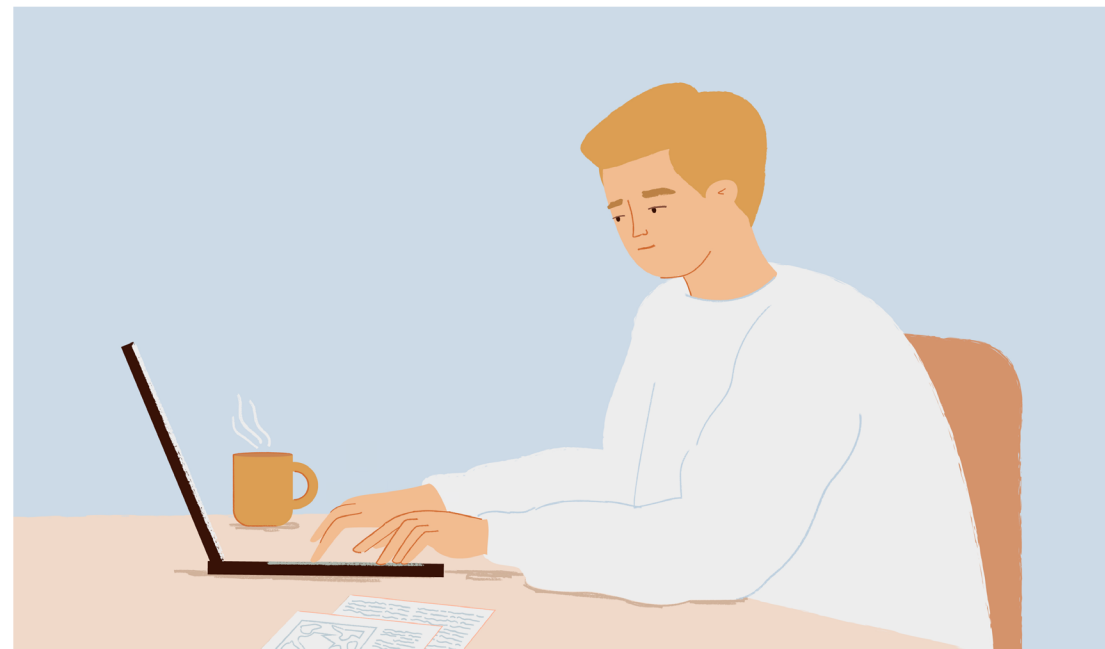


# Pharmacy Foundation Training Year (FTY) Assessment Strategy

Full learning outcomes to prescriber status on registration

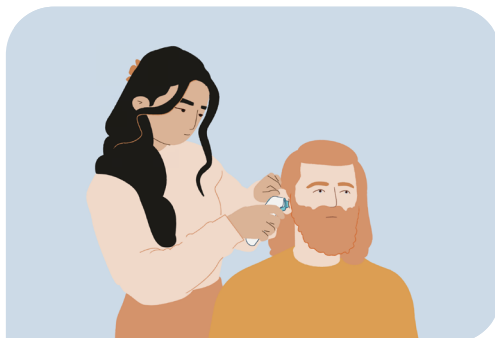


<b>Introduction</b>	<b>3</b>
Structure of the strategy	4
Types of evidence	5
Other types of evidence	6
Dual sign off	7



**Domain 1 | Person-centred care and collaboration** **9**

---



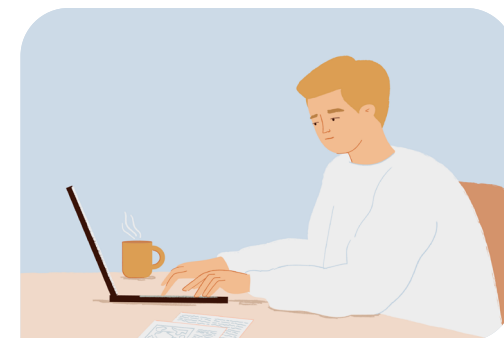
**Domain 2 | Professional practice** **24**

---



**Domain 3 | Leadership and management** **55**

---



**Domain 4 | Education and research** **64**

---

**Appendices** **68**

---

Mandatory components and resources	68
Minimum portfolio requirements	77
Glossary	78

# Pharmacy Foundation Training Year Assessment Strategy

This FTY assessment strategy supports trainee pharmacists, their designated supervisors (DS) and designated prescribing practitioners (DPP) to understand the requirements of the IET Full Learning Outcomes (FLOs).

For each Learning Outcome (LO) it details:

- + an explanation of how a trainee pharmacist could demonstrate competence
- + where this LO may be demonstrated
- + suggested examples of activities to demonstrate competence
- + suggested evidence types
- + mandatory and additional areas of the FTY curriculum which can provide evidence
- + where evidence is likely to be gathered including NHS Education for Scotland learning events (NESLE), via an immersive simulation experience (SIM) or in the workplace
- + whether it requires dual sign off by the Designated Supervisor and Designated Prescribing practitioner

Please note these are suggestions only, these are not requirements, and the list is not exhaustive.

If they are to pass, trainee pharmacists must be able to demonstrate all LOs in this document. Throughout this document, the LO is in **bold** where the appropriate level of competence is achieved on conclusion of the MPharm degree.

Examples of this include:

- + LOs where the level of competence during MPharm is higher than during FTY, such as LO 22 ‘shows how’ during MPharm but ‘knows how’ during FTY
- + LOs where the level of competence is achieved during MPharm and should be maintained consistently by the trainee pharmacist during FTY, such as LO 1 where ‘does’ must be demonstrated during MPharm and FTY

During FTY, however, it would be expected that LOs already achieved during MPharm are **maintained consistently** by the trainee pharmacist.

In FTY, the trainee pharmacists will be further exposed to new situations and environments which will give them the opportunity to build upon their knowledge and skills and demonstrate these outcomes in a clinical setting with patients. Under supervision, a trainee pharmacist will be expected to repeatedly, accurately and safely carry out an activity during their FTY in environments which are real, time pressured and often complex.

# Structure of the strategy

## Strategy domains

The structure of the strategy reflects the structure of the Standards for Initial Education and Training of Pharmacists (GPhC, 2021). Namely, that there are four domains of practice which contain learning outcomes which must be achieved to the required level of competence outlined. They are aligned to the pillars of NHS advanced practice. These domains are also present in post-registration pharmacy curricula and therefore provide a continuum of learning from initial education through to consultant-level practice.

### Domain 1 | Person-centred care and collaboration (LOs 1–14)

Domains 1 and 2, person-centred care and collaboration and professional practice, are often combined to reflect clinical practice. These domains ask for demonstration of knowledge, skills and behaviours that illustrate provision of high-quality healthcare that is safe, effective and person centred.

### Domain 2 | Professional practice (LOs 15–44)

### Domain 3 | Leadership and management (LOs 45–52)

Domain 3 relates to leadership and management practice. The learning outcomes in this domain detail the knowledge, skills and behaviours needed to lead and to fulfil management responsibilities.

## Strategy key

**I** Intrinsic LO

**S** Requirement for dual sign off

**D** Demonstration via

### Domain 4 | Education and research (LOs 53–55)

Domain 4 outlines the need for pharmacists to provide education and undertake research. It includes the knowledge, skills and behaviours needed to enable effective learning in the workplace and to use evidence to inform practice and improve services.

# Types of evidence

A supervised learning event (SLE) is an interaction between a learner and a supervisor which leads to feedback and learning. They are designed to help the learner reflect on their own performance and identify areas for development. SLEs will form the majority of evidence within the trainee pharmacist's portfolio. Further information on SLE tools can be found on [Turas Learn](#).

## **Acute care assessment tool (ACAT)**

---

Evaluates the individual's clinical assessment and management, decision making, team working, time management, record keeping prioritisation and handover over a continuous period of time across multiple patients. Can be used in all sectors.

## **Case based discussion (CbD)**

---

Retrospectively evaluates the individual's input into patient care. A structured discussion is undertaken remotely from the patient and is used to explore clinical reasoning, decision making and application of clinical knowledge in practice.

## **Case presentation (CP)**

---

Evaluates an individual's ability to orally present a case to colleagues.

## **Direct observation of practical skills (DOPS)**

---

Evaluates the individual's ability to undertake a practical procedure.

## **Mini-clinical evaluation exercise (mini-CEX)**

---

Evaluate an individual's clinical encounter with a patient and assesses the skills essential for clinical care such as history taking, communication, examination and clinical reasoning. It involves direct supervision with the patient present, either face to face or by telephone.

## **Teaching observation**

---

Evaluates an individual's ability to deliver an effective learning experience to others.

# Other types of evidence

## Achievement

---

Used to record assessments undertaken, courses attended, e-learning completed, and prior learning undertaken before FTY. It documents details of the activity undertaken and what was learnt. A certificate of completion can be uploaded as supporting information.

## Achievement – case study

---

A case study is a specific type of achievement evidence. A report is written where clinical reasoning, decision making and application of clinical knowledge in practice is discussed with reference to the support evidence-base.

## Achievement – care plan

---

A care plan is a specific type of achievement evidence. It is a written, individualised, comprehensive medication therapy plan based on clearly defined therapeutic goals. It is used to demonstrate identification and monitoring of pharmaceutical care issues.

## Individual feedback (IF)

---

Gathers generic feedback relating to communication, teamworking, professionalism and interaction with patients from one individual. Enables feedback to be gathered on performance in these areas over a period of time rather than a single supervised learning event.

## Patient feedback (PF)

---

Gathers feedback from a specific patient relating to consultation skills and shared-decision making.

## Quality improvement form (QIF)

---

Used to document quality improvement activities undertaken during training such as audits, evaluations, introducing change, updating current procedures and significant event analysis. A copy of related documents/reports can be uploaded as supporting information.

## Reflective account (RA)

---

Enables documentation of reflection and learning from a wide range of settings.

## Team assessment of behaviour (TAB)

---

Also known as 360° feedback, this tool collates feedback from a range of multi-professional colleagues. It provides multi-source feedback on communication, teamworking and professionalism skills and identifies areas for development.

## Dual sign off

19 of the LOs within this strategy are deemed to be prescribing related and require dual sign off by the Designated supervisor (DS) and Designated prescribing practitioner (DPP). It is expected that the DPP will be familiar with the level of performance expected of the trainee pharmacist for each of these.

