

Foundation Trainee Pharmacist Assessment Strategy

Version 3, June 2023



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Background

The NHS has an urgent demand for increased clinical skills, prevention of ill-health and optimal outcomes from medicines¹. Pharmacists are key to meeting the ambitions of the NHS for primary, mental health and hospital care. In 2021, the General Pharmaceutical Council (GPhC) approved revised Standards for the Initial Education and Training of Pharmacists (IETPs).

These revised standards will ensure newly qualified pharmacists develop the necessary skills and confidence to provide the clinical services required by patients and the NHS, working across health systems. The IETPs span the initial five years of training and integrate learning outcomes that demonstrate competency as an Independent Prescriber at the point of registration. **Independent prescribing will not be incorporated into Pharmacist Foundation Training until 2025/2026. The learning outcomes have been modified by the GPhC in the interim to reflect this.**

There are 55 interim learning outcomes, which are organised into four domains:

- Person-centred care and collaboration
- Professional practice
- Leadership and management
- Education and research

The attainment of these learning outcomes is differentiated between the MPharm and foundation training by the level at which the learning outcome must be demonstrated by the student/trainee pharmacist, and the context in which the learning outcomes are demonstrated.

These levels are described by a competence and assessment hierarchy known as 'Miller's Triangle' (see [Figure 1](#)). For foundation training, most learning outcomes must be demonstrated at the 'Does' level of Miller's Triangle – that is, demonstrated in everyday situations, repeatedly and reliably.

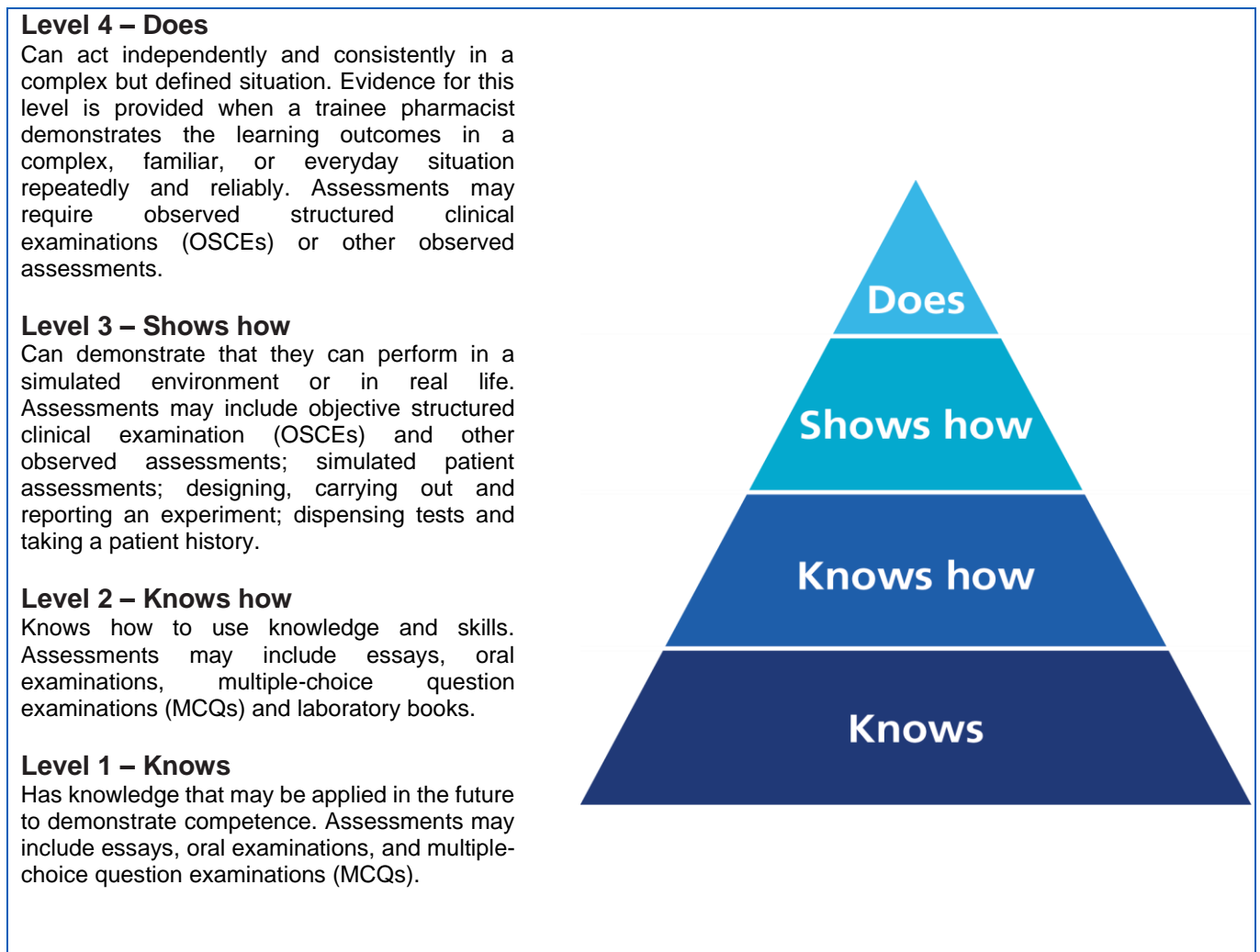
1. NHS. *The NHS Long Term Plan (2019)*. Available at: <https://www.longtermplan.nhs.uk/>

