Foundation Trainee Pharmacist Prescribing Learning Hours: Secondary Care Guidance

Overview

As part of the foundation training year, Foundation Trainee Pharmacists (FTPs) will be required to undertake at least 90 hours of supervised training to develop their prescribing competence. The training plan must align with NHS England Foundation Trainee Pharmacist prescribing supervision and practice-based assessment strategy for 2025/26 requirements:

- Prescribing Supervision and Assessment in the Foundation Trainee Pharmacist Programme from 2025/26
- NHS England Foundation Trainee Pharmacist Practice-based Assessment Strategy for 2025/26.

This guidance was developed from the experience and outputs of a pilot in South East London (SEL) Integrated Care System in 2024, supported and funded by NHS England Pharmacy London (here). It provides one example of potential activities to include in your FTP training plan to meet the NHS England foundation training assessment requirements.

Table 1 breaks down the prescribing assessment activities into several objectives. The mapping of the assessment activities to GPhC learning outcomes can be found in NHS England Foundation Trainee Pharmacist Practice-based Assessment Strategy Visual Mapping for Full Learning Outcomes 2025-26. Case studies are included in Section 5 to illustrate how Table 1 supported the development of foundation prescribing training plans and activities in practice during the SEL pilot.

Suggestions for how to use this Guidance

Before prescribing learning hours start:

- Review the NHS England Foundation Trainee Pharmacist Practice-based Assessment Strategy requirements, the Activities and Tools Guide and other resources, available here.
- Use the objectives in Table 1 during the prescribing Learning Needs Analysis (LNA) to highlight your FTP's strengths and areas for development.
- Following the prescribing LNA, customise and add to the suggested activities in Table 1 to create a robust and tailored plan for your FTP's 90 hours learning in practice time.

During and after completing the prescribing learning hours:

- Table 1 can serve as a framework for ongoing and final prescribing development reviews

Guiding Principles for What Activities Should be Logged Within the 90 Hours

- **Supervision**: Activities should always be supervised. This could be directly (where a supervisor provides face to face guidance and support) or indirectly (where a supervisor is readily available and often within close proximity to provide support but may not be observing).
- **Patient-focused**: Activities must focus on patient care in practice, not general learning (e.g., taught sessions, online modules, or non-patient-specific reading unrelated to patients care)
- **Nominated Prescribing Area**: Majority of activities should support development of prescribing skills in the FTPs nominated prescribing area.

Table 1 - Secondary Care: Example Prescribing Objectives and Activities

Objectives		Suggested Activities (Complete activities as often as required to demonstrate competence to your supervisor)	Suggested Assessments*
Prescribing Assessment Activity 24: **History taking** (does not need to be in nominated prescribing area)			
1	Takes and documents an appropriate medical, psychosocial and medication history including allergies and intolerances.	1.1 Observe history taking and clinical encounters in different settings such as clerking in ED (full medical history), post-take ward round, daily ward round, OP clinic (virtual and/or face to face). 1.2 Confirm and document the relevant elements of the history for any prescribing decisions with patients / carers.	Mini-CEX DOPS
Prescribing Assessment Activity 25: **Physical and clinical examination skills** (does not need to be in nominated prescribing area)			
2	Performs and documents appropriate physical and clinical examinations to decide the most appropriate course of action.	2.1 Shadow members of the healthcare team e.g., nurse/HCA taking and recording basic observations (BP, HR, RR, SPO2, Temp, ACVPU). 2.2 Take sets of basic observations and complete a NEWS2 chart. 2.3 Make use of any other opportunities to observe and practice physical assessments.	DOPS
Prescribing Assessment Activity 26: **Prescribing Consultation**			
3	Describe the patient's episode of care including management to date and make a prescribing recommendation.	3.1 Observe team members presenting patients (describing the episode of care) by joining ward-based MDT board round or daily ward round with healthcare team. 3.2 Review and summarise episodes of care to your supervisor and then present verbally in a clear and concise manner to a prescribing colleague and agree a plan around a prescribing decision using SBAR communication framework. 3.3 Discuss the ethical decision making related to a prescribing decision with your supervisor (Principles of Biomedical Ethics by Beauchamp and Childress)	CBD Mini-CEX
4	Demonstrate use of guidelines and local formularies to demonstrate	4.1 Confirm that medicines are an appropriate choice as per local formulary and guidelines. 4.2 Meet with your formulary pharmacist to discuss situations where medicines are prescribed outside of their license. 4.3 Discuss prescribing & management of unlicensed and off label medicines with DPP.	CBD