### LO

### Description

8

Assess and respond to the person's particular health risks, taking account of individuals' protected characteristics and background

10

Demonstrate effective consultation skills, and in partnership with the person, decide the most appropriate course of action

11

Take into consideration factors that affect people's behaviours in relation to health and wellbeing

13

Recognise the psychological, physiological and physical impact of prescribing decisions on people

14

Work collaboratively and effectively with other members of the multi-disciplinary team to ensure high-quality, person-centred care, including continuity of care

16

Apply professional judgement in all circumstances, taking legal and ethical reasoning into account

17

Recognise and work within the limits of their knowledge and skills, and get support and refer to others when they need to

<b>LO</b>	<b>Description</b>
26	Consider the quality, safety and risks associated with medicines and products and take appropriate action when producing and supplying them
27	Take responsibility for the legal, safe and efficient supply and administration of medicines and devices
28	Demonstrate effective diagnostic skills, including physical examination, to decide the most appropriate course of action for the person
29	Apply the principles of clinical therapeutics, pharmacology and genomics to make effective use of medicines for people including in their prescribing practice
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 of medicines, devices and services

<b>LO</b>	<b>Description</b>
34	Apply the principles of effective monitoring and management to improve health outcomes
35	Anticipate and recognise adverse drug reactions (ADRs), and recognise the need to apply the principles of pharmacovigilance
36	Apply relevant legislation and ethical decision-making related to prescribing, including remote prescribing
37	Prescribe effectively within the relevant systems and frameworks for medicines use
38	Understand clinical governance in relation to prescribing, while also considering that the prescriber may be in a position to supply the prescribed medicines to people
39	Take responsibility for people's health records, including the legality, appropriateness, accuracy, security and confidentiality of personal data



---

## Domain 1

# Person-centred care and collaboration



# 1 Demonstrate empathy and keep the person at the centre of their approach to care at all times

I Yes

S No

D Workplace

## Skills, attitudes and behaviours expected

As this is an intrinsic LO, the skills, attitudes and behaviours are those which are essential for pharmacy professionals and are therefore deemed intrinsic to all activities undertaken by the trainee pharmacist.

## Suggested activities

Please refer to example activities for other LOs as it is anticipated evidence will be cross-linked to this LO.

## Suggested format of evidence

- + mini-CEX
- + RA

## 2 Work in partnership with people to support and empower them in shared decision-making about their health and wellbeing

I No

S No

D Workplace

### Skills, attitudes and behaviours expected

1. Working in partnership with patients and building appropriate relationships to allow this to succeed
2. Empowering patients to make shared decisions about their health and wellbeing

### Suggested activities

1. Engaging with patients and asking questions about their health and wellbeing and using the information obtained from patients when discussing possible medication choice
2. Providing patients with information resources to allow them to make an informed decision on treatment options
3. Listening to patients views and concerns and reaching agreement about medication choice and treatment options
4. Demonstrating a patient-centred care and shared decision-making approach during consultations or polypharmacy reviews
5. Recommending an over the counter (OTC) product or NHS Pharmacy First Scotland service (or alternative minor ailment service) — discussing the options available to a patient, providing self-care advice, referral, or medication

### Suggested format of evidence

- + IF
- + mini-CEX
- + TAB

# 3 Demonstrate effective communication at all times and adapt their approach and communication style to meet the needs of the person

I Yes

S No

D Workplace

## Skills, attitudes and behaviours expected

As this is an intrinsic LO, the skills, attitudes and behaviours are those which are essential for pharmacy professionals and are therefore deemed intrinsic to all activities undertaken by the trainee pharmacist.

## Suggested activities

Please refer to example activities for other LOs as it is anticipated evidence will be cross-linked to this LO.

## Suggested format of evidence

- + IF
- + mini-CEX
- + SIM
- + TAB

# 4

## Understand the variety of settings and adapt their communication accordingly

I Yes

S No

D Workplace

### Skills, attitudes and behaviours expected

As this is an intrinsic LO, the skills, attitudes and behaviours are those which are essential for pharmacy professionals and are therefore deemed intrinsic to all activities undertaken by the trainee pharmacist.

### Suggested activities

1. Demonstrating awareness of different settings. Examples may include hospital department versus ward in hospital, or OTC and dispensary in community
2. Considers the need for privacy and when to use the consultation room to speak to patients

### Suggested format of evidence

- + mini-CEX
- + RA
- + TAB

# 5 Proactively support people to make safe and effective use of their medicines and devices

I No

S No

D Workplace

## Skills, attitudes and behaviours expected

1. Proactively taking opportunities to support patients to make safe and effective use of their medicines and devices
2. Involving the patient in the discussion about their medicines and devices and considers the patient's needs and wants
3. Asking questions and checking the patient's understanding in relation to their medication and device to support safe and effective use
4. Seeking solutions to any issues with medication and devices and appropriate follow up when required to support safe and effective use

## Suggested activities

1. Proactively taking opportunities to support patients by counselling on medication and showing how to use devices
2. Using all opportunities to support patients with new or existing medicines (e.g., medication review, medicines reconciliation, discharge planning, OTC consultation)
3. Using tools such as Teach Back and Chunk and Check, to check patient's understanding
4. Initiating an adjustment to assist patients with medication compliance in a practical way (e.g., compliance aid, adjustment of timing or change of drug, medication prompt)
5. Suggesting alternative formulations if prescribed formulation is not suitable to meet the patient's needs. If necessary, use reference sources to determine if a medicine can be crushed and consider the licensing implications of doing so

## Suggested format of evidence

- + CbD
- + IF
- + mini-CEX
- + RA
- + SIM

# 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**

**I** Yes

**S** No

**D** Workplace

## Skills, attitudes and behaviours expected

As this is an intrinsic LO, the skills, attitudes and behaviours are those which are essential for pharmacy professionals and are therefore deemed intrinsic to all activities undertaken by the trainee pharmacist.

## Suggested activities

1. Effectively engaging with patients with additional needs (e.g., hearing, visual, learning needs)
2. Considering religious beliefs and respecting patient choices when providing medication advice and issuing medication
3. Identifying appropriate formulations to respect religious beliefs, vegetarian/vegan lifestyle
4. Undertaking equality and diversity training

## Suggested format of evidence

- + CbD
- + mini-CEX
- + RA

# 7 Obtain informed consent before providing care and pharmacy services

I No

S No

D Workplace

## Skills, attitudes and behaviours expected

1. The requirement to obtain informed consent from patients and service users prior to delivery of care and pharmacy service
2. The processes within pharmacy settings to obtain appropriate consent
3. Describe to patients what is required and the reasons for this, when obtaining consent
4. Handling patient consent data appropriately and in line with GDPR requirements
5. Actions to consider and follow up if patient does not consent and shows awareness of Power of Attorney

## Suggested activities

1. Obtaining appropriate patient consent prior to delivery of any pharmacy care or services
2. Describing to a patient their rights under the data protection laws when signing up to any pharmacy services
3. Gaining consent from patient to speak to other people regarding their medication (e.g., relatives/community pharmacy)
4. Documentation and audit trail relating to recording consent or withdrawal of consent
5. Child Protection considerations and follow up in relation to consent

## Suggested format of evidence

- + Achievement
- + DOPS
- + mini-CEX
- + RA



# 8 Assess and respond to the person's particular health risks, taking account of individuals' protected characteristics and background

I Yes

S Yes

D Workplace

## Skills, attitudes and behaviours expected

1. How to effectively explore the spoken or unspoken needs of patients based on protected characteristics and consider these needs when providing care
2. Recognise and overcome barriers to care related to protected characteristics
3. Apply a working knowledge of appropriate treatment options which may vary based on religion, personal beliefs race, gender reassignment or sex

## Suggested activities

1. Prescribing for individual patients taking account of patient's sex, religious and non-religious beliefs, race, any known disabilities (e.g., hormonal therapy, urinary tract infection management differences, formulation choice due to excipients, treatment of hypertension in Afro-Caribbean patients, management of diabetes during religious fasting periods)
2. Consulting with a patient with a known disability and identifying measures to overcome barriers related to disability (e.g., use of British Sign Language interpreters, Braille format for written materials, use of interpreter for a non-English speaking patient)

## Suggested format of evidence

- + CbD
- + IF
- + mini-CEX
- + PF
- + RA
- + TAB

# 9 Take responsibility for ensuring that personal values and beliefs do not compromise person-centred care

I Yes

S No

D Workplace

## Skills, attitudes and behaviours expected

As this is an intrinsic LO, the skills, attitudes and behaviours are those which are essential for pharmacy professionals and are therefore deemed intrinsic to all activities undertaken by the trainee pharmacist.

## Suggested activities

1. Consider the impact that refusal of medication supply has on patient care
2. Appropriately communicate with patients who refuse to take medication
3. Reflect on possible misconceived perceptions regarding specific patient groups (e.g., elderly, opioid replacement therapy, prisoners)

## Suggested format of evidence

- + CbD
- + RA

# 10 Demonstrate effective consultation skills, and in partnership with the person, decide the most appropriate course of action



No



Yes

NESLE,  
Workplace

## Skills, attitudes and behaviours expected

1. How to effectively structure a patient consultation allowing patient interaction and input
2. Ability to ask appropriate questions during a consultation to get the necessary information
3. Ability to listen and appropriately act upon the patient's wants and concerns during a consultation
4. Discussion with the patient about treatment options with reference to their preference and in relation to formulary/guidelines
5. Discussion about other non-medication options available for managing their conditions
6. Explanation of the risks and benefits treatment options
7. Documenting the consultation appropriately as required
8. Ability to elicit appropriate information to make a prescribing decision

## Suggested activities

1. Identifying the patient's priorities and concerns during a consultation and addressing them
2. Undertaking patient consultations (e.g., on admission and/or discharge from care setting, polypharmacy review, non-adherence)
3. Undertaking consultations where a prescribing decision must be made in agreement with the patient, family member and/or carer (e.g., formulary status, side effect profile, availability)
4. Undertaking consultations with the assistance of interpreters to overcome communication barriers
5. Explaining rationale for deprescribing decision to patient, family member and/or carer
6. Applying effective communication skills when speaking to both patients and other healthcare professionals (e.g., avoiding jargon, tailoring terminology to audience)

## Suggested format of evidence

- + DOPS
- + IF
- + mini-CEX
- + PF
- + RA
- + SIM

# 11 Take into consideration factors that affect people's behaviours in relation to health and wellbeing



No



Yes



Workplace

## Skills, attitudes and behaviours expected

1. Asking appropriate questions to understand patients' needs and concerns in relation to their health and wellbeing
2. Not imposing own opinions or judgement on patients' needs and concerns
3. Understanding individual patient needs and wishes when making decisions about their treatment
4. Discussions with patients which incorporate these factors when making decisions about treatment options

