

IET Reform Webinar: Foundation Training Year 2020/21

Jointly hosted by the General Pharmaceutical Council,
NHS England and NHS Improvement and Health Education England

July 2021

Agenda

- **16:00:** Welcome – NHSE/I
- **16:10:** What do the new initial education and training standards mean for patients and pharmacists? – NHSE/I
- **16:15:** Reforms to initial education and training of pharmacists – GPhC
- **16:25:** Initial Education and Training of Pharmacists – HEE
- **16:50:** Q&As

What do the New Initial Education and Training Standards Mean for Patients and Pharmacists?

Richard Cattell, Deputy Chief Pharmaceutical Officer - NHS England and NHS Improvement (Chair)

To ensure you and all pharmacists in the future will have the training and skills you need to take on new and extended clinical roles as medicines experts across all sectors from registration

We are planning to achieve this through developing a strengthened and more integrated programme which reforms the existing four-year MPharm degree and one-year pre-registration training

Why we need change to initial education and training



Pharmacists' roles have evolved significantly in response to rapid changes in healthcare and pharmacy practice

There is a growing demand for clinical, patient-facing, autonomous pharmacist practitioners

To help meet the changing demands of healthcare and patients, it is vital that all pharmacists are equipped with the skills and knowledge to work flexibly and provide clinical leadership when delivering NHS services in health and care teams

We need to ensure that the early stages of education and training of pharmacists are reformed to reflect the changing nature of practice, including the importance of assuring patient safety

Reforms to initial education and training of pharmacists

Sarah Purdy
Pre-registration Training Facilitator /
Mark Voce
Director of Education and Standards



July 2021

The future of pharmacist education and training

- **New standards for initial education and training of pharmacists** published, introducing important changes to ensure pharmacists are equipped for their future roles
- Implementing the standards will **transform the education and training of pharmacists**, so they are able to play a much greater role in providing clinical care to patients and the public from their first day on the register, including by prescribing medicines
- **Changes will be gradually made** to implement these reforms



Working together



- An Advisory Group of stakeholders is continuing to work with us to facilitate and oversee the implementation of the standards
- The statutory education bodies (Health Education England, NHS Education for Scotland and Health Education and Improvement Wales) are working with us and other stakeholders on plans for implementation in each country
- We will provide further updates as the plans are developed, including what the changes mean for everyone

The foundation training year



- The **pre-registration training year** will be known as a **Foundation training year** from Summer 2021 onwards
- Pre-registration trainees will be known as **trainee pharmacists**
- Tutors will be known as **designated supervisors**
- **Learning outcomes** replace the performance standards

Interim learning outcomes

- From July 2021 trainee pharmacists will be assessed against the interim learning outcomes
- Describe the knowledge, skills and attributes a trainee must demonstrate by the end of their foundation training year
- Achievable for those starting in 2021
- Do not include independent prescribing

What these changes mean for training providers



- Use the published mapping tool to align your training plans with the interim learning outcomes
- You do not need to resubmit training plans that have already been submitted and/or approved
- Ensure regular progress reviews monitor the trainee's progression against the interim learning outcomes
- Reviews continue to take place at 13, 26 and 39 weeks then a final declaration at 52 weeks

Further information



- **Foundation training applications** opened on 16 June and closed on 9 July – via myGPhC (for trainees who want to start by 13th Aug to sit the assessment in summer 2022)
- **Foundation training manual**, FAQ and other supporting information now available on the GPhC website:

<https://www.pharmacyregulation.org/education/pharmacist-foundation-training-scheme>

Initial Education and Training of Pharmacists reform



Foundation Training Year 2021/22

Nick Haddington, Pharmacy Dean, South West, Thames Valley and Wessex

Please note:

For those using screen readers, we recommend switching to a narrated, captioned [overview video of the HEE Assessment Strategy](#).

