

London and South East Foundation Pharmacist Programme Foundation Stage 1

Trainees within Kent Surrey and Sussex



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Contents

Foreword	3
Section 1: Programme Overview and Aims	4
Section 2: Structure of the programme	5
Foundation Stage One	5
Foundation Stage 2	6
Programme flexibility	6
Section 3: Learning and Teaching Methods	7
Self-Directed Learning	8
Learning Sets	8
Private Study time	9
Section 4: Support in the workplace	10
Who are appropriate practice supervisors?	10
Section 5: Developing in the workplace and building a portfolio of evidence	12
What does a foundation pharmacist Stage 1 portfolio consist of?	12
Frequently Asked Questions	13
Section 6: The Academic Programme	14
Academic Programme Team	14
Academic Support	14
Academic Assessments	14
Section 7: Foundation Pharmacist Feedback	15
Feedback mechanisms	15
Section 8: Frequently Asked Questions	16
Appendix 1: RPS Foundation Pharmacy Framework	17
Appendix 2: Foundation Stage 1 Syllabus	21
Appendix 3: 2017 Cohort: Portfolio Building Qualification and Timeline Guide Stage 1	36
Appendix 4: Learning Opportunities	39

An editable version of this handbook is available by emailing lasepharmacy@hee.nhs.uk

Foreword

On behalf of Health Education England London and South East we would like to welcome you to the KSS Pharmacist Foundation Programme. The programme has been developed over a number of years and comprises a postgraduate academic programme underpinned by a comprehensive programme of workplace experience.

During the programme you will be allocated an educational supervisor who will support you throughout. In addition each department has an education programme director who oversees the quality of the whole programme internally and co-ordinates training for all foundation pharmacists. You will also have support from a range of practice supervisors as you develop your knowledge and skill base in a range of areas in the workplace. While you are on your academic programme you will also have regular contact with an academic facilitator who again can provide guidance and assistance.

We will oversee the quality of the programme engaging with course programme providers and your employers. At regular points throughout the course we will ask you for individual feedback on both your workplace and academic experience. In addition there will be named representatives for each cohort who will receive bespoke training to ensure your views are best represented. This feedback is invaluable in shaping the programme. Please don't hesitate to contact us at anytime to discuss your training experience.

We hope that you will find the programme to be challenging yet enjoyable and that it equips you to go on to fulfil more advanced pharmacist roles in the future. This course handbook should provide all of the information that you need to get you started. If you have any further questions please do not hesitate to ask either your educational supervisor, academic facilitator or one of us via lasepharmacy@hee.nhs.uk

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Section 1: Programme Overview and Aims

A foundation pharmacist is a practitioner who is either newly qualified or has entered a new sector of pharmacy, and requires training and support to develop the knowledge, skills and behaviours that are essential to practise effectively and provide high quality patient care.

The Kent, Surrey and Sussex Foundation Pharmacist Programme aims to develop the knowledge, behaviours and skills of practitioners as outlined in the Royal Pharmaceutical Society (RPS) Foundation Pharmacy Framework and KSS Foundation Pharmacist programme syllabus. This is achieved primarily through workplace learning, in which the practitioner constructs a portfolio of diverse evidence, with the support of an educational supervisor and educational infrastructure and an underpinning academic programme.

The programme is academically supported by Medway School of Pharmacy (MSOP) and the University of Brighton School of Pharmacy & Biomolecular Sciences (UB) via the provision of learning sets and academic assessment.

The programme is commissioned by Health Education England working across Kent, Surrey and Sussex and is available to foundation pharmacists employed by NHS Trusts within the region.

The programme was originally formed in conjunction with the Joint Programmes Board (JPB). The JPB is a consortium of higher education institutions (HEIs) working in collaboration with NHS specialist pharmacy services. The aim of JPB programmes is:

“To ensure that the training of pharmacists meets the modern requirements of the NHS to be “fit for practice” in order to provide consistently high quality patient care.”

All JPB programmes throughout the south east coast use the same supervised learning events, tools, similar learning objectives and summative assessments. To learn more about the formation and other partners of the JPB diploma visit their website <http://www.jpbsoutheast.org/>

Overall Learning Objectives of Joint Programmes Board Programme

1. Consult effectively with patients, carers and the multidisciplinary healthcare team, respecting diversity and confidentiality.
2. Independently develop clinical pharmacy knowledge and skills in order to identify, prioritise and resolve complex pharmaceutical problems in a range of common conditions.
3. Critically review the overall management and monitoring of patients with a range of common disease states.
4. Recognise the evidence-based approach to management of a range of common conditions and apply evidence-based medicine (EBM) to individualised patient care.
5. Identify, prioritise and resolve the medicines management needs of patients, carers and other social and health care professionals.
6. Demonstrate a systematic approach to medicines management for patients with a range of common conditions.
7. Apply pharmacokinetic and pharmacodynamic principles to the design of appropriate drug regimens.
8. Advance knowledge and understanding through continuing professional development and lifelong learning.

Section 2: Structure of the programme

The Kent, Surrey and Sussex Foundation Pharmacist Programme is two and a half years in duration. Foundation Stage 1 or FS1 (Certificate) is designed to take 18 months, with Foundation Stage 2 or FS2 (Diploma) consisting of two modules, both 6 months in duration. Each stage of the programme carries 60 masters level academic credits (a total of 120 credits for the full programme).

Each 60 credit course represents 600 hours of student effort. Typically, one third of this time should be spent on directed learning, one third on reflection, preparation of the portfolio and assessment, and the final third on private study

Foundation Stage One

The start date for the workplace element of Foundation stage 1 is the **1st January 2017**. Foundation pharmacists have 18 months to build and complete their workplace portfolio. For further information on building the foundation pharmacist portfolio see section 5.

Throughout the programme (both stages 1 and 2) foundation pharmacists are required to develop the behaviours and skills as outlined in the RPS Foundation Pharmacy Framework. There are 26 competencies and 90 behavioural statements within the framework. The competencies expected to be completed by the end of stage 1 are outlined in appendix 1. Foundation Pharmacists must work to enhance their knowledge by completing the learning outcomes within the Foundation Stage 1 Syllabus (Appendix 2).

To ensure foundation pharmacists are consistently developing throughout the programme they are required to prepare a portfolio of evidence. Within this the foundation pharmacist must document various experiences that demonstrate the skills and behaviours stated within the RPS Foundation Pharmacy Framework. To assist in this task foundation pharmacists are required to self-assess against the RPS Foundation Pharmacy Framework (see Portfolio Building Qualification and Timeline Guide Stage 1 – appendix 3) at regular intervals and all evidence should be mapped against it.

The foundation pharmacists should also demonstrate their ability to apply knowledge from the syllabus within the portfolio, however this is limited by the experiences the foundation pharmacists are exposed to within their trust, therefore this is a recommendation and not a requirement. The knowledge of the syllabus is tested at the academic summative assessments at the end of stage1.

During stage 1 foundation pharmacists are required to undertake a critical review. This is a 1500 word written academic assessment. Final summative academic assessments include portfolio viva, Observed Structured Clinical Examination (OSCE) and a written assessment. The latter two assessments must be successfully completed within three attempts, failure to do so would lead to the foundation pharmacist restarting the course.

Survival tips from previous foundation pharmacists

1. Read and Plan! Don't wait until your first study day, but instead download and familiarise yourself with all the relevant information about the programme and assessments as early on as possible (let it be January!). If you don't have access to Moodle at that point, contact your work colleagues or those in other Trusts undertaking FS2 to obtain some of these materials.
2. Start early! Once you are familiar with the programme, contact your ES and relevant PSs to schedule in the supervised learning events (SLEs) as may be necessary. I suggest that you schedule in SLEs for at least 3-6 months ahead to avoid the rush at the end of your 18 months (and to save your ES/PS time!). You should also start recording your interventions/contributions as soon as you feel comfortable in the new work environment. Make sure that all important dates (not just the study day dates!) are in your calendar, e.g. annual leave, SLEs, on-calls, weekend shifts, etc. This will help you avoid any unpleasant confusion in the first 18 months.
3. Communicate! As mentioned above, don't be afraid to 'buddy up' with someone undertaking FS2 or those who have just completed the FP programme. Get all the tips you can from them – experience will vary from Trust to Trust.
4. Make YOUR learning portfolio! This is in addition to your essential work as requested by the FP programme (which you will be submitting on VQ Manager) and may include useful documents, such as your Trust's guidelines or examples of unusual practice which has not been formalised as guidelines. You will come across such anomalies in almost any area of hospital practice and it's handy to have them all in one place. You may wish to utilise the VQ Manager or the GPhC's UpToDate system for this purpose.
5. Decide on Critical Review! This is not an easy process and requires some communication with senior staff within your department/organisation. Once again, ask your FS2s about their reviews and consult your line manager/ES or others about any departmental priorities or targets which your critical review may address. On the other hand, you may notice something about the current service that may be improved and decide to propose it to your seniors, which is just as great of an idea. The earlier you decide, the sooner it will be done! I would start thinking about the topic 3 months' or so into your FS1.
6. Practise OSCEs! In preparation for OSCEs, look out for opportunities to perform as an actor at pre-reg pharmacist or undergraduate OSCEs.

Foundation Stage 2

Foundation Stage 2 consists of two modules, both 6 months in duration. Each module contains the following elements:

Module A	Module B
Academic Task: Change Management	Academic Task: Therapeutic Review
Professional learning outcomes: <ul style="list-style-type: none"> • Professional values: Leading and Innovating • Operational Management • Education, training and performance 	Professional learning outcomes: <ul style="list-style-type: none"> • Professional values: Leading and Innovating • Patient Safety and Standards • Quality, guidelines and finance
Clinical / Generic Learning requirements	Clinical / Generic Learning requirements
RPS Foundation Pharmacy Framework	RPS Foundation Pharmacy Framework

A portfolio of work-based evidence is required for each module. Support is provided by three academic learning sets to assist foundation pharmacists with the academic tasks and the professional learning outcomes.

Summative assessments include case presentation, portfolio viva and academic task presentation.

For further information see Foundation Stage 2 section of the HEE LASE Pharmacy website.

