

Trainee Pharmacist Foundation Year Assessment Strategy



November 2021



Contents

1. Introduction	3
2. Background	5
3. Trainee pharmacist foundation year assessment strategy	7
3.1 Overview	7
3.2 Assessment activities	11
3.3 Minimum number of assessment activities	17
3.4 Planning and reviewing learning and progress	17
3.5 Assessment tools	18
3.5.1 Supervised Learning Events	18
3.5.2 Contribution to care tools	19
3.5.3 Feedback tools	20
3.5.4 Other evidence types	20
4. Building a portfolio of evidence	22
4.1 E-portfolio	22
4.2 What to do when	22
5. The role of the designated supervisor	25
5.1 Meeting intervals	26
5.2 Progress reports	26
5.3 Assessing a trainee's performance	26
5.4 How do I know when a learning outcome is met?	26
5.4.1 Behavioural components of learning outcomes	27
5.5 Raising concerns	28
Appendix 1: Assessment activities in plain text format	29
Appendix 2: Suggested assessment schedule in plain text format	36
List of abbreviations	39
Version history	40

1. Introduction

This trainee pharmacist foundation year assessment strategy is designed to support practice-based assessment against the interim learning outcomes for year 5 of the General Pharmaceutical Council Standards for the Initial Education and Training of Pharmacists.

This strategy is for all foundation training sites in England. It has been based on the assessment model developed as part of the national Interim Foundation Pharmacist Programme (IFPP). The strategy and associated tools replace the use of the 'performance standards' for the practice-based sign-off of trainee pharmacists.

This trainee pharmacist foundation year assessment strategy provides:

- An overarching practice-based assessment strategy, which describes a range of assessment activities to be completed that are mapped to the learning outcomes for the year
- Assessment tools (for the assessment activities to be documented within to support assessment)
- Integration with the Health Education England foundation training year e-portfolio, into which the completed assessment tools are uploaded
- Guidance for designated supervisors (the new name for pre-registration tutors) on how to apply the assessment strategy.

The overall purpose is to support the practice-based assessment component of the foundation training year, and practice-based sign-off (of the learning outcomes) by the designated supervisor.

This assessment strategy must be used in conjunction with:

- The Health Education England (HEE) foundation training year e-portfolio
- The General Pharmaceutical Council (GPhC) foundation training year progress review and sign-off forms.

In addition to the practice-based assessment strategy and e-portfolio, Health Education England provides a range of virtual/digital learning materials to all trainee pharmacists. These should be used in conjunction with the local training plan and any local/regional training programme that is provided/used by the training site.

The revised standards for the Initial Education and Training of Pharmacists (IETP) integrate learning outcomes that demonstrate competency as an Independent Prescriber at the point of registration. **Independent prescribing will not be incorporated into the foundation training year 2021/2022. The learning outcomes for 2021/2022 have been modified by the GPhC to reflect this.**

At the point when independent prescribing is incorporated into the foundation training year, the full learning outcomes will be used, and incorporated into the foundation training year assessment strategy. The timescale for incorporation of independent prescribing training into the foundation training year in England will be determined by agreement between the GPhC and HEE, in consultation with pharmacy employers, schools of pharmacy and other stakeholders.

2. Background

In 2021, the General Pharmaceutical Council approved revised Standards for the Initial Education and Training of Pharmacists (IETP). The standards for IETP and associated learning outcomes span the entire initial five years of training. There will therefore need to be a process of implementation over the following five years, during which both the MPharm degree provision and the foundation training year in England will be modified and developed.

These new standards will provide newly qualified pharmacists with the necessary consultation skills and confidence to provide the clinical services expected by patients and the NHS, working across health systems.

The NHS has an urgent demand for increased clinical skills for clinical care, prevention of ill-health and optimal outcomes from medicines. Pharmacists are key to meeting the ambitions of the NHS for primary, mental health and hospital care.

The five years of pharmacist training remains as a '4 plus 1' model, that is:

- A 4-year MPharm (Master of Pharmacy) degree accredited by the GPhC
- A 1-year practice-based training period; previously called the 'pre-registration' year, now called the foundation training year.

The revised standards incorporate a new common set of learning outcomes that cover both the 4-year MPharm and the foundation training year (5th year).

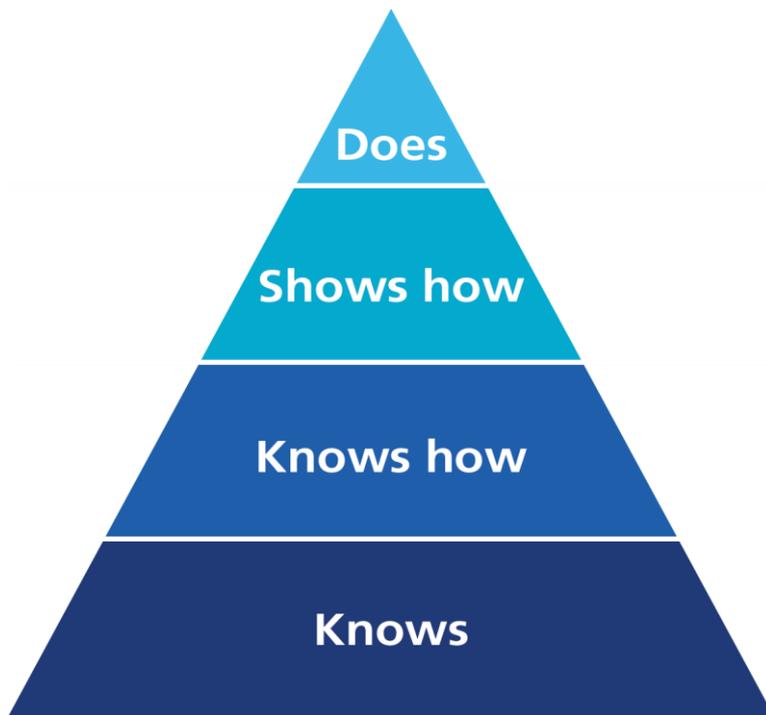
There are 55 learning outcomes, which are organised into four domains:

- 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 the foundation training year by the level at which the learning outcome must be demonstrated by the student/trainee, 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 the foundation training year, most learning outcomes must be demonstrated at the 'Does' level of Miller's Triangle – that is, in an everyday situation, repeatedly and reliably.

To successfully complete the foundation training year, the trainee pharmacist must be signed-off against all the learning outcomes by the designated supervisor (as well as receiving confirmation from the designated supervisor that they have completed the required number of weeks in training, and successfully passing the GPhC registration assessment).



Level 4 – Does

Can act independently and consistently in a complex but defined situation. Evidence for this level is provided when a student pharmacist demonstrates the learning outcomes in a complex, familiar or everyday situation repeatedly and reliably. Assessments may require objective structured clinical examination (OSCEs) or other observed assessments.

Level 3 – Shows how

Can demonstrate that they can perform in a simulated environment or in real life. Assessments may include objective structured clinical examination (OSCEs) and other observed assessments; simulated patient assessments; designing, carrying out and reporting an experiment; dispensing tests and taking a patient history.

Level 2 – Knows how

Knows how to use knowledge and skills. Assessments may include essays, oral examinations, multiple-choice questions examinations (MCQs) and laboratory books.

Level 1 – Knows

Has knowledge that may be applied in the future to demonstrate competence. Assessments may include essays, Oral examinations and multiple-choice questions examinations (MCQs).

Figure 1: Miller's Triangle - For the foundation training year, most learning outcomes must be demonstrated at the 'Does' level.

3. Trainee pharmacist foundation year assessment strategy

The foundation training year offers trainee pharmacists 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.

To successfully complete the foundation training year and become a pharmacist, trainees must be able to demonstrate that they have the knowledge (by passing the registration assessment) and experience (developed during the foundation training year) needed to practise as a pharmacist. This is assessed by:

- Formal 'sign off' against all of the learning outcomes by the designated supervisor by the end of the training year
- Confirmation by the designated supervisor of completion of the required number of training weeks in practice
- Passing the GPhC registration assessment.

3.1 Overview

The HEE trainee pharmacist foundation year assessment strategy provides a structured approach for trainee pharmacists to demonstrate their achievement of the GPhC learning outcomes in practice, using a framework of assessment activities. The overarching strategy is shown in Figure 2 below and as a visual overview in Figure 3 (see page 10):

- The HEE assessment strategy directs trainee pharmacists to complete a range of defined practice-based assessment activities.
- These assessment activities are designed to map to the learning outcomes and as a whole support the provision of evidence that the trainee pharmacist demonstrates all the learning outcomes.
- Records of these practice-based assessment activities are uploaded by the trainee into the foundation training year e-portfolio. The designated supervisor oversees the assessment activities and reviews the evidence provided by them within the e-portfolio.
- This process allows the designated supervisor to determine when each learning outcome has been satisfactorily demonstrated, supporting and assuring the final sign-off of the learning outcomes by the designated supervisor.

Figure 2: Health Education England foundation training year assessment strategy

The 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

Within each group, there are between three and seven individual types of activity. Trainee pharmacists are expected to undertake each of the activities, which will support the provision of evidence against the learning outcomes. These themed groups are summarised in Table 1 below, and individual activities are listed in Table 2 (see page 12).

Assessment activity Group	Description
Group A: Clinical and patient facing activities	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).
Group B: Healthcare quality and improvement	These activities are related to improving healthcare quality through broader actions such as: <ul style="list-style-type: none"> • 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 C: Supplying medicines activities	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. 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.
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 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), and also the opportunity to provide specific evidence for learning outcomes that may have been more difficult to meet through other activities.

Table 1: Assessment activity Groups

Each activity should 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.** The learning outcomes that each assessment activity is anticipated to provide evidence for are described in the Health Education England Trainee pharmacist foundation year assessment guide, available on our website at: www.hee.nhs.uk/our-work/pharmacy/trainee-pharmacist-foundation-year-programme. A visual mapping is also available at the same link. The range of assessment activities are designed as a whole to provide **multiple pieces of evidence** against each learning outcome. The designated supervisor will then make a decision as to when each learning outcome has been met (see section 5).

The Health Education England assessment strategy provides several assessment tools, described in section 3.5. These include supervised learning events (SLEs), such as direct observation of practice (DOPs) and mini-clinical evaluation exercises (mini-CEX), as well as reflective and practice logs, and feedback surveys. Different tools will be useful for different activities. However, a good portfolio will include examples of multiple assessment tools.

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 the provision of care/services in these activities, and not just reviewing a patient/service users' care and commenting on / critiquing it theoretically.

The completed assessment tools, each documenting a completed assessment activity (mapped to the learning outcomes by the trainee), are uploaded into the e-portfolio, which then collates all the evidence the trainee has produced, allowing the designated supervisor to review this and decide when each learning outcome has been satisfactorily demonstrated. The role of the designated supervisor is explored further in section 5.