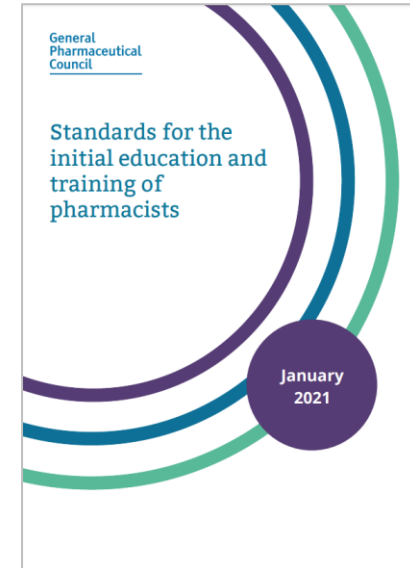
This overview video covers slides 15 to 35.

Please use this link: <https://www.youtube.com/watch?v=V54NMSf4MUY>



Initial Education and Training of Pharmacists (IETP) Reform

- In January 2021, the GPhC published revised Standards for the Initial Education and Training of Pharmacists
- Terminology changes:
 - 'pre-registration pharmacist' now called **Trainee Pharmacist**
 - 'pre-registration tutor' now called **Designated Supervisor**
 - 'pre-reg training year' now call **Foundation Training Year**
- We now have a set of Learning Outcomes that span the initial 5 years of training
 - Replace performance standards in year 5
 - Remains a '4+1' model



Responsibilities in Foundation Training

Organisation or group	Responsibility	Achieved by	Activity
GPhC	Quality assurance	Setting and quality assuring the standards	Setting standards and quality assuring the management of education
Statutory education bodies and their partners	Quality management	Overseeing the delivery of the foundation year	Designing, managing and monitoring the foundation year
Employers, designated supervisors and dedicated prescribing partners	Quality control	Day-to-day delivery of the foundation year	Supervising, mentoring and providing feedback to trainees

Key learning from the IFPP

Programme achievements

- 1887 provisional registrants enrolled on the programme
- A third actively engaging in programme
- GPhC pass rate 92.57%

Critical success factors to achieve programme aims

- Active involvement of stakeholders in development
- Stakeholders championing and driving change
- Agile project team able to implement change at pace

Emerging research findings

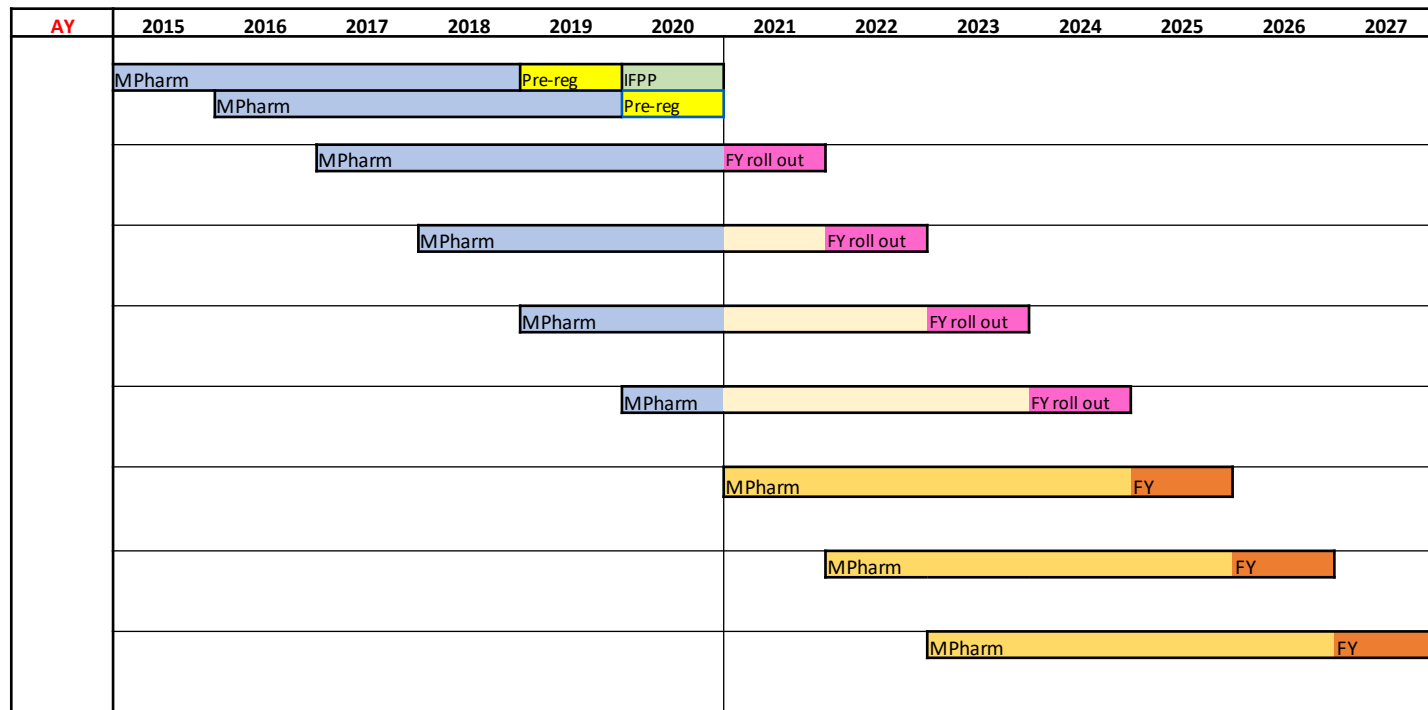
- Registration and expectations about programme
- User experience
- Supervision
- Learning outcomes

