

Trainee Pharmacist Foundation Year Assessment Activities Guide



November 2021

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1. Introduction

This guide is a companion piece to the Health Education England Trainee pharmacist foundation year assessment strategy. It provides detailed information about the assessment activities a trainee is expected to undertake during their foundation year, including an indicative mapping of each activity against the General Pharmaceutical Council (GPhC) interim learning outcomes for the initial training and education of pharmacists.

This assessment guide is designed to support designated supervisors and trainee pharmacists understand the assessment framework and activities and plan these into the training year.

For more information about the Health Education England Trainee pharmacist foundation year assessment strategy, please refer to our website: www.hee.nhs.uk/our-work/pharmacy/trainee-pharmacist-foundation-year-programme.

2. Using the assessment framework and activities

The Health Education England Trainee pharmacist foundation year 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.

These assessment activities are arranged into five themed groups:

- Group A: Clinical and patient-facing activities
- Group B: Healthcare quality and improvement
- Group C: Supplying medicines activities
- Group D: Mandatory and specific training
- Group E: Personal Development and Progression

Each themed group contains between three and seven individual types of Activity, which trainee pharmacists are expected to undertake to provide evidence of their learning. Each Activity must be documented within an 'assessment tool' which provides a standard structure for recording the Activity. **As part of this the trainee pharmacist must indicate which learning outcomes the completed activity provides evidence for.**

For more information, please refer to the Health Education England Trainee pharmacist foundation year assessment strategy on our website: www.hee.nhs.uk/our-work/pharmacy/trainee-pharmacist-foundation-year-programme.

2.1 Mapping assessment activities to the learning outcomes

The assessment activities are designed to provide a range of evidence that supports demonstration of all learning outcomes over the Foundation training year.

This assessment guide indicates which learning outcomes each assessment activity is expected to provide evidence for.

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).

It may be that the trainee pharmacist and/or designated supervisor feel that an assessment activity also provides evidence for a learning outcome that is not mapped within this guide. There is the flexibility for this to also be claimed within the assessment tool.

When the trainee pharmacist uploads a completed assessment activity (within an assessment tool document) to the e-portfolio, **they must indicate which learning outcomes they believe the assessment activity provides evidence for.**

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The e-portfolio functionality will then support a 'dashboard' of evidence provided against each learning outcome, which will help the designated supervisor to understand how evidence is being collated over the training year, and eventual sign-off of the learning outcomes.

For most learning outcomes, 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**' (see appendix 1).

The range of assessment activities are designed as an entity to provide **multiple pieces of evidence** against each learning outcome. The designated supervisor will use their professional judgement to decide when each learning outcome has been met.

2.2 Linking assessment activities to the local training programme

We suggest that the designated supervisor 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.

2.3 Minimum number of assessment activities

Trainee pharmacists are required to complete a **minimum** of one assessment activity of each type. I.e. 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**.

In some cases, each assessment activity will relate to a separate event in practice. 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 the training year a trainee pharmacist may demonstrate medicines reconciliation and medicines optimisation within a single patient consultation. Where possible trainees 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 designated supervisor 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.

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. 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**'. 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. Designated supervisors are expected to use their professional judgement in making decisions as to when a learning outcome has been met.

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Please note that the designated supervisor may require the trainee to complete/demonstrate further examples of a specific activity if they are linked to one or more learning outcome that has not been satisfactorily demonstrated overall.

Additional activities (in addition to the assessment activities listed in the HEE Trainee pharmacist foundation year assessment strategy) can also be completed in agreement between the trainee pharmacist and designated supervisor. These should be documented within and uploaded to the e-portfolio using the relevant assessment tools.

For more information about additional activities, please see section 3.5.4 (other evidence types) in the Trainee pharmacist foundation year assessment strategy, available on our website at: www.hee.nhs.uk/our-work/pharmacy/trainee-pharmacist-foundation-year-programme.

The following sections focus on each themed group of assessment activities in turn and show which learning outcomes each activity is intended to map to. The learning outcomes are numbered according to the table of GPhC interim learning outcomes, which can be found in appendix 1.

A **visual mapping** of these assessment activities is also available on our website at: www.hee.nhs.uk/our-work/pharmacy/trainee-pharmacist-foundation-year-programme.

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).

Please note that 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.

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

3.1 Medicines reconciliation

Completion of a **medicines reconciliation** for a patient when they move from one sector of healthcare to another.

Examples include:

- Secondary care to primary care (discharge from hospital)
- Primary care to secondary care (admission into hospital)
- Discharge medicines service (community pharmacy service).