A visual overview of the HEE Trainee pharmacist foundation year assessment strategy is shown in Figure 3 overleaf.

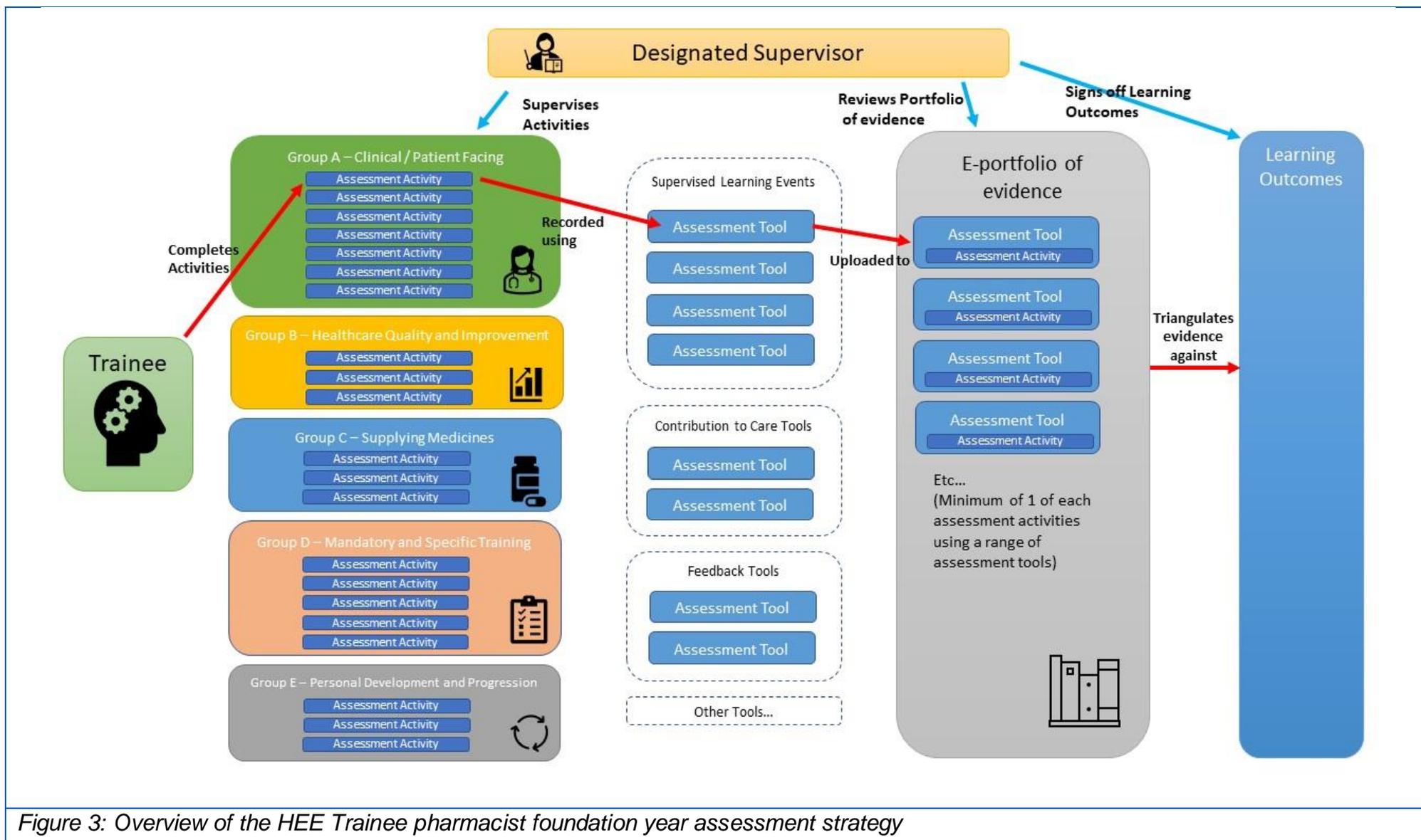


Figure 3: Overview of the HEE Trainee pharmacist foundation year assessment strategy

3.2 Assessment activities

The assessment activities are organised into five themed groups. Each group contains a range of assessment activities that must be completed by the trainee pharmacist during the training year.

Each completed assessment activity should be recorded/assessed using an assessment tool. **As part of this the training Pharmacist must indicate which learning outcomes the completed activity provides evidence for.** For some activities, only one type of assessment tool is appropriate and therefore should be used. For other activities, it may be appropriate to choose from a wider range of assessment tools.

More information on assessment tools and how to select/use these is provided in section 3.5. The assessment activities that sit within each of the groups are shown in Table 2 overleaf, along with the assessment tool(s) that would be suitable for use to record/assess the activity.

Please see Appendix 1 for a plain-text version of the table, to aid accessibility for those using screen readers.

The assessment activities are explored in more detail in a separate document. Please refer to the Health Education England Trainee pharmacist foundation year assessment activities guide, available on our website at: www.hee.nhs.uk/our-work/pharmacy/trainee-pharmacist-foundation-year-programme. This also provides details of the learning outcomes each assessment activity is mapped against (expected to provide evidence for). A visual mapping document is also available to download from the same page.

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.

Further activities (in addition to the assessment activities listed in the 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 one of the assessment tools described in section 3.5.4 (other evidence types).

