# Appendix 1: RPS Foundation Pharmacy Framework

The table below lists the attributes and behaviour statements within the RPS Foundation Pharmacy Framework.

| **Attribute** | **Behavioural Descriptors** |
| --- | --- |
| **1. Applying Clinical Knowledge & Skills** | 1.1 Applies evidence-based clinical knowledge to make suitable recommendations or take appropriate actions |
| 1.2 Provides the multi-disciplinary team with information and education, for example, on clinical, legal and governance aspects of medicines |
| 1.3 Has an awareness of the range of clinical, medicines-related and public health activities offered by a pharmacist across all sectors; seeks out opportunities to deliver different services in practice |
| 1.4 Proficient in conducting patient clinical examinations and assessments, gathering information and history taking; seeks to develop own diagnostic skills |
| 1.5 Demonstrates the capabilities to become an independent prescriber; identifies the knowledge and skills required to achieve this |
| 1.6 Utilises own pharmaceutical knowledge to positively impact the usage and stewardship of medicines at an individual and population level  |
| 1.7 Undertakes a holistic clinical review of a person’s medicines to ensure appropriate  |
| **2. Person-Centred Care** | * 1. Keeps the individual at the centre of their approach to care at all times
 |
| * 1. Works in partnership with individuals receiving care as unique, seeking to understand the physical, psychological and social aspects for that person
 |
| * 1. Demonstrates empathy; seeking to understand a situation from the perspective of each individual
 |
| * 1. Engages on an individual basis with the person receiving care, remains open to what they might share
 |
| * 1. Supports and facilitates the seamless continuity of care for each individual
 |
| **3. Evidenced-Informed Decision-Making** | * 1. Draws upon own knowledge and up to date guidance to effectively make decisions appropriately and with confidence
 |
| * 1. Critically appraises appropriate information to make a decision in an efficient and systematic manner; adopts evidenced-informed solutions
 |
| * 1. Demonstrates awareness of where to seek appropriate information to solve problems and make decisions.
 |
| * 1. Asks the appropriate questions when engaging with other healthcare professionals to support own decision-making process.
 |
| * 1. Manages uncertainty and possible risk appropriately, whilst ensuring high attention to detail is maintained, when making decisions regarding the individual receiving care.
 |
| * 1. Demonstrates an understanding that data can support improving care; values the importance of the skills required for the interpretation, analysis and the effective use of data within clinical practice; considers how to use data to improve the outcome for individuals
 |
| * 1. Takes the cost-effectiveness of a decision into account where necessary, working to the appropriate formulary.
 |
| **4. Leadership & Management** | * 1. Acts as a role model, mentoring and leading others within the multi-disciplinary team, where appropriate
 |
| * 1. Communicates vision and goals to the broader team to support with achieving group tasks
 |
| * 1. Approaches the role with enthusiasm, seeks to demonstrate and promote the value of pharmacy across other healthcare professionals; educates the public about the role of the pharmacy team within individual healthcare management
 |
| * 1. Is open to new approaches and ways of completing work tasks; shares own innovative ideas to improve working practices, both internally and externally
 |
| * 1. Appropriately challenges others to consider new ideas and approaches to improve the quality of care, doing so in a confident manner
 |
| * 1. Critically analyses business needs; is mindful of commercial aspects within the pharmacy context; seeks to promote new pharmacy services
 |
| * 1. Draws upon own networks to understand how the pharmacy profession operates among different sectors and across the care pathway
 |
| * 1. Recognises the changes to and the opportunities within the future role of pharmacists, modifying own approach when required
 |
| **5. Collaborative Working** | * 1. Builds strong relationships across the multi-disciplinary team; works in partnership to promote positive outcomes
 |
| * 1. Seeks feedback from colleagues where appropriate; is receptive to information or advice given to them by others
 |
| * 1. Recognises the value of members of the multi-disciplinary team across the whole care pathway, drawing on those both present and virtually, to develop breadth of skills and support own practice
 |