Routinely maps to 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

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- (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 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.

3.2 Patient consultation: Medicines use

Conducting a consultation with a patient on how to use a medicine or device that has been prescribed for them.

Examples include:

- Counselling on a new medicine in any sector
- Discharge medicines service (community pharmacy service)
- New medicines service (community pharmacy service).

Routinely maps to 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 pharmacovigilance¹
- (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 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.

3.3 Patient consultation: Diagnose / assess / recommend

Conducting a consultation with a patient that is presenting with a condition or symptoms. The patient is assessed, diagnostic reasoning is used and a decision / recommendation is made.

Examples include:

- Responding to symptoms consultation
- Using a patient group direction
- Community Pharmacy Consultation Service (community pharmacy service)
- Physical examination skills: pulse, respiratory rate, oxygen saturation, temperature, blood pressure.

Routinely maps to 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

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- (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 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.

3.4 Medicines optimisation

Clinical screening of a prescription / the medicines of a patient, identification of one or more clinical issues, clinical reasoning supporting the generation/ implementation of a recommendation to optimise medicines. This recommendation is made to a prescriber to resolve the issue(s). This may include recommending the deprescribing of one or more medicines.

Examples include:

- Identify a clinical problem, generate solutions and implement to resolve
- Therapeutic drug monitoring
- Medication review

Routinely maps to 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

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- (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 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.

3.5 Patient-focused 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.

Examples include:

- NHS Health Check (community pharmacy or general practice)
- Antimicrobial stewardship intervention
- Smoking cessation intervention

Routinely maps to 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

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- (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 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.

3.6 Medicines safety activity

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.

Examples include:

- MHRA Central Alerting System – medicine recall, notifications and patient safety alerts
- Yellow card MHRA report
- Incident report
- Error report.

Routinely maps to 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

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- (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 learning outcomes:

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

3.7 Responding to a medicines query

Receiving and responding effectively to a medicines related enquiry relating to a specific patient. The enquiry may come from a healthcare professional or the patient/carer etc.

Examples include:

- Enquiry from a patient, carer, etc
- Enquiry from a healthcare professional.

Routinely maps to 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.

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May also map to 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.

4. Group B: Healthcare quality and improvement

These activities are related to improving healthcare quality through broader actions.

Activities related to improving healthcare through broader actions 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).

4.1 Service improvement

A project or activity that supports quality improvement. **This may overlap with activity 9 and/or activity 10 in Group B.**

Examples include:

- Quality Improvement Project
- Patient satisfaction survey
- Pharmacy Quality Scheme (PQS) related activities.

Routinely maps to 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.

4.2 Teaching and mentoring

Supporting the learning and development of others within the healthcare team, e.g. a teaching session. **This may overlap with activity 8 and/or activity 10 in Group B.**

Examples include:

- Teaching/training activity

Routinely maps to 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

4.3 Public health / health inequalities activity

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.**

Examples include:

- Participation in public health campaigns

Routinely maps to 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

5. Group C: Supplying medicines

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 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)

5.1 Technical and legal presentation issues: Identify and resolve

Technical/legal screening of a prescription / inpatient medicines record / other medicines order form, identification of a technical and/or legal issue, professional reasoning supporting the generation /implementation of a recommendation to resolve the issue, which may involve interaction with another healthcare professional.

Examples include:

- FP10 prescription
- Inpatient medicines record
- Controlled drug requisition

Routinely maps to 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

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- (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 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.

5.2 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.

Examples include:

- Local training/competency assessment on dispensing medicines against a prescription or medicines order
- Local training/competency assessment on preparation of extemporaneous or aseptic products

Routinely maps to learning outcomes:

- (15) Demonstrate the values, attitudes and behaviours expected of a pharmacy professional at all times

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- (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 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

5.3 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.

Examples include:

- Local training/competency assessment on accuracy checking

Routinely maps to 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

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- (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 learning outcomes:

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

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 locally identified first-aid training.

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

6.1 First Aid / Adult Basic Life Support

Completion of first aid training (required)

Examples include:

- Locally identified/provided first aid training course
- Local Adult Basic Life Support training where required, as part of mandatory training

Routinely maps to learning outcomes:

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

6.2 Safeguarding children and vulnerable adults

Completion of mandatory training / assessment in relation to the safeguarding of children/vulnerable adults.

Examples include:

- Employing organisation mandatory training on safeguarding children
- Employing organisation mandatory training on safeguarding vulnerable adults

Routinely maps to learning outcomes:

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

6.3 Health and safety

Employing organisation mandatory training on Health and Safety.