## Suggested activities

1. Conducting a consultation with a patient where problem substance use is confirmed or suspected (e.g., illicit drug use, overuse of opiate prescription)
2. Discussing patient non-adherence with treatment and addressing non-adherence (e.g., underlying health anxiety, use of patient education, social prescribing, prescribing an alternative treatment)
3. Discuss lifestyle changes with a patient where relevant lifestyle factors could exacerbate their condition in a non-judgemental and non-confrontational manner (e.g., alcohol consumption, inactivity, poor diet, smoking)
4. Discussing use with a patient who has over-ordered inhalers (e.g., underlying factors such as anxiety, habit, technique, or poor control driving the ordering)

## Suggested format of evidence

- + mini-CEX
- + PF
- + RA

# 12

## Take an all-inclusive approach to ensure the most appropriate course of action based on clinical, legal and professional considerations

I No

S No

D Workplace

### Skills, attitudes and behaviours expected

1. Consideration of the clinical aspects affecting their decision making
2. Consideration of the legal aspects affecting their decision making
3. Consideration of the professional aspects affecting their decision making
4. Weighing up the risks and benefits associated with all three aspects during decision making
5. Ability to justify their decision making in relation to these three aspects
6. Ability to identify solutions to professional and ethical dilemmas

### Suggested activities

1. Clinical screening or checking of prescriptions ensuring the prescription is legal, safe, clinically appropriate
2. Making decisions and using professional judgement when making a supply of a Pharmacy (P) medicine and rationale for supplying/referring/refusing supply
3. Making decisions during out of hours or on call periods when the prescriber is not available
4. Making a decision regarding an inpatient's prescribed medication when you are unable to confirm using two sources (e.g., patient unsure, hasn't brought in own medication and ECS unavailable)
5. Making decisions whilst demonstrating understanding of emergency supply legislation and taking into consideration the consequences of not supplying when a supply cannot be made (e.g., controlled drug in an out of hours situation)

### Suggested format of evidence

- + Achievement — case study
- + CbD
- + RA

# 13

## Recognise the psychological, physiological and physical impact of prescribing decisions on people



No



Yes

NESLE,  
Workplace

### Skills, attitudes and behaviours expected

1. Consideration of any psychological impact that prescribing decisions may have on people
2. Consideration of any physical impact that prescribing decisions may have on people
3. Appropriate discussions with patients regarding any concerns they have in relation to these aspects when making decisions
4. Ability to make and suggest adjustments where appropriate to treatment based on these aspects where patients have concerns

### Suggested activities

1. Identifying and responding to concerns relating to prescribed medicines such as common/serious and new side effects relating to medicines
2. Providing reassurance to a patient where a prescription is not issued (e.g., provision of safety-netting advice)
3. Signposting a patient to appropriate resources to understand more about their medication, treatment or condition to support adherence
4. Discussing options and rationale for starting, swapping, or stopping treatment
5. Safely prescribing medicines in pregnant, breast-feeding or person with child-bearing potential
6. Manage patients on high-risk drugs and associated monitoring
7. Identify the impact of complicated regimes and management of medication on patients and their carers/family (e.g., timing of Parkinson's Disease medicines, injectable medicines, warfarin)

### Suggested format of evidence

- + Achievement — care plan
- + Cbd
- + IF
- + mini-CEX
- + RA

# 14 Work collaboratively and effectively with other members of the multi-disciplinary team to ensure high-quality, person-centred care, including continuity of care



No



Yes



Workplace

## Skills, attitudes and behaviours expected

1. Taking an active role in the multidisciplinary team as a trainee pharmacist
2. Participating with confidence in discussions with the multidisciplinary team
3. Understanding of the different roles of the members of the multi-disciplinary team
4. Referring and signposting to the appropriate members of the multidisciplinary team
5. Using the expertise of the multidisciplinary team to aid appropriate decision making

## Suggested activities

1. Contacting another healthcare professional or service regarding a patient for advice or referral (e.g., lifestyle programmes, mental health support, SALT, physiotherapy)
2. Referring the patient to another healthcare professional where managing their care is out with your scope of practice
3. Discussion to transfer information across interface of care (e.g., to facilitate medicines reconciliation on admission/discharge from your sector of practice, clarification of information, arrangement of compliance device, continuation of new medication with specific requirements)
4. Liaising with a specialist for advice on the next steps for the management of a patient (e.g., how to action blood results, whether further monitoring is required)
5. Participating in ward rounds during clinical rotations or care home visits with the multi-disciplinary team

## Suggested format of evidence

- + Achievement — care plan
- + IF
- + mini-CEX
- + SIM
- + TAB

---

## Domain 2

# Professional practice





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

I Yes

S No

D NESLE,  
Workplace

## Skills, attitudes and behaviours expected

As this is an intrinsic LO, the skills, attitudes and behaviours are those which are essential for pharmacy professionals and are therefore deemed intrinsic to all activities undertaken by the trainee pharmacist.

## Suggested activities

Please refer to example activities for other LOs as it is anticipated evidence will be cross-linked to this LO.

## Suggested format of evidence

- + IF
- + mini-CEX
- + RA
- + TAB

# 16 Apply professional judgement in all circumstances, taking legal and ethical reasoning into account

I Yes

S Yes

D Workplace

## Skills, attitudes and behaviours expected

As this is an intrinsic LO, the skills, attitudes and behaviours are those which are essential for pharmacy professionals and are therefore deemed intrinsic to all activities undertaken by the trainee pharmacist.

## Suggested activities

Activities should demonstrate patient-centred approach to prescribing.  
Please refer to example activities for other LOs as it is anticipated evidence will be cross-linked to this LO.

## Suggested format of evidence

- + CbD
- + mini-CEX
- + RA

# 17 Recognise and work within the limits of their knowledge and skills, and get support and refer to others when they need to



No



Yes



Workplace

## Skills, attitudes and behaviours expected

1. Can define and recognise their limits in relation to knowledge and skills appropriate to their stage of training
2. Ability to seek support and guidance from designated or practice supervisors or other members of the pharmacy team when required
3. Referring to appropriate members of the multidisciplinary team using the appropriate channels of communication
4. Use of appropriate resources to access information in relation to signposting and further guidance

## Suggested activities

1. Development of the training plan which demonstrates that level of supervision decreases, and professional accountability increases, as training time progresses
2. Referral of a patient to another healthcare professional when the patient's condition cannot be appropriately managed
3. Answering enquiries, liaising with supervising pharmacist and, if unable to conclude using resources available, refers on (e.g., referral to MI service)
4. Identifying unfamiliar medicines or gaps in knowledge and identifies plan for further learning needs
5. Communicating appropriately to patients and other healthcare professionals regarding the reasons they are referring a patient on

## Suggested format of evidence

- + CbD
- + mini-CEX
- + RA
- + SIM

# 18 Take responsibility for all aspects of pharmacy services, and make sure that the care and services provided are safe and accurate

I Yes

S No

D Workplace

## Skills, attitudes and behaviours expected

As this is an intrinsic LO, the skills, attitudes and behaviours are those which are essential for pharmacy professionals and are therefore deemed intrinsic to all activities undertaken by the trainee pharmacist.

## Suggested activities

1. Ensuring all services are offered within community pharmacy including provision of PGD
2. Involvement with all aspects of hospital pharmacy including ward reviews, discharge processes and medication queries
3. Involvement with roll-out of new services or changes to practice

## Suggested format of evidence

- + IF
- + QIF
- + RA
- + TAB

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

I Yes

S No

D Workplace

## Skills, attitudes and behaviours expected

As this is an intrinsic LO, the skills, attitudes and behaviours are those which are essential for pharmacy professionals and are therefore deemed intrinsic to all activities undertaken by the trainee pharmacist.

## Suggested activities

1. Involvement with health and safety tasks, which may include fire safety activities
2. Completes appropriate health and safety documentation in appropriate areas, such as risk assessment forms/COSHH in aseptic

## Suggested format of evidence

- + IF
- + RA

# 20 Act openly and honestly when things go wrong and raise concerns even when it is not easy to do so

I Yes

S No

D Workplace

## Skills, attitudes and behaviours expected

As this is an intrinsic LO, the skills, attitudes and behaviours are those which are essential for pharmacy professionals and are therefore deemed intrinsic to all activities undertaken by the trainee pharmacist.

## Suggested activities

Please refer to example activities for other LOs as it is anticipated evidence will be cross-linked to this LO.

## Suggested format of evidence

- + IF
- + RA
- + TAB

# 21 Apply the science behind pharmacy in all activities

I Yes

S No

D Workplace

## Skills, attitudes and behaviours expected

As this is an intrinsic LO, the skills, attitudes and behaviours are those which are essential for pharmacy professionals and are therefore deemed intrinsic to all activities undertaken by the trainee pharmacist.

## Suggested activities

Please refer to example activities for other LOs as it is anticipated evidence will be cross-linked to this LO.

## Suggested format of evidence

- + Achievement — case study
- + Achievement — care plan
- + CbD
- + RA

# 22 Demonstrate how the science behind pharmacy is applied in the discovery, design, development and safety testing of medicines and devices

I No

S No

D Research and learning relating to the topic

## Skills, attitudes and behaviours expected

1. How the science behind pharmacy is applied in the discovery, design and development of medicines and devices
2. How the science behind pharmacy is applied in the testing of medicines and devices

## Suggested activities

1. Knows the processes involved which ensure any new medicines produced are effective, safe and meet manufacturing quality standards before a marketing authorisation or licence will be issued
2. Knows the drug discovery process including the phases of clinical trials, drug naming and how the data is reviewed by the regulatory authorities
3. Knows how to report unwanted side effects and suspected side effects of medicines and devices and what action may be taken if the side effect is confirmed (e.g., Yellow Card Reporting, reporting regarding devices such as e-cigarettes, blood glucose monitors)
4. Knows how licensed medicines or medical devices in general use will be monitored for safety and post surveillance monitoring
5. Knows how to comply with and report concerns regarding falsified or defective medicines
6. Possibility that medicine information enquiries may require awareness or research into new medications

## Suggested format of evidence

+ RA



# 23

## Recognise the technologies that are behind developing advanced therapeutic medicinal products and precision medicines, including the formulation, supply and quality assurance of these therapeutic agents



No



No



Research and learning relating to the topic

### Skills, attitudes and behaviours expected

1. Knowledge of the technologies that are behind developing advanced therapeutic medicinal products and precision medicines
2. Knowledge of the formulation, supply and quality assurance aspects of advanced therapeutic medicinal products and precision medicines