How will HEE use learning from the IFPP to inform Foundation training?

1. Ambition to engage stakeholders to deliver reform in partnership
2. Ethos: Trainee-led workplace learning
3. Clear communication: Offer and value
4. Resource curation and navigation
5. Support for supervisors
6. Networks of learning, into networks of practice



IETP Reform: Timeline overview



What do we need to do?

	Community	Hospital	Primary Care
Commissioning of training places	No formal process, based on demand	HEE	HEE
Recruitment and selection	National Recruitment Scheme (NRS) or employers directly	NRS	NRS
Funding for training placement	NHSE/I via training grant	HEE	HEE funds placement in GP
Salary for trainees	Decided by employer	Agenda for change band 5	Depends on host employer
Quality assurance of training placements	NRS	HEE	NRS/HEE
Provision of supervision	Employer	Employer	Employer
Provision of supervisor training	HEE funded-optional	HEE-mandated	HEE mandated
Assessment strategy and tools	HEE-developed with Schools of Pharmacy	HEE-developed with Schools of Pharmacy	HEE-developed with Schools of Pharmacy
E-portfolio	HEE	HEE	HEE
Learning support material (online)	HEE	HEE	HEE
Training programme funding	Employer	HEE	Dependent on host employer
Training programme provision	Provided or commissioned by employer	Provided or commissioned by HEE	Dependent on host employer

The HEE Foundation Year offer 2021/22

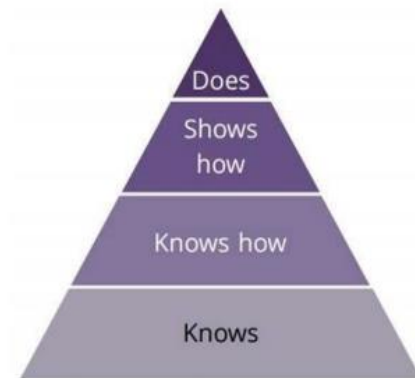
- An overarching practice-based **Assessment Strategy**, which describes a range of Assessment Activities to be completed that are mapped to the Learning Outcomes for the year
- The **Foundation Training Year e-portfolio**, which the completed Assessments are uploaded into
- Guidance and training materials for **Designated Supervisors** on how to apply the **Assessment Strategy** and **e-portfolio**
- A range of web-based learning materials for **Trainee Pharmacists**