Survival tips from previous foundation pharmacists: How to survive FS2?

1. Aim for 6 months! Whilst not always possible (depending on the Trust), during FS2 aim to remain in one rotation for 6 months each. That will allow you to effectively liaise with different stakeholders and plan your time for both the therapeutic review and the change management project. Six months may seem like a reasonably long period of time, however when you have to plan your project around the SLEs, coursework and other work commitments, it runs out quicker than you think!
2. Small change is meaningful! As far as the change management project is concerned, do not try to change the world – you won't. Instead, you'll run out of time and will get yourself into an extremely stressful situation. I ended up changing my own project three times before I put together a realistic proposal. Two weeks before the submission deadline, I was therefore still piloting my change and did not have any substantial results! A small change, such as replacing paracetamol pre-packs on one surgical ward with patient-purchased paracetamol following discharge, may be more than sufficient. You need to leave yourself a sufficient amount of time to collect the baseline data and then to pilot and evaluate the change.
3. Choose a therapeutic area for your review carefully! My recommendation would be to choose a therapeutic area that is rather "obscure" and not well-studied. However, make sure you have at least 3-4 papers to critically appraise for your review. A good idea would also be to discuss this with the PS of your current rotation to ensure your review helps the departmental/directorate goals.
4. Plan your career! The majority of FPs would start thinking about applying for a specialist job towards the end of FS1. There are pros and cons to this however! You may wish to stay a Band 6 for a little while longer because it allows you to focus on your professional/clinical development without having to worry about additional commitments, e.g. directorate work or education of more junior colleagues. On the other hand, having these additional commitments as a Band 7 may help you perform better during FS2 because they fit in nicely with some of the learning outcomes for that stage of the programme. My personal advice would be to undertake at least 5-6 rotations before you decide what you would like to do next. I only applied for Band 7 post towards the end of FS2 and do not regret it because I had a chance to experience some 10 different rotations during my time as an FP. Not only did I get some well-rounded general experience, but I also learnt more about my future career choices.

Programme flexibility

The foundation pharmacist programme must be completed within six years of starting stage 1 (certificate). This applies to all foundation pharmacists including those who have undertaken JPB certificates within a neighbouring region and join the KSS Foundation Pharmacist Programme at stage 2.

On completion of stage 1, foundation pharmacists can take breaks between the two modules of stage 2. Any breaks in the programme must be approved through communication with the university and completion of a concession form at least two months prior to the start date of the module.

Section 3: Learning and Teaching Methods

As qualified professionals foundation pharmacists are expected to take responsibility for their learning throughout the programme. The course works on a philosophy of student centred workplace learning. The ethos and culture of the course is to **enhance and develop self-reliance and an adult approach to learning** in support of continuing professional development.

The vast majority of learning that occurs within the programme happens within the workplace, to capture this learning all pharmacists are required to document contribution to care logs and continual professional development throughout stages 1 and 2 of the programme. It is important for all foundation pharmacists to identify early within the programme how to best utilise the workplace for learning opportunities and identify when learning has occurred. To assist in this there are examples of learning opportunities outlined in appendix 4.

Learning in practice

"You are working a late night, you receive a phone call regarding a medicine request and advice, and it takes you 30 minutes to resolve it (you have never had this type of request or dealt with this specific medicine before). In the meantime work is building up; you have a team working with you. You ask them for help (checking, screening, making calls). In the end everything is resolved and finished"

This scenario is common and will occur in a hospital pharmacist's career, but what do you learn from this? In this scenario some of the possible learning includes:

- Learning about a new medicine
- Learning what resources are available and how to effectively use these resources to find out about the medication
- Learning the process of how to obtain the medication
- Learning how to delegate work to other members of the team
- Working as an effective member of the team

Foundation pharmacists who recognise this as learning may have:

- Used the medicine request as an opportunity to record it as a medicines information enquiry, recording all aspects of the request including any information given on its use (including dosage, administration etc.). This can be used as evidence.
- Obtained feedback from members of the team on how they felt about their performance and team working. These members of staff could complete a miniTAB response for the foundation pharmacist in the future.
- Used this contribution to care to show what aspects of the RPS Foundation Pharmacy Framework competencies they were demonstrating.

Reflection is important especially after having an experience that has challenged you. Following this scenario, if the foundation pharmacist has to deal with this request again they are more than likely to deal with it in a different way, taking into consideration what they had learnt from the initial experience. Everyday a practicing foundation pharmacist will learn something, and from this adapt their behaviour accordingly.

Self-Directed Learning

To ensure foundation pharmacists fulfil the learning outcomes required within the programme it is essential they plan and allocate time for studying. Foundation stage one is 60 masters credit which represents 600 hours of student effort (equating to 34 hours a month), this encompasses private study, directed learning, reflection and preparation of portfolio. This should be considered when the foundation pharmacists apply to the programme in addition to during the programme, as organising study time will be essential.

The syllabus (appendix 2) has been designed to assist foundation pharmacists in monitoring their learning. It is suggested that foundation pharmacists set themselves targets for achieving the learning within the syllabus e.g. 33% of the learning outcomes by 6 months, 66% by 12 months and therefore 100% by the 18 month assessments.

HINT: Register with the Trust's library

All libraries in Kent, Surrey and Sussex are part of a network. Registering with the library will allow foundation pharmacists to use resources within the region. Foundation pharmacists can register for an Athens account via their local library. They offer training on literature searching.

HINT: Register with the University Library

The university will have journal subscriptions that the Trust's Library may not have and vice versa. Details are available from Moodle.

Learning Sets

Learning sets are led by an academic facilitator and are mainly formed of:

- Workshops
- Case studies
- Foundation pharmacist presentations
- Problem based learning

Active participation by foundation pharmacists within these study sessions is vital to their success and to the pharmacists learning experience. Feedback from previous cohorts of the programme, undoubtedly stresses the benefit foundation pharmacists acquire from sharing learning and experience with colleagues from other trusts. Attendance is expected at ALL learning sets.

Most of the learning sets for stage 1 will be based around reinforcing and extending knowledge and skills derived from the exercises set out in the workbooks prepared to accompany each set (these are available on Moodle). These activities are **compulsory**; designated exercises and case studies must be completed prior to the set as they form the basis for discussions during the set. The morning sessions will focus on your development as a practitioner and establishing your professional practice and the afternoon sessions will focus on developing your clinical practice. Foundation pharmacists will also be required to deliver presentations at various points during the programme. Foundation pharmacists are encouraged to network with peers within their trust and are permitted to share out tasks collaboratively in line with their rotations.

Survival tips from previous foundation pharmacists: How to survive the learning sets and plan your self-directed learning?

1. No all-nighters! If you haven't learnt this from your pre-reg, this is really the time to end it. Spread the preparatory work for your learning sets across at least a few days (preferably a few weeks) to ensure you do not have to spend the whole night prior to the learning set completing your "homework". Not only is this unhealthy, but you also don't get to properly digest the material provided and will probably not understand half of the learning set material on the day! At the end of the day, you are learning for your patients and you want to be the best practitioner you can to help them. What would they think if they knew you cramped it all in one night – just the same way undergraduates do!?
2. Split the workload! If you feel that the pre-learning set workload is "too much", split some of it with your colleagues. From my experience, it may be possible to set up a Google Docs group (or similar) and allocate each other certain topics to reduce the workload per person.
3. Register your NHS Athens! If you haven't already, do this ASAP. It takes some time and you don't want to realise that you can't access anything the night before your learning set.
4. Record CPD! Yes, not only recording regular CPDs will help you to stay up-to-date but it will also add to CPDs you need for your FP programme and prevent you from having to record them all in one go when the GPhC calls your record in.
5. Engage in additional learning opportunities! Attend any learning at lunch or evening sessions provided your Trust organises them. If not, get in touch with colleagues from other Trusts or your Local Practice Forum. These opportunities are how you get to learn from specialists in different clinical areas so make the most out of them!

Private Study time

Time for private study, directed reading, preparation for study sessions and completion of practice activities and assignments is built into the overall time commitment for each of the courses. Private study in the foundation pharmacist's own time is an essential ingredient of each course. It is very **unlikely** that you will be given private study time during your normal working hours. Please see 'Guidance on allocation of protected time for Foundation Pharmacists.'

Guidance on allocation of protected time for Foundation Pharmacists

Workplace supervised learning events

- *Foundation pharmacists must be given protected time to undertake supervised learning events with their practice supervisor.*
- *The allocation of protected time will vary dependent on Trust policy – some Trusts will allocate set protected time each week during which time foundation pharmacists are expected to organise and complete their supervised learning events; in others there is no ring-fenced time but foundation pharmacists must always be able to secure protected time for supervised learning events.*

Academic learning sets – preparation and attendance

- *All foundation pharmacists must be given study leave to attend HEI learning sets.*
- *If a foundation pharmacist is unable to attend their local/ normal learning set because the Trust has asked them to swap and attend on a different day, study leave must always be granted.*
- *If a foundation pharmacist is unable to attend their local/ normal learning set because they have requested leave on the normal learning set date, leave will be granted at the discretion of the Trust. Furthermore attendance at a different set must be agreed at least 2 weeks in advance by the learning set academic facilitator.*
- *If a foundation pharmacist needs to review a particular patient type in preparation for a learning set that they would not normally see as part of their day to day work, they should seek to share a patient with a colleague in the first instance.*
- *Reading should be completed in foundation pharmacists own time.*
- *Foundation pharmacists should prepare for the learning sets in their own time however this could be completed as part of daily activities within their current rotation.*

Section 4: Support in the workplace

Each foundation pharmacist will be allocated an educational supervisor, within the workplace. The role of the educational supervisor is to holistically review progress and support the foundation pharmacist throughout the programme. The foundation pharmacist and educational supervisor relationship is vital to success within the programme. At their first meeting ground rules should be discussed including;

- What the foundation pharmacist and educational supervisors expectations are of each other, and discuss any differences in opinions.
- Frequency of meetings and how best to arrange them.
- How best to contact each other.
- Evidence collection including when and how to submit them to the educational supervisor.
- What to do if either the foundation pharmacist or educational supervisor has a concern about progress or performance.