### Suggested format of evidence

+ RA

### Suggested activities

1. Knows the definition of what an advanced therapy medicinal product (ATMP) is and the role of European Medicines Agency in the classification and can provide examples of Gene therapy medicinal products (GTMP), Cell therapy medicinal Products (CTMP) and Tissue engineered medicinal products (TEMP)
2. Knows the process for applying for manufacturers licences for ATMP and the ways in which unlicensed ATMPS can be made in the UK: hospital exemption scheme
3. Knows the role of the Medicines Healthcare Regulatory Authority (MHRA), European Medicines Agency (EMA) and Committee for Advanced Therapies (CAT) in the clinical trial authorisation and marketing authorisation for an ATMP and combination ATMPS
4. Knows the role of NHS in partnership with academia and industry to improve precision medicines and decode the human genome, and its role in people with rare diseases and cancers in identifying disease, diagnosis and treatments (e.g., NHS genomic Medicine Service, Genomic Research, 100,000 genomes Project, Genome UK: the future of healthcare Government strategy published September 2020)
5. Knows how pharmacogenomics plays a role in precision therapy
6. Consider if any medication enquiries require knowledge of new technologies
7. Counselling patients on new devices such as Freestyle Libre 2 monitors

# 24 Keep abreast of new technologies and use data and digital technologies to improve clinical outcomes and patient safety, keeping to information governance principles

I No

S No

D e-learning,  
Workplace

## Skills, attitudes and behaviours expected

1. Keeps up to date with use of technological resources, data and technology to improve clinical outcomes and patient safety
2. Applies principles of information governance when providing pharmacy services, medicines and advice
3. Applies information governance principles when holding, sharing and using data

## Suggested format of evidence

- + Achievement — attendance at training event
- + IF
- + RA

## Suggested activities

1. Adopts new technologies, strategies and policies and applies them to their practice (e.g., remote consultations, video consultations, HEPMA, clinical portal, use of apps)
2. Applies principles of information governance with secure sharing of data (e.g., discharge information and across boundaries of care, emails containing patient information)
3. Ensures accurate and appropriate entries made in patient records each time the record is accessed and ensures accessing records is only for required purpose-demonstrating applying GDPR principles
4. Applies principles of secure storage of information, information and code of conduct (e.g., secure passwords and knows how to respond to data breaches, requests and identified risks)
5. Shows considerations for privacy considerations and regulations (e.g., awareness of open plan/public access/video call being recorded and what participants can view/hear and potential breaches to data protection)
6. Awareness of any apps that are approved to support medication management or supporting patient's conditions
7. Involvement with hub models of pharmacy, robot dispensing, radio pharmacy or pharmacy vending machines

# 25 Apply pharmaceutical principles to the safe and effective formulation, preparation, packaging and disposal of medicines and products

I No

S No

D Workplace

## Skills, attitudes and behaviours expected

1. They can apply pharmaceutical principles to safe and effective formulation of medicines and products
2. They can apply pharmaceutical principles to safe and effective preparation of medicines and products
3. They can apply pharmaceutical principles to safe and effective disposal of medicines and products

## Suggested activities

1. Can provide advice on safe and effective formulation of medicines and products to patients and other healthcare professionals (e.g., stability of medicines in compliance aid, suitable preparations for swallowing difficulties, or in enteral tubes, covert medication)
2. Can provide advice on safe and effective preparation of a range of medicines and products (e.g., reconstitute antibiotics, priming a Spiriva Respimat for patient use)
3. Can provide advice and guidance on safe and effective disposal of medicines and products (e.g., insulin needles, controlled drugs, patient returns)
4. Can provide advice on storage requirements to keep medicines and products safe and effective (e.g., cold chain for vaccines, expiry dates, safe storage of medicines advice)
5. Can provide advice on administration requirements to keep medicines and products safe and effective (e.g., dissolve in water, take with food, take on empty stomach, don't crush, sublingual use, weekly dose, insulin, EpiPen)

## Suggested format of evidence

- + IF
- + RA

# 26 Consider the quality, safety and risks associated with medicines and products and take appropriate action when producing and supplying them



No



Yes

NESLE,  
Workplace

## Skills, attitudes and behaviours expected

1. Understanding of quality associated with medicines and products when producing and supplying them
2. Understanding of safety associated with medicines and products when producing and supplying them
3. Understanding of risks associated with medicines and products when producing and supplying them
4. Understanding of action(s) to take when potential or actual quality, risk and safety of medicines and products are highlighted

## Suggested activities

1. Understanding of quality, safety and risks when producing and supplying medicines and products (e.g., specials, extemporaneous medicines, aseptic dispensing, expiry dates, storage requirements)
2. Understands actions to take when a product is recalled or when dealing with defective products
3. Recognising adverse side effects and uses appropriate process to report adverse side effects
4. Providing appropriate counselling and safety netting when prescribing medicines
5. Recommending prescribing of a medicine for a patient (e.g., considering potential ADRs/side effects, considering sick day rule application, considering monitoring requirements, pregnancy, breastfeeding)
6. Applying knowledge of legislation relation to prescribing different options including off-label, unlicensed or covert medicines
7. Understands the risks associated with prescribing and dispensing of medicines by same person (e.g., oncall, rural setting, due to staffing)

## Suggested format of evidence

- + IF
- + RA

# 27 Take responsibility for the legal, safe and efficient supply and administration of medicines and devices



No



Yes

NESLE,  
Workplace

## Skills, attitudes and behaviours expected

1. Ability to follow SOPs accurately for all aspects of the prescribing, dispensing and supply process
2. Knowledge and application of requirements for the safe custody and supply of controlled drugs
3. Knowledge and application of requirements for the supply of unlicensed medicines
4. Competency to ensure dispensary stock is managed correctly
5. Competency to undertake appropriate clinical check of prescriptions
6. Ability to undertake accuracy check of prescriptions
7. Ability to respond to product recalls or drug alerts
8. Application of the legal requirements for the sale, supply, dispensing and labelling of GSL and P products
9. Competency to write legal prescription
10. Ability to make prescribing decisions for individualised patient care
11. Application of prescribing skills to deliver relevant pharmacy services to sector of practice

## Suggested activities

1. Undertaking the legal, clinical and accuracy checks for a range of prescriptions
2. Taking appropriate action following a drug recall or drug alert from MHRA
3. Producing prescriptions which meet legislation including additional requirements for controlled drugs
4. Applying knowledge of legislation relation to prescribing different options including off-label, specials, unlicensed or covert medicines
5. Prescribing continuation of a current medicine or initiating therapy in line with an existing treatment plan (e.g., existing medication on discharge from hospital, repeat medication from GP practice, up-titration of post-myocardial infarction medication, dose escalation as per specialist treatment plan)
6. Prescribing to optimise medicine therapy through the medicine reconciliation process
7. Prescribing individualised medication, through the application of local and national prescribing guidance in the context of the local formulary with a patient centred approach (e.g., dose adjustment due to drug-drug interaction, dose adjustment due to renal impairment)

## Suggested format of evidence

- + IF
- + RA

# 28 Demonstrate effective diagnostic skills, including physical examination, to decide the most appropriate course of action for the person



No



Yes

SIM,  
Workplace

## Skills, attitudes and behaviours expected

1. Application of principles of good history taking and patient questioning
2. Consideration where diagnostic skills are required and complement consultations
3. Responding appropriately to minor ailments utilising appropriate diagnosis techniques
4. Making appropriate use of PGDs, demonstrating awareness of inclusion and exclusion criteria when making recommendations to patients
5. Use of physical examination skills, ensuring they are up to date and relevant to current role
6. Awareness of other professionals' role in diagnostics
7. How to interpret and act upon results
8. Awareness of own boundaries/sphere of competency and when to refer

## Suggested activities

1. Requesting or recommending biochemical or physiological measures for patients directly or via referral to another healthcare professional
2. Interpreting and suggesting appropriate recommendations following blood results or physical results (e.g., U+Es, INR, capillary blood glucose, blood pressure or spirometry)
3. Undertaking Clinical Skills training and applies this within scope of practice, including identification and management of a deteriorating patient
4. Applying diagnostic skills relevant to scope of prescribing practice (e.g., diagnosis and staging of hypertension)
5. Identifying red flags for patient, with a condition within your scope of prescribing practice, and evidencing clinical decision-making process around prescribing options and appropriate referrals for this patient

## Suggested format of evidence

- + Achievement — care plan
- + CbD
- + DOPS
- + mini-CEX
- + RA

# 29 Apply the principles of clinical therapeutics, pharmacology and genomics to make effective use of medicines for people including in their prescribing practice



No



Yes



Workplace

## Skills, attitudes and behaviours expected

1. Improvement of patient care, patient outcomes and experience through advice on the safe, economic and effective use of medicines
2. Safe and effective use of medicines and acts in accordance with local and national prescribing guidelines and formularies
3. Actively encourages de-prescribing of ineffective medicines
4. Provision of advice and guidance on safe prescribing, reviewing and monitoring of appropriate drug therapies in different disease areas
5. Provision of advice for patients with multiple conditions and increased chance of ADRs and drug interactions including minimising and predicting ADRs
6. Development of treatment plans incorporating lifestyle and pharmacological therapy and prevention of disease
7. An understanding of clinical pharmacy laboratory data and parameters for management of patients and contribution of clinical pharmacy to patient safety

## Suggested activities

1. Providing advice for patients on high-risk drugs (e.g., DMARDs, antibiotics, anticoagulants, NSAIDs, etc.)
2. Making appropriate recommendations and provide advice when prescribing or supplying treatment following: dose adjustments, treatment switches or withdrawal of treatment
3. Providing appropriate advice to patients and other healthcare professionals on monitoring requirements of narrow therapeutic index medications (e.g., use of pharmacokinetics)
4. Assessing patients risk factors to disease states where genetics are a risk factor (e.g., heart disease and diabetes)
5. Providing appropriate advice regarding patients with acute or chronic kidney and liver disease
6. Considers the potential impact of medication on QT prolongation and shows an awareness of patients at a higher risk of prolonged QT interval
7. Contributes to antimicrobial stewardship by supporting appropriate antibiotic choice and promoting safe prescribing, supply and use of antibiotics
8. Completing a polypharmacy review, making appropriate recommendations to improve patient care

## Suggested format of evidence

- + Achievement — care plan
- + Cbd
- + IF
- + mini-CEX

# 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



No



Yes

NESLE,  
Workplace

## Skills, attitudes and behaviours expected

1. Evidence-based principles tailored to individuals' potential risks versus benefits of treatment or absence of treatments
2. Professional judgement to make safe and logical prescribing decisions which minimise risk and optimise outcomes for the person