Activity Group	Activities	Specific examples	Information	Example assessment tool / Evidence?
Group A: Clinical and patient facing activities	1. Medicines Reconciliation	Secondary care to primary care (discharge from hospital)	Completion of a medicines reconciliation for a patient when they move from one sector of healthcare to another	Mini-CEX, contribution to care log
		Primary care to secondary care (admission into hospital)		
		Discharge Medicines Service (community pharmacy service)		
	2. Patient consultation: Medicines use	Counselling on a new medicine in any sector	Conducting a consultation with a patient on how to use a medicine or device that has been prescribed for them	MRCF
		Discharge Medicines Service (community pharmacy service)		
		New medicines service (community pharmacy service)		
	3. Patient consultation: Diagnose / assess / recommend	Responding to symptoms consultation	Conducting a consultation with a patient that is presenting with a condition or symptoms: assess the patient, use diagnostic reasoning and make a decision / recommendation	Mini-CEX, MRCF, contribution to care log, DOPs for physical assessments carried out
		Using a patient group direction		
		Community Pharmacy Consultation Service (community pharmacy service)		
		Physical examination skills: Pulse, respiratory rate, oxygen saturation, temperature, blood pressure		
		Prescribing consultation		
	4. Medicines Optimisation	Identify a clinical problem, generate solutions and implement to resolve	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.	Mini-CEX, contribution to care log, Pharmacy Peer Assessment
		Therapeutic drug monitoring		
		Medication review		
				DOPS
				Not applicable

	5. Patient focused public health Intervention	NHS Health Check (community pharmacy or general practice)	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.	DOPs, MiniCEX
		Antimicrobial stewardship intervention		MiniCEX
		Smoking cessation intervention		
	6. Medicines safety activity	MHRA Central Alerting System – medicine recall, notifications and patient safety alerts	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.	DOPS
		Yellow card MHRA report		DOPS
		Incident report		DOPS
		Error report		DOPS
	7. Responding to a medicines query	Enquiry from a patient, carer, etc	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.	DOPS, MiniCEX, contribution to care log,
		Enquiry from a healthcare professional		DOPS
	Group B: Healthcare quality and improvement	8. Service improvement	Quality Improvement Project	A project or activity that supports quality improvement. This may overlap with activity 9 and/or activity 10 in Group B
Pharmacy Quality Scheme (PQS) related activities			Completed project and reflection on activity	
Patient satisfaction survey			Completed surveys and reflection on activity	
9. Teaching and mentoring		Teaching/training activity	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.	Lesson plans, participant feedback, reflection on activity. Pharmacy Peer Assessment
10. Public health / health inequalities activity		Participation in public health campaigns	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	Reflection on activity

Activity Group	Activities	Specific Examples	Information	Example assessment tool / Evidence?
Group C: Supplying Medicines Activities	11. Technical and legal prescription issues: Identify and resolve	FP10 prescription	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.	Miscellaneous evidence (screening competency logs), MiniCEX, contribution to care log
		Inpatient medicines record		
		Controlled drug requisition		
	12. Dispensing prescriptions and preparing medicinal products	Local training/competency assessment on dispensing medicines against a prescription or medicines order	Completion of local competency training in relation to the dispensing of medicines and devices, e.g. dispensing accuracy competency assessment.	Miscellaneous evidence (competency logs), contribution to care log
		Local training/competency assessment on preparation of extemporaneous or aseptic products		Miscellaneous evidence (competency logs), contribution to care log
	13. Accuracy checking	Local training/competency assessment on 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.	Miscellaneous evidence (competency logs)

Continued overleaf

Activity Group	Activities	Specific Examples	Information	Example assessment tool / Evidence?
Group D: Mandatory and Specific Training	14. First Aid / Adult Basic Life Support	Locally identified/provided first aid training course	Completion of first aid training	Miscellaneous evidence (certificate of attendance) / CPD
		Local Adult Basic Life Support training where required, as part of mandatory training		
	15. Safeguarding children and vulnerable adults	Employing organisation mandatory training on safeguarding children	Completion of mandatory training / assessment in relation to the safeguarding of children/vulnerable adults.	Miscellaneous evidence (certificate of attendance) / CPD
		Employing organisation mandatory training on safeguarding vulnerable adults		
	16. Health and Safety	Employing organisation mandatory training on Health and Safety	Completion of mandatory training on Health and Safety	Miscellaneous evidence (certificate of attendance) / CPD
	17. Digital healthcare systems used in employing organisation	Electronic Prescribing and Medicines Administration (EPMA) system training	Completion of local training as required for the use of digital healthcare systems in the training setting.	Miscellaneous evidence (certificate of attendance) and reflection / CPD
		Electronic Health Record training (e.g. SystemOne)		
		PharmOutcomes		
	18. Development and Application of Advanced Therapies	Completion of an appropriate learning module	Completion of an appropriate online learning module agreed between the trainee pharmacist and designated supervisor. 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.	Miscellaneous evidence (certificate of completion) / CPD

Continued overleaf

Activity Group	Activities	Specific Examples	Information	Example assessment tool / Evidence?
Group E: Personal Development and Progression	19. Personal Development Plan and Learning Needs Assessment		Completion of the PDP and LNA twice during the year, e.g. at week 1 and week 26. Can be completed four times if desired (i.e. also at week 13 and week 39).	Completion of PDP and LNA within e-portfolio
	20. Multi-source Feedback		Gain multisource feedback on own performance, from colleagues (MSF tool) and service users (PSQ tool).	Completion of MSF and PSQ within e-portfolio
	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.	Various depending on activity

Table 2: Assessment activities

Trainee pharmacist foundation year assessment strategy

3.3 Minimum number of assessment activities

Trainees 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.