At the beginning of the programme the foundation pharmacist, educational supervisor and the educational programme director are required to sign a learning agreement. All points should be upheld by all parties during the duration of the programme.

Within foundation stage 1, meetings between the foundation pharmacist and educational supervisor should occur at a **minimum frequency** of every 6-8 weeks, however once a month is recommended. Each Trust has its own meeting template and this should be used where available. All meetings must be documented, and this evidence can be called by request as part of the quality management process by us. If the educational supervisor is on sick leave for a substantial period of time the foundation pharmacist should discuss alternative supervision with the educational programme director.

It is important to note that other members of the pharmacy team can also support foundation pharmacists within the programme. These members of staff are known as practice supervisors. Those that are assessed by a variety of staff benefit from the breadth, depth of knowledge and experience of each supervisor. Receiving feedback and suggestions to aid development from different supervisors leads to well-rounded practitioners.

A “Practice supervisor” in pharmacy is someone who is selected, appropriately trained and responsible for overseeing a specified trainee’s work and providing developmental feedback during a period of training. This role requires appropriate assessment skills. Practice supervisors will support learners to identify opportunities for learning in the workplace and provide supervision of trainees on a day-to-day basis, assisting in identifying trainees in difficulty. Practice supervisors are involved in and contribute to a work-based learning culture.

Who are appropriate practice supervisors?

Practice supervisors should be experienced in their field of practice. To assess foundation pharmacists they should have adequate knowledge of:

- The evidence and tools used to assess pharmacists within the programme.
- The level the foundation pharmacist should be performing at, at the time of the assessment within the programme.
- Giving developmental feedback.
- How to report if a trainee requires additional assistance and / is in difficulty.

Foundation pharmacists should discuss potential practice supervisors with their educational supervisor and / educational programme directors.

Supervised learning events should not be assessed by fellow foundation pharmacists currently enrolled on the KSS Foundation Pharmacist Programme e.g. a Stage 2 trainees assessing a Stage 1 trainee. If this does occur it

London and South East KSS Foundation Pharmacist Programme Foundation Stage 1

should be under exceptional circumstances and must not be considered the norm. Under no circumstances must trainees of the same stage undertake SLE's for each other.

Section 5: Developing in the workplace and building a portfolio of evidence

The foundation pharmacist portfolio is similar to a pre-registration pharmacist portfolio. On completion of the programme the foundation pharmacist should be able to look back at the portfolio and from the evidence be able to tell which rotation they were on and how they felt they were performing at that time. It is almost a story of their experience and development through their foundation pharmacist years.

All foundation pharmacists are required to build a portfolio of evidence to demonstrate their development and competence. It is the responsibility of the foundation pharmacist to gather and collate the evidence; support will be required to undertake specific tasks within the programme such as supervised learning events. Building a portfolio requires foundation pharmacists to be organised and have good communication skills to ensure they can arrange the relevant support needed.

What does a foundation pharmacist Stage 1 portfolio consist of?

The portfolio should contain evidence that the foundation pharmacist can demonstrate the skills and behaviours (as stated in the RPS Foundation Pharmacy Framework) and has the breadth of knowledge (as defined in the syllabus – Appendix 2), to work safely and effectively as a foundation pharmacist. The minimum requirements of the portfolio are defined in appendix 3: Portfolio Building Qualification and Timeline Guide Stage 1.

Practitioners are encouraged to use a variety of evidence to demonstrate they fulfil the RPS Foundation Pharmacy Framework and the syllabus. Suggestions of different types of additional evidence can be found in appendix 2 and 4.

All foundation pharmacists should ensure that they meet their employer's information governance requirements when compiling portfolios and using patient and staff information on any form. This will primarily mean removing **all** patient and staff identifiable data from their portfolios. This includes addresses, dates of birth, hospital numbers and signatures on drug charts.

Any breach in information governance policy within a portfolio will lead to automatic failure.

When does the foundation pharmacist have to complete the various sections and evidence within the portfolio?

Appendix 3 shows the timeline of evidence required for the professional development section. The experience in practice, personal information, and assessment of practice sections should be entered into the portfolio in a timely manner.

How is the portfolio assessed?

The portfolio is assessed throughout the programme by your educational supervisor. At the end of each unit your educational supervisor will review your portfolio as part of the appraisal process known as a RITA. The RITA is similar to a pre-registration pharmacist appraisal where you will be marked as making good or unsatisfactory progress. All trainees must receive a good progress outcome to ensure they can progress as intended on the prescribed timeline (appendix 3).

The programme will be moving to a competency review process, where all foundation pharmacist portfolios are evaluated by a panel of assessors at the end of the stage (e.g. 18 month) to ensure the trainee has submitted the correct amount and quality of evidence, and has been signed as competent by the educational supervisor. If the panel is satisfied they will sign off the portfolio, allowing the foundation pharmacist to progress to the next stage. Further assessment details to follow during the programme.

Survival tips from previous foundation pharmacists: How to collate a successful portfolio of evidence?

1. Plan how to! Discuss with your ES/PS and more senior FPs as to how they think you could prove you are competent in each area of the RPS Foundation Pharmacy Framework. You may wish to print out the framework and map any upcoming assessments/programme activities against each of the skills/behaviours. To start with, focus on FS1 activities and review this every few months.
2. Avoid repetition! You do not need to continue to prove to your ES that you are competent in a particular area once you have already been signed off for that skill/behaviour.
3. Collect feedback! Make sure your ES is provided with feedback from your PSs and other colleagues in a timely manner, e.g. through regular mini-TABs or SLEs. The process of feedback collection requires at least 2-3 weeks and involves sending out constant reminders.

Frequently Asked Questions

What are the implications if I fall behind on building my portfolio against the timeline?

All foundation pharmacists should be proactive in arranging their study time and supervised learning events. If a foundation pharmacist is struggling to keep up they should discuss the matter with their educational supervisor in the first instance (or if unavailable the educational programme director). Once the situation has been discussed an action plan must be formed. If it is felt that the foundation pharmacist is unable to catch up, or they have failed to complete the action plan, then the 'Trainees Requiring Additional Support' process should be triggered.

The 'Trainees Requiring Additional Support' process is a support mechanism for trainees (and their educational supervisors). See the '[Trainees Requiring Additional Support](#)' section of the website.

There is a self-referral service for foundation pharmacists who do not wish to discuss matter with their educational supervisor or educational programme director. All referrals are directed to the Foundation Pharmacist Training Programme Director and are not discussed with the trust unless the foundation pharmacist gives permission.

What happens if I don't build my portfolio in time for the academic assessments?

Foundation Pharmacists are required to obtain a satisfactory RITA before they can go forward to undertake the OSCEs and written assessment. Progression onto stage 2 can only be gained on successful completion of the stage 1 portfolio and academic assessments.

Which areas do foundation pharmacists fail the portfolio in?

- If there is lack of evidence of progress throughout stage 1.
- If there is lack of breadth and complexity within the body of evidence.
- If the foundation pharmacist has made an error and has failed to reflect appropriately.
- If information governance policy is breached.

Where can I find the supervised learning event forms?

All evidence templates including the supervised learning events are found on our website. Training for the supervised learning events are also available.

<https://www.lasepharmacy.hee.nhs.uk/foundation-programme/programme-details/building-the-foundation-pharmacist-portfolio/>

Section 6: The Academic Programme

Academic Programme Team

Academic Course Leads		
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Academic Support

The Foundation Pharmacist Programme is delivered through a formalised partnership between Medway School of Pharmacy and the University of Brighton. When a foundation pharmacist obtains a place on the programme they must register with the university, this must be done prior to attending the first learning set. By registering to the university foundation pharmacists get access to their universities library services. Both universities offer online library services. Foundation pharmacists are allocated to universities once their application has been approved. The foundation pharmacist must be aware that there are differences between the concessions and mitigating circumstances processes for each of the universities, as they must adhere to their own regulations.

The stage 1 learning sets run four times; in all three counties. Each learning set is led by an academic facilitator who also provides a focus for local support and liaison. Learning sets are staggered across the counties providing flexibility to Trusts and foundation pharmacists and an opportunity to attend a set elsewhere if the local set is missed.

There are nine days throughout the 18 months of stage 1 that foundation pharmacists must attend. These include eight learning set days and the final assessment day. These dates are set before the cohort begins.

Information on the academic programme is available on Moodle (a Virtual Learning Environment), including:

- Learning set pre-work
- Academic regulations
- Requirements for written assessments and case presentations.
- An academic handbook

At the beginning of the programme the foundation pharmacist signs a learning agreement. All points should be upheld throughout the programme. Part of the agreement is the practitioner agreement with Higher Education Institution (HEI).

Academic Assessments

There are three academic assessments within stage 1 of the Foundation Pharmacist Programme. Information on each assessment can be found on Moodle.

- Critical review, to be submitted within the first 12 months of the programme.
- Observed Structured Clinical Examinations
- Written assessment
- Portfolio assessment

Section 7: Foundation Pharmacist Feedback

Feedback from foundation pharmacists is vital to be able to continually improve the programme. We want to know about all aspects of the programme, including:

- Workplace learning environment
- Supervised learning events
- Educational supervisor support
- Practice supervisor support
- Learning sets
- Access to resources

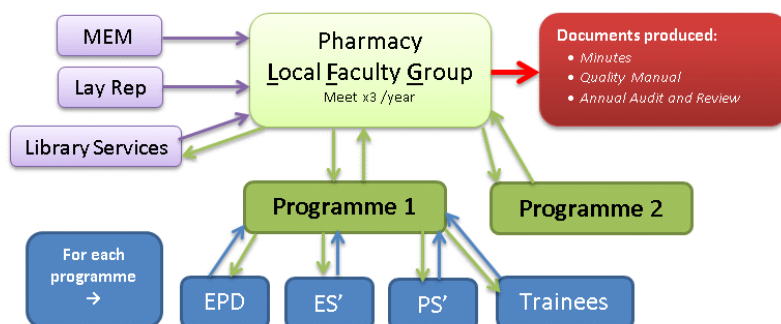
Feedback mechanisms

Foundation pharmacist feedback is important and any issues should be raised in a timely manner. The most effective way is to discuss any issues with your educational supervisor or educational programme director.