HEE's Assessment Strategy

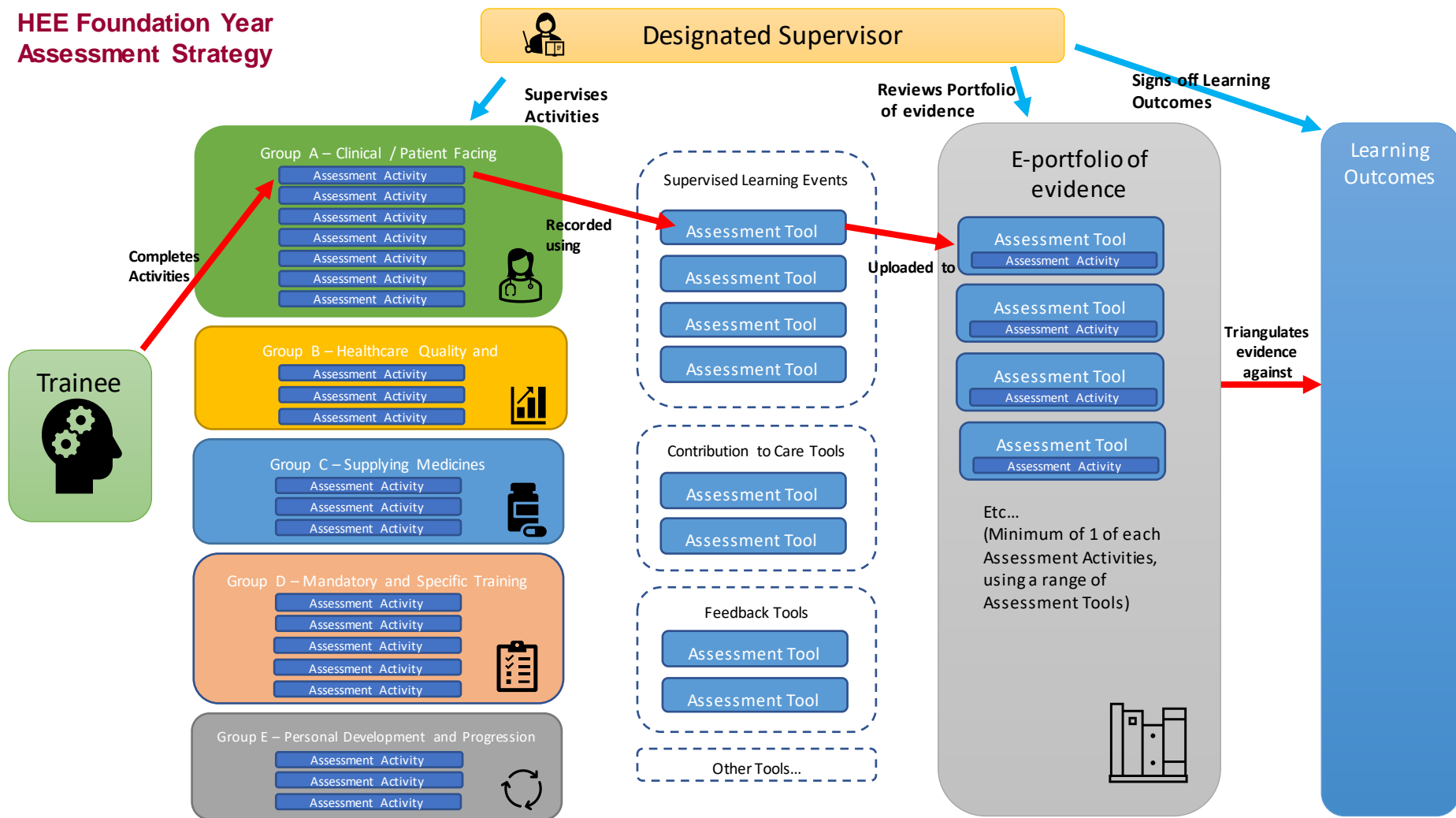
➤ Foundation Training Year Assessments:

- GPhC Registration Assessment
- Required number of weeks in training
- Sign-off against all Learning Outcomes by the Designated Supervisor

- The attainment of the 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 pharmacist, and the context in which the Learning Outcomes are demonstrated.
- These levels are described by a competence and assessment hierarchy known as 'Miller's Triangle'. For the Foundation Training Year, most of the learning outcomes must be demonstrated at the 'Does' level of Miller's Triangle, that is in an everyday situation ***repeatedly and reliably***.