It should be noted that the designated supervisor may require that further examples of a specific activity are completed/demonstrated by the trainee if they are linked to one or more learning outcome that has not been satisfactorily demonstrated overall.

For more information on the process for a designated supervisor determining when a learning outcome has been demonstrated, see section 5 (The role of the designated supervisor).

3.4 Planning and reviewing learning and progress

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): Reviewing the learning outcomes
2. A personal development plan (PDP)
3. The learning agreement

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

Trainees and designated supervisors may find it useful to review the [HEE learning needs assessment microlearning resource](#).

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.

The e-portfolio contains electronic versions of these forms for completion at the required time points. Downloadable versions of these forms are also available on our website.

As part of this process, the trainee pharmacist and designated supervisor should also plan when the practice-based assessment activities (including supervised learning events) will be completed.

3.5 Assessment tools

For each assessment activity, the trainee pharmacist and designated supervisor should agree an appropriate assessment tool.

Appropriate assessment tools for use with an assessment activity are shown in table 2 in section 3.2.

For some assessment activities, there is only one type of assessment tool that can be used. For others there may be a choice of different assessment tools that could be used.

The types of assessment tools that are used in the HEE Trainee pharmacist foundation year assessment strategy are described in sections 3.5.1-3.5.4 below.

3.5.1 Supervised learning events

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

SLEs provide opportunities for trainees and supervisors to interact. Furthermore, SLEs intend to promote deeper learning through effective feedback and self-reflection. Trainees and supervisors should formulate action plans with further learning goals following SLEs.

SLE should be performed over a period of time with a variety of scenarios to allow them to collectively provide information on a trainee's development.

Modules have been developed to orientate trainees and their supervisors, to the types of commonly used SLE tools in pharmacy, including how to organise and get the most from them.

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

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

Mini-clinical evaluation exercise (Mini-CEX)

A Mini-CEX is used to assess the trainee's ability to identify, action and resolve issues effectively when providing pharmaceutical care for a patient. It enables supervisors to review various skills, attitudes, knowledge and behaviours of the trainee, and is useful for developing pharmacy staff.

A Mini-CEX can be adapted to many scenarios, such as carrying out a medicines reconciliation, taking in and resolving an issue with a request for a medication (e.g. out-of-stock or contraindicated medications) and medicines use reviews. The assessed scenario must involve a patient who is either 1) new to the trainee, or 2) already known to the trainee but for whom a new therapy has been prescribed or there has been a significant change in clinical status.

- [Find out more about Mini-CEX](#)

Direct observation of practice (DOPS)

A DOPS assesses the trainee's ability to carry out an activity that adheres to a defined protocol. Examples of suitable activities are influenza vaccination administration, final checking of dispensed items, monitoring of blood pressure or other physical assessment, completing an incident report or taking in a medicine information enquiry.

- [Find out more about DOPS](#)

Case based discussion (CBD)

The CBD can be used as an alternative assessment tool for some activities in Group A. The main limitation is that it is generally used retrospectively (after an activity) and so doesn't enable the supervisor to observe the trainee. In a CBD, the trainee discusses pharmaceutical management and understanding of a patient case with a supervisor. During the discussion, supervisors should probe a trainee's knowledge and approach to managing the case. For example, a CBD might cover a patient care interaction and intervention with a patient who has a chronic illness such as diabetes.

- [Find out more about CBD](#)

Medicines related consultation framework (MRCF)

The MRCF is a structured validated patient-centred approach to patient consultation. It supports trainees in developing consultation skills. This tool enables the supervisor to assess whether the trainee is an effective communicator and able to shape the patient's behaviour through a shared agenda to ensure medicines optimisation.

- [Find out more about MRCF](#)

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

3.5.2 Contribution to care tools

Contribution to care logs

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

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

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

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

Reflective summaries

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

3.5.3 Feedback tools

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

360 feedback tools

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

A 360 feedback is an opportunity for both personal and professional development. It is important that the trainee and supervisors discusses who should be providing feedback. As part of the process the trainee will be required to reflect their performance within the 360, which is essential for the supervisor to see if the trainee's perceptions and self-reflections align with those of their colleagues.

Patient satisfaction questionnaires (PSQs)

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

3.5.4 Other evidence types

Miscellaneous evidence form

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

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

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

Learning needs analysis

Learning needs analysis enables trainees and their supervisors to identify and prioritise the trainees most important and urgent learning needs. After undertaking a learning needs analysis, the trainee and designated supervisor must:

- develop objectives and actions that are individual to the trainee
- establish priorities that are relevant to practice
- provide a means of documenting plans so that they can then be shared with others (e.g. practice supervisors)
- allow evaluation of progress.

Pharmacy peer assessment

The pharmacy peer assessment is a tool built into the e-portfolio which allows you to upload an anonymous case study onto the system. The trainee's peers and designated supervisor will then review the case and provide feedback. The assessment allows peers to learn from each other, promotes positive feedback to improve the care provided, stimulates reflection on critical incidents and interesting patients, and enables sharing of experience between pharmacists.

