Reconciliation

Routinely maps to the following learning outcomes:

| | |
|----|---|
| 3 | Demonstrate effective communication at all times and adapt their approach and communication style to meet the needs of the person |
| 4 | Understand the variety of settings and adapt their communication accordingly |
| 5 | Proactively support people to make safe and effective use of their medicines and devices |
| 7 | Obtain informed consent before providing care and pharmacy services |
| 12 | Take an all-inclusive approach to ensure the most appropriate course of action based on clinical, legal and professional considerations |
| 14 | Work collaboratively and effectively with other members of the multi-disciplinary team to ensure high-quality, person-centred care, including continuity of care |
| 15 | Demonstrate the values, attitudes and behaviours expected of a pharmacy professional at all times |
| 16 | Apply professional judgement in all circumstances, taking legal and ethical reasoning into account |
| 18 | Take responsibility for all aspects of pharmacy services, and make sure that the care and services provided are safe and accurate |
| 24 | Keep abreast of new technologies and use data and digital technologies to improve clinical outcomes and patient safety, keeping to information governance principles |
| 30 | Appraise the evidence base and apply clinical reasoning and professional judgement to make safe and logical decisions which minimise risk and optimise outcomes for the person |
| 31 | Critically evaluate and use national guidelines and clinical evidence to support safe, rational and cost-effective procurement for the use, and prescribing (by others) of, medicines, devices and services |
| 35 | Anticipate and recognise adverse drug reactions, and recognise the need to apply the principles of pharmacovigilance |
| 39 | Take responsibility for people’s health records, including the legality, appropriateness, accuracy, security and confidentiality of personal data |
| 47 | Develop, lead and apply effective strategies to improve the quality of care and safe use of medicines |

| | |
|-----------|--|
| 48 | Actively take part in the management of risks and consider the impacts on people |
| 49 | Use tools and techniques to avoid medication errors associated with prescribing (by others), supply and administration |

May also map to the following learning outcomes:

| | |
|-----------|--|
| 6 | Treat people as equals, with dignity and respect, and meet their own legal responsibilities under equality and human rights legislation, while respecting diversity and cultural differences |
| 8 | Assess and respond to the person's particular health risks, taking account of individuals' protected characteristics and background |
| 9 | Take responsibility for ensuring that personal values and beliefs do not compromise person-centred care |
| 17 | Recognise and work within the limits of their knowledge and skills, and get support and refer to others when they need to |
| 32 | Accurately perform calculations |
| 43 | Identify misuse of medicines and implement effective strategies to deal with this |
| 46 | Make use of the skills and knowledge of other members of the multi-disciplinary team to manage resources and priorities |
| 51 | Recognise when and how their performance or that of others could put people at risk and take appropriate actions |
| 52 | Demonstrate resilience and flexibility, and apply effective strategies to manage multiple priorities, uncertainty, complexity and change |

2. Patient consultation: Medicines Use

Routinely maps to the following learning outcomes:

| | |
|----|---|
| 1 | Demonstrate empathy and keep the person at the centre of their approach to care at all times |
| 2 | Work in partnership with people to support and empower them in shared decision-making about their health and wellbeing |
| 3 | Demonstrate effective communication at all times and adapt their approach and communication style to meet the needs of the person |
| 4 | Understand the variety of settings and adapt their communication accordingly |
| 5 | Proactively support people to make safe and effective use of their medicines and devices |
| 7 | Obtain informed consent before providing care and pharmacy services |
| 10 | Demonstrate effective consultation skills, and in partnership with the person, decide the most appropriate course of action |
| 11 | Take into consideration factors that affect people's behaviours in relation to health and wellbeing |
| 12 | Take an all-inclusive approach to ensure the most appropriate course of action based on clinical, legal and professional considerations |
| 13 | Recognise the psychological, physiological and physical impact of prescribing decisions on people |
| 15 | Demonstrate the values, attitudes and behaviours expected of a pharmacy professional at all times |
| 18 | Take responsibility for all aspects of pharmacy services, and make sure that the care and services provided are safe and accurate |
| 21 | Apply the science behind pharmacy in all activities |
| 29 | Apply the principles of clinical therapeutics, pharmacology and genomics to make effective use of medicines for people |
| 31 | Critically evaluate and use national guidelines and clinical evidence to support safe, rational and cost-effective procurement for the use, and prescribing (by others) of, medicines, devices and services |
| 34 | Apply the principles of effective monitoring and management to improve health outcomes |
| 35 | Anticipate and recognise adverse drug reactions, and recognise the need to apply the principles of pharmacovigilance |
| 47 | Develop, lead and apply effective strategies to improve the quality of care and safe use of medicines |
| 48 | Actively take part in the management of risks and consider the impacts on people |