## Suggested activities

1. Answering medicine related questions in practice using appropriate resources (e.g., drug interactions and side effects, use of medicines in pregnancy and breast feeding, paediatrics, renal disease and liver impairment)
2. Supporting use of national guidelines and local formularies based on understanding of evidence-base (e.g., antibiotic guidelines)
3. Updating local guideline in response to emerging evidence (e.g., new national guideline, GPhC)
4. Peer discussion about newly published article and critique of impact on local practice
5. Providing appropriate advice and information to patients and healthcare professionals on unlicensed or off label medicines
6. Supporting patients in shared decision making by exploring preferences, concerns and expectations and optimising outcomes for the patient as a result
7. Prescribing, using clinical reasoning and professional judgement, to support decisions which optimise care but minimise risk (e.g., quantity for medicines liable to abuse, dose adjustments according to concomitant therapy, optimising dose in presence of adverse effects)

## Suggested format of evidence

- + CbD
- + IF
- + mini-CEX
- + RA
- + SIM



# 31 Critically evaluate and use national guidelines and clinical evidence to support safe, rational and cost-effective procurement for the use, and prescribing of medicines, devices and services



No



Yes

NESLE,  
Workplace

## Skills, attitudes and behaviours expected

1. Application of guidelines
2. Use of national or local formularies as appropriate when making prescribing decisions
3. Understanding of the processes required before medicine is approved for use in practice
4. Understanding of contract system in relation to procurement and the supply of medicines

## Suggested activities

1. Discussing prescribing decisions with other healthcare professionals including non-formulary or guideline prescribing requests
2. Interpreting a national guidance to prescribe individualised treatment to patients (e.g., NICE guidance on type 2 diabetes, SMC guidance)
3. Using the national formulary when prescribing under the NHS Pharmacy First Scotland service or local antibiotic policy/formulary
4. Sourcing and supply of a pharmacy special or unlicensed medicine including authorisation procedures
5. Explaining rationale and supporting patients with cost-effective prescribing decisions or formulary switches

## Suggested format of evidence

- + CbD
- + IF
- + RA
- + TAB

# 32 Accurately perform calculations

I No

S No

D NES and employer training materials, Workplace

## Skills, attitudes and behaviours expected

1. Ability to perform the following calculation types as described in the GPhC Registration Assessment Framework in both a clinical and academic environment:
  - + doses and dose regimens
  - + dosage and unit conversions
  - + estimations of kidney function
  - + displacement volumes and values
  - + concentrations (e.g., expressed as w/v, % or 1 in x)
  - + dilutions
  - + molecular weight
  - + using provided formulae
  - + infusion rates
  - + pharmacokinetics
  - + health economics
  - + quantities to supply

## Suggested activities

1. Calculation of a quantity required for a reducing steroid dose
2. Calculation of quantities required for a topical steroid cream special prescribed by a dermatology consultant
3. Calculation for a patient who is switching between opioid treatments
4. Calculating creatinine clearance to advise on appropriate dosing of medication
5. Calculation of appropriate dose of rehydration sachets or effervescent tablets which can be prescribed for a patient on a sodium restricted diet

## Suggested format of evidence

- + Achievement — assessment
- + IF

# 33 Effectively promote healthy lifestyles using evidence-based techniques

I No

S No

D Workplace

## Skills, attitudes and behaviours expected

1. Knowledge of current healthy lifestyles advice and guidance
2. Proactively and routinely incorporating health promotion activities into patient counselling and consultations
3. Promotion of healthy lifestyles during delivery of pharmacy services
4. Participation in health promotion activities to groups of patients

## Suggested activities

1. Prescribing smoking cessation treatment under a smoking cessation service or incorporating smoking cessation support when transferring into community care
2. Counselling a patient regarding alcohol intake and weight loss as part of a medicines care review or as part of discharge planning
3. Incorporating lifestyle advice during patient counselling for high-risk medicine (e.g., warfarin)
4. Monitoring of blood pressure to encourage lifestyle changes and medication compliance, providing information on the benefits of controlling blood pressure to encourage engagement
5. Counselling a patient with hypertension on salt intake or a patient with diabetes on sugar intake

## Suggested format of evidence

- + Achievement — care plan
- + Cbd
- + mini-CEX
- + RA
- + SIM

# 34 Apply the principles of effective monitoring and management to improve health outcomes

I No

S **Yes**

D Workplace

## Skills, attitudes and behaviours expected

1. Undertaking recommended patient monitoring requirements for common clinical conditions (e.g., standard presentations in your sector)
2. Understanding of how patients with these conditions would be monitored including the care setting and the frequency
3. Documented discussion of monitoring requirements with patients during any medication reviews
4. Making appropriate recommendations where monitoring is not being complied with by the patient
5. Referral as appropriate where monitoring is required
6. Utilisation of clinical skills as appropriate to support patient monitoring during delivery of pharmacy services
7. Making treatment recommendations based on the results of any monitoring for common clinical conditions
8. Adjust prescriptions appropriate based on outcomes of monitoring

## Suggested activities

1. Completing a polypharmacy review and adjusting prescription to improve patient care
2. Discussing with prescriber any ongoing monitoring requirements for a patient
3. Completing a review of a patient with an acute illness and making recommendations where appropriate (e.g., infection markers, NEWS2 observations, renal function)
4. Discussing with a prescriber regarding monitoring results after a result out with normal level (e.g., BP, blood glucose, HBA1c, LFTs)
5. Amending prescriptions following results of monitoring and documenting these adjustments appropriately (e.g., inhaled medicines, gentamicin, insulin, vancomycin, warfarin)

## Suggested format of evidence

- + Achievement — care plan
- + CbD
- + mini-CEX

# 35 Anticipate and recognise adverse drug reactions (ADRs), and recognise the need to apply the principles of pharmacovigilance

I No

S **Yes**

D Workplace

## Skills, attitudes and behaviours expected

1. Ability to clinically check prescriptions to anticipate any possible ADRs or drug interactions which could lead to ADRs
2. Ability to recommend treatment options whilst considering any possible ADRs or drug interactions which could lead to ADRs
3. Ability to discuss possible ADRs, risks v benefit of medicine and suggests appropriate management and actions
4. Ability to appropriately follow up on a suspected or known ADR
5. Ability to appropriately manage common ADRs with commonly prescribed medicines

## Suggested activities

1. Responding appropriately to potential ADRs during follow-up consultations, when clinically checking prescriptions and/or recommending new medicines
2. Educating patient on signs of toxicity or ADRs associated with narrow therapeutic index or high-risk drugs when initiating these medicines
3. Consulting with patient during a medicines care review or medicines reconciliation regarding compliance due to potential ADRs (e.g., ACEIs, opiates, statins)
4. Interpreting patient information leaflets (PIL) and Summary Product Characteristics (SPC) for common or rare side effects
5. Reporting unwanted and suspected side effects which occur via pharmacovigilance systems (e.g., Yellow Card reporting)
6. Prescribing medicines to manage common ADRs which occur with commonly prescribed medicine within level of competence (e.g., laxative therapy for constipation with opiates, PPI for patients with gastric symptoms with NSAIDs)

## Suggested format of evidence

- + Achievement — certificate of completion of relevant eLearning
- + CbD
- + IF
- + mini-CEX
- + RA

# 36 Apply relevant legislation and ethical decision-making related to prescribing, including remote prescribing



No



Yes



Workplace

## Skills, attitudes and behaviours expected

1. Knowledge of legal, ethical and professional prescription requirements
2. Supply of a controlled drug fulfilling all the associated legal requirements
3. Apply legislation in relation to emergency prescription supply requests
4. Apply principles of ethical and professional decision making when prescribing and supplying medicines
5. Apply Medicine Act legislation including responsible pharmacist legislation

## Suggested activities

1. Supplying medicines in accordance with prescription which fulfils all legal requirements
2. Prescribing, and in certain circumstances dispensing, a prescription for a controlled drug, fulfilling all associated legal requirements
3. Prescribing and dispensing medication through a PGD, ensuring all requirements of a PGD are adhered to
4. Making appropriate prescribing decisions where consent is an issue (e.g., cognitive impairment, young adults)
5. Demonstrating awareness of ethical conflicts which can arise as a prescriber (e.g., prescribing for a family member; prescription requests from private referrals; prescription requests for patients travelling abroad for extended periods)
6. Managing risk when working remotely or lone working (e.g., when prescribing medicine then performing accuracy check)

## Suggested format of evidence

- + CbD
- + mini-CEX
- + RA

# 37 Prescribe effectively within the relevant systems and frameworks for medicines use

I No

S **Yes**

D SIM,  
Workplace

## Skills, attitudes and behaviours expected

1. Knowledge of the systems in place to support shared care prescribing across boundaries of care
2. Applying SMC and/or formulary guidance during prescribing decisions
3. Understanding of the role of monitoring and prevention programmes with specific medicines

## Suggested activities

1. Discussing with DPP an awareness of prescribing in accordance with shared care agreements (e.g., anti-rejection medicines as per renal team, lithium as per mental health team, methotrexate injection as per rheumatology)
2. Prescribing dose reduction regimens as per agreed schedule (e.g., benzodiazepines as per substance misuse team guidance)
3. Prescribing of medicines which have teratogenic effects in accordance with Pregnancy Prevention Programmes (e.g., retinoids, valproate)
4. Discussing with senior prescriber the need to prescribe medicines in accordance with local policies for new medicines (e.g., SMC/ADTC guidance, non-formulary applications, PACS/IPTR process)

## Suggested format of evidence

- + CbD
- + mini-CEX
- + SIM

# 38 Understand clinical governance in relation to prescribing, while also considering that the prescriber may be in a position to supply the prescribed medicines to people



No



Yes



Workplace

## Skills, attitudes and behaviours expected

1. Understanding of clinical governance including accountability, recognition of good practice, learning from mistakes and improving the quality of prescribing
2. Ability to highlight key risks to patient safety with prescribing focusing on vulnerable groups or high-risk patients
3. An understanding of open learning from mistakes and errors and appropriate action taken after a prescribing incident
4. Awareness of tools such as audit to improve patient care and safety as well as improving prescribing practice
5. Robust systems in place to manage and prevent risks with regular review

## Suggested activities

1. Prescribing in adherence to formularies, guidelines and up to date best practice guidance (e.g., polypharmacy, chronic pain guidance, shared care protocols)
2. Managing risk of high-risk drugs in accordance with risk management programmes (e.g., Valproate Pregnancy Prevention Programme (PPP), unlicensed and off labelling prescribing, pregnancy, paediatrics)
3. Contributing to documentation of incidents and errors via organisational reporting systems and their investigation/follow up (e.g., Significant Event Analysis (SEA), Datix, prescribing/near miss log)
4. Undertaking a quality improvement project or audit
5. Utilising tools and systems to manage and prevent risks (e.g., clinical meetings, Datix review, audits, SOPs, clinical prioritisation scoring tools)
6. Prescribing of medications by brand where appropriate to ensure continuity in supply (e.g., anti-epileptics, anti-rejection medicines)
7. Self-identifying areas within individual practice that demonstrate safety/professionalism and improved practice (e.g., identifying an error and what measures/adjustments to individual clinical decision-making process that would prevent reoccurrence)