	evidence-based use of medicines.		
5	Assess adherence to prescribed medication through consultation with the patient / carer and consider steps to overcome barriers to support adherence.	5.1 Have a discussion with a supervisor about solutions to intentional and unintentional poor adherence. 5.2 Active involvement in adherence discussions to explore patient's perceptions of their current medications. 5.3 When non-adherence is identified, explore potential solutions to overcome barriers and support adherence. This may include considering prescribing decisions and/or non-pharmacological options.	MRCF CBD
6	Present options and reach a shared decision with a patient around a prescribing decision.	6.1 Have a discussion with a supervisor about informed consent, in the context of prescribing as part of a team. 6.2 Identify newly started medications and discuss with patients about them using the Benefits/Risks/Alternatives/do Nothing (BRAN) framework to support your discussion. 6.3 Discuss prescribing decisions with patients using the Benefits/Risks/Alternatives/do Nothing (BRAN) framework and document. 6.4 Have a discussion with a supervisor about recognising when a patient may lack capacity and how to escalate them for assessment. 6.5 Check understanding, reasoning, and retention of shared prescribing decisions. 6.6 Observe a full capacity assessment with a member of the MDT.	MRCF
7	Plan or arrange follow-up / monitoring in relation to a prescribing decision.	7.1 Attend an outpatient clinic. 7.2 Discuss monitoring requirements of medicines with patients and document. 7.3 Confirm and discuss follow up arrangements for a planned discharge with patients and document.	CBD Mini-CEX
8	Provide safety-netting information in relation to a prescribing decision.	8.1 Have a discussion with supervisor about the difference between follow up and safety netting. 8.2 Observe safety-netting in practice. 8.3 Counsel patients on new medications and provide safety netting advice. 8.4 Complete and document a discharge medicines service referral and safety-net the patient.	MRCF Mini-CEX

9	Document a prescribing decision.	9.1 Make supervised entries in the healthcare record of 'collaborative' prescribing decision(s)	DOPS
Prescribing Assessment Activity 27: **4. Prescription Writing**			
10	Prescribe medication on systems in the organisation and apply the principles of clinical governance	10.1 Informal discussion with DPP about how you would prescribe a medicine on the e-prescribing system. 10.2 Demonstrate ability to prescribe by correctly 'ordering' a medication on local systems by completing drug history logs. 10.3 Discuss with a prescriber any tools or techniques you can use to avoid medication related prescribing errors. 10.4 Attend a pharmacy department governance meeting. 10.5 Complete an incident report related to a medication prescribing or administration error. 10.6 Discussion with DPP around possible future scope, how you will continue to prescribe safely and how you will audit your own prescribing practice.	Drug History Logs Reflection CBD DOPS

*See NHS England Foundation Trainee Pharmacist Assessment Tools Guide (2025-26) for a glossary and definition for the suggested assessment tools here.

Case Studies

The following case studies demonstrate how the example activities in Table 1 above, can guide the 90 hours foundation training year prescribing training plan by integrating insights from a Learning Needs Analysis (LNA) into a tailored personal development plan.

Case Study Example 1

GSTT Respiratory Outpatient Department, with thanks to Jess Clements, Respiratory Team & GSTT.

Example nominated prescribing area: Medicines optimisation in COPD or Asthma

Day 1 – 3: Shadowing clinics with various healthcare professionals.

FTP to observe all of the objectives being completed by other healthcare professionals.

Depending on the level of practice and where possible, the FTP to have active involvement in some parts of the process of consultation & prescribing.

FTP to complete 1 or 2 CBDs to satisfy the DPP of FTP competence.

If any physical assessments are required during clinics, the supervisors are to ensure they allow the FTP to practice these assessments and discuss with the FTP.

Day 4: Clinic preparation & telephone consultation with patient for afternoon clinic with the pharmacist supervisor.

FTP to clinic prep as many patients as possible prior to the clinic.