May also map to the following learning outcomes:

| | |
|----|--|
| 6 | Treat people as equals, with dignity and respect, and meet their own legal responsibilities under equality and human rights legislation, while respecting diversity and cultural differences |
| 8 | Assess and respond to the person's particular health risks, taking account of individuals' protected characteristics and background |
| 9 | Take responsibility for ensuring that personal values and beliefs do not compromise person-centred care |
| 17 | Recognise and work within the limits of their knowledge and skills, and get support and refer to others when they need to |
| 32 | Accurately perform calculations |
| 43 | Identify misuse of medicines and implement effective strategies to deal with this |
| 46 | Make use of the skills and knowledge of other members of the multi-disciplinary team to manage resources and priorities |

| | |
|-----------|--|
| 51 | Recognise when and how their performance or that of others could put people at risk and take appropriate actions |
| 52 | Demonstrate resilience and flexibility, and apply effective strategies to manage multiple priorities, uncertainty, complexity and change |

3. Patient Consultation: Diagnose / Assess / Recommend

Routinely maps to the following learning outcomes:

| | |
|----|--|
| 1 | Demonstrate empathy and keep the person at the centre of their approach to care at all times |
| 2 | Work in partnership with people to support and empower them in shared decision-making about their health and wellbeing |
| 3 | Demonstrate effective communication at all times and adapt their approach and communication style to meet the needs of the person |
| 4 | Understand the variety of settings and adapt their communication accordingly |
| 5 | Proactively support people to make safe and effective use of their medicines and devices |
| 7 | Obtain informed consent before providing care and pharmacy services |
| 10 | Demonstrate effective consultation skills, and in partnership with the person, decide the most appropriate course of action |
| 11 | Take into consideration factors that affect people's behaviours in relation to health and wellbeing |
| 12 | Take an all-inclusive approach to ensure the most appropriate course of action based on clinical, legal and professional considerations |
| 13 | Recognise the psychological, physiological and physical impact of prescribing decisions on people |
| 15 | Demonstrate the values, attitudes and behaviours expected of a pharmacy professional at all times |
| 16 | Apply professional judgement in all circumstances, taking legal and ethical reasoning into account |
| 18 | Take responsibility for all aspects of pharmacy services, and make sure that the care and services provided are safe and accurate |
| 21 | Apply the science behind pharmacy in all activities |
| 27 | Take responsibility for the legal, safe and efficient supply and administration of medicines and devices |
| 28 | Demonstrate effective diagnostic skills, including physical examination, to decide the most appropriate course of action for the person. During the COVID-19 pandemic all relevant precautions must be taken to ensure the safety of the patient and foundation trainee when physical contact is necessary |
| 29 | Apply the principles of clinical therapeutics, pharmacology and genomics to make effective use of medicines for people |
| 30 | Appraise the evidence base and apply clinical reasoning and professional judgement to make safe and logical decisions which minimise risk and optimise outcomes for the person |
| 31 | Critically evaluate and use national guidelines and clinical evidence to support safe, rational and cost-effective procurement for the use, and prescribing (by others) of, medicines, devices and services |
| 33 | Effectively promote healthy lifestyles using evidence-based techniques |
| 34 | Apply the principles of effective monitoring and management to improve health outcomes |
| 35 | Anticipate and recognise adverse drug reactions, and recognise the need to apply the principles of pharmacovigilance |
| 36 | Apply relevant legislation related to prescribing |

May also map to the following learning outcomes:

| | |
|---|--|
| 6 | Treat people as equals, with dignity and respect, and meet their own legal responsibilities under equality and human rights legislation, while respecting diversity and cultural differences |
| 8 | Assess and respond to the person's particular health risks, taking account of individuals' protected characteristics and background |

| | |
|-----------|--|
| 9 | Take responsibility for ensuring that personal values and beliefs do not compromise person-centred care |
| 17 | Recognise and work within the limits of their knowledge and skills, and get support and refer to others when they need to |
| 32 | Accurately perform calculations |
| 43 | Identify misuse of medicines and implement effective strategies to deal with this |
| 46 | Make use of the skills and knowledge of other members of the multi-disciplinary team to manage resources and priorities |
| 51 | Recognise when and how their performance or that of others could put people at risk and take appropriate actions |
| 52 | Demonstrate resilience and flexibility, and apply effective strategies to manage multiple priorities, uncertainty, complexity and change |