Each pharmacy department has a Local Faculty Group (LFG). The purpose of the group is to;

- Ensure there are systems and processes in place to develop learning programmes, teaching and assessment for pre-registration pharmacy trainees.
- Ensure there is leadership, management and administrative support to underpin high quality learning environments.
- Ensure teaching, learning and assessment is clearly linked to national syllabus and curriculum.
- Review the pharmacy Quality Manual and Education Strategy.
- Monitor the progress of trainees.

Trusts operate their Pharmacy LFG in different ways, below is a diagram showing the constitution of a LFG. The foundation pharmacist programme is one of many programmes that should be overseen by the LFG.



Foundation Pharmacists should be represented on the local faculty group; they should feedback positive experiences and areas of concern of all the foundation pharmacists within the department. The role of the representative is important, as the feedback given within the meeting should lead to actions to ensure the programme is running as intended.

The programme is overseen by the KSS Foundation Board; foundation pharmacist representatives sit on this board, two from stage 1 and two from stage 2. The trainee representatives nominate themselves within the initial learning sets. Each learning set has a main and deputy representative, and all receive training by us prior to attending the first foundation board. More information on the Foundation board can be found on our website: <https://www.lasepharmacy.hee.nhs.uk/foundation-programme/programme-management/>

Survival tips from previous foundation pharmacists

Be pro-active! I was an LFG rep and a learning set rep for some 1.5 years. Not only you get to learn more about providing constructive feedback to your seniors face-to-face (which can be quite awkward when you first start!), but you also get a chance to express any concerns or to improve the training for both yourself as well as your junior colleagues. E.g. the feedback from my cohort of trainees has led to some major improvements in the delivery of the learning sets.

Surveys

We value feedback from practitioners and survey all foundation pharmacists and their educational supervisors once a year in May/June. The survey is comprehensive and is **mandatory for all** foundation pharmacists. Previous feedback via the survey has led to changes within the programme e.g. review of the structure and

facilitation of learning sets, reduction and improved timing of pre learning set work, site visits where educational supervisors were not meeting with foundation pharmacists regularly.

Section 8: Frequently Asked Questions

Below are a selection of frequently asked questions, please refer to our website for further examples <https://www.lasepharmacy.hee.nhs.uk/foundation-programme/programme-details/frequently-asked-questions/>

What do I do if I fall sick during the programme?

It is important that all foundation pharmacists are up-to-date on their assessments as sickness can occur unexpectedly. If a foundation pharmacist is on target prior to falling sick for a considerable amount of time (e.g. 4-8 weeks), it is still possible for them to catch up on their return with the assistance of an action plan. To apply for a portfolio extension the foundation pharmacist or educational supervisors must inform us via the [Trainee Requiring Additional Support](#) (TRAS) process. Foundation pharmacists, who were not on target and then unfortunately are sick or those who are sick for longer than eight weeks, will require additional assistance on their return. In these cases the TRAS process should also be followed, and local action plans put in place. It is possible for foundation pharmacists who have been unwell to catch up and enters onto stage 2 of the programme, but it requires a considerable amount of hard work and support.

What do I do if my educational supervisor leaves or is sick during the programme?

All foundation pharmacists should meet their educational supervisor at a minimum of every 6-8 weeks. If an educational supervisor is off sick for a considerable amount of time the foundation pharmacist should discuss it with the educational programme director to seek additional or alternative support.

If an educational supervisor is leaving the trust the foundation pharmacist should speak to the educational programme director to find out who their new educational supervisor will be. It is important to remember that if this occurs the foundation pharmacist should ensure that all evidence within their portfolio is up-to-date. The out-going educational supervisor must sign the Statement of Completion of Foundation Pharmacist Training (SCFPT) Portfolio Form for their trainee before they leave. Additionally on our website is an [update form](#) that must be completed. Please complete the form and attach a new learning agreement signed by the new educational supervisor. In the first meeting between a foundation pharmacist and a new educational supervisor, the ground rules should be discussed (see Support in the workplace section 4).

What happens if I change Trusts during the programme?

On our website is an [update form](#). Please complete the form and attach a new learning agreement signed by your new educational supervisor.

Please note prior to moving trusts it is recommended that all evidence within the personal development section is up-to-date. The foundation pharmacist must ensure their educational supervisor signs the Statement of Completion of Foundation Pharmacist Training (SCFPT) Portfolio Form, which should be regularly updated.

What happens if I change Trusts to one outside of the Kent, Surrey and Sussex region?

You can continue with the programme as intended. Access to e-portfolio will cease and certain processes will have to be adapted for you by the university, such as the 360 degree feedback (MiniTAB) would have to be collected manually and the process for portfolio review will be different. The course lead for the university that you are registered will be able to provide you with more information.

Can I continue if I move into community practice?

Currently there is no support for foundation pharmacists that move into another area of practice, such as community pharmacy. The programme has been specifically designed for foundation pharmacists in the hospital setting, which makes completing the programme in another setting difficult.

Appendix 1: RPS Foundation Pharmacy Framework

“The Royal Pharmaceutical Society Foundation Pharmacy Framework (FPF) will support you to achieve the core skills, knowledge and behaviours that are essential for all pharmacy practitioners. A blend of these key components provides a baseline for safe and effective pharmacy practice which underpins all roles within pharmacy practice and ensures a foundation of essential skills which can be built on depending on your focus and expectations for career development. The RPS FPF can be used by all pharmacists at any career stage as a way of capturing experiences in practice and identifying learning gaps and areas for further development. As well as supporting foundation practice for individuals, the RPS FPF can be used by education and training providers, employers and mentors to guide and set expectations for development.”

The table below lists the competences and behaviour statements within the RPS Foundation Pharmacy Framework. The last column indicates which stage of the programme the competency can be achieved within. Those with asterisk next to them are competencies that are difficult to achieve within the programme, if the practitioner remains in a foundation pharmacist position, as they may not have the opportunity to consistently demonstrate specific competence e.g. staff management.

No	Competence	Behavioural Statement	Attainment Stage
Learning Outcome Cluster 1. Patient and Pharmaceutical Care			
1.1	Patient Consultation	Patient consent	Stage 1
		Patient assessment	Stage 1
		Consultation or referral	Stage 1
		Recording consultations	Stage 1
1.2	Need for the medicine	Relevant patient background	Stage 1
		Medicine history	Stage 1
1.3	Provision of Medicine	The prescription is clear	Stage 1
		Ensure the prescription is legal	Stage 1
		Ensure the correct medicine is dispensed	Stage 1
		Ensure the medicine is dispensed in a timely manner	Stage 1
1.4	Selection of the medicine	Medicine-medicine interactions	Stage 1
		Medicine-patient interactions	Stage 1
		Medicine-disease interactions	Stage 1
		Patient Preference	Stage 1
1.5	Medicine Specific Issues	Ensures appropriate dose for any patient	Stage 1
		Selection of dosing regimen	Stage 1
		Selection of formulation and concentration	Stage 1
1.6	Medicines Information & Patient Education	Public health	Stage 1
		Health needs	Stage 1
		Need for information is identified	Stage 1
		Medicines information	Stage 1
		Provides appropriate written and verbal information	Stage 1
1.7	Monitoring Medicine Therapy	Identifies ways to manage medicines problems	Stage 1
		Accurately prioritises identified medicines problems	Stage 1
		Applies the use of clinical and non-clinical Guidelines	Stage 1
		Resolution of medicines and pharmaceutical care problems	Stage 1

London and South East KSS Foundation Pharmacist Programme Foundation Stage 1

No	Competence	Behavioural Statement	Attainment Stage
		Record of contributions	Stage 1
1.8	Evaluation of Outcomes	Appropriately assess the impact and outcomes of therapy	Stage 1
1.9	Transfer of care	Ensuring patients safety when they are transferred between care providers	Stage 1
Learning Outcome Cluster 2. Professional Practice			
2.1	Professionalism	Responsibility for patient care	Stage 1
		Maintains confidentiality and information governance	Stage 1
		Recognises limitations of self and others	Stage 1
		Quality and accuracy of documentation	Stage 2
		Legislation	Stage 2
		Responsibility for own action	Stage 2
		Behave in a trustworthy manner that inspires confidence	Stage 2
		Continuing professional development:	Stage 2
2.2	Organisation	Appropriately prioritises work	Stage 2
		Is punctual and organised	Stage 2
		Appropriately demonstrates initiative	Stage 2
		Uses time efficiently	Stage 2
2.3	Effective Communication Skills	Communicates clearly, precisely and appropriately with, patients, carer, HCP, Mentor / Tutor, others	Stage 2
2.4	Team Work	Pharmacy team	Stage 2
		Interprofessional team	Stage 2
		Organisational team	Stage 2
2.5	Education and Training	Is able to act as a role model	Stage 2
		Is able to provide effective feedback	Stage 2
		Is able to help others to identify training needs	Stage 2
		Is able to provide effective training to health care professionals	Stage 2
		Is able to show links between practice and education development	Stage 2
Learning Outcome Cluster 3. Personal Practice			
3.1	Gathering Information	Accesses information	Stage 1
		Up to date information	Stage 1
3.2	Knowledge	Pathophysiology	Stage 1
		Pharmacology	Stage 1
		Adverse events	Stage 1
		Interactions	Stage 1
3.3	Analysing Information	Appropriately identifies problems	Stage 1
		Synthesises and analyses information	Stage 1
		Logical Approach	Stage 1
		Displays critical thinking	Stage 1
		Appraises options	Stage 1
		Decision making	Stage 1
3.4	Providing	Provides accurate information	Stage 1

London and South East KSS Foundation Pharmacist Programme Foundation Stage 1

No	Competence	Behavioural Statement	Attainment Stage
	Information	Provides relevant information	Stage 1
		Provides timely information	Stage 1
		Provides information according to patients needs	Stage 1
3.5	Follow up	Ensures resolution of problem	Stage 1
3.6	Research and Evaluation	Identifies gaps in the evidence base	Stage 2
		Can interpret research protocols	Stage 2
		Displays ability to contribute to evidence creation	Stage 2
		Actively participates in research and evaluation processes	*
		Actively supports research and enquiry in the workplace	*
Learning Outcome Cluster 4. Management and Organisation			
4.1	Clinical Governance	Clinical governance issues	Stage 2
		Standard Operating Procedures	Stage 2
		Working environment	Stage 2
		Risk management	Stage 2
4.2	Service Provision	Quality of service	Stage 2
		Service development	Stage 2
4.3	Organisations	Organisational structure	Stage 1
		Linked organisations	Stage 1
		Pharmaceutical Industry	Stage 1
4.4	Budget Setting & Reimbursement	Service reimbursement	Stage 2
		Prescribing budgets	Stage 2
4.5	Procurement	Pharmaceutical	Stage 1
		Resolves supply problems promptly	Stage 1
		Ensures stock is managed	Stage 1
		Cost effectiveness	Stage 1
4.6	Staff Management	Performance management	*
		Staff development	*
		Employment issues	*

How does a foundation pharmacist achieve competence?