To successfully complete foundation training and become a pharmacist, trainee pharmacists must be able to demonstrate that they have the knowledge, skills and competence needed to practise as a pharmacist. This is assessed by:

- Formal 'sign off' against all the learning outcomes by the Designated Supervisor (DS) by the end of training
- Completion of 52 weeks of foundation training (or equivalent if part-time)
- Passing the GPhC registration assessment

The Strategy has been developed to support practice-based assessment against the interim learning outcomes.

Figure 1: Miller's Triangle



Introduction

The Foundation Trainee Pharmacist Assessment Strategy (the Strategy) is designed for all trainee pharmacist foundation training sites in England. It supports trainee pharmacists to develop towards the interim learning outcomes and provide evidence for sign off by their Designated Supervisors (DSs) using a structured approach. A range of assessment activities and tools, mapped to the learning outcomes, are provided for trainees, DSs, and educational leads. This ensures a consistent and fair approach across all training sites.

In 2025/26 when independent prescribing is incorporated into Pharmacist Foundation Training, the Strategy will be updated to incorporate independent prescribing training and assessment tools.

The Strategy describes 21 assessment activities which are organised into five themed groups. The Strategy is designed so that completion of all the assessment activities provides multiple pieces of evidence against each learning outcome. Therefore, trainees are advised to complete **a minimum** of one assessment activity of each type. This can be done using the assessment tool(s). This document discusses the groups, activities, and tools in more detail.

In addition, this document describes how the Foundation Trainee Pharmacist E-portfolio and GPhC foundation training progress reports and sign-off forms support delivery of the Strategy. It should be used by:

- Trainee pharmacists to understand how the strategy assists them collecting evidence against the learning outcomes, using the assessment activities and associated tools.
- DSs to understand how to use the strategy to best support their trainee to demonstrate the learning outcomes, using the assessment activities and associated tools.
- Educational leads to support the development of their local training plans and any training programme that is provided/used by the training site.

To support the use of the assessment tools and E-portfolio a range of virtual / digital materials are available for trainee pharmacists and their supervisors. These can be found on the [NHS England Foundation Trainee Pharmacist webpage](#).

1. The Strategy

Pharmacist Foundation Training offers the opportunity to apply academic knowledge in a real-life situation. The aim is to develop and demonstrate the skills, knowledge and behaviours needed to practise to the standards expected of a pharmacist, and in a way that delivers the best outcomes for patients and members of the public.