Example template (below) for a COPD clinic for the FTP to complete to obtain a full history from both the EHR and during the phone call to the patient. This can be adapted for any condition:

Step 1: Prepare the following information using the resources available.
Remember to look up anything you do not understand:

Medical History:

Allergies:

Drug History:

Vaccination Status:

Antibiotics/Steroids prescribed for exacerbations:

Adherence - look at prescription refills or may need to phone community pharmacy if no LCR and discuss with patient:

Smoking status:

When you have completed the patient background:

- Go to the Asthma + Lung UK website (How to use your inhaler | Asthma + Lung UK (asthmaandlung.org.uk) and watch the inhaler technique videos for your patient's devices.

- Familiarise yourself with the COPD Assessment Test (HCP Home (catestonline.org)
- Familiarise yourself with the MRC Dyspnoea Scale (MRC Dyspnoea Scale | Primary Care Respiratory Society (pcrs-uk.org) & mMRC (Modified Medical Research Council) Dyspnea Scale (mdcalc.com)

Prepare to phone the patient.

Step 2: Patient phone call.

Explain you are a trainee pharmacist and that you are phoning to run through a few questions prior to the clinic appointment on X date & time with the pharmacist. You cannot provide any information about their condition as this will be answered during their clinic appointment.

Tasks to complete during telephone call with patient: Ensure you document all the information in a clear manner:

- Confirm Medical History & drug history including allergies & vaccination status
- Ask about adherence
- Ask about SABA use
- Ask about smoking status
- Ask patient to describe their inhaler technique "Talk me through how you use your inhaler". Consider prompts such as 'do you hear a click?' depending on the device
- Ask about exacerbations
- Obtain CAT Score
- Obtain MRC Dyspnoea Score.

Step 3: Complete the following tasks:

- Taking into account the patient's history you have obtained, use local (if available) and/or national COPD guideline to identify potential medicines optimisation opportunities.
- Prepare an SBAR handover to present the patient to pharmacist supervisor.

Table 1: Objectives met by completing this:

1 – Takes and documents an appropriate medical, psychosocial and medication history including allergies and intolerances.
3 – Describe the patient's episode of care including management to date and make a prescribing recommendation.
4 – Demonstrate use of guidelines and local formularies to demonstrate evidence-based use of medicines.
5 – Assess adherence to prescribed medication through consultation with the patient / carer and consider steps to overcome barriers to support adherence.

Day 5: Attend clinic for the clinic prepped.

Prior to seeing the patients, the FTP presents the patients using SBAR to the pharmacist supervisor.

The pharmacist supervisor discusses with the FTP what they would do during the consultation if they were the prescriber: what treatment options are to be discussed with the patient, what the monitoring or follow up should be, and any safety-netting advice – FTP could complete a CBD or Mini-CEX.

Depending on the FTP experience or how confident the pharmacist supervisor is on the FTP's ability, allow the FTP to lead on all or some aspects of the consultation for the patients they have prepped – FTP could complete a Mini-CEX or MRCF.

In the clinic, the FTP could write the prescription for the agreed medication. This would need to be signed by the pharmacist supervisor who will take overall responsibility. Alternatively, the FTP directs the supervisor on how they would write the prescription - FTP could complete a DOPS.

FTP then documents the consultation in the form of a clinic note entry or clinic letter draft which must be checked and signed off by pharmacist supervisor – FTP could complete a DOPS.

Table 1: Objectives met by completing this:
3 – Describe the patient's episode of care including management to date and make a prescribing recommendation.
6 – Present options and reach a shared decision with a patient around a prescribing decision.
7 – Plan or arrange follow-up / monitoring in relation to a prescribing decision.
8 – Provide safety-netting information in relation to a prescribing decision.
9 – Document a prescribing decision.
10 – Prescribe medication on systems in the organisation and apply the principles of clinical governance

depending on experience in the clinic
2 – Performs and documents appropriate physical and clinical examinations to decide the most appropriate course of action.

Day 6: Observation taking with clinic nurses.

FTP to spend time with the clinic nurses completing a full set of observations and other required physical assessments for the clinic.

Table 1 Objectives met by completing this:
2 – Performs and documents appropriate physical and clinical examinations to decide the most appropriate course of action.

Day 6 onwards:

Continue with clinic prep & participating in clinics, increasing levels of leading on the consultation under the supervision of the pharmacist supervisor.