A foundation pharmacist has achieved competence when they consistently demonstrate all the behavioural statements within the competence. Within the context of the Foundation Pharmacist Programme, this should be linked to evidence, such as supervised learning events, contributions to care and MiniTAB reports. It should also be associated with overall performance of the trainee which can be achieved via the foundation pharmacist's self-assessment, paired to the educational supervisor's assessment (see diagram below). It is the responsibility of the educational supervisor to judge whether a foundation pharmacist is competent and to do this they must look at all evidence holistically. Therefore the quantity of evidence required for each competence or behavioural statement is outlined within e-portfolio (as a guide) but ultimately this is to be decided by the educational supervisor.

For further information on the best use and application of each behavioural statement please refer to the RPS Foundation Pharmacy Framework Handbook.

London and South East KSS Foundation Pharmacist Programme Foundation Stage 1



Appendix 2: Foundation Stage 1 Syllabus

This syllabus has been designed for the needs of Foundation Pharmacists (FPs) in the current climate of the NHS and the capacity / services provided within the various Trusts in the Kent, Surrey and Sussex area. This syllabus should be used alongside the RPS Foundation Pharmacy Framework.

The foundation stage 1 syllabus aims to build on the existing knowledge of trainees. It is expected that FPs will uphold knowledge that was required as part of the registration exam onto the pharmacist register. Information on the pre-registration pharmacist exam framework can be found here: <http://www.pharmacyregulation.org/53-registration-assessment-framework>

This syllabus is divided into three parts:

- Patient Centred Care 1: Managing Patients and their diseases.
- Patient Centred Care 2: Medicines Information
- Medicines Optimisation

Foundation pharmacists are also reminded to consider the overall learning objectives for the programme listed below.

Overall Learning Objectives of Joint Programmes Board Programme

1. Consult effectively with patients, carers and the multidisciplinary healthcare team, respecting diversity and confidentiality.
2. Independently develop clinical pharmacy knowledge and skills in order to identify, prioritise and resolve complex pharmaceutical problems in a range of common conditions.
3. Critically review the overall management and monitoring of patients with a range of common disease states.
4. Recognise the evidence-based approach to management of a range of common conditions and apply evidence-based medicine (EBM) to individualised patient care.
5. Identify, prioritise and resolve the medicines management needs of patients, carers and other social and health care professionals.
6. Demonstrate a systematic approach to medicines management for patients with a range of common conditions.
7. Apply pharmacokinetic and pharmacodynamic principles to the design of appropriate drug regimens.
8. Advance knowledge and understanding through continuing professional development and lifelong learning.

Evidence within the portfolio must demonstrate the Foundation Pharmacist has the skills and behaviours stated within the RPS Foundation Pharmacy Framework and where possible has the breadth of knowledge, as defined within this syllabus. Foundation pharmacists may find it difficult to find evidence to demonstrate the application of knowledge to practice, therefore within Patient Centred Care 2: Medicines Information section and the medicines optimisation section examples of evidence have been given.

Knowledge of this syllabus is tested at the academic summative assessments at the end of stage1.

Patient Centred Care 1: Managing Patients and their diseases.

Introduction

Clinical pharmacy is a fundamental service provided by hospital pharmacy departments. To be able to provide this service Foundation pharmacists are required to maintain an up-to-date knowledge and demonstrate a systematic approach to medicines optimisation for patients with a range of common conditions. In addition pharmacists are required to develop competence in specific areas, such as effective consultation.

On successful completion of the course the graduate should be able to consistently:

1. Identify, prioritise and resolve the medicines management needs of patients, carers and other social and health care professionals.
2. Consult effectively with patients, carers and the multi-disciplinary health care team, respecting diversity and confidentiality.
3. Independently develop their clinical pharmacy knowledge and skills in order to identify, prioritise and resolve complex pharmaceutical problems in a range of common conditions.
4. Demonstrate a systematic approach to medicines optimisation for patients with a range of common conditions.

To assist in this Patient Centred Care 1: Managing Patients and their diseases, is divided into three sections:

- **Patient Consultation and Communication**
- **Diseases**
- **Medicines**

Core Knowledge: 1. Patient Consultation and Communication

Before recommending a pharmaceutical management plan to treat a patient, it is essential that specific variables are taken into consideration to ensure the plan is tailored to the individual.

Therefore all FPs should ensure a comprehensive knowledge of the following subjects:

- Fundamentals of effective patient consultation, with specific focus on patient adherence.
- Ensuring safe and effective administration of medicines.
- The role of non- pharmacological advice.
- Managing medicines across the interface.

Survival tips from previous foundation pharmacists: What to do to develop your communication with patients and staff?

1. Introduce yourself properly! You are not "from pharmacy" – you are a pharmacist. A Foundation Pharmacist to be precise. Tell your patient or member of staff your name and your job title. Not only this gains you some respect, but it also at least partially explains your role.
2. Explain the purpose of your visit to the patient. Tell your patient exactly what you are going to be doing, i.e. taking drug history, reviewing the appropriateness of their medicines, checking for any changes to their medicines, etc. Imagine yourself in patient's shoes – you would want to know why! In one of the cases, whilst reviewing their drug chart, I got asked by the patient if I worked for Boots and if I was selling any medicines on the ward...
3. Read through patient's notes! Make sure you familiarise yourself with patient's presenting complaint, PMH and future plan – at least by reading the nursing handover if not possible to review their full medical/surgical notes. This will save you time and will avoid embarrassment when the patient asks you a question. I once approached a patient on Rheumatology ward without reviewing their history and asked them how they were. To that the patient angrily replied, "How do you think I feel? I've just been diagnosed with terminal cancer!"
4. Join the ward rounds and get to know your MDT! This takes time, however it's a good idea to get to know your ward staff, including any medical/surgical Consultants. Senior medical/nursing staff are invaluable resources and provide great support. Aim to join the doctors' ward round at least once a week on your ward to maximise these learning opportunities. Find out what days of the week these ward rounds take place on

Fundamentals of effective patient consultation

1. Critically appraise and reflect on own consultation skills against the national practice standards for consultation skills in pharmacy. <http://www.consultationskillsforpharmacy.com/>
2. Identify a patients' need for information about medicines.
3. Provide individualised information in a professional manner.
4. Identify and discriminate between intentional and non-intentional non-adherence.
5. Identify and resolve barriers to adherence.
6. Undertake patient consultation effectively to ensure that the patient's beliefs are taken into consideration prior to formulating a management plan.
7. Critically discuss the following processes, in relation to their use and impact on patient care:
 - a. Drug history taking.
 - b. Medicines reconciliation.
 - c. Medicines use review (MUR).
8. Critically evaluate and discuss the quality of information collected during the reconciliation process e.g. accuracy, currency and relevance.

Ensuring safe and effective administration of medications.

1. Describe the different types of enteral feeding tubes.
2. Describe the options to consider when asked about administration of medicines for patients with dysphagia or with a feeding tube when a licensed liquid preparation is not available.
3. Describe the factors influencing the stability of medicines and how these relate to the determination of product shelf life, including extemporaneous medications; medications administered outside their license, aseptically prepared product from licenced and unlicensed units (see also medicines optimisation).
4. Describe the factors, as they relate to excipients and preservatives that should be considered before administering a medicine to a patient.
5. Describe the different types of incompatibility and the factors to be considered when assessing if parenteral preparations are likely to be compatible.
6. Describe the standard infusion equipment and the different types of IV access and routes and catheters and connectors in use and the circumstances affecting selection.
7. To be able to identify the product factors to consider that influence choice of peripheral or central intravenous use.
8. Describe the formulation factors that will determine the suitability of a product for administration to a specific patient and apply this information to ensure appropriate use of medicines.
9. Describe the factors related to drug compatibility that must be considered during administration of medicines.
10. Describe the key aspects of preparing and administering an intravenous product.
11. Undertake all mathematical calculations involved in the preparation and administration of parenteral products accurately.
12. Identify common pharmacokinetic parameters and demonstrate how these impacts on drug dosing decisions.
13. Identify medicines that require TDM; know when it is appropriate to measure levels and their therapeutic ranges.
14. Apply pharmacokinetic principles, including calculations when appropriate, to individualise therapy for patients taking medicines with a narrow therapeutic range.
15. Independently advise healthcare professionals on the administration of the following: (see also Medicines information)
 - a. Intravenous medications in infusions.

- b. Medications being converted from one form to another (those with bioavailability differences).
- c. Medications calculated using weight-based or surface-area dosages.
- d. Reconstitution of medications (taking account of displacement values).
- e. Fluids and medications that can alter biochemistry.
- f. TDM.

The role of non- pharmacological advice

- 1. Provide non-pharmacological advice on lifestyle management to support priority NHS targets, e.g. smoking cessation, reduction in alcohol intake, exercise.

Managing medicines across the interface

- 1. Demonstrate a comprehensive understanding of how to manage medicines across the interface e.g. compliance aids, homecare, drug dependency, home IV therapy.
- 2. Critically appraise the advantages and disadvantages of compliance aids (see also medicines optimisation).

Core Knowledge: 2. Disease

All FPs should ensure a comprehensive knowledge of core disease states located in the table on pages (31 & 32). They should also have a comprehensive knowledge and understanding of investigations routinely carried out, as outlined below.