| * 1. Works with other members of the multi-disciplinary team to support them in the safe use of medication and to meet the individual needs of those receiving care; effectively influences the decision-making process across the team regarding medicines, where appropriate
 |
| * 1. Delegates and refers appropriately to members of the multi-disciplinary team, demonstrating an awareness of and using the expertise and knowledge of others
 |
| * 1. Effectively uses own expertise to provide guidance, support or supervision for less experienced members of the multi-disciplinary team
 |
| **6. Communication & Consultation Skills** | 6.1 Demonstrates confidence in speaking to healthcare professionals across the multi-disciplinary team; seeking to use appropriate language to influence others |
| 6.2 Assimilates and communicates information clearly and calmly through different mediums including face to face, written and virtual; tailors messages depending on the audience; is able to respond appropriately to questions  |
| 6.3 Builds rapport with colleagues and individuals receiving care |
| 6.4 Demonstrates active listening skills, identifies non-verbal cues in others  |
| 6.4 Uses effective questioning techniques when working with individuals receiving care or other healthcare professionals  |
| 6.5 Consults with individuals through open conversation; creates an environment to support shared decision making around personal healthcare outcomes  |
| 6.6 Uses appropriate language to engage with the individual; empowers the individual through communication and consultation skills, supporting them in making changes to their health behaviour |
| 6.7 Adapts language to provide support in challenging situations  |
| **7. Professional Accountability** | * 1. Actively practises honesty and integrity in all that they do; upholds a duty of candour.
 |
| * 1. Is accountable and responsible for own decisions and actions, understanding the potential consequences of these decisions across the whole care pathway
 |
| * 1. Effectively identifies and raises concerns regarding patient safety and risk management
 |
| * 1. Proactively recognises and corrects the overuse of medications
 |
| * 1. Works safely within own level of competence, understanding the importance of working within this; knows when it is appropriate to escalate a situation
 |
| * 1. Treats others as equals, with dignity and respect, supporting them regardless of individual circumstance or background; seeks to promote this.
 |
| * 1. Values the quality and safety of the use of medicines as of the utmost importance; seeks to improve this routinely.
 |
| * 1. Works within ethical guidelines and legal frameworks including consent and confidentiality; seeks to gain permission from the individual before accessing confidential records where necessary
 |
| **8. Education, research****& evaluation** | * 1. Demonstrates a positive attitude to development within the role; has a desire and motivation to try new things
 |
| * 1. Proactively seeks to find learning opportunities within the day to day role; asks to take part in learning activities
 |
| * 1. Uses learning experiences to support own practice.
 |
| * 1. Seeks to be involved in research activities; actively disseminates outcomes to appropriate audiences
 |
| * 1. Sets personal objectives, developing own plan for achieving these in order to maintain knowledge base and identify potential innovations
 |
| * 1. Demonstrates a commitment to the importance of self-development throughout own career; undertaking personal reflection regularly to consider personal strengths, areas for development and potential barriers to achieving these
 |
| * 1. Seeks and is open to receiving feedback, taking on board this to make changes to own practice
 |
| **9. Resilience & Adaptability** | * 1. Develops and draws upon support network to provide resources to deal with challenging situations; is open to seeking support
 |
| * 1. Demonstrates self-awareness and emotional intelligence within the role, reflects on and understands the impact a situation may have on one’s own resources
 |
| * 1. Remains composed in situations involving the individual receiving care, or involving colleagues even in challenging or high-pressured situations
 |
| * 1. Effectively and efficiently manages multiple priorities; manages own time and workload calmly, demonstrating resilience
 |
| * 1. Maintains accuracy when in a challenging situation, completing tasks in an efficient and safe way
 |
| * 1. Works flexibly within unfamiliar environments; is able to adapt and work effectively across different sectors within the pharmacy profession by applying previous learning to new settings
 |