1.1 Overview

The Strategy provides a structured approach for trainee pharmacists to demonstrate their achievement of the GPhC learning outcomes in practice. The Strategy:

- Supports trainee pharmacists to achieve the learning outcomes in a structured way by completing a range of defined assessment activities using assessment tools
- Supports DSs to identify activities or tools that support demonstration of the learning outcomes
- Provides more information on the assessment groups, activities and tools
- Discusses how trainee pharmacists can build a portfolio of evidence and the tools available to support this
- Describes the role of the DS

The assessment activities are arranged into five themed groups. This is to make it easier for trainees and DSs to map evidence to the relevant GPhC learning outcomes. The assessment activity groups are described in [table 1](#).

Table 1. Assessment activity groups

Assessment activity group	Description
Group A: Clinical and patient facing activities	<p>These are activities that are focused 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).</p>
Group B: Healthcare quality and improvement	<p>These activities are related to improving healthcare quality through broader actions such as:</p> <ul style="list-style-type: none"> • A quality improvement project • An audit • Supporting the education and training of other members of the healthcare team <p>As part of these activities, trainees are required to include a focus on public health and health inequalities.</p>
Group C: Supplying medicines activities	<p>These activities relate to the safe and effective supply of medicines. These activities are typically more related to technical skills and processes such as dispensing and final accuracy checking, but also ensuring the legality and technical accuracy of prescriptions or other medicines-supply processes.</p> <p>It is expected that the training site will have their own local procedure for assessing some components of this (e.g., dispensing accuracy and final accuracy checking), so for some activities, the trainee should include evidence of completion of these local assessments, rather than needing to produce specific separate evidence.</p>
Group D: Mandatory and Specific Training	<p>These activities relate to learning outcomes that can be demonstrated through the completion of local training, including mandatory training, and first-aid training.</p>
Group E: Personal Development and Progression	<p>These activities support the planning of learning during foundation training (including the Learning Needs Analysis), and the opportunity to provide specific evidence for learning outcomes that may have been more difficult to meet through other activities.</p>

1.2 Assessment activities

There are a total of 21 assessment activities which are common professional activities that trainee pharmacists should be undertaking as part of their training regardless of the sector they are working in. Within each themed group there are between three and seven individual types of assessment activities which trainee pharmacists are expected to undertake or provide evidence of their learning during their training. They have been chosen to support trainees to gain evidence towards a wide range of learning outcomes.

The assessment activities are described with practice examples in [Table 2](#). On the [NHS England Foundation Trainee Pharmacist webpage](#), the Foundation Trainee Pharmacist Assessment Activities and Tools Guide document describes how the learning outcomes, assessment activities and tools link together. A visual mapping document is also available to download from the same page.

Further activities in addition to the assessment activities listed in the assessment strategy can also be completed in agreement between the trainee pharmacist and DS. These should be documented within and uploaded to the E-portfolio using one of the assessment tools described later in this document.

Please note: Since most learning outcomes are assessed at the ‘Does’ level of Miller’s Triangle, the trainee pharmacist 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 pharmacist could complete an assessment activity that would normally be conducted by a registered pharmacist or other appropriately registered healthcare professional, the DS 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.

Table 2. The Assessment activities

Group	Activity	Description	Practice Examples
Group A: Clinical and Patient Facing Activities	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 or recommendation.	<ul style="list-style-type: none"> • Responding to symptoms consultation • Using a Patient Group Direction • Community Pharmacy Consultation Service • Hypertension Case Finding 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

Group	Activity	Description	Practice Examples
	5. Patient Focused Public Health Intervention	Conducting a consultation with a patient resulting in a public health 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"> • NHS Health Check (community pharmacy or general practice) • 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
Group B: Healthcare quality and improvement	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

Group	Activity	Description	Practice Examples
Group C: Supplying Medicines Activities	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 • Hospital discharge prescription • 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
Group D: Mandatory and Specific Training	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

Group	Activity	Description	Practice Examples
	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
Group E: Personal Development and Progression	19. 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.	