Continuing professional development (CPD)

Documenting learning planned or unplanned is required of all pharmacists as part of revalidation as a pharmacist with the General Pharmaceutical Council. The e-portfolio enables trainees to record planned or unplanned CPD, following the format of the GPhC. These can be used to record learning opportunities. Examples are provided on the [GPhC website](#).

4. Building a portfolio of evidence

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

More information on building a portfolio can be found in the [HEE Portfolio development microlearning resource](#).

4.1 E-portfolio

HEE has procured an e-portfolio system, for trainee pharmacists to use within the foundation training year. The e-portfolio will assist trainee pharmacists and their designated supervisors to upload, manage and review evidence / progress.

Full details of the e-portfolio system will be released nearer the start of the foundation training year. Training to use the system and ongoing technical help will be available for trainees and their supervisors.

4.2 What to do when

Throughout the foundation training year, trainees are expected to build a portfolio that evidences their application of knowledge to practice through using various assessment activities and assessment 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 trainees and their designated supervisors a starting point to guide development.

The example schedule in table 3 overleaf is a **guide** timeline for trainees for portfolio building. It assists trainees to ensure timely completion of portfolio activities. This will need to be adapted to the individual training plan used locally, particularly in relation to trainee pharmacists with multiple short rotations. Please see Appendix 2 for a plain-text version of the example schedule outlined in Table 3, to aid accessibility for those using screen readers.

All evidence uploaded into the e-portfolio (e.g. assessment tools, supplementary evidence) *must* be mapped against the GPhC Interim learning outcomes. Trainees should monitor their progress against them by undertaking learning needs analysis and professional development plans at regular intervals. We have suggested this is done at the beginning of the training year and at appraisals.

Trainee pharmacist foundation year assessment strategy

Weeks	Key milestones	Planning	Suggested activities and evidence	Throughout
1-2	LNA, PDP and Learning Agreement – this links to the assessment activities in Group E.	Complete e-portfolio and SLE tool training	Undertake mandatory training and complete local induction – this links to the assessment activities in Group D	Submit evidence in a timely manner for regular review at trainee / supervisor meetings.
2-4	Submit first pieces of evidence for review by supervisors	Discuss with your supervisor documenting and managing contribution to care logs	Begin competency logs	
5-8			We suggest completing at least TWO of the Group A assessment activities using a SLE assessment tool by week 8	Check contribution to care logs on a twice weekly / monthly basis.
9-12		Prepare portfolio for 13-week progress review		Make sure you include reflections on impact on practice AND mapping against learning outcomes for each evidence.
13	Undertake 13-week progress review. Undertake an LNA, PDP update.			Check progress against learning outcomes mapping (available in e-portfolio) to see where you have gaps in learning outcomes.
14-17		360 feedback implementation planning	We suggest completing at least TWO of the Group A assessment activities using a SLE assessment tool by week 17	Have regular meetings with your supervisor to ensure you are progressing as expected and evidence is of the quality expected.
18-21			Undertake a 360 feedback	
22-25		Prepare portfolio for 26-week progress review	We suggest that you aim to complete the dispensing accuracy assessment activity	
26	Undertake 26-week progress review. Undertake an LNA, PDP update.		We suggest that you aim to complete the Group C dispensing accuracy assessment activity by the end of week 26	Look out for learning opportunities and consider the use of various evidence types to capture learning.
27-30		PSQ planning		

31-34			Undertake PSQ	<p>Ask team members for learning opportunities and regular feedback on your performance.</p> <p>As you develop in the year, look for increasing complexity of cases or scenarios that challenge you.</p>
35-38		Prepare portfolio for 39-week progress review		
39	Undertake 39-week progress review. Undertake an LNA, PDP update.		<p>We suggest completing at least TWO of the Group A assessment activities using a SLE assessment tool by week 39</p> <p>We suggest that you aim to complete the Group C final accuracy checking assessment activity by the end of week 39</p>	
40-43		360 feedback implementation planning		
44-48			Undertake a 360 feedback	
49-50	Final review and sign-off			
<p><i>Table 3: Suggested schedule of learning and assessment for the foundation training year</i></p>				

5. The role of the designated supervisor

“Designated supervisor” is the new name for the “pre-reg tutor” (sometimes previously called the education supervisor).

The GPhC describes the role of the designated supervisor 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 designated supervisor, 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.

This final declaration is part of the application for registration and includes confirmation that the trainee 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 designated supervisor must be a pharmacist and meet the [GPhC requirements for designated supervisors](#).

The designated supervisor has several roles:

- Supporting the trainee to get the best from their training year
- Supervising the trainee’s practice and providing feedback
- Providing support and guidance to other staff who are supervising the trainee
- 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 is competent, based on the evidence gathered throughout the year, to join the register as a pharmacist.

At times, the designated supervisor 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.

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.

There must be agreed systems for supervision in place in all practice environments to make sure safe, person-centred care is delivered at all times.

The practice supervisor may also be an appropriate person to supervise and assess some of the assessment activities using the associated assessment tools. The designated supervisor must be assured that any practice supervisor participating in assessment activities is appropriately experienced and trained to conduct assessments. The designated supervisor 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.

5.1 Meeting intervals

It is important for a successful training year for the supervisor and trainee to develop a good relationship from the start. During the first week of training, the designated supervisor should meet with the trainee to support the completion of the learning needs analysis, personal development plan and learning agreement as outlined in section 3.4.

The designated supervisor or their delegates, must have regular developmental and documented meetings with a trainee pharmacist during the foundation training year. 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.

