

London and Kent, Surrey and Sussex Pre-registration Pharmacist

Handbook 2020 – 2021



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Welcome to your pre-registration training

You are joining the NHS at an exciting time.

The NHS is changing, there is;

- a greater focus on joined up care across the healthcare system with more care delivered closer to home,
- an increasing focus on prevention as well as the treatment of illnesses,
- a need to use medicines more judiciously, to improve health and wellbeing, whilst minimising the risks of harm,
- a drive to include people in the decisions made about their treatment,
- an even greater requirement for all healthcare professionals to work collaboratively in multi-disciplinary teams to deliver the best outcomes for patients, and
- a requirement for all healthcare professionals to utilise all their knowledge, skills and potential to provide the highest level of care for their populations.

The pharmacy profession is adapting to meet these needs and you now have a role to play in helping to make that future a reality.

Introduction

The pre-registration year

Pre-registration training is governed by the General Pharmaceutical Council (GPhC). Full details of the GPhC pre-registration scheme can be found in the [GPhC pre-registration manual](#). We recommend familiarising yourself with the contents of the manual before you start your training year or during your induction.

“The aim of this training year is for you to demonstrate that you have the skills, knowledge and character to practise to the standards expected of a pharmacist. You should take every opportunity to learn and gain experience throughout the year. Your pre-registration year is not just about assessments, but about learning how to practise in a way that delivers the best outcomes for patients and members of the public”.

Duncan Rudkin, GPhC Chief Executive and Registrar

The key features of pre-registration training are that:

- it takes at least 52 weeks (if undertaken full time)
- training occurs under the supervision of a GPhC approved pre-registration tutor
- pre-registration pharmacists (trainees) must be formally assessed or ‘signed off’ at least four times by their tutor
- trainees must demonstrate that they meet all 76 GPhC performance standards and the GPhC standards for pharmacy professionals, by the end of the training period
- trainees must pass the GPhC registration assessment

Health Education England and our role in pre-registration training

Health Education England (HEE) is an NHS funded organisation that exists to support the delivery of excellent healthcare and health improvement to the patients and public of England, by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place.

HEE London and South East (LaSE) Pharmacy (working across London and Kent, Surrey and Sussex) oversees quality-assured education and training provision for pharmacy trainees, including pre-registration pharmacists, employed in Secondary Care.

- We are responsible for commissioning and funding around 250 pre-registration pharmacist training posts across our region and ensuring that there are high quality learning environments in which to train.
- We organise and deliver a regional pre-registration training programme.
- We commission training for pharmacy supervisors.
- We manage the administration of an e-portfolio system for pre-registration pharmacists.
- We organise a pre-registration pharmacist programme board that is responsible for the governance and quality assurance of the regional pre-registration training programme.

For further information about HEE LaSE Pharmacy please visit our [website](#).

Health Education England London and South East Pharmacy team

The following members of the HEE LaSE Pharmacy team support the delivery of the regional pre-registration programme.

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Additional information about the team can be found on our [website](#).

Emails from us relating to your pre-registration training will be sent from lasepharmacy@hee.nhs.uk.

You can stay up to date by following us on Twitter - @HEE_LaSEPharm

HEE Pre-registration Pharmacists in General Practice Programme

If your training programme includes a placement in general practice as part of the HEE Pre-registration Pharmacists in General Practice Programme, you will receive additional communications that relate to this part of your training programme from GPPreRegPharm@hee.nhs.uk or directly from the regional facilitator for the programme, who is part of our team.

Suraj Varia	Regional Facilitator, Pre-registration Pharmacists in General Practice Programme	suraj.varia@hee.nhs.uk
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Your local training programme

Each employer has their own unique structured training programme(s) approved by the GPhC and therefore there will be variation in the programme(s) offered across our region, based on factors including the size and specialisms of each employing organisation. Some trainees will be undertaking multi-sector training programmes with community pharmacy, clinical commissioning groups and general practice.