1.3 Assessment tools

An assessment activity should be documented within an assessment tool which provides a standard structure for recording the activity. The different types of assessment tools currently available on the e-portfolio are shown in table 3.

Different assessment tools will be useful for different activities. For some assessment activities, there is only one type of assessment tool that can be used. For others there may be a choice of assessment tools that could be used. A good portfolio of evidence will include examples of multiple assessment tools. This can be done directly within the E-portfolio or can be uploaded using one of the assessment tool forms available on the [NHS England Foundation Trainee Pharmacist webpage](#).

Suggested assessment tools for use with an assessment activity are shown in [table 4](#).

The DS will be expected to review each assessment tool, provide comments and mark as complete within the E-portfolio having decided that the learning outcomes claimed by the trainee have been satisfactorily demonstrated by the activity undertaken. The role of the DS is explored further in [section 3](#).

Table 3. Types of assessment tool available on the E-portfolio

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)

¹ local forms and templates can be uploaded to the e-portfolio using the miscellaneous evidence.

Table 4. Assessment activities and suggested assessment tools

Group	Activities	Possible assessment tool
Group A: Clinical and Patient Facing Activities	1. Medicines Reconciliation	Mini-CEX, DOPS, Contribution to care log
	2. Patient Consultation: Medicines use	Mini-CEX, DOPS, MRCF, Contribution to care log
	3. Patient Consultation: Diagnose/ Assess/Recommend	Mini-CEX, DOPS, CBD, MRCF, Contribution to care log, Reflective account
	4. Medicines Optimisation	Mini-CEX, DOPS, CBD, MRCF, Contribution to care log,
	5. Patient Focused Public Health Intervention	Mini-CEX, DOPS, MRCF
	6. Medicines Safety	Mini-CEX, DOPS, Contribution to care log
	7. Responding to a Medicines Query	Mini-CEX, DOPS, CBD, Contribution to care log
Group B: Healthcare Quality and Improvement	8. Service Improvement	DOPS, CBD, Reflective account, Miscellaneous evidence (completed project or survey)
	9. Teaching and Mentoring	Reflective account, Miscellaneous evidence (Lesson plans, participant feedback)
	10. Public Health/Health Inequalities	Reflective account
Group C: Supplying Medicines Activities	11. Technical and Legal Prescription Issues: Identify and Resolve	Mini-CEX, DOPS, Contribution to care log, Miscellaneous evidence (screening competency logs)
	12. Dispensing Prescriptions and Preparing Medicinal Products	DOPS, Contribution to care log, Miscellaneous evidence (competency logs)
	13. Accuracy Checking	DOPS, Miscellaneous evidence (competency logs)
Group D: Mandatory and Specific Training	14. First Aid/Adult Basic Life Support	Miscellaneous evidence (certificate of attendance), CPD
	15. Safeguarding Children and Vulnerable Adults	Miscellaneous evidence (certificate of attendance), CPD
	16. Health and Safety	Miscellaneous evidence (certificate of attendance), CPD
	17. Digital Healthcare Systems Used in Employing Organisation	Reflective account, Miscellaneous evidence (certificate of attendance), CPD
	18. Development and Application of Advanced Therapies	Miscellaneous evidence (certificate of completion), CPD
Group E: Personal Development and Progression	19. Personal Development Plan and Learning Needs Assessment	LNA
	20. Multi-Source Feedback	MSF, PSQ
	21. Supplementary Evidence	Various depending on activity

1.4 Minimum number of assessment activities

Trainee pharmacists are advised to complete a minimum of one assessment activity of each type, i.e., for Group A (Clinical and patient facing activities), the trainee pharmacist should complete and record one of each of the seven assessment activities as a minimum.

It is intended that one event from practice should relate to a single assessment activity. Therefore, a piece of evidence that is uploaded to the e-portfolio should be identified by the student as representing ONE of the assessment activities.