4. Medicines Optimisation

Routinely maps to the following learning outcomes:

| | |
|----|---|
| 1 | Demonstrate empathy and keep the person at the centre of their approach to care at all times |
| 2 | Work in partnership with people to support and empower them in shared decision-making about their health and wellbeing |
| 3 | Demonstrate effective communication at all times and adapt their approach and communication style to meet the needs of the person |
| 4 | Understand the variety of settings and adapt their communication accordingly |
| 5 | Proactively support people to make safe and effective use of their medicines and devices |
| 7 | Obtain informed consent before providing care and pharmacy services |
| 10 | Demonstrate effective consultation skills, and in partnership with the person, decide the most appropriate course of action |
| 11 | Take into consideration factors that affect people's behaviours in relation to health and wellbeing |
| 12 | Take an all-inclusive approach to ensure the most appropriate course of action based on clinical, legal and professional considerations |
| 13 | Recognise the psychological, physiological and physical impact of prescribing decisions on people |
| 14 | Work collaboratively and effectively with other members of the multi-disciplinary team to ensure high-quality, person-centred care, including continuity of care |
| 15 | Demonstrate the values, attitudes and behaviours expected of a pharmacy professional at all times |
| 16 | Apply professional judgement in all circumstances, taking legal and ethical reasoning into account |
| 18 | Take responsibility for all aspects of pharmacy services, and make sure that the care and services provided are safe and accurate |
| 20 | Act openly and honestly when things go wrong and raise concerns even when it is not easy to do so |
| 21 | Apply the science behind pharmacy in all activities |
| 29 | Apply the principles of clinical therapeutics, pharmacology and genomics to make effective use of medicines for people |
| 30 | Appraise the evidence base and apply clinical reasoning and professional judgement to make safe and logical decisions which minimise risk and optimise outcomes for the person |
| 31 | Critically evaluate and use national guidelines and clinical evidence to support safe, rational and cost-effective procurement for the use, and prescribing (by others) of, medicines, devices and services |
| 34 | Apply the principles of effective monitoring and management to improve health outcomes |
| 35 | Anticipate and recognise adverse drug reactions, and recognise the need to apply the principles of pharmacovigilance |
| 38 | Understand clinical governance in relation to prescribing |
| 39 | Take responsibility for people's health records, including the legality, appropriateness, accuracy, security and confidentiality of personal data |
| 45 | Demonstrate effective leadership and management skills as part of the multi-disciplinary team |
| 47 | Develop, lead and apply effective strategies to improve the quality of care and safe use of medicines |
| 48 | Actively take part in the management of risks and consider the impacts on people |
| 49 | Use tools and techniques to avoid medication errors associated with prescribing (by others), supply and administration |
| 50 | Take appropriate actions to respond to complaints, incidents or errors in a timely manner and to prevent them happening again |

| | |
|-----------|--|
| 51 | Recognise when and how their performance or that of others could put people at risk and take appropriate actions |
| 54 | Support the learning and development of others, including through mentoring |

May also map to the following learning outcomes:

| | |
|-----------|--|
| 6 | Treat people as equals, with dignity and respect, and meet their own legal responsibilities under equality and human rights legislation, while respecting diversity and cultural differences |
| 8 | Assess and respond to the person's particular health risks, taking account of individuals' protected characteristics and background |
| 9 | Take responsibility for ensuring that personal values and beliefs do not compromise person-centred care |
| 17 | Recognise and work within the limits of their knowledge and skills, and get support and refer to others when they need to |
| 32 | Accurately perform calculation |
| 43 | Identify misuse of medicines and implement effective strategies to deal with this |
| 46 | Make use of the skills and knowledge of other members of the multi-disciplinary team to manage resources and priorities |
| 51 | Recognise when and how their performance or that of others could put people at risk and take appropriate actions |
| 52 | Demonstrate resilience and flexibility, and apply effective strategies to manage multiple priorities, uncertainty, complexity and change |