## Suggested format of evidence

- + CbD
- + IF
- + RA



# 39 Take responsibility for people's health records, including the legality, appropriateness, accuracy, security and confidentiality of personal data



No



Yes



Workplace

## Skills, attitudes and behaviours expected

1. Understanding of the legal and security issues associated with maintaining health records and applies these in practice
2. Understanding of the confidentiality issues associated with maintaining health records and applies these in practice
3. All entries made into a patient's health records are accurate, appropriate and succinct
4. The processes for maintaining patient health records

## Suggested activities

1. Makes appropriate entries in health records (e.g., patient notes, medicines care review, pharmaceutical care plan)
2. Explains to a patient how their health record will be created, maintained and their rights in relation to this and ensure consent is gained (e.g., when accessing ECS)
3. Follows appropriate process for sharing information (e.g., Data protection and GDPR training)
4. Can appropriately respond to or can describe how to respond to a request for information from a patient's record
5. Can appropriately respond to or can describe how to respond to a data breach or potential data breach
6. Accurate consultation recording in patient record detailing presenting complaint, relevant past medical history, relevant social history, investigations
7. Accurately record medication prescribed and information/advice given as well as follow up/monitoring plan

## Suggested format of evidence

- + IF
- + mini-CEX
- + RA
- + TAB

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

I No

S No

D Workplace

## Skills, attitudes and behaviours expected

1. Understanding of relevant safeguarding procedures
2. Implementation of relevant safeguarding procedures
3. Understanding and implementation of local and national guidance in relation to each person

## Suggested activities

1. Registration with the Protecting Vulnerable Groups Scheme in Scotland (or equivalent)
2. Discussion with designated supervisor around a hypothetical safeguarding concern and the process(es) to be followed
3. Aware of signs of a safeguarding concern and the different types of safeguarding such as physical abuse, sexual abuse, financial abuse etc.
4. Discussion with local safeguarding contacts around the local policies or following up on any concerns identified in the pharmacy setting
5. Document, raise and follow up any concerns around a real-life safeguarding concern
6. Undertake appropriate e-learning on safeguarding and vulnerable patient groups, including child safety and vulnerable adults

## Suggested format of evidence

- + Achievement — course attended
- + CbD
- + IF
- + RA

# 41 Effectively make use of local and national health and social care policies to improve health outcomes and public health, and to address health inequalities

I No

S No

D Workplace

## Skills, attitudes and behaviours expected

1. Awareness of local and national health and social care policies
2. How pharmacy and pharmacy services can help work to improve health outcomes and public health
3. How pharmacy and pharmacy services can address health inequalities

## Suggested activities

1. Utilises tools/resources to help remove health inequalities and barriers (e.g., translator appointment, health literacy awareness, digital innovations to improve access)
2. Undertakes discrimination, equality and diversity training, and develops awareness of disability discrimination (e.g., Disability Act 1995, Equality Act 2010)
3. Proactively participates in delivery of Community Pharmacy Public Health Service elements and NHS Pharmacy First Scotland service (or equivalent) ensuring patients have access to free treatment, advice, and referral without an appointment
4. Proactively involved in advising patient on and referring patients to appropriate advice and services (e.g., alcohol and drugs services, harm reduction services, provision education and prevention advice, brief interventions). Advice underpinned by understanding of health and social care policies
5. Proactively participates in delivery of managing long-term conditions including health interventions and medication review
6. Encourages antimicrobial stewardship and refers to local guidance for appropriate antibiotic choices

## Suggested format of evidence

- + Achievement — course attended
- + IF
- + RA

# 42 Proactively participate in the promotion and protection of public health in their practice

I No

S No

D Workplace

## Skills, attitudes and behaviours expected

1. Participates pro-actively in re-enforcing public health and health protection messages

## Suggested activities

1. Reinforces key public health advice on infection control and reducing spread of disease (e.g., FACT guidelines, Health Protection Scotland advice, respiratory and cough hygiene)
2. Provides advice on immunisation and recommended immunisation schedules
3. Highlights role of pharmacist in health protection campaigns (e.g., antibiotic awareness week, Ask your pharmacist week, Know your number week)
4. Provides advice on Public Health areas of the Community Pharmacy contract (e.g., smoking cessation, gluten free service and emergency contraception)
5. Provides advice on harm reduction and minimisation to substance misuse patients

## Suggested format of evidence

- + IF
- + RA

# 43 Identify misuse of medicines and implement effective strategies to deal with this

I No

S No

D NESLE,  
Workplace

## Skills, attitudes and behaviours expected

1. Awareness and identification of medicines misuse issues with OTC or prescription medication and takes appropriate action
2. Understanding of the Scotland strategy to improve health by preventing and reducing substance use harm and related deaths — Rights, respect and recovery: alcohol and drug treatment strategy
3. Delivery and pharmacy support for any local substance use services (e.g., Methadone substitution, needle exchange, disulfiram supervision in line with SOPs and procedures)

## Suggested activities

1. Patient referral to access support for substance use or addiction that has been identified during a medicines review or consultation
2. Identify over-ordering of a drug prone to misuse on repeat prescription and contribute to the resolution of this issue
3. Discuss concerns of “drug seeking behaviour” with other healthcare professionals to ensure everyone is aware
4. Multi-disciplinary team working with local drugs use team to support methadone substitution for patient who is struggling
5. Chronic pain strategy and management of pain relief (e.g., post-surgery, acute injury if history of substance misuse)

## Suggested format of evidence

- + CbD
- + IF
- + RA

# 44 Respond appropriately to medical emergencies, including the provision of first aid

I No

S No

D NES organised First Aid Training, Workplace

## Skills, attitudes and behaviours expected

1. Successful completion of a first aid training course from a recognised provider
2. An understanding that the course or training should teach how to assess and identify the nature of emergency situations and, after this, the appropriate action should be taken including referral where appropriate

As a minimum, training should cover the following conditions: obstruction to airways; CPR; shock; electric shock; overdoses and poisoning; a seizure; hypoglycaemia or hyperglycaemia; loss of consciousness; severe bleeding; burns and scalds; head injuries and concussion; severe pain in head, chest or abdomen; and allergic reactions.

Also, training for situations that need first aid but are not usually life threatening should include, as a minimum: minor allergic reactions; foreign bodies or chemicals in the eye; mild shock; minor burns and scalds; injuries to bones, muscles, joints; and minor bleeding.

## Suggested activities

1. Discussion with designated supervisor regarding the ethical and practical considerations when responding to medical emergencies in the pharmacy setting
2. Reflective entry documented on Portfolio regarding: skills learned during first aid course; how they will use these in practice; keep up to date and any further learning needs in this area

## Suggested format of evidence

- + IF
- + Mandatory First Aid certificate
- + RA
- + SIM

---

## Domain 3

# Leadership and management



# 45 Demonstrate effective leadership and management skills as part of the multi-disciplinary team

I Yes

S No

D Workplace

## Skills, attitudes and behaviours expected

As this is an intrinsic LO, the skills, attitudes and behaviours are those which are essential for pharmacy professionals and are therefore deemed intrinsic to all activities undertaken by the trainee pharmacist.

## Suggested activities

Please refer to example activities for other LOs as it is anticipated evidence will be cross-linked to this LO.

## Suggested format of evidence

- + IF
- + SIM
- + TAB



# 46 Make use of the skills and knowledge of other members of the multidisciplinary team to manage resources and priorities

I No

S No

D Workplace

## Skills, attitudes and behaviours expected

1. An active role in the multi-disciplinary team, participating with confidence in discussions as a trainee pharmacist
2. An awareness of the roles of other members of the multi-disciplinary team, requesting support from others as appropriate to best utilise skills and resources within the team to provide timely, high quality patient care and services
3. An ability to involve others and delegate appropriately
4. Using appropriate communication skills and channels with members of the multi-disciplinary team
5. Utilising the pharmacy team to effectively deliver the pharmacy services within their setting

## Suggested activities

1. Prioritising workload during busy periods, using effective communication skills to involve others, communicating the issues and priorities, assigning roles and agreeing a plan
2. Discharge planning across interfaces ensuring effective communication with all appropriate healthcare professionals for seamless discharge
3. Requesting involvement of another healthcare professional or service regarding a patient for advice or referral (e.g., smoking cessation, mental health support)
4. Discussion with the NHS 24 team out of hours service via the professional-to-professional line about a patient issue and appropriate referral
5. Participating in multi-disciplinary discussions about care of patients then prioritising actions required and involving appropriate members of the multi-disciplinary team to manage actions for timely completion

## Suggested format of evidence

- + IF
- + RA
- + SIM
- + TAB

# 47 Develop, lead and apply effective strategies to improve the quality of care and safe use of medicines

I No

S No

D Workplace

## Skills, attitudes and behaviours expected

1. Encourage review of systems, processes and staff training to ensure safe practices of work
2. Promote culture of 'no blame' and learning from incidents
3. Principles of human factors and significance event analysis when reviewing events
4. Awareness of quality improvements processes
5. Minimising errors by others through effective supervision, clear job responsibilities, SOPs
6. Identification of errors and potential risks and taking appropriate action
7. Minimising health and safety risks to themselves and others
8. Promote government strategies and policies designed to improve quality of care and safe use of medicines

## Suggested activities

1. Uses near miss records to identify common errors and implements appropriate changes to minimise future errors
2. Undertakes an audit to improve the quality of care and safe use of medicines
3. Completes a polypharmacy review, making appropriate recommendations to improve patient care
4. Undertakes a Significant Event Analysis (SEA) or PDSA cycle and makes recommendations to improve current practice
5. Awareness of new government strategies and demonstrates application of these strategies in practice

## Suggested format of evidence

- + IF
- + RA
- + QIF
- + TAB

# 48

## Actively take part in the management of risks and consider the impacts on people

I Yes

S No

D Workplace

### Skills, attitudes and behaviours expected

As this is an intrinsic LO, the skills, attitudes and behaviours are those which are essential for pharmacy professionals and are therefore deemed intrinsic to all activities undertaken by the trainee pharmacist.