Examples include:

- Completion of mandatory training on Health and Safety (required)

Routinely maps to learning outcomes:

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

6.4 Digital healthcare systems used in employing organisations

Completion of local training, as required, for the use of digital healthcare systems in the training setting.

Examples include:

- Electronic Prescribing and Medicines Administration (EPMA) system training
- Electronic health record training (e.g. SystmOne)
- PharmOutcomes

Routinely maps to 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.

6.5 Development and application of advanced therapies

Completion of an appropriate online learning module agreed between the trainee and designated supervisor. Please note that this activity relates to learning outcomes 22 and 23, both of which are required to be demonstrated at 'Knows How' level only.

Routinely maps to 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.

7. Group E: Personal development and progression

These activities support the planning of learning during the Foundation training year (including the learning needs analysis and personal development plan cycles). 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 designated supervisor must have an initial meeting to support the completion of:

1. A learning needs analysis (LNA) – to review the learning outcomes (see the [HEE learning needs assessment microlearning resource](#))
2. A personal development plan (PDP)
3. The learning agreement.

At intervals of 13 weeks, the trainee pharmacist and the designated supervisor must meet to review progress (and complete a progress report for submission to the GPhC). The LNA and PDP should be completed at week 1 and 26, and optionally in weeks 13 and 39.

As part of this process, the trainee pharmacist and designated supervisor should also plan when the different assessment activities will be completed.

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

7.1 Learning needs assessment and personal development plan

Completion of the PDP and LNA twice during the year: e.g. at week 1 and week 26. This can be completed four times if desired (i.e. also at week 13 and week 39).

Routinely maps to learning outcomes:

- (53) Reflect upon, identify, and proactively address their learning needs.

7.2 Multisource feedback

Gain multisource feedback on own performance, from colleagues (using a multisource feedback tool) and service users (using a patient satisfaction questionnaire tool).

Routinely maps to learning outcomes:

- (53) Reflect upon, identify, and proactively address their learning needs.

7.3 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.

Appendix 1: The GPhC Interim learning outcomes

Where the learning outcome or level of demonstration box are shaded light blue, with an asterisk, this indicates that either the wording of the learning outcome or the level of demonstration (against Miller's Triangle) have been modified for the interim learning outcomes. This is for information only.

Please note that learning outcome 37 is crossed-through and is not being used in the interim learning outcomes for the initial education and training of pharmacists. It remains in the table as a placeholder so that the numbering of learning outcomes is not altered and will remain consistent when the full learning outcomes are introduced in the future.

| Number | Learning outcomes for person-centred care and collaboration | Demonstration level |
|--------|--|---------------------|
| 1. | Demonstrate empathy and always keep the person at the centre of their approach to care | Does |
| 2. | Work in partnership with people to support and empower them in shared decision-making about their health and wellbeing | Does |
| 3. | Always demonstrate effective communication and adapt their approach and communication style to meet the needs of the person | Does |
| 4. | Understand the variety of settings and adapt their communication accordingly | Does |
| 5. | Proactively support people to make safe and effective use of their medicines and devices | Does |
| 6. | Treat people as equals, with dignity and respect, and meet their own legal responsibilities under equality and human rights legislation, while respecting diversity and cultural differences | Does |
| 7. | Obtain informed consent before providing care and pharmacy services | Does |
| 8. | Assess and respond to the person's particular health risks, taking account of individuals' protected characteristics and background | Does |
| 9. | Take responsibility for ensuring that personal values and beliefs do not compromise person-centred care | Does |
| 10. | Demonstrate effective consultation skills, and in partnership with the person, decide the most appropriate course of action | Does |
| 11. | Take into consideration factors that affect people's behaviours in relation to health and wellbeing | Does |
| 12. | Take an all-inclusive approach to ensure the most appropriate course of action based on clinical, legal and professional considerations | Does |
| 13. | Recognise the psychological, physiological, and physical impact of prescribing decisions on people | Does |
| 14. | Work collaboratively and effectively with other members of the multi-disciplinary team to ensure high-quality, person-centred care, including continuity of care | Does |