However, all programmes are aimed at enabling you to meet the requirements of the pre-registration scheme and to transition from a student to a registered healthcare professional.

When you start your training, you should be given:

- a job description for the role you have been appointed to.
- a rota detailing which areas of pharmacy practice you will rotate through (called rotations) whilst you are in your training post.
- induction into the pharmacy department, corporate induction provided by your employer (if applicable) and induction into each rotation you undertake.

Each rotation will provide you with opportunities to evidence your meeting the requirements of the pre-registration scheme such as the [GPhC performance standards](#) and learning outcomes and objectives of your individual training programme.

For all pre-registration programmes it commissions, HEE LaSE Pharmacy details core (essential) elements that should be included in all programmes.

Throughout your training you will apply your existing knowledge from your MPharm and any other relevant experience that you might have, and you will:

- learn by doing and by reacting,
- be actively involved in real-life tasks and situations and
- work with and observe others.

We recommend that you seek to learn at every opportunity and take responsibility for your own development from the start.

One past trainee who successfully completed their year provided the following advice to new trainees *“If you’re prepared to work hard, be proactive and enthusiastic you’ll develop a great deal of knowledge, skills and attributes during the next 12 months”*.

Your regional training programme

In addition to your local training programme, HEE LaSE Pharmacy organises and delivers a regional pre-registration training programme for you, that is designed to:

- complement the training you receive in your workplace,
- cover topics to help you meet the GPhC performance standards and
- prepare you for the registration assessment and for your future practice as a pharmacist.

The regional programme is provided for all trainees employed by NHS trusts and clinical commissioning groups across London, Kent, Surrey, and Sussex including those undertaking multi-sector training programmes.

There are **three parts** to the regional programme:

- **On-line learning** via our Virtual Learning Environment (VLE) (Moodle), including calculations practice and registration assessment style questions. Some items will be essential and required to be completed by the end of your pre-registration year and others can be completed if you wish to further your knowledge, or if a corresponding gap in knowledge is identified. Further information is provided on pages 21 and 22. This timetable details the on-line learning, when each resource will be made available plus guided learning hours for each piece, to assist you and your employer to plan. You will be provided with a proportionate amount of protected time within your working hours to complete essential items of regional on-line learning.
- **Face to face** learning such as first aid training. Further information is provided on pages 21 and 22. The dates and location of face to face learning provision will be provided in due course. Any supplementary learning to be completed beforehand will be communicated to you in advance.
- **Assessments** intended to support workplace decision making about your progress and performance throughout the pre-registration year. These assessments are formative (developmental) and are intended to aid identification of gaps in knowledge and skills. Further details are provided on pages 23 and 24.

Impact of COVID-19 on training programmes

In 2020, the COVID-19 pandemic impacted both local and regional educational provision and employers and training sites had to rapidly make adjustments to their practice and therefore to their pre-registration training programmes. Whilst this meant that some trainees had certain rotations shortened or cancelled, the majority were able to achieve most, if not all of the expected outcomes of their programmes.

The impact of COVID-19 on the remainder of 2020 is unknown. Throughout the year as professionals we will all need to adapt according to the situation we are faced with. This may mean that training programmes need to be changed, that specific elements may not be able to be delivered as expected or that trainees are less able to interact face to face with patients.

Employers are expected to make every effort to deliver the best learning experience for trainees whilst managing staff and patient safety alongside service delivery, and trainees are expected to recognise that these are unprecedented times and that there may be no choice in making adaptations to training programmes.

Your pre-registration tutor (educational supervisor)

You will have a designated tutor, approved by the GPhC, for the duration of your pre-registration training. Your tutor has overall responsibility for you during your training and for signing you off as satisfactory or unsatisfactory at key points in the pre-registration year.