5. Patient Focused Health Intervention

Routinely maps to the following learning outcomes:

| | |
|----|--|
| 1 | Demonstrate empathy and keep the person at the centre of their approach to care at all times |
| 2 | Work in partnership with people to support and empower them in shared decision-making about their health and wellbeing |
| 3 | Demonstrate effective communication at all times and adapt their approach and communication style to meet the needs of the person |
| 4 | Understand the variety of settings and adapt their communication accordingly |
| 7 | Obtain informed consent before providing care and pharmacy services |
| 8 | Assess and respond to the person's particular health risks, taking account of individuals' protected characteristics and background |
| 10 | Demonstrate effective consultation skills, and in partnership with the person, decide the most appropriate course of action |
| 11 | Take into consideration factors that affect people's behaviours in relation to health and wellbeing |
| 12 | Take an all-inclusive approach to ensure the most appropriate course of action based on clinical, legal and professional considerations |
| 15 | Demonstrate the values, attitudes and behaviours expected of a pharmacy professional at all times |
| 16 | Apply professional judgement in all circumstances, taking legal and ethical reasoning into account |
| 18 | Take responsibility for all aspects of pharmacy services, and make sure that the care and services provided are safe and accurate |
| 21 | Apply the science behind pharmacy in all activities |
| 28 | Demonstrate effective diagnostic skills, including physical examination, to decide the most appropriate course of action for the person. During the COVID-19 pandemic all relevant precautions must be taken to ensure the safety of the patient and foundation trainee when physical contact is necessary |
| 29 | Apply the principles of clinical therapeutics, pharmacology and genomics to make effective use of medicines for people |
| 30 | Appraise the evidence base and apply clinical reasoning and professional judgement to make safe and logical decisions which minimise risk and optimise outcomes for the person |
| 31 | Critically evaluate and use national guidelines and clinical evidence to support safe, rational and cost-effective procurement for the use, and prescribing (by others) of, medicines, devices and services |
| 33 | Effectively promote healthy lifestyles using evidence-based techniques |
| 35 | Anticipate and recognise adverse drug reactions, and recognise the need to apply the principles of pharmacovigilance |

May also map to the following learning outcomes:

| | |
|----|--|
| 6 | Treat people as equals, with dignity and respect, and meet their own legal responsibilities under equality and human rights legislation, while respecting diversity and cultural differences |
| 9 | Take responsibility for ensuring that personal values and beliefs do not compromise person-centred care |
| 17 | Recognise and work within the limits of their knowledge and skills, and get support and refer to others when they need to |
| 32 | Accurately perform calculations |

6. Medicines Safety Activity

Routinely maps to the following learning outcomes:

| | |
|----|---|
| 15 | Demonstrate the values, attitudes and behaviours expected of a pharmacy professional at all times |
| 18 | Take responsibility for all aspects of pharmacy services, and make sure that the care and services provided are safe and accurate |
| 21 | Apply the science behind pharmacy in all activities |
| 24 | Keep abreast of new technologies and use data and digital technologies to improve clinical outcomes and patient safety, keeping to information governance principles |
| 26 | Consider the quality, safety and risks associated with medicines and products and take appropriate action when producing and supplying them |
| 31 | Critically evaluate and use national guidelines and clinical evidence to support safe, rational and cost-effective procurement for the use, and prescribing (by others) of, medicines, devices and services |
| 35 | Anticipate and recognise adverse drug reactions, and recognise the need to apply the principles of pharmacovigilance |
| 38 | Understand clinical governance in relation to prescribing |
| 41 | Effectively make use of local and national health and social care policies to improve health outcomes and public health, and to address health inequalities |
| 47 | Develop, lead and apply effective strategies to improve the quality of care and safe use of medicines |
| 48 | Actively take part in the management of risks and consider the impacts on people |
| 49 | Use tools and techniques to avoid medication errors associated with prescribing (by others), supply and administration |

May also map to the following learning outcome:

| | |
|----|--|
| 25 | Apply pharmaceutical principles to the safe and effective formulation, preparation, packaging and disposal of medicines and products |
|----|--|