Understanding diagnostic investigations in relation to the patient

1. Critically evaluate and interpret the relevant investigations for:
 - a. Renal function
 - b. Hepatic function
 - c. Common haematological disorders
 - d. Infection markers
 - e. Biochemistry results
2. Identify common medicines and diseases that can:
 - a. Alter renal function
 - b. Alter hepatic function
 - c. Cause abnormalities in common laboratory tests
 - d. Alter biochemistry results
3. Critically appraise and recommend treatment options or modifications to existing prescribed drugs and dosing regimens in response to relevant investigations, signs and symptoms that have resulted in:
 - a. Altered renal function
 - b. Altered hepatic function
 - c. Abnormalities in common laboratory tests
 - d. Altered biochemistry results
4. Demonstrate the ability to locate and interpret relevant information from medical notes and relevant observation charts.

Notes:

Core Knowledge: 2. Disease

		1.Disease	2. Drug	3.Patient Factors	4. Monitoring	
		<i>1.1 Cause</i> <i>1.2 Signs & Symptoms</i> <i>1.3 Prevention</i> <i>1.4 Risk factors/ exacerbating factors</i>	<i>2.1 List the commonly used drugs , usual doses and routes of administration</i> <i>2.2 Describe place in therapy of each drug with regard to guidelines/ evidence</i> <i>2.3 Describe the mechanism of action and pharmacokinetics of drugs used</i> <i>2.4 Adverse effects: identify & advise appropriate action to manage/ prevent</i>	<i>3.1 Drug- drug, drug- patient e.g. drug handling in the elderly, drug- disease interactions: identify, prioritise and manage</i> <i>3.2 Treatment targets: identify, prioritise, manage</i> <i>3.3 Optimise patient concordance</i>	<i>4.1 Identify monitoring parameters</i> <i>4.2 Prioritise monitoring parameters</i> <i>4.3 Advise suitable actions to ensure appropriate monitoring</i>	<i>Evidence within Portfolio / Additional Comments</i>
	CARDIOLOGY					
1	Acute Coronary Syndromes					
2	Atrial Fibrillation					
3	Heart Failure					
4	Hypertension					
5	Stable Angina					
	RESPIRATORY					
6	Asthma					
7	COPD					
	SURGERY					
8	Surgical Antibiotic Prophylaxis					
9	Peri- operative Management of Diabetes and Anticoagulation					
10	Post- operative Nausea & Vomiting					
11	Fluid Balance					
12	Management of NBM patients					
	ENDOCRINOLOGY					
13	Diabetes (Type 1 and 2)					
	STROKE					
14	Stroke					

London and South East KSS Foundation Pharmacist Programme Foundation Stage 1

		1.Disease	2. Drug	3.Patient Factors	4. Monitoring	
		1.1 Cause 1.2 Signs & Symptoms 1.3 Prevention 1.4 Risk factors/ exacerbating factors	2.1 List the commonly used drugs , usual doses and routes of administration 2.2 Describe place in therapy of each drug with regard to guidelines/evidence 2.3 Describe the mechanism of action and pharmacokinetics of drugs used 2.4 Adverse effects: identify & advise appropriate action to manage/ prevent	3.1 Drug- drug, drug- patient e.g. drug handling in the elderly, drug- disease interactions: identify, prioritise and manage 3.2 Treatment targets: identify, prioritise, manage 3.3 Optimise patient concordance	4.1 Identify monitoring parameters 4.2 Prioritise monitoring parameters 4.3 Advise suitable actions to ensure appropriate monitoring	Evidence within Portfolio / Additional Comments
	CNS					
15	Pain Management					
16	Parkinson's Disease					
17	Epilepsy (Status and initial management)					
18	Dementia					
19	Opioid dependence					
20	Depression					
	GASTROENTEROLOGY					
21	Duodenal/ Gastric Ulcer including GI bleed					
22	Alcoholic Liver Disease					
23	Inflammatory Bowel Disease					
24	VTE (including prophylaxis)					
	INFECTIOUS DISEASE					
25	Respiratory infections i.e. CAP, HAP (& exacerbation of COPD/asthma)					
26	Cellulitis					
27	Infections of the Urinary Tract i.e. UTI & pyelonephritis					
28	Healthcare associated infection i.e. MRSA, c diff, neutropenic sepsis					

Core Knowledge: 3. Medicines

All FPs should ensure a comprehensive knowledge of commonly used and high risk medicines seen in practice. FPs are expected to be familiar with all aspects of the medicines and medicine groups including: mechanism of action; pharmacology; pharmacokinetics; pharmaceutical aspects; adverse effects, contraindications and interactions; usual doses and routes of administration; place in therapy; and monitoring requirements.

The list of medicines that FPs are expected to know about is within the revision table below. Knowledge of these medicines will be assessed throughout the programme and is a focus of the assessments in Foundation Stage 1.

It is not an exhaustive or exclusive list. FPs should also be familiar with medicines they deal with in their day to day work and be able to work from first principles for medicines not on the list.

		1. Mechanism of action;	2. Pharmacology;	3. Pharmacokinetics;	4. Pharmaceutical aspects;	5. Adverse effects;	6. Contraindications;	7. Interactions;	8. Usual doses & routes of administration;	9. Place in therapy;	10. Monitoring requirements;
	1. Gastrointestinal system										
1	Alginates										
2	Aminosaliclates										
3	Bowel cleansing preparations										
4	H2-receptor antagonists										
5	Laxatives*										
6	Loperamide*										
7	Proton Pump Inhibitors										
	2. Cardiovascular system										
8	ACE inhibitors										
9	Adrenaline/ Epinephrine*										
10	Aldosterone antagonists										
11	Amiodarone										
12	Angiotensin 2 receptor blockers										
13	Anticoagulants										
14	Antiplatelets										
15	Beta blockers										
16	Calcium channel blockers										
17	Digoxin										
18	Doxazosin										
19	Hydralazine										
20	Loop diuretics										
21	Nicorandil										
22	Nitrates										
23	Statins										
24	Thiazide diuretics										
	3. Respiratory system										
25	Antimuscarinic bronchodilators										
26	Beta 2 agonists										

		1. Mechanism of action;	2. Pharmacology;	3. Pharmacokinetics;	4. Pharmaceutical aspects;	5. Adverse effects;	6. Contraindications;	7. Interactions;	8. Usual doses & routes of administration;	9. Place in therapy;	10. Monitoring requirements;
27	Carbocisteine										
28	Inhaled steroids										
29	Oxygen										
30	Theophylline (& Aminophylline)										
	4. Central Nervous system										
31	Analgesics (non-opioid & compound)										
32	Antiemetics										
33	Anti-histamines*										
34	Antipsychotics (atypical & typical)										
35	Benzodiazepines*										
36	Carbamazepine										
37	Chlordiazepoxide										
38	Gabapentin										
39	Hyoscine*										
40	Lamotrigine										
41	Levodopa (co-careldopa, co-beneldopa)										
42	Lithium*										
43	MAOIs*										
44	Mirtazepine*										
45	Nicotine replacement										
46	Opioids										
47	Phenobarbitone										
48	Phenytoin										
49	Sodium valproate										
50	SSRIs*										
51	Sumatriptan*										
52	Tricyclic antidepressants										
	5. Infections										
53	Aciclovir*										
54	Aminoglycosides										
55	Amphotericin*										
56	Carbapenems										
57	Cephalosporins										
58	Co-trimoxazole*										
59	Doxycycline										
60	Imidazoles*										
61	Macrolides										
62	Metronidazole										
63	Nystatin*										

		1. Mechanism of action;	2. Pharmacology;	3. Pharmacokinetics;	4. Pharmaceutical aspects;	5. Adverse effects;	6. Contraindications;	7. Interactions;	8. Usual doses & routes of administration;	9. Place in therapy;	10. Monitoring requirements;
64	Penicillins										
65	Rifampicin*										
66	Quinolones										
67	Teicoplanin										
68	Trimethoprim										
69	Vancomycin										
	6. Endocrine system										
70	Corticosteroids										
71	Exenatide										
72	Gliclazide										
73	Gliptins										
74	Insulin										
75	Levothyronine & Levothyroxine*										
76	Metformin										
77	Terlipressin										
	7. Obstetrics, gynaecology and urinary tract disorders										
78	Alpha 1 blockers*										
79	Ethinylestradiol*										
80	Norethisterone*										
81	Progesterone *										
82	Sildenafil*										
	8. Malignant disease & immunosuppression										
83	Oral anticancer medication*										
84	Vinca alkaloids*										
	9. Nutrition & blood										
85	Glucose										
86	Calcium & Vitamin D										
87	Ferrous sulphate										
88	Folic acid										
89	Magnesium sulphate										
90	Phosphate-binders										
91	Potassium chloride										
92	Sodium chloride										
93	Thiamine/Pabrinex®										
94	Vitamins										
	10. Musculoskeletal & joint diseases										
95	Allopurinol*										
96	Bisphosphonates*										
97	NSAIDs										

		1. Mechanism of action;	2. Pharmacology;	3. Pharmacokinetics;	4. Pharmaceutical aspects;	5. Adverse effects;	6. Contraindications;	7. Interactions;	8. Usual doses & routes of administration;	9. Place in therapy;	10. Monitoring requirements;
	11. Eye										
98	Beta blockers*										
99	Carbonic anhydrase inhibitors*										
100	Chloramphenicol*										
101	Prostaglandin analogues*										
	14. Immunological products &										
102	Vaccines										
103	Common childhood & travel vaccinations*										
	15. Anaesthesia										
104	Lidocaine*										
105	Midazolam*										
106	Naloxone										
107	Suxamethonium*										
	Other - include additional medicines of interest										
108											
109											
110											
111											
112											
113											
114											
115											

Medicines marked * are not covered by the learning outcomes in the *Patient Consultation and Communication or Diseases* section but practitioners are expected to have a working knowledge of them.

Patient Centred Care 2: Medicines Information

Introduction

Providing medicines information (MI) is a fundamental skill for all foundation pharmacists.

All FPs should be given the opportunity to undertake a rotation in a Medicines Information (MI) department to ensure that they develop the skills required to provide medicines information advice safely and effectively.

