**Foundation Training Year: Medication Related Consultation Framework (MRCF)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title of MRCF** |  | **Date of MRCF** |  |
| **Trainee pharmacist** |  | **Stage of training****(in weeks)** |  |

 **How well did the trainee undertake the following activities when consulting with the patient?**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Introduction**
 | 🗸 | Not applicable | Comments for introduction section |
| A.1 Introduces self |  |  |  |
| A.2 Confirms patient’s identity |  |  |
| A.3 Discusses purpose and structure of the consultation |  |  |
| A.4 Invites patient to discuss medication or health related issue |  |  |
| A.5 Agrees a shared agenda |  |  |
| Did the trainee build a therapeutic relationship with the patient? | Yes / Partially / No |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Data collection and problem identification**
 | 🗸 | Not applicable | Comments for data collection and problem identification section |
| B.1 Obtains a full medication history/medication review, or other suitable task if applicable |  |  |  |
| B.2 Assesses patient’s understanding of the rationale for prescribed treatment |  |  |
| B.3 Elicits patient’s (lay) understanding of his/her illness |  |  |
| B.4 Elicits concerns about treatment |  |  |
| B.5 Explores social history |  |  |
| B.6 Enquires if the patient misses dose(s) of treatment and how often (if applicable) |  |  |
| B.7 Reasons for missed dose(s) (unintentional or intentional if applicable) |  |  |
| B.8 Identifies and prioritises patient’s pharmaceutical problems/needs |  |  |
| Did the trainee identify the patient’s pharmaceutical needs? | Yes / Partially / No |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Actions and solutions**
 | 🗸 | Not applicable | Comments for actions and solutions section |
| C.1 Relates information to patient’s illness and treatment beliefs (risk – benefit discussion) |  |  |  |
| C.2 Works with the patient in reviewing/amending a management plan |  |  |
| C.3 Checks the patient’s understanding on how and when to take medication, length of treatment, and negotiates follow-up |  |  |
| C.4 Checks patient’s ability to follow plan (are any problems anticipated?) |  |  |
| C.5 Refers appropriately to other healthcare professional(s) (if applicable) |  |  |
| Did the trainee establish an acceptable management plan with the patient? | Yes / Partially / No |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Closing**
 | 🗸 | Not applicable | Comments for closing section |
| D.1 Explains what to do if patient has difficulties to follow plan and whom to contact  |  |  |  |
| D.2 Provides further appointment or contact point  |  |  |
| D.3 Offers opportunity to ask further questions  |  |  |
| Did the trainee negotiate a 'safety netting' strategy with the patient?' | Yes / Partially / No |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Consultation behaviours**
 | 🗸 | Not applicable | Comments for consultation behaviours |
| E.1 Listens actively and allows patient to complete statements  |  |  |  |
| E.2 Uses open and closed questions appropriately  |  |  |
| E.3 Demonstrates empathy and supports patient  |  |  |
| E.4 Avoids or explains jargon  |  |  |
| E.5 Accepts patient (i.e. respects patient, is not judgemental or patronising)  |  |  |
| E.6 Adopts a structured and logical approach to the consultation  |  |  |
| E.7 Summarises information at appropriate time points  |  |  |
| E.8 Keeps consultation “on track” or regains “control” when necessary  |  |  |
| Did the trainee demonstrate any of these consultation behaviours? | Yes / Partially / No |

|  |  |  |  |
| --- | --- | --- | --- |
| **Overall Impression** Overall the trainee’s ability to consult was… *(please circle)* | Below expectations | Meets expectations | Exceeds expectations |

|  |
| --- |
| Summary of case: (to include clinical setting, patient type, focus of encounter, new or follow-up, complexity of case) |
| What went well? | Suggestions for development: |
| Agreed action (SMART: Specific, Measurable, Achievable, Realistic and Timely): |
| Trainee pharmacist reflection: |

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Signature of supervisor: |  | Date |  |
| Position of supervisor: | Designated supervisor / Practice or Clinical supervisor |

NB: This Assessment tool must be mapped by the trainee pharmacist to the [GPhC Foundation Training Year Interim Learning Outcomes](https://www.pharmacyregulation.org/education/pharmacist-foundation-training-scheme/foundation-training-year-2021-22) and the [HEE Foundation Training Year Assessment Activities Guide](https://www.hee.nhs.uk/our-work/pharmacy/trainee-pharmacist-foundation-year-programme) when submitting it on the e-portfolio.