HEE Foundation Year Assessment Strategy



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)		DOPS, MiniCEX, Contribution to care log
		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. The patient is assessed, diagnostic reasoning is used and a decision / recommendation is made	Mini-CEX, MRCF, Contribution to Care log, DOPs for physical assessments carried out
		Using a patient group direction		Mini-CEX, Contribution to Care log,
		Community Pharmacy Consultation Service (community pharmacy service)		DOPS
		Physical examination skills: Pulse, respiratory rate, oxygen saturation, temperature, blood pressure.		
		Prescribing consultation		Not applicable in 21/22
	4. Medicines Optimisation	Identify a clinical problem, generate solutions and implement to resolve	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 in order 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		MRCF, Mini-CEX, Contribution to Care log, Pharmacy Peer Assessment
	5. Patient focussed 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	MRHA 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 specific 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

Assessment tools

Supervised Learning Events

Mini clinical
evaluation exercise
(Mini-CEX)

Direct observation of
practice (DOPS)

Case-based
discussion (CBD)

Medicines related
consultation
framework (MRCF)

Contribution to Care Tools

Contributions to care
logs

Reflective
summaries

Feedback Tools

360 feedback tools

Patient Satisfaction
Questionnaire

Other Evidence

Learning Needs
Analysis

Pharmacy Peer
Assessment

Competency Logs

CPD record

Miscellaneous:
E.g. Projects
Local Training

The Trainee Pharmacist Foundation Year Programme

Contents

[- Access e-portfolio](#)[- Designated Supervisor Information and Resources](#)[- Trainee Pharmacist Learning Resources](#)

Welcome to the Trainee Pharmacist Foundation Year Programme. Here you can find out about the new foundation year (the new name for the pre-registration year) and the resources we are making available to help you with the recent changes.

Background

In January 2021, the GPhC published the revised [Standards for the Initial Education and Training of Pharmacists](#).

These new standards herald many exciting changes:

- The fifth-year of training (previously called the pre-registration year) will now be called the foundation training year. Learners on this programme will be referred to as trainee pharmacists. Pre-registration tutors will be referred to as designated supervisors.
- New interim learning outcomes will now be used to assess trainee pharmacists in 2020/21, replacing the pre-registration performance standards.

The GPhC has confirmed that all Foundation training sites are required to use the interim learning outcomes for the foundation training year 2021/22.

The GPhC has also set out our role in the quality management of all foundation training sites in England.

As part of the Trainee Pharmacist Foundation Year Programme, we are developing new resources for training sites: a practice-based assessment strategy, e-portfolio, and virtual learning and information resources will be provided to quality assure the training and assessment of all trainee pharmacists in England.

These resources will help trainee pharmacists and designated supervisors understand and use the assessment activities and tools to chart progress against the GPhC interim learning outcomes.

Designated supervisors will find these resources helpful to assess trainees against the new interim learning outcomes, complete progress reviews, and provide final sign-off, as required by the GPhC.

Designated supervisors will also find more information on our [dedicated webpage](#).



Add this link to
your favourites:

www.hee.nhs.uk/our-work/pharmacy/trainee-pharmacist-foundation-year-programme

New resources for training sites

The Trainee pharmacist foundation year assessment strategy provides an overview of the assessment strategy for both trainee pharmacists and designated supervisors. The Assessment activities guide 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. You can find both documents at the bottom of the page, while this video gives an overview of the assessment strategy and how it works.

We are in the process of procuring an e-portfolio for all trainee pharmacists in England ready for the 2021/2022 foundation year. The e-portfolio will directly support the use of the assessment strategy. This website will be updated with more information as it is available.

New virtual learning and information resources are in development, to help trainee pharmacists and designated supervisors understand and use the assessment activities and tools to chart progress against the GPhC interim learning outcomes.