It is recognised that not all NHS Acute Trusts have an MI department; it is essential that these trusts liaise with their local MI centre for assistance in the development of FPs by specialist MI pharmacists. As a minimum this assistance should incorporate reviews of enquiries completed by FPs, including developmental feedback and where possible recorded face-to-face meetings to discuss aspects of MI training and competence.

This training is based on the requirements of the UK Medicines Information (UKMi) E&T standards. The syllabus has been updated to reflect the training available via the Medicines Learning Portal. The Medicines Learning Portal can be used as a resource to support clinical decision making in any clinical area, including in the dispensary. It is not limited for use during a Medicines Information rotation.

http://www.medicineslearningportal.org/p/about_3.html We would like to acknowledge the support from the Senior Project Team at Southampton Medicines Advice Service, who manage the Medicines Learning Portal.

Evidence of application to practice

A **minimum** of FOUR enquiries must be completed over the 18 months (divided over the 3 units) and peer reviewed preferably by a Medicines Information Specialist Practice Supervisor or a senior pharmacist with experience of dealing with MI enquiries.

If you have no MI department within the department you can use other forms of enquiry, e.g. on-call enquiries, however you should endeavour to answer it as you would an MI enquiry. If you choose this method you must ensure these are peer reviewed.

Enquiries can be recorded via the UKMi Databank enquiry system (preferred option) or using other suitable enquiry Pro-forma.

Core Knowledge:

1. Identify sources external to the NHS that can be used to obtain information.
2. Discuss the Quality Standards that underpin an MI service, and have specific working knowledge of the "Guidelines for Ensuring Quality in Enquiry Answering".
3. Discuss the risks associated with delivering a Medicines Information service.
4. Describe the principles of good communication when applied to enquiry answering, including verbal and written communication.
5. Describe the CASP framework (or other approved framework) as applied to the evaluation of a randomised controlled trial.
6. Discuss the legal and ethical issues as they relate to the provision of the MI service.

Mandatory E-Learning

All trainees should complete the modules highlighted below.

Topic	Tutorial Completed	Learning exercises completed**
Renal		
Liver		
Injection Compatibility		
Pregnancy		
Breast-feeding		
Alternative Medicine*		
Palliative Care*		
Psychiatry*		

*Optional

**Completed and peer reviewed learning exercises e.g. clinical problems, can be used as additional evidence such as CPD and mapped to the FPF.

Medicines Optimisation

Introduction

All foundation pharmacists should have a comprehensive understanding of patient safety and medicines optimisation systems both locally and nationally. They should be aware of potential risks that can affect patient care in all aspects of their practice, including the complexities involved in providing medicinal products from manufacture, packaging, licencing, storage to administration. All FPs should actively work towards improving medicines optimisation.

Core Knowledge

The core knowledge is divided into two sections:

- Medicinal Products
 - These learning outcomes relate to governance systems and the risk associated with the manufacturing of medicinal products specifically unlicensed medicines.
- Patient Safety and Reporting Systems
 - Learning outcomes from Medicinal Products should be taken into consideration when completing this section.
 - Some of these learning outcomes may be discussed in learning sets provided by the universities.

There is a technical services study day available that will help in fulfilling the Medicinal Products learning outcomes.

Evidence of application to practice

Medicines optimisation interventions should be recorded in the contributions to care log within the portfolio. Examples of additional optional activities that may be included as evidence in your portfolio are listed below:

- Reports into an incident including action taken to prevent the incident from happening again.
- A standard operating procedure (SOP) or policy that you have rewritten, updated or created that reflects current practice and reduces undue risk to the patient.
- A report of audit(s) undertaken, either as the lead or a participant, and its subsequent outcome on patient safety.
- Peer review of your practice: such as a ward assessment or multi-source feedback.
- Evidence of action taken on areas of further development documented in ES meetings and / SLEs.
- Adverse drug event reporting.
- Creation of an IV drug monograph.
- Final release of unlicensed medication for patient use.
- Examples of guidelines / protocols developed / updated to reflect current evidence base and patient safety issues.
- Examples of suggestions to improve drug regimens (which can be recorded in contributions to care).
- Feedback from staff when you have identified an area of poor performance and had to resolve it.
- Feedback from patients from an MRCF and actions subsequently taken.
- Training sessions to groups or individuals to prevent the occurrence of a patient safety issue.

	Medicinal Products	Resources
1	Critically discuss the different functions of the MHRA and its impact on pharmaceutical industry, healthcare professional and patient care.	www.mhra.gov.uk
2	Understand the licensing framework within the UK for premises and products as described by the MHRA.	www.mhra.gov.uk Pharmacy law and ethics Dale and Appleby. Trust unlicensed medicines policy. MHRA Guidance Note 14: The supply of unlicensed medicinal products (“specials”).
3	Define the terms Quality Assurance, Quality Control and GMP and describe how they apply to the preparation of medicines	www.medicinescomplete.com (for access to the Orange Guide)
4	When considering ward, pharmacy and outsourced preparation critically discuss the main areas of risk associated with product preparation and how these could be managed.	www.gov.uk www.medicinescomplete.com (for access to the Orange Guide) Quality Assurance of Aseptic Preparation Services Edited by Alison Beaney. Pharmaceutical Compounding and Dispensing Handbook of Extemporaneous Preparation: a Guide to Pharmaceutical Compounding. Local Nurse IV day. Medusa / UCL IV drug manual. NPSA Promoting safer use of injectable medicines alert – and local implementation. See also MI resources and Core Knowledge: 1. Patient Consultation and Communication, administration section.
5	Evaluate the process involved in dispensing or preparing a product to determine whether it is fit for purpose and demonstrate application when approving the product for use.	Final release SOP. Local SOPs & worksheets for Extemporaneous products.
6	Critically discuss the common errors and their causes associated with pharmaceutical packaging and labelling.	www.mhra.gov.uk http://www.england.nhs.uk/ourwork/patientsafety/ British Pharmacopoeia “QUALITY ASSURANCE AND RISK ASSESSMENT OF LICENSED MEDICINES FOR THE NHS” Published by the NHS Pharmaceutical Quality Assurance Committee. UKMI Medicines Compliance Aid Database.
7	Critically discuss the factors relating to the packaging of medicines which could affect product stability.	NEWT guidelines. UKMI Medicines Compliance Aid Database. www.mhra.gov.uk
8	Describe the issues associated with counterfeit pharmaceuticals in the supply chain and the anti-counterfeiting and anti-tampering controls that may be used by pharmaceutical companies.	www.mhra.gov.uk

9	Critically discuss the requirements for the safe storage and transport of medicines (including cold storage items) and how deviation from recommended practice should be assessed and managed.	UKMI Fridge Database. Controlled Drug legislation.
Patient safety and reporting systems		Resources
10	Critically discuss the organisation and structure of the NHS and the role of the pharmacist working across sectors to deliver improved patient outcomes.	www.england.nhs.uk/
11	Critically discuss the functions of the Patient Safety Division of NHS England, (formally NPSA) including its impact on the role of healthcare professionals and patient care.	http://www.england.nhs.uk/ourwork/patientsafety/ Local responses to previous NPSA alerts.
12	Demonstrate a comprehensive understanding of the local clinical governance systems within the trusts and applies to own practice.	Local SOP relating to clinical risk, incident reporting, incident management. Local clinical governance / risk structures.
13	Critically describe the role of the Medicines & Medical Devices Safety Officers (MSO/MDSO).	http://www.england.nhs.uk/2014/03/20/med-devices/ Discussion with Local MSO/MDSO.
Relating to medicine incidents:		
14	Can identify risk areas for errors and demonstrates awareness of root cause analysis.	http://www.nrls.npsa.nhs.uk/resources/collections/root-cause-analysis/ Local SOP.
15	Identify pharmaceutical and legal risks associated with the prescribing, supply, storage and administration of medicines in your clinical area(s) and respond appropriately. Including the use of unlicensed medications.	RPS: Legal and Ethical Advisory Service Fact Sheet Five, The Use of Unlicensed Medicines in Pharmacy. Consider all other learning points within Medicines optimisation.
16	Appraises local common prescribing errors and works with relevant members of the MDT to prevent and resolve any incidences.	Discussion with Local MSO/MDSO or pharmacy governance lead, discussion with MDT leads in current rotational area.
Improving patient safety within your practice:		
17	Critically discuss the need for Standard Operating Procedures (SOPs) and the importance of documentation control in the workplace.	Quality Assurance of Aseptic Preparation Services Edited by Alison Beaney. NPSA Alerts.
18	Contributes to the training and development of staff to ensure competence to perform their role and reduce risks occurring.	Pharmaceutical Compounding and Dispensing Handbook of Extemporaneous Preparation: a Guide to Pharmaceutical Compounding. www.medicinescomplete.com (for access to the Orange Guide) CQC Outcome 9: Management of medicines. RPS: Legal and Ethical Advisory Service Fact Sheet Five, The Use of Unlicensed Medicines in Pharmacy.

Appendix 3: 2017 Cohort: Portfolio Building Qualification and Timeline Guide Stage 1

The outline below, gives an overview of the minimum evidence required for each of the units within the timeline qualification for stage one of the Kent, Surrey and Sussex Foundation Pharmacist Portfolio. Please note the slight variations in the number of interventions in each of the units. This has been done to ensure consistency in the number of evidences required per unit. The next page gives a guide of when evidences should be complete during each unit within Stage 1.

Foundation Stage 1	Unit 1	Unit 2	Unit 3	Total
	Week 0 – 24 (2/1/17 – 18/6/17)	Week 25-48 (19/6/17- 3/12/17)	Week 49-72 (4/12/17 – 20/5/18)	
Document / Evidence	Minimum Requirement	Minimum Requirement	Minimum Requirement	
Case Based Discussion (CBD)	3*	2	2	7
Clinical Evaluation Exercise (MiniCEX) or Direct Observation of Practical Skills (DOPS)	3*	2	2	7**
Medication Related Consultation Framework (MRCF)	2*	1	1	4
Contribution to care log (also known as a continuous intervention log)	6	6	6	18
Significant Interventions	3	2	3	8
Medicines Information Enquiry	1	2	1	4
Extended Interventions	1	2	1	4
Social Care Intervention	1	0	1	2
Continuing Professional Development (CPD) record	5	5	5	15
Foundation Pharmacist Framework self-assessment.	2	1	1	4
Mini - Team Assessment of Behaviour (MiniTAB) report	1	1	1	3
Record of In-service Training Assessment	1	1	1	3
<i>Total</i>	<i>29</i>	<i>25</i>	<i>25</i>	

*Evidence used for application for the programme must be uploaded onto e-portfolio.