### Suggested activities

1. Involvement with risk analysis and implements changes in practice to prevent error recurrence
2. Takes on a manager/leader role for a specified time period to understand how to manage risks and staff, considering the impact of decisions on other staff members

### Suggested format of evidence

- + IF
- + QIF

# 49 Use tools and techniques to avoid medication errors associated with prescribing, supply and administration

I No

S No

D Workplace

## Skills, attitudes and behaviours expected

1. Adherence to all pharmacy SOPs in relation to prescribing, supply and administration of medication
2. Supervision and support of pharmacy staff to ensure compliance with pharmacy SOPs in relation to prescribing, supply and administration of medication
3. Application of effective tools and techniques to reduce risk of errors associated with prescribing, supply and administration of medication

## Suggested activities

1. Train a new staff member regarding pharmacy SOPs and ensure they are supported to understand how to follow and apply them in their working practice
2. Implement a new process within their pharmacy setting to support supply of medication which reduces the risk of medication errors
3. Use of organisational reporting systems to highlight, share and review medication errors (e.g., near miss log, Datix)
4. Significant Event Analysis (SEA) following medication errors and implementation of appropriate changes
5. Use of audit to suggest changes or strategies to reduce risk of medication errors associated with prescribing, supply and administration
6. Effectively utilises technology, such as PMR, HEPMA, Clinical Portal, to clinically review and ensure appropriate prescribing

## Suggested format of evidence

- + Achievement — presentation
- + IF
- + QIF

# 50

## Take appropriate actions to respond to complaints, incidents, or errors in a timely manner and to prevent them happening again



No



No



Workplace

### Skills, attitudes and behaviours expected

1. Understanding of the NHS Scotland process for feedback, complaints and patients' rights
2. Ability to deal appropriately with any complaints in the pharmacy setting
3. Ability to deal appropriately with any incidents in the pharmacy setting
4. Following processes to report complaints, incidents, or errors within their organisation
5. Following processes to report complaints, incidents, or errors within their local health board
6. Completing appropriate follow up to any complaints, incidents or errors including dealing with the patient directly
7. Application of effective tools in the workplace to reduce risk of errors associated with prescribing, supply and administration of medication (e.g., near miss monitoring)
8. Review of processes to suggest any quality improvements to be made to prevent risk of complaints, incidents or errors being made again

### Suggested activities

1. Deal with a patient complaint regarding a pharmacy service including reporting of the incident and the follow up with the rest of the pharmacy team
2. Deal with a medication error, following up with the rest of the pharmacy and multi-disciplinary team
3. Completion of a dispensing incident report form following a dispensing error
4. Complete a Significant Event Analysis (SEA) providing suitable recommendations
5. Deliver a staff training session on reducing the risk of medication errors

### Suggested format of evidence

- + IF
- + RA

# 51

## Recognise when and how their performance or that of others could put people at risk and take appropriate actions

I No

S No

D Workplace

### Skills, attitudes and behaviours expected

1. Ability to recognise and address own learning needs and performance
2. Acting on feedback received from others and giving feedback to others
3. Awareness of own limitations and how these change throughout the training year
4. Professional and organisational actions to take when performance could put people at risk

### Suggested activities

1. Demonstrates learning from incidents, such as review of near misses, makes appropriate recommendations for changes and implements agreed actions
2. Proactive participation in trainee appraisals by identifying ongoing personal development needs
3. Gaining feedback on professional approach and making appropriate adjustments to behaviours, approaches and actions
4. Professionally and sensitively raising concerns about a colleague or patient using evidence from practice
5. Reviews a challenging interaction with a colleague regarding trainee's decision making. Recognises and implements actions needed to ensure more effective communication for future interactions

### Suggested format of evidence

- + IF
- + RA
- + TAB

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

I Yes

S No

D NESLE,  
Workplace

## Skills, attitudes and behaviours expected

As this is an intrinsic LO, the skills, attitudes and behaviours are those which are essential for pharmacy professionals and are therefore deemed intrinsic to all activities undertaken by the trainee pharmacist.

## Suggested activities

1. Demonstrates an ability to cope with unforeseen changes to staff changes in the workplace, including sickness and self-isolation and ensures appropriate patient care is still provided
2. Appropriately deals with unexpected information from patients and demonstrates ability to handle information and change priorities depending on the situation
3. Demonstrates effective time-management and is able to prioritise tasks depending on importance
4. Appropriately deals with out of stock medication and effective applies processes to ensure appropriate alternative medication is obtained or supplied
5. Effectively deals with IT issues and applies alternate methods to continue delivering pharmacy service

## Suggested format of evidence

- + IF
- + RA

---

## Domain 4

# Education and research





# 53 Reflect upon, identify, and proactively address their learning needs

I Yes

S No

D Self-directed learning, NESLE, Workplace

## Skills, attitudes and behaviours expected

As this is an intrinsic LO, the skills, attitudes and behaviours are those which are essential for pharmacy professionals and are therefore deemed intrinsic to all activities undertaken by the trainee pharmacist.

## Suggested activities

1. Reflects on NES calculation modules and identifies any areas of improvement, including any specific calculation type. Proactively takes steps to improve confidence in areas of uncertainty.
2. Identifies gaps in knowledge and undertakes appropriate learning to address these gaps

## Suggested format of evidence

- + CbD
- + mini-CEX
- + RA

# 54 Support the learning and development of others, including through mentoring

I No

S No

D NESLE,  
Workplace

## Skills, attitudes and behaviours expected

1. Supporting other members of the pharmacy and wider healthcare team at all levels in day-to-day activities associated with their learning and development
2. Proactively delivering education sessions to support learning and development of others
3. Ability to take on the role of mentor for an appropriate colleague to support their development
4. Ability to provide clear feedback to team members who are undertaking learning and development
5. Ability to request feedback on their performance when supporting the learning and development of others

## Suggested activities

1. Supporting a pharmacy staff member to undertake their training or qualification
2. Delivering and evaluating a training session for other healthcare professionals
3. Acting as a mentor for pharmacy EL student on placement
4. Supporting peers and giving feedback (e.g., calculations sessions, consultation role play and feedback)
5. Mentor a peer trainee pharmacist working in your area of practice during a cross sector placement

## Suggested format of evidence

- + Achievement — presentation
- + IF
- + RA
- + TO

# 55 Take part in research activities, audit, service evaluation and quality improvement, and demonstrate how these are used to improve care and services

I No

S No

D Workplace

## Skills, attitudes and behaviours expected

1. Ability to carry out a research project relevant to their pharmacy practice
2. Ability to undertake an audit relevant to their pharmacy practice
3. Ability to carry out a service evaluation relevant to their pharmacy practice
4. Ability to implement recommendations from any quality improvement activities

## Suggested activities

1. Undertake a research project
2. Undertake an audit project
3. Undertake a service evaluation
4. Implement and suggest changes in practice post quality improvement activities
5. Complete a Significant Event Analysis (SEA) following an adverse event and implement appropriate changes to practice

## Suggested format of evidence

- + Achievement — publication/research
- + QIF

**LO****Mandatory components of FTY**

- 01–05
- + Consultation skills: dealing with difficult conversations
  - + Virtual Discussion Group SLEs
  - + Resilience and Challenging Conversations Workshop

- 06
- + Mandatory E and D training
  - + Cultural Humility

07

- 08–11
- + Consultation Skills Workshop
  - + Simulation

**Resources to support learning needs**

1. (b)\*\* Evidence Based Polypharmacy Reviews and the 7 Step Process | Turas Learn
2. (a)\* Consultation skills: what good looks like (part 1) | Turas Learn
3. (a) Consultation skills: what good looks like (part 2) | Turas Learn
4. (a) Clinical history-taking: what a good consultation looks like | Turas Learn
5. (b) Realistic Medicine | Turas Learn
6. (a) Pharmacy Clinical Decision Making | Turas Learn
7. (b) Turas Leadership resources – communication presentation
8. (b) CPPE Patient-centred care presentation

1. (b) Equality and diversity: equality and human rights module | Turas or employer
2. (b) GPhC In practice: Guidance on religion, personal values and beliefs

1. (b) Information Governance for the Pharmacy Team module | Turas or employer
2. (b) GPhC In practice: guidance on consent

1. (a) Consultation skills: what good looks like (part 1) | Turas Learn
2. (a) Consultation skills: what good looks like (part 2) | Turas Lear
3. (a) Consultations skills: dealing with difficult discussions | Turas Learn
4. (b) Evidence Based Polypharmacy Reviews and the 7 Step Process | Turas Learn
5. (b) GPhC In practice: Guidance on religion, personal values and beliefs
6. (b) Trauma informed training animations on Turas

\* (a) Resources which are part of NES FTY curriculum (e.g., pre-work for learning events)

\*\* (b) Resources which are signposted as useful for addressing identified learning and development needs which relate to these learning outcomes

**LO****Mandatory components of FTY****Resources to support learning needs**

- 12
- + Controlled Drug Accountable Officers webinar
  - + General Pharmaceutical Council Inspector webinar
  - + Simulation

1. (b) Medicines, Ethics and Practice

- 13
- + Virtual Discussion Groups

1. (a) Pharmacy Clinical Decision Making | Turas Learn  
2. (b) What matters to you? website

- 14
- + Unscheduled Care presentation
  - + Unscheduled Care VDG
  - + Virtual Discussion Groups and SLEs
  - + Simulation

1. (b) Making delegation safe and effective: a learning resource for nurses, midwives, allied health professionals and health care support workers | Turas Learn

**LO****Mandatory components of FTY****Resources to support learning needs**

- 15–16
- + General Pharmaceutical Council Inspector webinar
  - + PDA and Fitness to Practice webinar
  - + Ethical Dilemmas VDG
  - + Simulation

1. (a) GPhC standards for pharmacy professionals
2. (b) GPhC In practice: Guidance on religion, personal values and beliefs

- 17–18
- + Unscheduled Care presentation
  - + Unscheduled Care VDG
  - + Virtual Discussion Group SLEs
  - + Simulation

1. (a) NHS Pharmacy First Scotland | Turas Learn
2. (a) Pharmacy Clinical Decision Making | Turas Learn
3. (a) Community Pharmacy Scotland webinar
4. (a) CDM tool | Turas Learn

19

1. (b) Immunisation | Turas Learn
2. (b) Health and Safety and Infection Prevention modules | Turas or employer

- 20
- + Ethical Dilemmas VDG

1. (a) National Whistleblowing Standards training | Turas Learn
2. (b) Raising Grievances module | Turas or employer
3. (b) GPhC In practice: Guidance on raising concerns