Coming soon

- Micro-learning resources to support trainee pharmacists and designated supervisors with assessment tools including supervised learning events (SLEs).
- Micro-learning resources to support trainee pharmacists and designated supervisors with the e-portfolio for the foundation year 2021/2022.

Related Documents

HEE Trainee Pharmacist Foundation Year - Assessment Strategy (.docx)

6.02 MB

HEE Trainee Pharmacist Foundation Year - Assessment Guide (.docx)

7.12 MB

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NHS

Health Education England

Trainee Pharmacist Foundation Year Assessment Strategy



June 2021

PhSC
Pharmacy Schools Council

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Trainee Pharmacist Foundation Year Assessment Strategy



June 2021

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.

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 there is appropriate supervision (e.g. direct observation / supervision) in place so that patient safety is maintained at all time.

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 trainee's 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. The Designated Supervisor are expected to use their professional judgement in making decisions as to whether a learning outcome has been met.

Trainee Pharmacist Foundation Year Assessment Strategy



June 2021

Trainee pharmacist foundation year assessment strategy

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) Primary care to secondary care (admission into hospital) Discharge Medicines Service (community pharmacy service)	Completion of a medicines reconciliation for a patient when they move from one sector of healthcare to another	Mini-CEX, Contribution to Care log
	2. Patient consultation: Medicines use	Counselling on a new medicine in any sector Discharge Medicines Service (community pharmacy service) New medicines service (community pharmacy service)	Conducting a consultation with a patient on how to use a medicine or device that has been prescribed for them	DOPS, Mini-CEX, Contribution to care log MRCF
	3. Patient consultation: Diagnose / assess / recommend	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 Prescribing 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, Contribution to Care log DOPS Not applicable Mini-CEX, Care log, Assessment
	4. Medicines Optimisation	Identify a clinical problem, generate solutions and implement to resolve Therapeutic drug monitoring	Clinical screening of a prescription / medicines: identify one or more clinical issues, use clinical reasoning to support the generation /	

Trainee pharmacist foundation year assessment strategy

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 Inpatient medicines record Controlled drug requisition	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.	Screening and dispensing competency logs, MiniCEX, Contribution to Care log
	12. Dispensing prescriptions and preparing medicines order	Local training/competency assessment on dispensing medicines against a prescription or medicines order Local training/competency assessment on preparation of ampoules or aseptic ducts Local training/competency assessment on accuracy checking	Completion of local competency training in relation to the dispensing of medicines and devices, e.g. dispensing accuracy competency assessment. Completion of local competency training in relation to the final (accuracy) checking of dispensed medicines and devices, e.g. checking accuracy competency assessment.	competency logs, Contribution to Care log competency logs, Contribution to Care log competency logs

Trainee pharmacist foundation year assessment strategy

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

Trainee Pharmacist Foundation Year Assessment Strategy



June 2021

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)


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](#)


Health Education England

**Trainee Pharmacist Foundation Year
Assessment Strategy**



June 2021


Pharmacy Schools Council

New resources for training sites

The Trainee pharmacist foundation year assessment strategy provides an overview of the assessment strategy for both trainee pharmacists and designated supervisors. The Assessment activities guide 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. You can find both documents at the bottom of the page, while this [video](#) gives an overview of the assessment strategy and how it works.

We are in the process of procuring an e-portfolio for all trainee pharmacists in England ready for the 2021/2022 foundation year. The e-portfolio will directly support the use of the assessment strategy. This website will be updated with more information as it is available.

New virtual learning and information resources are in development, to help trainee pharmacists and designated supervisors understand and use the assessment activities and tools to chart progress against the GPhC interim learning outcomes.

Coming soon

- Micro-learning resources to support trainee pharmacists and designated supervisors with assessment tools including supervised learning events (SLEs).
- Micro-learning resources to support trainee pharmacists and designated supervisors with the e-portfolio for the foundation year 2021/2022.

Related Documents

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NHS

Health Education England

Trainee Pharmacist Foundation Year Assessment Activities Guide



June 2021

www.hee.nhs.uk

We work with partners to plan, recruit, educate and train the health workforce.

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 a patient or at distance (e.g. providing a remote enquiry).