Pharmacist supervisors to complete SLEs throughout the learning in practice time to identify areas for FTP development against each of the objectives to meet the GPhC learning outcomes and NHS England assessment requirements.

Case Study Example 2

In this example, the FTP focused on medicines reconciliation and optimisation, specifically within a cardiology setting in an acute secondary care environment.

Before the 90 hours began, a prescribing learning needs assessment (LNA) was completed using the prescribing objectives and activities in Table 1, highlighting key areas for development. For this FTP, areas of focus included taking accurate medical and drug histories, understanding team-based approaches to care within multidisciplinary teams (MDTs), and making evidence-based prescribing recommendations.

Hours 0-20: The FTP started their training by attending cardiology ward rounds alongside the medical team and a supervising pharmacist prescriber. During this phase, they observed the clinical decision-making processes, including how MDTs collaborate to optimise patient care. Supervisors facilitated hands-on learning opportunities, allowing the FTP to practice documenting medical histories, and conducting supervised assessments, such as reviewing a patient's medication list for adherence. The FTP completed case-based discussions (CBDs) during this phase to evaluate their competence in identifying discrepancies in medicines reconciliation. The DPP conducted a review of progress at this stage against the objectives in the table to see how overall prescribing competence was developing.

Hours 20-60: Building on their initial learning, the FTP actively participated in structured prescribing activities under direct supervision. For example, they worked on preparing SBAR handovers for patients transitioning between inpatient and outpatient care, which included reviewing national and local guidelines for cardiology medications. The FTP collaborated with MDT members to address challenges in medication adherence, using shared decision-making techniques to align prescribing recommendations with patient preferences. Supervisors used Mini-CEX and DOPS to assess competence. The DPP conducted a review of progress at this stage against the objectives in Table 1 to see how overall prescribing competence was developing.

Hours 60-80: The FTP expanded their responsibilities by participating in the discharge process. This included reviewing patient histories, discussing medications with patients, and preparing discharge summaries. They demonstrated competence in using clinical guidelines and applying the principles of clinical governance to ensure safe and effective transitions of care. Supervisors provided detailed feedback on discharge prescriptions and safety-netting advice, using structured learning events to refine the FTP's skills.

Hours 80-90: In the final phase, the FTP focused on other prescribing skills, such as leading discussions during MDT meetings and collaborating with nurses to perform physical assessments for cardiology patients.

By the end of the training, the FTP had demonstrated the ability to independently complete medicines reconciliation, make evidence-based prescribing recommendations, and provide continuity of care during patient transfers. A final review by the DPP confirmed that the FTP had achieved competence across all relevant objectives.

This structured approach highlights the utility of using the objectives and activities in Table 1 to link prescribing LNA insights to targeted training plans. It also underscores the value of progress reviews and supervised learning events in achieving competence, aligned with the NHS England Prescribing Supervision and Assessment in the Foundation Trainee Pharmacist Programme and Practice-based Assessment Strategy (2025/26).

Case Study Example 3

KCH Admissions or Acute Medical Ward, with thanks to Siwan Jenkins and the E&T team at KCH.

Example nominated prescribing area: Medicines reconciliation and optimisation around transfers of care.

Day 1 – 3: Attending the ward round with medical team and ideally a pharmacist prescriber

FTP to observe all of the objectives being completed by other healthcare professionals.

Depending on the level of practice, where possible, the FTP to have active involvement in some parts of the prescribing and patient assessment process.

FTP to complete 1 or 2 CBDs to satisfy the DPP of FTP competence.

If any physical assessments are required during ward rounds, the supervisors are to ensure they allow the FTP to practice these assessments and discuss with the FTP.

Table 1 Objectives met by completing this:
2 – Performs and documents appropriate physical and clinical examinations to decide the most appropriate course of action.

Day 4: Prescribing in medicines reconciliations with the prescriber supervisor.

FTP to complete medicines reconciliation for a patient.

For each patient, the FTP is to ensure a sufficient medical history is obtained, either from the medical notes or from consultation with the patient, and a review of adherence is completed with the patient to current prescribed medicines – FTP can complete MRCF.

FTP to then review the medication chart and identify discrepancies or concerns.

FTP to review national and local guidelines around prescribing decisions to be made.

FTP to prepare SBAR handover and discuss with the prescriber supervisor – FTP can complete an MRCF.