- 21
- + Virtual Discussion Groups
  - + Mock assessments
  - + Simulation

22

1. (b) Drug development: the journey of a medicine from lab to shelf – PJ
2. (b) COVID-19 vaccines: development, evaluation, approval and monitoring

## LO

## Mandatory components of FTY

## Resources to support learning needs

23

1. (b) Advanced Therapy Medicinal Products from e-lfh
2. (b) Genetics | NHS Research Scotland | NHS Research Scotland
3. (b) HEE Genomics Education Programme

24

1. (a) Digital Health and Care | Turas Learn
2. (b) Remote Consultation Skills | Turas Learn
3. (a) The Polypharmacy: Manage Medicines app

25

+ Controlled Drug Accountable Officers webinar

1. (b) Professional guidance on the safe and secure handling of medicines (rpharms.com)

26

+ Virtual discussion groups: drugs in pregnancy and breastfeeding  
+ Virtual Discussion Groups SLEs

27

+ Unscheduled care resources  
+ Consultation skills training  
+ Diabetes case studies  
+ Portfolio and SLEs

1. (b) Good clinical governance in an online pharmacy – your questions answered | General Pharmaceutical Council (pharmacyregulation.org)

28

+ Physical Assessment Skills  
+ Simulation  
+ SLEs – mini-CEX

1. (b) NES or employer health and safety and infection prevention modules
2. (b) Workplace based role play
3. (a) Direct Observation of Practical Skills (DOPS) | Turas Learn

## LO

## Mandatory components of FTY

## Resources to support learning needs

29

1. (a) Interpretation of blood results | Turas Learn
2. (b) Genetics | NHS Research Scotland | NHS Research Scotland
3. (b) HEE Genomics Education Programme
4. (b) Pharmacogenomics | RPS (rpharms.com)

30

- + Clinical Decision Making Workshop
- + NES specialist webinars
- + Unscheduled Care presentation
- + Unscheduled Care VDG
- + Virtual Discussion Groups
- + Simulation

1. (a) Pharmacy Clinical Decision Making | Turas Learn
2. (a) CDM tool | Turas Learn

32

- + NES calculations quizzes, mock assessments and support sessions

33

- + Virtual Discussion Groups
- + Simulation

1. (b) Public Health Service — Community Pharmacy Scotland (cps.scot)
2. (b) Healthy living | NHS inform

35

- + Virtual Discussion Groups
- + Simulation

1. (a) Interpretation of blood results | Turas Learn
2. (a) Pharmacy Clinical Decision Making | Turas Learn
3. (a) Adverse drug reactions (ADRs) | Turas Learn



## LO

## Mandatory components of FTY

## Resources to support learning needs

36

1. (b) Good clinical governance in an online pharmacy setting | General Pharmaceutical Council

38

1. (b) Patient Safety Zone | Turas Learn
2. (b) Quality Improvement Zone | Turas Learn
3. (b) Medicines, Ethics and Practice (MEP)

39

1. (b) Information Governance for the Pharmacy Team module (Turas or employer)

40

1. (b) Public Protection | Turas Learn
2. (b) GPhC FGM safeguarding advice

41

1. (b) Equality and diversity zone | Turas Learn
2. (a) Antimicrobial Stewardship | Turas Learn
3. (a) Sexual health for Community Pharmacy: Emergency Contraception (EC) | Turas Learn
4. (a) NHS Scotland Smoking Cessation service | Turas Learn
5. (b) Immunisation | Turas Learn

**LO****Mandatory components of FTY**

43 + NES Substance use session

44 + First Aid Training (or via approved training undertaken during MPharm)

**Resources to support learning needs**

1. (a) Substance misuse: core module | Turas Learn
2. (b) Substance Misuse: The principal drugs used in Scotland and their associated risk | Turas Learn
3. (b) Substance Misuse : Alcohol | Turas | Learn
4. (b) Sexual Health for Community Pharmacy: Bridging Contraception (BC) | Turas Learn
5. (a) NHS Pharmacy First Plus service
6. (a) Community pharmacy chlamydia treatment service

**LO****Mandatory components of FTY****Resources to support learning needs**

45–46

1. (b) Making delegation safe and effective: a learning resource for nurses, midwives, allied health professionals and health care support workers | Turas Learn
2. (b) Leadership and Management Zone | Turas Learn

47

+ Virtual Discussion Group SLE

1. (b) Quality Improvement Zone | Turas Learn
2. (b) Patient Safety Zone | Turas Learn
3. (a) Evidence Based Polypharmacy Reviews and the 7 Step Process | Turas Learn
4. (a) Polypharmacy presentation | Turas Learn (nhs.scot)
5. (b) The Polypharmacy: Manage Medicines app

48

1. (b) Patient Safety Zone | Turas Learn
2. (b) Quality Improvement Zone | Turas Learn
3. (b) GPhC Pharmacy team toolkit: learning from incidents

50–51

1. (a) Consultations skills: dealing with difficult discussions | Turas Learn
2. (b) Patient Safety Zone | Turas Learn
3. (a) National Whistleblowing Standards training | Turas Learn
4. (b) GPhC In practice: Guidance on raising concerns
5. (b) GPhC Resources on the professional duty of candour

52

+ Resilience and Challenging Conversations Workshop  
 + Virtual Discussion Groups — resilience tasks

1. (b) SilverCloud Making Space For Healthy Minds (silvercloudhealth.com)
2. (b) Learning together webinar: resilience presentation

**LO****Mandatory components of FTY**

- 53
- + NES Self-assessment template
  - + Portfolio
  - + Virtual Discussion Group feedback

- 54
- + Calculations and Mock Assessment peer support sessions
  - + Virtual Discussion Groups

55

**Resources to support learning needs**

1. (b) Coaching and Mentoring: information pack | Turas Learn
2. (b) RPS Mentoring Platform

1. (a) FTY CPD project guidance 2022–2023 | Turas Learn
2. (a) FTY quality improvement process guidance 2022–2023 | Turas Learn
3. (b) Quality Improvement Zone | Turas Learn
4. (b) Patient Safety Zone | Turas Learn
5. (b) NHS England Quality, service improvement and redesign (QSIR) tools

# Minimum portfolio requirements

This page details the minimum number of different evidence types which should be included within a trainee pharmacist's portfolio of evidence. It is understood that portfolios will be constructed to reflect the individual trainee pharmacist's training locally, however the following items of evidence must be included to demonstrate completion of the NES FTY training programme, with checks of completion forming part of the NES process to ratify final sign off.

## Evidence type

Case presentation

Core procedure observation

Direct observation of procedure

Patient feedback form

TAB forms

## Number of pieces

+ One form by final sign off

+ One form documenting measurement of temperature  
 + One form documenting undertaking automated blood pressure measurement  
 + One form documenting measurement of pulse  
 + One form documenting measurement of respiratory rate and oxygen saturation levels

One observation of either:

+ obtaining a National Early Warning (NEWS) score  
 OR  
 + another physical assessment skills which is used to inform a clinical decision

Minimum of 6 patient feedback forms in total:

+ Three forms gathered between weeks 0 and 26  
 + Three forms gathered between weeks 26 and 39

Minimum of 3 summary forms in total:

+ One form gathered between week 0 and 13  
 + One form gathered between weeks 13 and 26  
 + One form gathered between weeks 26 and 39

# Glossary

## Domains

---

Collections of commonly themed capabilities and outcomes.

## Descriptors

---

Detail the level and breadth of performance required to satisfactorily meet the outcomes, to help trainee pharmacists undertaking the programme and their supervisors know what is expected to reach the required standard. The example descriptors are not exhaustive, and trainee pharmacists are not expected to include evidence for all of the descriptors.

## Evidence

---

Much of the evidence will be in the form of supervised learning events (SLE) completed in practice by someone observing or providing feedback to the trainee pharmacist (called collaborators), including any supervisors. They can be done in person or remotely and are used to highlight what the trainee pharmacist did well, provide timely feedback and identify their learning needs. Additionally reflections and direct feedback will be included to demonstrate achievement of the outcomes.

## Learning outcomes (LOs)

---

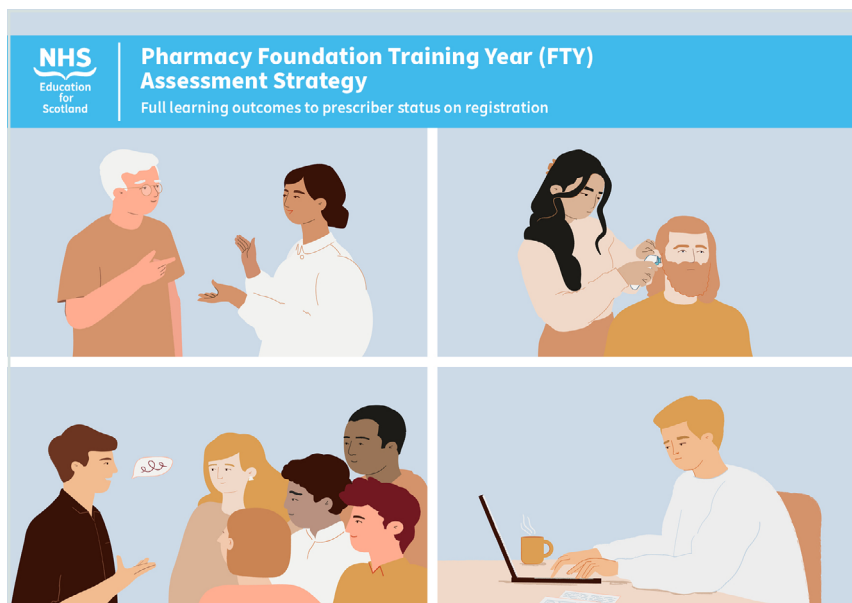
As detailed in the GPhC Standards for the initial education and training of pharmacists, describe what is to be achieved by trainee pharmacists by the end of their Foundation Training Year.

## Supervised learning event (SLE)

---

A supervised learning event (SLE) is an interaction between the trainee pharmacist undertaking the training programme and a collaborator which leads to immediate feedback and reflective learning.

# Alternative Formats



This resource may be made available, in full or summary form, in alternative formats and community languages. Please contact us on 0131 656 3200 or email [altformats@nes.scot.nhs.uk](mailto:altformats@nes.scot.nhs.uk) to discuss how we can best meet your requirements.

© NHS Education for Scotland 2024. You can copy or reproduce the information in this resource for use within NHS Scotland and for non-commercial educational purposes. Use of this document for commercial purposes is permitted only with the written permission of NES.



NHS Education for Scotland  
Westport 102  
West Port  
Edinburgh EH3 9DN

[www.nes.scot.nhs.uk](http://www.nes.scot.nhs.uk)