Your tutor is expected to meet with you at least **once every two weeks** to make sure you receive regular feedback, and they will carry out a formal review of your progress at 13, 26 and 39 weeks, and at the end of your training (by completing a 'final declaration') at week 49 or 50.

If you are undertaking a multi-sector training programme you will have more than one GPhC approved tutor involved in your training, either as part of a joint tutoring arrangement throughout the year, or as individual tutors for specified dates within your programme.

Educational supervisor (ES) is the term used by HEE to describe your tutor and throughout this document the term 'educational supervisor' will replace the term 'pre-registration tutor', however all correspondence from and information relating to the GPhC pre-registration training scheme will use the term pre-registration tutor.

Your educational supervisor has a number of roles which include:

- Supporting you to get the best from your training year
- Supervising your practice and providing feedback
- Providing support and guidance to other staff who are supervising you
- Providing you with regular feedback based on observation and review of submitted evidence
- Completing a formal progress review every 13 weeks
- Declaring if you are competent to join the register as a pharmacist, based on the evidence you have gathered throughout the year.

The role of practice supervisors

During your training year, you will be supervised for periods of time by another healthcare professional, such as a pharmacist other than your educational supervisor or a pharmacy technician. These supervisors are called 'practice supervisors' and will be members of the pharmacy team in charge of a particular rotation within your programme.

Your educational supervisor is still responsible for you at all times, even when you are being supervised by a practice supervisor.

Practice supervisors have a number of roles which include:

- Responsibility for overseeing your work during a rotation and providing you with developmental feedback
- Supporting you to identify opportunities for learning during the rotation
- Supervising you on a day-to-day basis
- Providing feedback to your educational supervisor about your progress and performance
- Witnessing evidence of competence that you will provide to your educational supervisor
- Helping to identify if you may require additional workplace support

The role of the educational programme director

The pre-registration pharmacist educational programme director (EPD) has overall responsibility for pre-registration training at your trust.

Educational programme directors have a number of roles which include:

- Ensuring that quality criteria are met, including resource, appropriately trained supervisors and monitoring of progress and equal opportunities.
- Linking between employing organisations and HEE LaSE Pharmacy
- Ensuring that the organisation's pre-registration training programme meets the mandatory requirements specified by HEE LaSE Pharmacy

Expectations of pre-registration training

During the pre-registration year you must demonstrate and document your developing competence against the GPhC performance standards and successfully pass the registration assessment. Your educational supervisor must be assured that you have satisfactorily demonstrated competence against all 76 performance standards by the end of the pre-registration year in order for you to be eligible to register as a pharmacist.

Trainees commissioned by HEE LaSE Pharmacy are considered to be supernumerary in terms of their training, however this does not mean that they are not required to contribute to service provision whilst they are a paid employee undertaking pre-registration training. Service provision should not outweigh the requirement for trainees to be afforded opportunity to complete the elements of their training programme.

The GPhC registration assessment

The focus of many trainees during their training is passing the registration assessment and some overlook that the GPhC pre-registration scheme centres on competence based training, and reaching competence in all 76 performance standards is essential for educational supervisor sign off towards the end of the year. Becoming familiar with the [GPhC registration assessment framework](#) at the start of your year is however highly recommended.

Competence based training

All pre-registration training is underpinned by the [GPhC performance standards](#) and the section 10 outcomes from the [GPhC future pharmacists: standards for initial education and training of pharmacists](#). The [GPhC registration assessment framework](#) is derived from the section 10 outcomes. The [GPhC pre-registration manual](#) provides further information on demonstrating knowledge and competence.

GPhC performance standards

To demonstrate competence against the different performance standards, you are required to build a portfolio of evidence, using an e-portfolio, to show how these have been met. There is also a considerable body of research which claims that the development of professionalism is best assessed through reflective writing.