FTP to present the options to the patient and engage in a shared decision-making process to agree the prescribing decision and provide safety-netting advice to the patient under the supervision of the prescriber or non-prescriber pharmacist – FTP can complete MRCF.

FTP to return to the prescribing supervisor to arrange patient follow up and monitoring, document the prescribing decision and write the prescription. This must be checked and signed by the prescribing supervisor who will take overall prescribing responsibility. Alternatively, the FTP could direct the supervisor on how they would write the prescription – FTP could complete a DOPS or complete a Mini-CEX on the complete process.

Table 1 Objectives met by completing this:
1 – Takes and documents an appropriate medical, psychosocial and medication history including allergies and intolerances.
3 – Describe the patient's episode of care including management to date and make a prescribing recommendation.
4 – Demonstrate use of guidelines and local formularies to demonstrate evidence-based use of medicines.
5 – Assess adherence to prescribed medication through consultation with the patient / carer and consider steps to overcome barriers to support adherence.
6 – Present options and reach a shared decision with a patient around a prescribing decision.
7 – Plan or arrange follow-up / monitoring in relation to a prescribing decision.
8 – Provide safety-netting information in relation to a prescribing decision.
9 – Document a prescribing decision.
10 – Prescribe medication on systems in the organisation and apply the principles of clinical governance

Day 5: Clerking with foundation doctors

FTP to be paired with a foundation doctor to practice medical history taking & consider prescribing to be completed as part of medicines reconciliation process.

Table 1 Objectives met by completing this:
1 – Takes and documents an appropriate medical, psychosocial and medication history including allergies and intolerances. **depending on experience when clerking**
2 – Performs and documents appropriate physical and clinical examinations to decide the most appropriate course of action.
3 **–** Describe the patient's episode of care including management to date and make a prescribing recommendation.
4 – Demonstrate use of guidelines and local formularies to demonstrate evidence-based use of medicines.
5 – Assess adherence to prescribed medication through consultation with the patient / carer and consider steps to overcome barriers to support adherence.
6 – Present options and reach a shared decision with a patient around a prescribing decision.
7 – Plan or arrange follow-up / monitoring in relation to a prescribing decision.
8 – Provide safety-netting information in relation to a prescribing decision.
9 – Document a prescribing decision.
10 – Prescribe medication on systems in the organisation and apply the principles of clinical governance.

Day 6: Observation taking with ward nurses.

FTP to spend time with the ward nurses completing a full set of observations and deciding on the course of action.

Table 1 Objectives met by completing this:
2 – Performs and documents appropriate physical and clinical examinations to decide the most appropriate course of action.

Day 7: Prescribing for discharge

FTP to complete the following tasks:

To identify a resident doctor who will be undertaking the prescribing for any discharges that day.

To review the patient's history and management during their inpatient stay.

Involve the patient in the decision making about their medications and provide safety-netting advice.

Prepare the discharge letter, prescribing decisions, and ensure all follow-up is booked, arranged or documented. FTP to prescribe the medications which must be checked and signed by the prescribing supervisor who will be taking overall prescribing responsibility or direct the supervisor on how they would write the prescription – FTP could complete a DOPS or could complete a Mini-CEX on the complete process.

Table 1 Objectives met by completing this:
3 – Describe the patient's episode of care including management to date and make a prescribing recommendation. 4 – Demonstrate use of guidelines and local formularies to demonstrate evidence-based use of medicines. 5 – Assess adherence to prescribed medication through consultation with the patient / carer and consider steps to overcome barriers to support adherence. 6 – Present options and reach a shared decision with a patient around a prescribing decision. 7 – Plan or arrange follow-up / monitoring in relation to a prescribing decision. 8 – Provide safety-netting information in relation to a prescribing decision. 9 – Document a prescribing decision. 10 – Prescribe medication on systems in the organisation and apply the principles of clinical governance

Day 8 onwards:

FTP to continue with medicines reconciliation prescribing and discharge prescribing & participating in ward rounds with increasing level of leading on the prescribing under supervision of prescribing supervisors.

Prescribing supervisors to complete SLEs throughout learning in practice time to identify areas for development against each of the objectives to meet the GPhC learning outcomes and NHS England assessment requirements.

Acknowledgements

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