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| Number | Learning outcomes for professional practice | Demonstration level |
|--------|--|---------------------|
| 15. | Demonstrate the values, attitudes and behaviours always expected of a pharmacy professional | Does |
| 16. | Apply professional judgement in all circumstances, taking legal and ethical reasoning into account | Does |
| 17. | Recognise and work within the limits of their knowledge and skills, and get support and refer to others when they need to | Does |
| 18. | Take responsibility for all aspects of pharmacy services, and make sure that the care and services provided are safe and accurate | Does |
| 19. | *Take responsibility for all aspects of health and safety and take actions when necessary, particularly but not exclusively during the COVID-19 pandemic* | Does |
| 20. | Act openly and honestly when things go wrong and raise concerns even when it is not easy to do so | Does |
| 21. | Apply the science behind pharmacy in all activities | Does |
| 22. | Demonstrate how the science behind pharmacy is applied in the discovery, design, development and safety testing of medicines and devices | Knows how |
| 23. | Recognise the technologies that are behind developing advanced therapeutic medicinal products and precision medicines, including the formulation, supply and quality assurance of these therapeutic agents | *Knows how* |
| 24. | Keep abreast of new technologies and use data and digital technologies to improve clinical outcomes and patient safety, keeping to information governance principles | Does |
| 25. | Apply pharmaceutical principles to the safe and effective formulation, preparation, packaging and disposal of medicines and products | Shows how |
| 26. | *Consider the quality, safety and risks associated with medicines and products and take appropriate action when producing and supplying them* | Shows how |
| 27. | *Take responsibility for the legal, safe, and efficient supply and administration of medicines and devices* | Does |
| 28. | *Demonstrate effective diagnostic skills, including physical examination, to decide the most appropriate course of action for the person. During the COVID-19 pandemic all relevant precautions must be taken to ensure the safety of the patient and foundation trainee when physical contact is necessary* | *Shows how* |
| 29. | *Apply the principles of clinical therapeutics, pharmacology, and genomics to make effective use of medicines for people* | Does |
| 30. | Appraise the evidence base and apply clinical reasoning and professional judgement to make safe and logical decisions which minimise risk and optimise outcomes for the person | Does |
| 31. | *Critically evaluate and use national guidelines and clinical evidence to support safe, rational, and cost-effective procurement for the use, and prescribing (by others) of, medicines, devices and services* | Does |

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| Number | Learning outcomes for leadership and management | Demonstration level |
|--------|---|---------------------|
| 32. | Accurately perform calculations | Does |
| 33. | Effectively promote healthy lifestyles using evidence-based techniques | Does |
| 34. | Apply the principles of effective monitoring and management to improve health outcomes | Does |
| 35. | Anticipate and recognise adverse drug reactions, and recognise the need to apply the principles of pharmacovigilance ¹ | Does |
| 36. | *Apply relevant legislation related to prescribing* | Does |
| 37. | Prescribe effectively within the relevant systems and frameworks for medicines use | Does |
| 38. | *Understand clinical governance in relation to prescribing* | *Shows how* |
| 39. | Take responsibility for people's health records, including the legality, appropriateness, accuracy, security and confidentiality of personal data | Does |
| 40. | Understand and implement relevant safeguarding procedures, including local and national guidance in relation to each person | Does |
| 41. | Effectively make use of local and national health and social care policies to improve health outcomes and public health, and to address health inequalities | Does |
| 42. | Proactively participate in the promotion and protection of public health in their practice | Does |
| 43. | Identify misuse of medicines and implement effective strategies to deal with this | Does |
| 44. | Respond appropriately to medical emergencies, including the provision of first aid | Shows how |
| 45. | Demonstrate effective leadership and management skills as part of the multi-disciplinary team | Does |
| 46. | Make use of the skills and knowledge of other members of the multi-disciplinary team to manage resources and priorities | Does |
| 47. | Develop, lead and apply effective strategies to improve the quality of care and safe use of medicines | Does |
| 48. | Actively take part in the management of risks and consider the impacts on people | Does |
| 49. | *Use tools and techniques to avoid medication errors associated with prescribing (by others), supply and administration* | Does |
| 50. | Take appropriate actions to respond to complaints, incidents or errors in a timely manner and to prevent them happening again | Does |
| 51. | Recognise when and how their performance or that of others could put people at risk and take appropriate actions | Does |
| 52. | Demonstrate resilience and flexibility, and apply effective strategies to manage multiple priorities, uncertainty, complexity and change | Does |

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| Number | Learning outcomes for education and research | Demonstration level |
|--------|--|---------------------|
| 53. | Reflect upon, identify, and proactively address their learning needs | Does |
| 54. | Support the learning and development of others, including through mentoring | Does |
| 55. | Take part in research activities, audit, service evaluation and quality improvement, and demonstrate how these are used to improve care and services | Does |

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. |