5.2 Progress reports

The GPhC require trainees to have four formal progress reports during the Foundation training year, at weeks 13, 26, 39 and 52. Trainees 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.

5.3 Assessing a trainee's performance

Assessing a trainee'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 to understand how they are performing in line with the requirements of their personal development plan and progress towards learning outcome sign off. Sections 3.2 and 3.5 outline the assessment activities and tools that are expected to be used to help supervisors make decisions about a trainees' performance. These activities will enable the trainee to develop a portfolio of evidence which demonstrates competence against the learning outcomes.

5.4 How do I know when a learning outcome is 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 in section 2, 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 as a whole to provide **multiple pieces of evidence** against each learning outcome. Designated supervisors 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 the training year evidence may demonstrate a trainee is at level 3 of Miller's Triangle, 'shows how'. As they progress through their training year, their assessments and evidence should show progression, in increasing complexity, towards level 4 'does', as appropriate to the relevant learning outcome.

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 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'.

As a guide, good competency evidence should:

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

Once a learning outcome has been met the 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.

Designated supervisors may find the [HEE Constructive feedback microlearning resource](#) useful to support the process of providing feedback.

5.4.1 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, designated supervisors may wish to use assessment activities such as 360 feedback from colleagues and service users to determine whether the trainee pharmacist is demonstrating this.

As outlined in section 5.4 above, it is down to the professional judgement of the designated supervisor to determine when each learning outcome has been satisfactorily demonstrated.

5.5 Raising concerns

The designated supervisor has a professional responsibility to raise genuine concerns. During the Foundation training year, trainees 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 the foundation training year, an action plan must be put in place.

Raising concerns about a trainee's performance at an early stage with the trainee can help to identify areas of practice that can be improved. Concerns should be raised between the trainee, the designated supervisor and perhaps the employer or superintendent.

Appendix 1: Assessment activities in plain text format

The content below is a plain text version of Table 2: Assessment activities. It has been included in this Appendix to aid accessibility for those using screen readers.

The five Groups, associated assessment activities and suggested assessment tools that should be used for each Activity are described here:

Group A: Clinical and patient-facing activities

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).

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 provision of care/services in these Activities, and not just reviewing a patient/service users' care and commenting on / critiquing it theoretically.

Assessment activities may require a trainee pharmacist to complete an activity that would normally be conducted by a registered pharmacist or other appropriately registered healthcare professional. Where this is the case, the designated supervisor must ensure that that there is appropriate supervision (e.g. direct observation/supervision) in place so that patient safety is maintained at all time.

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

1. Medicines reconciliation

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

Examples and associated suggested assessment tools include:

- Secondary care to primary care (discharge from hospital): Mini-CEX, contribution to care log
- Primary care to secondary care (admission into hospital): Mini-CEX, contribution to care log
- Discharge Medicines Service (community pharmacy service): Mini-CEX, contribution to care log, DOPS

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)

Suggested assessment tools are:

- MRCF (Medicines Related Consultation Framework)

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 and associated suggested assessment tools include:

- Responding to symptoms consultation: Mini-CEX, MRCF, contribution to care log, DOPs for physical assessments carried out
- Using a patient group direction: Mini-CEX, MRCF, contribution to care log, DOPs for physical assessments carried out
- Community Pharmacy Consultation Service (community pharmacy service): Mini-CEX, contribution to care log,
- Physical examination skills: Pulse, respiratory rate, oxygen saturation, temperature, blood pressure: DOPS

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 and associated suggested assessment tools include:

- Identify a clinical problem, generate solutions and implement to resolve: Mini-CEX, Contribution to Care log, Pharmacy Peer Assessment
- Therapeutic drug monitoring: Mini-CEX, contribution to care log, Pharmacy Peer Assessment
- Medication Review: MRCF, Mini-CEX, contribution to care log, Pharmacy Peer Assessment

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.

Examples and associated suggested assessment tools include:

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

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

Suggested assessment tools are:

- DOPs

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 and associated suggested assessment tools include:

- Enquiry from a patient, carer, etc: DOPS, MiniCEX, contribution to care log
- Enquiry from a healthcare professional: DOPS

Group B: Healthcare quality and improvement

These activities are related to improving healthcare quality through broader actions such as:

- 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).

8. 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

Suggested assessment tools are:

- Completed project and reflection on activity

9. 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

Suggested assessment tools are:

- Lesson plans, participant feedback, reflection on activity. Pharmacy Peer Assessment

10. 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 and associated suggested assessment tools include:

- Participation in public health campaigns: Reflection on activity

Group C: Supplying medicines activities

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 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)

11. Technical and legal prescription 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

Suggested assessment tools are:

- Screening and dispensing competency logs, MiniCEX, contribution to care log

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.

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

Suggested assessment tools are:

- Competency logs, contribution to care log

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.

Examples include:

- Local training / competency assessment on accuracy checking

Suggested assessment tools are:

- Competency logs

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).

14. 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

Suggested assessment tools are:

- Certificate of attendance and reflection / CPD

15. 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

Suggested assessment tools are:

- Certificate of attendance and reflection / CPD

16. Health and safety

Employing organisation mandatory training on Health and Safety.

Examples Include:

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

Suggested assessment tools are:

- Certificate of attendance and reflection / CPD

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.

Examples Include:

- Electronic Prescribing and Medicines Administration (EPMA) system training
- Electronic Health Record training (e.g. SystemOne)
- PharmOutcomes

Suggested assessment tools are:

- Certificate of attendance and reflection / CPD

18. Development and application of advanced therapies

Completion of an appropriate online learning module agreed between the trainee and designated supervisor. 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.

