**London and South-East Pharmacy**

**Foundation Pharmacist Educational Appraisal Form**

**Foundation Pharmacist: Training centre (Trust):**

**Educational Supervisor: Date of Appraisal:**

**Period covered:** From To

**Mid-point (6 month) appraisal 🔾**  **End of programme appraisal (12 month) 🔾**

**Part 1: To be completed by the Foundation Pharmacist prior to the Educational Appraisal meeting**

Please provide a brief description of experience undertaken over the last 6 months

What evidence has been submitted for review in the period prior to the appraisal?

For any outstanding evidence give reasons.

Areas you feel you have developed in over the last 6 months.

Areas you feel you would like to develop further.

Please comment on your predicted completion of work-placed activities by the end of current stage? *(Consider workload, future rotations, possible changes in circumstances etc.)*

Please comment on your predicted completion of the curriculum by the end of current stage. *(Consider workload, future rotations, possible changes in circumstances etc.)*

Reviewing your self-assessment against the RPS Foundation Pharmacy Framework (FPF) summarise where you feel you are in the following areas at this current time below.

**Foundation Pharmacist self-assessment:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Applying Clinical Knowledge & Skills** | | | | |
| ⭘  Unable to comment | ⭘  Not confident | ⭘  Satisfactory but not confident | ⭘  Confident in some cases but would like more experience | ⭘  Fully confident in most cases |
| **2. Person-Centred Care** | | | | |
| ⭘  Unable to comment | ⭘  Not confident | ⭘  Satisfactory but not confident | ⭘  Confident in some cases but would like more experience | ⭘  Fully confident in most cases |
| **3. Evidenced-Informed Decision-Making** | | | | |
| ⭘  Unable to comment | ⭘  Not confident | ⭘  Satisfactory but not confident | ⭘  Confident in some cases but would like more experience | ⭘  Fully confident in most cases |
| **4. Leadership & Management** | | | | |
| ⭘  Unable to comment | ⭘  Not confident | ⭘  Satisfactory but not confident | ⭘  Confident in some cases but would like more experience | ⭘  Fully confident in most cases |
| **5. Collaborative Working** | | | | |
| ⭘  Unable to comment | ⭘  Not confident | ⭘  Satisfactory but not confident | ⭘  Confident in some cases but would like more experience | ⭘  Fully confident in most cases |
| **6. Communication & Consultation Skills** | | | | |
| ⭘  Unable to comment | ⭘  Not confident | ⭘  Satisfactory but not confident | ⭘  Confident in some cases but would like more experience | ⭘  Fully confident in most cases |
| **7. Professional Accountability** | | | | |
| ⭘  Unable to comment | ⭘  Not confident | ⭘  Satisfactory but not confident | ⭘  Confident in some cases but would like more experience | ⭘  Fully confident in most cases |
| **8. Education, research and evaluation** | | | | |
| ⭘  Unable to comment | ⭘  Not confident | ⭘  Satisfactory but not confident | ⭘  Confident in some cases but would like more experience | ⭘  Fully confident in most cases |
| **9 Resilience & Adaptability** | | | | |
| ⭘  Unable to comment | ⭘  Not confident | ⭘  Satisfactory but not confident | ⭘  Confident in some cases but would like more experience | ⭘  Fully confident in most cases |

*Additional Comments regarding the FPF:*

Do you have any concerns regarding your progression within the programme?

**Date completed: Foundation Pharmacist Signature:**

**Part 2: to be completed by the Educational Supervisor during the Educational Review**

Areas you feel the Foundation Pharmacist is doing well*. (Include where possible, feedback from others and evidence submitted of high quality)*

Areas you feel the Foundation Pharmacist requires further development. *(Include FPF, curriculum and workplace activities feedback)*

**Agreed actions:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Create Objectives**  ***(Education Supervisor/joint)*** | **How will I address them: action & resources?**  ***(foundation pharmacist)*** | **Date to achieve goal** | **Date completed** |
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Using the grid below please summarise where you feel the foundation pharmacist is performing against the RPS Foundation Pharmacist Framework (FPF).

**Education Supervisor assessment:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1.Applying Clinical Knowledge & Skills** | | | | |
| ⭘  Unable to comment | ⭘  Not confident | ⭘  Satisfactory but not confident | ⭘  Confident in some cases but would like more experience | ⭘  Fully confident in most cases |
| **2. Person-Centred Care** | | | | |
| ⭘  Unable to comment | ⭘  Not confident | ⭘  Satisfactory but not confident | ⭘  Confident in some cases but would like more experience | ⭘  Fully confident in most cases |
| **3. Evidenced-Informed Decision-Making** | | | | |
| ⭘  Unable to comment | ⭘  Not confident | ⭘  Satisfactory but not confident | ⭘  Confident in some cases but would like more experience | ⭘  Fully confident in most cases |
| **4. Leadership & Management** | | | | |
| ⭘  Unable to comment | ⭘  Not confident | ⭘  Satisfactory but not confident | ⭘  Confident in some cases but would like more experience | ⭘  Fully confident in most cases |
| **5. Collaborative Working** | | | | |
| ⭘  Unable to comment | ⭘  Not confident | ⭘  Satisfactory but not confident | ⭘  Confident in some cases but would like more experience | ⭘  Fully confident in most cases |
| **6. Communication & Consultation Skills** | | | | |
| ⭘  Unable to comment | ⭘  Not confident | ⭘  Satisfactory but not confident | ⭘  Confident in some cases but would like more experience | ⭘  Fully confident in most cases |
| **7. Professional Accountability** | | | | |
| ⭘  Unable to comment | ⭘  Not confident | ⭘  Satisfactory but not confident | ⭘  Confident in some cases but would like more experience | ⭘  Fully confident in most cases |
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| **9 Resilience & Adaptability** | | | | |
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*Additional Comments regarding the FPF:*

**Part 3: Progression Outcomes**

**For this stage in the programme, rate your foundation pharmacist’s progress:**

□ **Good Progress**

* *The foundation pharmacist is on schedule to complete activities within the portfolio requirements*
* *The foundation pharmacist’s work is of an appropriate level for this stage of the programme*
* *The foundation pharmacist has no issues (professional, work related or personal) affecting their performance as a pharmacist.*
* *The foundation pharmacist is eligible to sit academic assessments*

□ **Unsatisfactory Progress** (If the trainee displays one or more of the criteria below)

* *The foundation pharmacist is behind schedule to complete activities within the portfolio requirement*
* *The foundation pharmacist’s work is of an inappropriate level for this stage of the programme*
* *The foundation pharmacist has issues (professional, work related or personal) affecting their performance as a pharmacist.*

Additional comments by Foundation Pharmacist:

Additional comments by Educational Supervisor:

**Date completed: Foundation Pharmacist Signature:**

**Date completed: Educational Supervisor Signature:**

***What happens next:*** *If you have been declared as making “good progress” you simply upload the form in your e-portfolio and carry on with the programme and your actions. If you have been declared as making “Unsatisfactory Progress”, you need to upload the form in your e-portfolio and the**educational supervisor will need to decide whether to refer you to individual organisation capability and performance management process.*