7. Responding to a Medicines Query

Routinely maps to the following learning outcomes:

| | |
|----|---|
| 3 | Demonstrate effective communication at all times and adapt their approach and communication style to meet the needs of the person |
| 4 | Understand the variety of settings and adapt their communication accordingly |
| 12 | Take an all-inclusive approach to ensure the most appropriate course of action based on clinical, legal and professional considerations |
| 15 | Demonstrate the values, attitudes and behaviours expected of a pharmacy professional at all times |
| 16 | Apply professional judgement in all circumstances, taking legal and ethical reasoning into account |
| 18 | Take responsibility for all aspects of pharmacy services, and make sure that the care and services provided are safe and accurate |
| 21 | Apply the science behind pharmacy in all activities |
| 29 | Apply the principles of clinical therapeutics, pharmacology and genomics to make effective use of medicines for people |
| 30 | Appraise the evidence base and apply clinical reasoning and professional judgement to make safe and logical decisions which minimise risk and optimise outcomes for the person |
| 31 | Critically evaluate and use national guidelines and clinical evidence to support safe, rational and cost-effective procurement for the use, and prescribing (by others) of, medicines, devices and services |
| 45 | Demonstrate effective leadership and management skills as part of the multi-disciplinary team |

May also map to the following learning outcomes:

| | |
|----|---|
| 9 | Take responsibility for ensuring that personal values and beliefs do not compromise person-centred care |
| 17 | Recognise and work within the limits of their knowledge and skills, and get support and refer to others when they need to |
| 32 | Accurately perform calculations |

Group B: Healthcare Quality and Improvement

8. Service improvement

Routinely maps to the following learning outcomes:

| | |
|----|--|
| 15 | Demonstrate the values, attitudes and behaviours expected of a pharmacy professional at all times |
| 45 | Demonstrate effective leadership and management skills as part of the multi-disciplinary team |
| 47 | Develop, lead and apply effective strategies to improve the quality of care and safe use of medicines |
| 55 | Take part in research activities, audit, service evaluation and quality improvement, and demonstrate how these are used to improve care and services |

9. Teaching and mentoring

Routinely maps to the following learning outcomes:

| | |
|----|---|
| 15 | Demonstrate the values, attitudes and behaviours expected of a pharmacy professional at all times |
| 54 | Support the learning and development of others, including through mentoring |

10. Public Health / Health Inequalities

Routinely maps to the following learning outcomes:

| | |
|----|---|
| 6 | Treat people as equals, with dignity and respect, and meet their own legal responsibilities under equality and human rights legislation, while respecting diversity and cultural differences |
| 8 | Assess and respond to the person's particular health risks, taking account of individuals' protected characteristics and background |
| 11 | Take into consideration factors that affect people's behaviours in relation to health and wellbeing |
| 15 | Demonstrate the values, attitudes and behaviours expected of a pharmacy professional at all times |
| 21 | Apply the science behind pharmacy in all activities |
| 31 | Critically evaluate and use national guidelines and clinical evidence to support safe, rational and cost-effective procurement for the use, and prescribing (by others) of, medicines, devices and services |
| 33 | Effectively promote healthy lifestyles using evidence-based techniques |
| 41 | Effectively make use of local and national health and social care policies to improve health outcomes and public health, and to address health inequalities |
| 42 | Proactively participate in the promotion and protection of public health in their practice |

Group C: Supplying Medicines

11. Technical and Legal Presentation issues: Identify and resolve

Routinely maps to the following learning outcomes:

| | |
|----|--|
| 1 | Demonstrate empathy and keep the person at the centre of their approach to care at all times |
| 3 | Demonstrate effective communication at all times and adapt their approach and communication style to meet the needs of the person |
| 4 | Understand the variety of settings and adapt their communication accordingly |
| 10 | Demonstrate effective consultation skills, and in partnership with the person, decide the most appropriate course of action |
| 12 | Take an all-inclusive approach to ensure the most appropriate course of action based on clinical, legal and professional considerations |
| 14 | Work collaboratively and effectively with other members of the multi-disciplinary team to ensure high-quality, person-centred care, including continuity of care |
| 15 | Demonstrate the values, attitudes and behaviours expected of a pharmacy professional at all times |
| 16 | Apply professional judgement in all circumstances, taking legal and ethical reasoning into account |
| 18 | Take responsibility for all aspects of pharmacy services, and make sure that the care and services provided are safe and accurate |
| 20 | Act openly and honestly when things go wrong and raise concerns even when it is not easy to do so |
| 27 | Take responsibility for the legal, safe and efficient supply and administration of medicines and devices |
| 36 | Apply relevant legislation related to prescribing |
| 38 | Understand clinical governance in relation to prescribing |
| 39 | Take responsibility for people's health records, including the legality, appropriateness, accuracy, security and confidentiality of personal data |
| 45 | Demonstrate effective leadership and management skills as part of the multi-disciplinary team |
| 49 | Use tools and techniques to avoid medication errors associated with prescribing (by others), supply and administration |
| 50 | Take appropriate actions to respond to complaints, incidents or errors in a timely manner and to prevent them happening again |
| 51 | Recognise when and how their performance or that of others could put people at risk and take appropriate actions |
| 54 | Support the learning and development of others, including through mentoring |