**How does a foundation pharmacist evidence that they demonstrate the attribute in practice?**

When a Foundation Pharmacist has **consistently** demonstrated all the behavioural statements within the attribute then they are suitable to be considered as proficient in those attributes. Within the context of the Foundation Pharmacist Programme, this should be linked to evidence, such as supervised learning events, contributions to care and 360-degree feedback. 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 proficient and to do this they must look at all the evidence holistically. Therefore, the quantity of evidence required for each attribute 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.

# Appendix 2: Portfolio Building and Timeline Guide

Throughout the Legacy Foundation Pharmacist Programme all pharmacists are required to build a portfolio of evidence of application of knowledge to practice. It is recommended that supervised learning events and contributions to care are carried out on a regular, evenly spaced basis to ensure Foundation Pharmacists have time to reflect and act on feedback given by supervisors to improve practice.

Every 6 months the Foundation Pharmacist will be expected to have an Educational Appraisal and the following activities to have been completed as a minimum:

* 1 Self- assessment using the RPS FPF to map against
* 1 Case Based Discussion
* 1 Mini-CEX
* 1 MRCF
* 1 Peer Reviewed Enquiry
* Contribution to Care Log to cover 6-month period
* 1 360 Degree Review
* One Reflective Account

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

**Other evidence**

Depending on the area of work or the rotation being undertaken, Foundation Pharmacists may wish to include a variety of other evidence to support their development and demonstrate competence. The following examples provide an idea of what can be included but is not an exhaustive list:

* Accreditation logs such as medicines reconciliation, counselling, final checking
* Queries from on-call, dispensary and medicines information
* Witness testimonials and thank you emails
* Aseptic and QA worksheets and releasing products training
* Audits and quality improvement initiatives
* Presentations from teaching sessions and feedback/evaluation forms
* Feedback from mentoring students and pre-registration trainees
* Meetings attended (including those chaired)

The example below is a timeline **GUIDE** for Foundation Pharmacists to assist timely completion of portfolio activities.

|  |
| --- |
| **Guidance for Portfolio Building** |
| Month | SLE\* | Peer Reviewed Enquiry | Contribution to care log | Reflective Account | Other evidence | FPF self-assessment | **Assessment**Educational Appraisal & multi-source 360 Feedback |
| **0** |  |  |  |  |  | **ü** |  |
| **1** | **ü** |  | **ü** |  | **ü** |  |  |
| **2** | **ü** |  | **ü** |  | **ü** |  |  |
| **3** | **ü** |  | **ü** |  | **ü** |  |  |
| **4** | **ü** | **ü** | **ü** |  | **ü** |  |  |
| **5** | **ü** |  | **ü** |  | **ü** |  |  |
| **6** | **ü** |  | **ü** | **ü** | **ü** | **ü** | **ü** |
| **7** | **ü** |  | **ü** |  | **ü** |  |  |
| **8** | **ü** |  | **ü** |  | **ü** |  |  |
| **9** | **ü** |  | **ü** |  | **ü** |  |  |
| **10** | **ü** | **ü** | **ü** |  | **ü** |  |  |
| **11** | **ü** |  | **ü** |  | **ü** |  |  |
| **12\*\*** | **ü** |  | **ü** | **ü** | **ü** | **ü** | **ü** |

*\*Any one of the SLE tools can be completed each month depending on the rotation*

*\*\*The final portfolio should be reviewed by both the Educational Supervisor and the Educational Programme Director*

*At the end of the one year programme the following checklist can be used to ensure the minimum portfolio requirements have been met:*

|  |  |  |
| --- | --- | --- |
| ***Portfolio Requirement at 12-month review*** | ***Minimum quantity*** | ***Achieved*** |
| *Learning Agreement signed at the start of the programme* | *1* |  |
| *Self- assessments using the RPS FPF to map against* | *3* |  |
| *Case Based Discussion* | *12 in total and a variety of each*  |  |
| *Mini-CEX* |  |
| *MRCF* |  |
| *Peer Reviewed Enquiries* | *2* |  |
| *Contribution to Care Logs*  | *12* |  |
| *Separate Multi-source reviews (360 Degree Reviews)* | *2 separate occasions* |  |
| *Reflective Accounts* | *2* |  |
| *Other evidence* | *NA-dependent on area of work and rotation* |  |

# Appendix 3: 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 Pharmacists 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:**

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 collating evidence of clinical competence is managing to keep up with recording all their contributions, they make daily. Most Foundation Pharmacists, when they can record correctly and effectively, will quickly realise that they apply the knowledge and competence into everyday practice.

**TIP 3:** Foundation Pharmacists must plan their learning, where possible to their rotations, but they should leave room for spontaneous learning too. Rotations are never set in concrete and new learning opportunities will arise from extra-ward cover, on-call queries/ weekend commitments and unplanned events.

All Foundation Pharmacists will encounter medicines optimisation issues on a regular basis, most will stem from practice on the ward but can also arise from patient services, medicines information, technical services and on-call services.

**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, training to name but a few.

**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 should they help complete 360 degree feedback 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)**

If Foundation Pharmacists can undertake a MI rotation then this is a great opportunity, although it is recognised that some NHS Trusts do not have a MI department or cannot support all their Foundation Pharmacists to spend time in MI. It is important to note 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/senior pharmacists to peer review the enquiries 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 plenty of opportunities for learning.

**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:** During on-call and late-night duties, Foundation Pharmacists are expected to provide leadership within vital patient services, which 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 and CPD for example

**TIP 11:** If a Foundation Pharmacist resolves a 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 plenty of 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.