You should reflect on your day-to-day practice and produce evidence which maps to the GPhC performance standards. One piece of evidence can demonstrate competence against several different standards, providing that you have shown competence at the level expected of a registered pharmacist. You must meet the standards consistently in order to be assessed as competent in them and all must be achieved and “signed-off” by the end of the pre-registration year, however they can be achieved in any order.

For each performance standard, you should discuss with your educational supervisor how best it can be achieved during your training, considering the following:

- How much evidence will be needed to demonstrate competence and for those that need to be demonstrated in a range of situations, what does the range look like?
- What is the best way for the standard to be evidenced? Examples include a reflective account, competency log, written piece, certificate of completion, witness statement or assessment checklist
- Who will be responsible for the training/assessment?
- If, when and how will an assessment take place? For example, is observation sufficient? Is there a “pass mark” or minimum requirement for a competency log?
- What information will be required to support the evidence provided? For example, prescription items with patient identifiable data removed*, completed assessment log or a certificate of completion.

You should log your evidence, using your e-portfolio, indicating which of the performance standards you feel have been demonstrated.

* see page 10 for guidance on uploading patient identifiable information to your e-portfolio

Evidence should be submitted to the practice supervisor or expert witness to authenticate before submission to your educational supervisor for review, ready for discussion at your next scheduled meeting and in preparation for your mandatory GPhC quarterly progress review.

The responsibility for producing evidence lies with **you**.

Evidence of competence

A template record of evidence form is available on the VLE, in the e-portfolio file library, or your employer may have their own preferred version.



Form found in Resources section (Templates and Forms) of Moodle

A record of evidence usually contains the following:

➤ Brief description summary

- Sets the scene e.g. area of work, describes your role in the situation and what the overall task/process/incident was
- Specific learning outcomes or [SMART](#) (Specific, Measurable, Achievable, Realistic, Timely) objectives.

➤ Description of evidence

- What happened/what was the outcome?
- What did you personally contribute to the outcome?
- What did not go as well on this occasion and why was this?
- What other options could you have considered and what influenced your decisions?
- What *skills* or *knowledge* have you identified for further development and how do you plan to address these (e.g. inclusion of a SMART action plan)?
- What have you learnt and how has this benefited service users and how will you change your practice as a result?

➤ Relevant performance standards mapped to the evidence provided

- Identifies which performance standards have been demonstrated

E-portfolio for recording your progress

HEE LaSE Pharmacy provides you and your educational supervisor with access to the VQManager (VQM) e-portfolio by Skillwise to record your evidence and monitor your progress.

Recording evidence in an e-portfolio facilitates better portability, flexibility and accessibility of your evidence. The system also provides your educational supervisor with a method of ensuring the authenticity of your work, using electronic signatures, and creating a unique audit trail. The system allows educational supervisors to monitor progress throughout the year and to provide support where necessary. **Use of the e-portfolio is mandatory and all evidence and meetings with your educational supervisor must be entered and documented on VQM.**

You will receive log-in details for the e-portfolio system in early August and a handbook with clear instructions for how to use the system.

During your induction you will be trained in the use of VQM by your department's 'super user'. Do not worry if you have not yet received your log-in details at the time of your training.

It is important that HEE LaSE Pharmacy is notified via a [trainee change form](#) if there are changes to your personal details, employer or educational supervisor to avoid access issues with your e-portfolio.

On the completion of your training you will be able to access your e-portfolio in a read only format to allow you to evidence your development should you need to.

Guidance on uploading patient identifiable information

VQM allows trainees to upload supporting evidence which can be used to verify the description of their activities. Under no circumstances should a trainee upload evidence which can be traced back to a patient or contains commercially sensitive data. There have been significant incidents, where trainees have not adequately removed patient identifiable data. Concerns have also been raised that even when data is anonymised it may still be possible to track the information back to a specific patient or use that data for commercial gain. To this end, HEE recommends that no patient specific or potentially commercially sensitive data be uploaded to VQM, even if it has been anonymised.