However, in some cases an event in practice may contribute to and be recorded within more than one assessment activity. For example, near the end of their training, a trainee pharmacist may demonstrate medicines reconciliation and medicines optimisation within a single patient consultation. Where possible, trainee pharmacists are encouraged to use a separate practice scenario for each assessment activity, as this will provide a broader range of evidence within the portfolio.

For Group B, it may be that a single larger activity/project will cover the three activities (activities 8, 9 and 10). This must be agreed between the trainee pharmacist and DS in advance of completion. Some local training plans may already include a larger project that will cover Group B activities and can be submitted as evidence.

For more information on the process for a designated supervisor determining when a learning outcome has been demonstrated, see [section 3](#).

2. Building a portfolio of evidence

To ensure trainees are consistently developing throughout Pharmacist Foundation Training, they are required to develop a portfolio of evidence. This portfolio allows trainees to document assessment activities and experiences that demonstrate skills and behaviours, all mapped against the learning outcomes.

2.1 What to do when

Throughout Pharmacist Foundation Training, trainee pharmacists are expected to build a portfolio that evidences their application of knowledge to practice through using assessment activities and tools.

It is recommended that assessment tools such as supervised learning events and contributions to care are carried out on a regular, evenly spaced basis to ensure trainees have time to reflect and act on feedback given by supervisors to improve practice. Baseline SLEs are optional but give trainee pharmacists and their DSs a starting point to guide development.

To assist in the planning of portfolio building an example schedule is found in the [Foundation Trainee Pharmacist Assessment Activities and Tools Guide](#). This schedule is intended to be used alongside the trainee pharmacists individual training plan and the review of their Learning Needs Analysis to plan assessment activities.

All evidence documented must be mapped against the GPhC interim learning outcomes. Trainee pharmacists should monitor their progress against them by undertaking learning needs analysis and at regular intervals. We suggest this is done at the beginning of training and at appraisals.

Throughout training 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
- Check contribution to care logs on a twice weekly/monthly basis

2.2 Planning and reviewing learning and progress

At the start of Pharmacist Foundation Training, the trainee pharmacist and DS should have an initial meeting to support the completion of:

- A learning needs analysis (LNA): Reviewing the learning outcomes
- Generation of identified learning and plan of completion
- A learning agreement

These processes are assessment activities within **Group E (personal development and progression)**.

The trainee pharmacist and the DS should meet to check-in and review progress regularly. These meetings should be documented and recorded within the trainee pharmacist's portfolio. As part of this process, the trainee pharmacist and DS should also plan when the practice-based assessment activities (including supervised learning events) will be completed.

At intervals of 13 weeks, the trainee pharmacist and the DS must meet to formally review progress and complete a progress report for submission to the GPhC. It is recommended that the LNA be completed at week 1 and 26. However the trainee pharmacists and DS may agree to complete the LNA more frequently.

2.3 E-portfolio

NHS England have procured an E-portfolio system for trainee pharmacists to use. The E-portfolio will assist trainee pharmacists and their designated supervisors to upload, manage and review evidence/progress.

The E-portfolio contains electronic versions of the tools and forms for completion at required time points. Downloadable versions of the forms are also available on the [NHS England Foundation Trainee Pharmacist webpage](#).

3. The role of the Designated Supervisor

The GPhC describes the role of the DS within the 2021 Standards for the Initial Education and Training of Pharmacists (IETP) 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, who, working with everyone involved, is responsible for co-ordinating their supervision, overseeing their progress and final sign-off / declaration that all learning outcomes have been met. If a trainee will be spending 13-weeks or more in a different training location, they must have an approved DS for this location. The DS must be a pharmacist and meet the [GPhC requirements for designated supervisors](#).

This final declaration is part of the application for registration and includes confirmation that the trainee pharmacist has demonstrated competence appropriate to a newly registered pharmacist by the end of their training and that they are a fit and proper person to be registered as a pharmacist.