Please note that since most learning outcomes are mapped to Group A, the trainee pharmacist must be directly involved in these activities, and not just reviewing a patient's care or providing support theoretically.

Assessment activities may require a trainee pharmacist to be directly involved in the activity, normally be conducted by a registered pharmacist or other healthcare professional. Where this is the case, it is essential that there is appropriate supervision (e.g. direct supervision) and patient safety is maintained at all times.

Group A contains seven assessment activities

3.1 Medicines reconciliation

Completion of a **medicines reconciliation** for a patient moving from one healthcare setting to another.

Examples include:

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

Routinely maps to learning outcomes:

- (3) Demonstrate effective communication and use appropriate communication style to meet the needs of the patient
- (4) Understand the variety of settings and the role of the pharmacist in each
- (5) Proactively support people to make safe and effective decisions
- (7) Obtain informed consent before providing services
- (12) Take an all-inclusive approach to ensure that all relevant information on clinical, legal and professional considerations is taken into account
- (14) Work collaboratively and effectively with other healthcare professionals to ensure high-quality, person-centred care
- (15) Demonstrate the values, attitudes and professional standards at all times
- (16) Apply professional judgement in all circumstances and take into account the needs of the patient
- (18) Take responsibility for all aspects of the service and ensure that 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

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.

NHS
Health Education England

HEE Foundation Year Assessment Strategy



Trainee Pharmacist Foundation Training Year 2021/22

www.hee.nhs.uk

We work with partners to plan, recruit, educate and train the health workforce

Welcome to this video introducing

0:05 / 13:32

HEE Foundation Year Assessment Strategy

Unlisted

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<https://www.youtube.com/watch?v=V54NMSf4MUy>

Designated Supervisor Information and Resources

This website is designed to support designated supervisors (the new name for pre-registration tutors) with information about the Trainee Pharmacist Foundation Year Programme.

Guidance for designated supervisors

Designated supervisors play a vital role in guiding trainees through this important year in practice. With foundation training sites required to use the new interim learning outcomes in 2021/22, we are keen to help you:

- provide a consistent, quality-assured approach to assessing trainee pharmacists, no matter where they are based
- boost your confidence in reviewing trainees' evidence against the new interim learning outcomes
- boost your confidence in signing off trainees as competent foundation pharmacists.

Key resources

New key resources are available to support you through the change in supervision practice – from pre-registration performance standards to learning outcomes.

- HEE Trainee Pharmacist Foundation Year Assessment Strategy: This is the primary document that sets out the assessment strategy and how it works. It includes a section on the role of the designated supervisor. You can also watch this overview [video](#).
- Assessment Activities Guide: This document sets out the 21 assessment activities in detail and also shows which learning outcomes each of the activities is anticipated to provide evidence for.

The assessment strategy and activities guide are both available to download at the bottom of this page.

We are also creating a range of micro-learning video resources to support you (and your trainee pharmacist) to understand and use the assessment tools (which are used to record the assessment activities within the e-portfolio) and the e-portfolio itself. Links to these resources will be provided soon.

Coming soon

- Micro-learning resources to support trainee pharmacists and designated supervisors with assessment tools including supervised learning events (SLEs).
- Micro-learning resources to support trainee pharmacists and designated supervisors with the e-portfolio for the foundation year 2021/2022.

And beyond 2021/22?

- Investment/optimisation of current HEE infrastructure to create capacity to deliver
- Programme Governance
 - Planning and implementation of new IET over transitional years
- Accountability strategy
 - Define and agree quality management approach with GPhC
 - Prioritise quality management roles and responsibilities and agree implementation timelines
- Engaging and communicating with you
 - Nationally, regionally and locally

Keeping you up to date

Sign up link now live on our website:

To receive news by email about the initial education and training of pharmacists, **please complete this form:**

<https://healtheducationyh.onlinesurveys.ac.uk/register-for-ietp-updates>

Mailbox name: 'HEE trainee Pharmacist Foundation Year'

Email address: traineepharmacist@hee.nhs.uk

Any questions?

Thank you