Examples of items that should **NOT** be uploaded to VQM:

- Prescriptions /Drug Charts
- TTAs/TTOs/Discharge Summaries
- Screen shots from electronic prescribing systems
- Laboratory test results
- Patient medication records (PMRs)
- Patient notes
- Handover notes
- Delivery notes/invoices
- Stock lists

Copies of supporting evidence

If locally it has been agreed that trainees are to keep copies of supporting evidence (which are not to be uploaded on to VQM) for their educational supervisors to review during meetings, local information governance (IG) and General Data Protection Regulation (GDPR) guidance must be followed.

IG breach reporting

HEE will not be liable if paper copies of evidence is mislaid or misused. HEE does not hold patient identifiable data and processes are in place to report IG breaches.

Learning in the workplace

Learning in the workplace is a very different experience to learning in an academic institution. Your learning to date will have focussed mainly on building the knowledge required of a pharmacist. The aim of the pre-registration year is to facilitate and enable you to apply that knowledge in practice, which requires both a different approach to your learning, and a different method of training provided by workplace supervisors, than you are used to.

How is pre-registration learning different?

- You will move from “knows”, or demonstrating that you know something and “knows how”, applying your knowledge to show that you know what it is for, to “shows how” where you should be able to show how something is done, and “do”, where you are able to routinely do something in a reliable and safe way, in a real environment such as a pharmacy.

- There will be greater focus on observation. Initially you will observe your supervisors showing you how to do something and later they will be observing you in practice.
- Supervisors will initially make you aware of learning opportunities, however as you progress, you should be able to identify your own learning needs and associated learning opportunities.
- There will be learning that you will need to complete simultaneously e.g. learning in a rotation, regional on-line learning, reviewing the BNF and covering aspects of the GPhC registration assessment framework. These activities should all complement each other and learning to juggle these at the same time will require you to have good time management and prioritisation skills.
- You will be asked to reflect on your experiences to improve your practice. This will be reviewed via an evidence submission process and discussed at regular meetings with your educational supervisor.
- Your practice will be assessed using formative (developmental) assessment tools such as mini-Clinical Evaluation Exercise (mini-CEX), Case Based Discussion (CBD) and Medication Related Consultation Framework (MRCF), which are used to highlight areas of good practice and to identify areas for further development. These tools are primarily designed to improve practice and enable you to strive for excellence.

Your educational supervisor will monitor your learning and progress during quarterly progress review meetings. To support these meetings, a checklist is available on our VLE entitled 'Checklist for Pre-registration Pharmacist Progress Review Meetings'.



Checklist found in
Resources section
(Templates and Forms) of
Moodle

The importance of observation

Many complex processes underpin the provision of pharmaceutical care, ranging from using various dispensing systems to clinically assessing prescriptions and liaising with health professionals and patients. An understanding of, and adherence to, the procedures associated with these processes is vital. Making the most of observing others in practice and taking the opportunity to ask questions of those you are watching is vital. You should think about the task being undertaken and what you need to know, to be able to undertake the task independently. Practice supervisors should explain what they are doing. If they do not, you are encouraged to ask that they do so. If you do not understand something, always ask, at an appropriate time.

Having concrete experiences and making the most of opportunities

Your pre-registration year is a unique time for you to make the most of having a more experienced professional to work alongside, learn from and receive feedback from. As pharmacists are expected to provide effective pharmaceutical care and to communicate successfully with patients and healthcare professionals, you should practice these skills regularly, through supervised workplace learning. Feedback should be sought from your supervisors, from patients and from healthcare professionals to help you to improve and perfect these skills and to increase your confidence in preparation for being a newly qualified pharmacist.

You will be exposed to new experiences during your training some of which you may feel are challenging. These situations will provide lots of valuable learning despite being perceived as difficult or challenging. In fact, situations that you may consider to be challenging or difficult will provide the greatest learning and therefore the greatest benefit for your future practice.