May also map to the following learning outcomes:

| | |
|----|--|
| 17 | Recognise and work within the limits of their knowledge and skills, and get support and refer to others when they need to |
| 32 | Accurately perform calculations |
| 43 | Identify misuse of medicines and implement effective strategies to deal with this |
| 46 | Make use of the skills and knowledge of other members of the multi-disciplinary team to manage resources and priorities |
| 52 | Demonstrate resilience and flexibility, and apply effective strategies to manage multiple priorities, uncertainty, complexity and change |

12. Dispensing prescriptions and preparing medicinal products

Routinely maps to the following learning outcomes:

| | |
|----|--|
| 15 | Demonstrate the values, attitudes and behaviours expected of a pharmacy professional at all times |
| 16 | Apply professional judgement in all circumstances, taking legal and ethical reasoning into account |
| 18 | Take responsibility for all aspects of pharmacy services, and make sure that the care and services provided are safe and accurate |
| 20 | Act openly and honestly when things go wrong and raise concerns even when it is not easy to do so |
| 24 | Keep abreast of new technologies and use data and digital technologies to improve clinical outcomes and patient safety, keeping to information governance principles |
| 25 | Apply pharmaceutical principles to the safe and effective formulation, preparation, packaging and disposal of medicines and products |
| 26 | Consider the quality, safety and risks associated with medicines and products and take appropriate action when producing and supplying them |
| 27 | Take responsibility for the legal, safe and efficient supply and administration of medicines and devices |
| 32 | Accurately perform calculations |
| 36 | Apply relevant legislation related to prescribing |
| 39 | Take responsibility for people's health records, including the legality, appropriateness, accuracy, security and confidentiality of personal data |
| 48 | Actively take part in the management of risks and consider the impacts on people |
| 49 | Use tools and techniques to avoid medication errors associated with prescribing (by others), supply and administration |

May also map to the following learning outcomes:

| | |
|----|--|
| 21 | Apply the science behind pharmacy in all activities |
| 51 | Recognise when and how their performance or that of others could put people at risk and take appropriate actions |
| 52 | Demonstrate resilience and flexibility, and apply effective strategies to manage multiple priorities, uncertainty, complexity and change |

13. Accuracy checking

Routinely maps to the following learning outcomes:

| | |
|----|---|
| 15 | Demonstrate the values, attitudes and behaviours expected of a pharmacy professional at all times |
| 16 | Apply professional judgement in all circumstances, taking legal and ethical reasoning into account |
| 18 | Take responsibility for all aspects of pharmacy services, and make sure that the care and services provided are safe and accurate |
| 20 | Act openly and honestly when things go wrong and raise concerns even when it is not easy to do so |
| 25 | Apply pharmaceutical principles to the safe and effective formulation, preparation, packaging and disposal of medicines and products |
| 26 | Consider the quality, safety and risks associated with medicines and products and take appropriate action when producing and supplying them |
| 27 | Take responsibility for the legal, safe and efficient supply and administration of medicines and devices |
| 32 | Accurately perform calculations |
| 36 | Apply relevant legislation related to prescribing |
| 48 | Actively take part in the management of risks and consider the impacts on people |
| 49 | Use tools and techniques to avoid medication errors associated with prescribing (by others), supply and administration |
| 51 | Recognise when and how their performance or that of others could put people at risk and take appropriate actions |

May also map to the following learning outcome:

| | |
|----|--|
| 52 | Demonstrate resilience and flexibility, and apply effective strategies to manage multiple priorities, uncertainty, complexity and change |
|----|--|

Group D: Mandatory and Specific Training

14. First Aid / Adult Basic Life Support

Routinely maps to the following learning outcome:

| | |
|----|--|
| 44 | Respond appropriately to medical emergencies, including the provision of first aid |
|----|--|