**Up to 2 DOPs can be used in replacement for miniCEX, therefore the minimum requirement of miniCEXs is 4 if 2 DOPs are present within the portfolio.

Throughout the KSS Foundation Pharmacist Programme, all pharmacists are required to build a portfolio of evidence of application of knowledge to practice through the use of supervised learning events and documentation of contribution to care that is required throughout stage 1 of the programme. It is recommended that supervised learning events and contributions to care are carried out on a regular, evenly spaced basis to ensure trainees have time to reflect and act on feedback given by supervisors to improve practice. The example below is a **GUIDE** for FPs for portfolio building timeline that assists trainees to ensure timely completion of portfolio activities.

Assessments of practice must occur at specific time points RITAs at the end of each unit and MiniTABs are at fixed times throughout the programme, set by HEE. You will receive information on the dates of the exact dates of the miniTAB process from HEE, these are also available on the website.

All portfolio entries should be mapped against the RPS Foundation Pharmacy Framework. Trainees should monitor their progress against the FPF using the self assessment available on the website.

Timeline Guide FS1 2017	Supervised Learning Events (minimum of 1 per month)			Contributions to Care logs					Other		Assessment of Practice (set specific points)	
Weeks	CBD	MiniCEX /DOPs⁺	MRCF	Log of interventions (continuous)	Significant Intervention s	Medicines Information Enquiry	Extended Intervention s	Social Care Intervention	CPD record	FPF assessment t	MiniTAB	RITA
At application	✓	✓	✓							✓		
1-4 (2-29/1/17)		✓		✓	✓				✓			
5-8 (30/1 – 26/2/17)	✓			✓		✓		✓	✓			
9-12 (27/2 – 26/3/17)			✓	✓	✓				✓			
13-16 (27/3 – 23/4/17)		✓		✓			✓		✓			
17-20 (24/4 – 21/5/17)	✓			✓	✓				✓	✓	Unit 1 MiniTAB	
21-24 (22/5 – 18/6/17)				✓								Unit 1 RITA
25-28 (19/6 – 16/7/17)		✓		✓			✓		✓			
29-32 (17/7 – 13/8/17)	✓			✓	✓	✓			✓			
33-36 (14/8 – 10/9/17)			✓	✓			✓		✓			
37-40 (11/9 – 8/10/17)		✓		✓		✓			✓			
41-44 (9/10 – 5/11/17)	✓			✓	✓				✓	✓	Unit 2 MiniTAB	
45-48 (6/11 – 3/12/17)				✓								Unit 2 RITA
49-52 (4/12 – 31/12/17)		✓		✓	✓				✓			
53-56 (1/1 – 28/1/18)	✓			✓		✓		✓	✓			
57-60 (29/1 – 25/2/18)			✓	✓	✓				✓			
61-64 (26/2 – 25/3/18)		✓		✓			✓		✓			
65-68 (26/3 – 22/4/18)	✓			✓	✓				✓	✓	Unit 3 MiniTAB	
69-72 (23/4 – 20/5/18)				✓								Unit 3 RITA

*Up to 2 DOPs can be used in replacement for miniCEX: therefore the minimum requirement of miniCEXs is 4 if 2 DOPs are present within the portfolio.

Appendix 4: Learning Opportunities

To gain the maximum learning from this programme the single most important factor is **making the most of learning opportunities in the workplace**. The programme is designed to ensure all the learning is generated and practiced within the base NHS Trust.

Here are some hints and tips for foundation pharmacist to enable them to get the most from experiences within the trust and the programme:

TIP 1: Learning outcomes are achievable in any setting. Foundation pharmacists do not have to be on the ward to practice clinical pharmacy. Medicines information can be given in a variety of settings. And so on...

Ward Based Services:

Every hour and day working as a hospital pharmacist there are numerous opportunities to put core clinical knowledge into practice. Most will stem from practice on the ward but it can also arise from patient services, medicines information, technical services, on call services etc.

TIP 2: The biggest challenge facing most foundation pharmacists when evidencing clinical competence is managing to keep up with the recording of all the contributions to care that they make on a daily basis. Most foundation pharmacists, when they are able to record correctly and effectively, will quickly realise that they apply the knowledge and competence into every day practice.

TIP 3: Foundation pharmacists must plan their learning, where possible to their rotations, but they should leave room for spontaneous learning. Rotations are never set in concrete and new learning opportunities will arise from extra-ward cover, within on call questions and even in late night duties.

All foundation pharmacists will encounter medicines optimisation issues on a frequent basis, most will stem from practice on the ward but can also arise from patient services, medicines information, technical services, on call services etc.

TIP 4: Incident forms are a very important contribution to care. Foundation pharmacists must ensure they are entered into their contribution to care log, or for those more complex scenarios document as a significant or extended intervention.

Other ward duties that may occur less frequently will also count towards learning outcomes and the FPF, for example, audits, CD checks, ward training etc.

TIP 5: If the foundation pharmacist is asked to undertake a role or task that is not part of their everyday practice, look for the opportunity to include it as evidence.

TIP 6: Utilise ward staff; not only will they complete MiniTABs but they are a useful source of information e.g. foundation pharmacists should have frequent conversation with the ward sister, asking questions to aid in their practice and improve patient safety, they may want to ask what the common medication errors are on the ward (both prescribing and administration)?

Medicines Information (MI)

Where possible a MI rotation should be undertaken although it is recognised that some NHS Trusts do not have a department. It should be noted that enquires are generated on a regular basis from other sources, such as:

- On-call enquiries
- Questions received in patient services
- Questions received in clinical services

TIP 7: Foundation pharmacists should use all on call enquiry sheets as contributions to care. They should ask clinical leads to peer review them to assist in their development.

TIP 8: Foundation pharmacists should use all local MI enquiry forms for questions received in patient, clinical or other services. If there is no MI department, the foundation pharmacist can create their own and ask a MI practice supervisor, from another Trust, to review the form.

Patient Services:

Foundation pharmacists will still find themselves within the dispensary; where there are plentiful opportunities.

TIP 9: During the induction period, foundation pharmacists will work their way through various tasks to ensure competence within patient services. Once completed this should be added to the portfolio as evidence and mapped against the FPF.

TIP 10: On call and late night duties when foundation pharmacists are expected to provide leadership within vital patient services, can provide fruitful opportunities for generating evidence.

Queries and problems raised and the method in which the Foundation Pharmacist resolves them can demonstrate various skills and competence. This can be documented in various ways, contributions to care intervention, CPD, etc.

TIP 11: If a foundation pharmacist resolves a particular complex issue, witness testimonials and thank you emails can be taken as evidence.

Technical Services

Foundation pharmacists whose trusts have technical services will have access to a specialist pharmacist with a working knowledge of governance associated with the medicine production. These departments will have resources and plentiful opportunities that can help foundation pharmacists achieve core knowledge and demonstrate competence. Foundation pharmacists should be encouraged to seek opportunities to rotate into an aseptic manufacturing department where available.

TIP 12: Where there is a technical services rotation, the competency programme used within it must be used as evidence and mapped to syllabus learning outcomes and the FPF.

Survival Tips from Foundation Pharmacist

Ward Based Services:

1. Learn to prioritise! You will not be able to see every patient on your ward every day – typically, you would be able to review around 75% of patients. You may have two or more wards to cover as well! Therefore, make sure you estimate the workload for each day at the beginning of the day by either discussing the discharge plans with the nurse in charge or by joining the ward round. You may wish to get any discharges out of the way first, followed by any new patients and any “problem” patients. These “problem” patients may be highlighted to you by other staff, by nursing orders for missing medicines or on the nursing handover, which you should review at the start of the day. E.g. you may wish to see patients who are on anticonvulsants, insulin, anticoagulants first.
2. Do not sign the unknown! Do not sign or endorse any prescriptions you are not sure about, e.g. if patient’s weight is not available and you require that for dose calculation. Either make sure you have all the necessary information or contact your senior “buddy” or PS for help.
3. Know your formulary and local guidelines! Make sure you become familiar with drugs that are and aren’t on your Trust’s or area prescribing committee’s formularies/guidelines. You don’t want to order medicines that should otherwise be reviewed at the ward level for alternatives.
4. Transfer of care policies! Each Trust may have their policies on how to communicate with local community pharmacies, e.g. with regards to patients sent home on “blister packs” and newly initiated/changed medicines. Some Trusts may also be able to refer their patients for MURs/NMS in the community – make sure you are familiar with these arrangements.
5. Ward stock! Try to obtain a list of ward stock medicines and make sure you know which day of the week the stock is topped up.
6. Ward technicians! Introduce yourself to your medicines management technician(s) and make sure you know their working hour on the ward.

On-call/Weekend/Late Duty Working Tips:

1. Make sure you know where all the resources are kept and how to access them, including logging onto your on-call computer and any out-of-hours Medicines Information resources, e.g. Toxbase.
2. Review the Trust’s policies on the following: out-of-hours TPN, MHRA recall cascade, veterinary/private/FP10 prescriptions, out-of-hour human immunoglobulin, out-of-hours intrathecal chemotherapy, clozapine supply, and management of cold stores/fridges.
3. Make sure you know how to lock and unlock your pharmacy department before you go on-call or work weekend/late duty for the first time.

Patient Services

1. Know your staff! Try to remember who your assistants, technicians, ACTs, pre-regs are in dispensary.
2. Ask for help! Do not hesitate to ask the dispensary manager or the lead dispensary pharmacist for help if the workload exceeds your capacity.
3. If your dispensary still dispenses outpatient prescriptions, make sure you are familiar with any relevant Trust’s policies, e.g. those for oral chemotherapy.