The DS has several roles:

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

At times, the DS 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 assessment activities using the associated assessment tools. The DS must be assured that any practice supervisor participating in assessment activities is appropriately experienced and trained to conduct assessments. The DS will retain responsibility for the final sign-off of learning outcomes against any evidence provided by Supervised Learning Events that are assessed by practice supervisors.

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 pharmacist could complete an assessment activity that would normally be conducted by a registered pharmacist or other appropriately registered healthcare professional, the DS 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.

3.1 Meeting intervals

It is important for successful training for the supervisor and trainee to develop a good relationship from the start. During the first week of training, the DS should meet with the trainee pharmacist to support the completion of the learning needs analysis and learning agreement as outlined in [section 2.2](#).

The DS or their delegates, must have regular developmental and documented meetings with a trainee pharmacist during their training. We recommend a weekly or fortnightly meeting to reflect on progress and review objectives. These meetings can be documented, with key actions recorded, within the E-portfolio.

3.2 Progress reports

The GPhC require trainee pharmacists to have four formal progress reports during the Foundation training year, at weeks 13, 26, 39 and 52 (or equivalent if undertaking part-time training). Trainee pharmacists are not eligible to sit the final registration assessment unless they are deemed to be making satisfactory progress on their

learning outcome sign-off at 39 weeks (or equivalent). Please note that where progress reports must be submitted to the GPhC, this must be done on the trainees “my GPhC” separately to the E-portfolio. The E-portfolio does not link to the GPhC site.

3.3 Assessing a trainee’s performance

Assessing a trainee pharmacist’s performance against the learning outcomes is essential to determining the final assessment of competence to join the register. Assessment needs to be fair and objective and help the trainee pharmacist to understand how they are performing in line with the requirements of their personal development plan and progress towards learning outcome sign off. Sections [1.2](#) and [1.3](#) outline the assessment activities and tools that are expected to be used to help supervisors make decisions about a trainee pharmacist’s performance. These activities will enable the trainee pharmacist to develop a portfolio of evidence which demonstrates competence against the learning outcomes.

3.4 What is sufficient evidence for a learning outcome to be met?

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.

Please note: Since most learning outcomes are assessed at the 'Does' level of Miller's Triangle, the trainee pharmacist 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 pharmacist 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 pharmacist did, how they have progressed, and any feedback received from colleagues or patients on their competence,
- Show the trainee pharmacist 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 designated supervisor can sign it off. The trainee is expected to continue to demonstrate competence in practice. As the designated supervisor, you may reverse this decision if trainee performance becomes unsatisfactory for a learning outcome they have already achieved.

3.4.1 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 in section 3.4 above, it is down to the professional judgement of the DS to determine when each learning outcome has been satisfactorily demonstrated.

3.5 Raising concerns

The DS has a professional responsibility to raise genuine concerns. During training, trainee pharmacists must only carry out tasks at which they are competent, or are learning under supervision to be competent, so that patient safety is not compromised. If there are concerns that a trainee pharmacist may be failing to meet the learning outcomes for Pharmacist Foundation Training, an action plan must be put in place.

Raising concerns about performance at an early stage of training can help to identify areas of practice that can be improved. Concerns should be raised between the trainee pharmacist, the DS and potentially the employer or superintendent.

Version history

This assessment strategy was first published in June 2021.

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

Version	Date	Purpose / change
1	July 2021	Signposting to visual mapping of assessment activities and microlearning resources. Personal development plan and learning needs assessment update: twice during the year (or four times if desired). Strengthened guidance for (supervision of) trainee pharmacists undertaking an assessment activity that would normally be conducted by a registered pharmacist or other appropriately registered healthcare professional. Revision of descriptions of miscellaneous evidence form and contribution to care log assessment tools. Addition of endorsement logos
2	November 2021	Clarification that a single scenario from practice may be used to contribute to more than one assessment activity. Updating of links to E-Learning for Healthcare modules throughout the Assessment Strategy document.
3	June 2023	Full review of the assessment strategy. Refinement and restructure of content. Review of activities and tools since implementation.

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