Suggested assessment tools are:

- Certificate of attendance and reflection / CPD

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), and also 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:

- A learning needs analysis: reviewing the learning outcomes (see the [HEE learning needs assessment microlearning resource](#))
- A personal development plan
- 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) and update the LNA and PDP.

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).

19. Personal development plans and learning needs assessment

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).

Suggested assessment tools are:

- Completion of PDP and LNA within e-portfolio

20. Multi-source feedback

Gain multi-source feedback on own performance, from colleagues (using multi-source feedback tool) and service users (patient satisfaction questionnaire tool).

Suggested assessment tools are:

- Completion of multi-source feedback and patient satisfaction questionnaire within e-portfolio

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.

Suggested assessment tools are:

- Various depending on activity

Appendix 2: Suggested assessment schedule in plain text format

The content below is a plain text version of Table 3: Suggested schedule of learning and assessment for the foundation training year. It has been included in this appendix to aid accessibility for those using screen readers.

Throughout the training year:

- Submit evidence in a timely manner for regular review at trainee / supervisor meetings.
- Check contribution to care logs on a twice weekly / monthly basis.
- Make sure you include reflections on impact on practice AND mapping against learning outcomes for each evidence.
- Check progress against learning outcomes mapping (available in e-portfolio) to see where you have gaps in learning outcomes.
- Have regular meetings with your supervisor to ensure you are progressing as expected and evidence is of the quality expected.
- Look out for learning opportunities and consider the use of various evidence types to capture learning.
- Ask team members for learning opportunities and regular feedback on your performance.
- As you develop in the year look for increasing complexity of cases or scenarios that challenge you.

Weeks 1 to 2:

Key milestones: Learning needs assessment, personal development plan and learning agreement – this links to the assessment activities in Group E.

Planning: Complete e-portfolio and supervised learning event tool training

Suggested activities and evidence: Undertake mandatory training and complete local induction – this links to the assessment activities in Group D.

Weeks 2 to 4:

Key milestones: Submit first pieces of evidence for review by your supervisor

Planning: Discuss with your supervisor documenting and managing contribution to care logs

Suggested activities and evidence: Begin competency logs.

Weeks 5 to 8:

Suggested activities and evidence: We suggest completing at least TWO of the Group A assessment activities using a supervised learning event assessment tool by week 8.

Weeks 9 to 12:

Planning: Prepare portfolio for 13-week progress review.

Week 13:

Key milestones: Undertake 13-week progress review. Undertake a learning needs assessment and personal development plan update.

Week 14 to 17:

Planning: 360 feedback implementation planning.

Suggested activities and evidence: we suggest completing at least TWO of the Group A assessment activities using a supervised learning event assessment tool by week 17.

Weeks 18 to 21:

Suggested activities and evidence: Undertake a 360 feedback.

Weeks 22 to 25:

Planning: Prepare portfolio for 26-week progress review.

Suggested activities and evidence: we suggest that you aim to complete the dispensing accuracy assessment activity.

Week 26:

Key milestones: Undertake 26-week progress review. Undertake a learning needs assessment and personal development plan update.

Suggested activities and evidence: we suggest that you aim to complete the Group C **dispensing accuracy** assessment activity by the end of week 26.

Weeks 27 to 30:

Planning: plan for a patient satisfaction questionnaire.

Weeks 31 to 35:

Suggested activities and evidence: Undertake a patient satisfaction questionnaire.

Weeks 35 to 38:

Planning: Prepare portfolio for 39-week progress review.

Week 39:

Key milestones: undertake 39-week progress review. Undertake a learning needs assessment and personal development plan update.

Suggested activities and evidence: we suggest completing at least TWO of the Group A assessment activities using a supervised learning event assessment tool by week 39. We suggest that you aim to complete the Group C **final accuracy checking** assessment activity by the end of week 39.

Weeks 40 to 43:

Planning: 360 feedback implementation planning.

Weeks 44 to 48:

Suggested activities and evidence: Undertake a 360 feedback.

Weeks 49 to 50:

Key milestones: Final review and sign-off.

List of abbreviations

APLAN - Anonymised peer learning and assessment network

CBD - Case-based discussion

CPPE - Centre for Postgraduate Pharmacy Education

DOPS - Direct observation of practical skills

GPhC - General Pharmaceutical Council

HEE - Health Education England

IETP - Initial education and training of pharmacist

Mini-CEX - Mini-clinical evaluation exercise

Mini-TAB - Mini team assessment of behaviour

MRCF - Medication-related consultation framework

MSF - Multi-source feedback

PSQ - Patient satisfaction questionnaire

Version history

This assessment strategy was first published in June 2021.

Please contact trainee pharmacist@hee.nhs.uk with any editorial suggestions.

Version	Purpose / change
July 2021	<p>Signposting to visual mapping of assessment activities and microlearning resources.</p> <p>Personal development plan and learning needs assessment update: twice during the year (or four times if desired).</p> <p>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.</p> <p>Revision of descriptions of miscellaneous evidence form and contribution to care log assessment tools.</p> <p>Addition of endorsement logos</p>
November 2021	<p>Clarification that a single scenario from practice may be used to contribute to more than one assessment activity.</p> <p>Updating of links to E-Learning for Healthcare modules throughout the Assessment Strategy document.</p>