15. Safeguarding children and vulnerable adults

Routinely maps to the following learning outcome:

| | |
|----|---|
| 40 | Understand and implement relevant safeguarding procedures, including local and national guidance in relation to each person |
|----|---|

16. Health and safety

Routinely maps to the following learning outcome:

| | |
|----|---|
| 19 | Take responsibility for all aspects of health and safety and take actions when necessary, particularly but not exclusively during the COVID-19 pandemic |
|----|---|

17. Digital healthcare systems used in employing organisations

Routinely maps to the following learning outcomes:

| | |
|----|--|
| 24 | Keep abreast of new technologies and use data and digital technologies to improve clinical outcomes and patient safety, keeping to information governance principles |
| 38 | Understand clinical governance in relation to prescribing |

18. Development and application of advanced therapies

Routinely maps to the following learning outcomes:

| | |
|----|--|
| 22 | Demonstrate how the science behind pharmacy is applied in the discovery, design, development and safety testing of medicines and devices |
| 23 | Recognise the technologies that are behind developing advanced therapeutic medicinal products and precision medicines, including the formulation, supply and quality assurance of these therapeutic agents |

Group E: Personal Development and Progression

19. Learning needs assessment and personal development plan

Routinely maps to the following learning outcome:

| | |
|-----------|--|
| 53 | Reflect upon, identify, and proactively address their learning needs |
|-----------|--|

20. Multisource feedback

Routinely maps to the following learning outcomes:

| | |
|-----------|--|
| 53 | Reflect upon, identify, and proactively address their learning needs |
|-----------|--|

21. Supplementary evidence

This activity is used in agreement between the trainee pharmacist and designated supervisor to provide evidence for specific learning outcomes that are difficult to provide evidence for using other activities. This may vary between sectors and location (region) of the training site.

6. Appendix 2 – Example E-portfolio evidence timeline

The following table provides an example of an E-portfolio evidence timeline that a trainee may follow in practice. It is important that trainees and their supervisor review their timetables throughout the year to ensure and plan assessment activities that can be undertaken and fit learning opportunities in practice.

| Weeks | Key milestones | Planning | Suggested activities and evidence |
|-------|---|---|--|
| 1-2 | LNA, PDP and Learning Agreement – this links to the assessment activities in Group E. | Complete E-portfolio and SLE tool training | Undertake mandatory training and complete local induction – this links to the assessment activities in Group D |
| 2-4 | Submit first pieces of evidence for review by supervisors | Discuss with your supervisor documenting and managing contribution to care logs | Begin competency logs |
| 5-8 | | | We suggest completing at least TWO of the Group A assessment activities using a SLE assessment tool by week 8 |
| 9-12 | | Prepare portfolio for 13-week progress review | |
| 13 | Undertake 13-week progress review. Undertake an LNA, PDP update. | | |
| 14-17 | | Multi-source feedback implementation planning | We suggest completing at least TWO of the Group A assessment activities using a SLE assessment tool by week 17 |
| 18-21 | | | Multi-source feedback |
| 22-25 | | Prepare portfolio for 26-week progress review | We suggest that you aim to complete the dispensing accuracy assessment activity |
| 26 | Undertake 26-week progress review. Undertake an LNA, PDP update. | | We suggest that you aim to complete the Group C dispensing accuracy assessment activity by the end of week 26 |
| 27-30 | | PSQ planning | |

| | | | |
|-------|------------------------------------|---|---|
| 31-34 | | | Undertake PSQ |
| 35-38 | | Prepare portfolio for 39-week progress review | |
| 39 | Undertake 39-week progress review. | | <p>We suggest completing at least TWO of the Group A assessment activities using a SLE assessment tool by week 39</p> <p>We suggest that you aim to complete the Group C final accuracy checking assessment activity by the end of week 39</p> |
| 40-43 | | Multi-source feedback implementation planning | |
| 44-48 | | | Undertake a multi-source feedback |
| 49-52 | Final review and sign-off | | |

7. Version History

This assessment activities guide was first published in June 2021.

Please contact traineepharmacist@hee.nhs.uk with any editorial suggestions.

| Version | Purpose / change |
|----------------------|--|
| July 2021 | Signposting to visual mapping of assessment activities and microlearning resources. |
| November 2021 | Clarification that a single scenario from practice may be used to contribute to more than one assessment activity. |
| June 2023 | Revision of the document in line with refresh to Assessment Strategy Addition of more information on assessment tools to document |

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