Workplace rotational training programmes

During your pre-registration training you will follow a rotational training programme with each rotation providing you with opportunities to evidence your meeting the requirements of the pre-registration scheme such as the [GPhC performance standards](#). In addition, you will be expected to complete a set of learning outcomes or objectives for each rotation which will identify what you will know and be able to do by the end of that rotation.

Despite all training programmes being unique to the employer, they will all have core elements that are considered essential by HEE LaSE Pharmacy. Additional rotations will have been added to your training programme depending on the size and specialisms of your employer. Procurement and drug distribution services and medicines management may not be standalone rotations in some training programmes and may be incorporated into dispensary and clinical pharmacy rotations.

Core (essential) rotations	Additional (non essential) rotations
Dispensary	Pharmacy Preparative Services
Procurement and Drug Distribution Services	Quality Assurance/ Quality Control
Medicines Management	Medicines Information
Clinical Pharmacy	Mental Health
Community Pharmacy	Children and Young People (paediatrics)
	NHS Commissioning

For core and additional rotations listed above, HEE LaSE Pharmacy provides a set of learning outcomes and practice activities to ensure all trainees receive a consistent and comparable training experience. Some employers have their own learning outcomes or objectives and practice activities which will incorporate those provided by HEE LaSE Pharmacy and others will use the regionally provided ones.

Further information about regional learning outcomes and practice activities for all core (essential) rotations can be found on pages 25-44.

In addition to rotations, your training programme should feature the following. If it does not, we recommend your speaking to your educational supervisor or educational programme director:

Dedicated time for development

You will be provided with dedicated time each week for development however this does not necessarily mean that you will be given private study time or time within the working day to complete evidence for your portfolio. Attendance of regional courses such as first aid training, local teaching sessions, intra- and inter-professional learning, shadowing and essential on-line learning are all considered to be dedicated time for development.

Out-of-hours working

Valuable learning is provided by working 'out of hours' e.g. evenings and/or during the day at weekends, either in your workplace or during your community pharmacy placement, so that you gain experience of working outside of usual office hours in preparation for practice as a pharmacist. If your training programme does not include opportunities for working out-of-hours we recommend your speaking to your educational supervisor or educational programme director.

Assessments

The pre-registration year provides the opportunity for academic knowledge to be applied in a real-life setting. The aim is for you to develop and demonstrate the skills, knowledge and behaviours needed to practise to the standards expected of a pharmacist, and in a way that delivers the best outcomes for patients and members of the public.

To successfully complete the pre-registration year and become a pharmacist, you must be able to demonstrate that you have the knowledge (by passing the registration assessment), skills and experience (developed during the pre-registration year) necessary to practise as a pharmacist. This is assessed by:

- formal 'sign off' of progress at least four times during the year by your educational supervisor
- passing the GPhC registration assessment.

Throughout the year you will be supervised and should be given regular feedback by those who are providing the supervision and assessing your development. As you develop your portfolio of evidence, that allows you to demonstrate your competence against the 76 GPhC performance standards, you should be presented with opportunities to be assessed undertaking a range of activities and receive feedback on them.

A programme of formative (developmental) regional assessments are provided throughout the year to assist with identifying gaps in your knowledge or skills and therefore areas for you to focus on. Further information about the regional assessment programme can be found on pages 23-24.

Calculations

Part 1 of the GPhC registration assessment tests that you can perform the calculations needed to practise as a pharmacist and Part 2 tests your number sense. This is shown in the [GPhC registration assessment framework](#) which states that you should be able to '*use pharmaceutical calculations to verify the safety of doses and administration rates and accurately perform calculations affecting patient care*'.

[GPhC performance standard C1.5](#) lists the types of calculations that you should be able to perform correctly and it is recommended that in preparation for the registration assessment you ensure you practice the following types of calculations during your training:

- formulations for creams and ointments
- complex solutions and suspensions
- IV formulations including cytotoxics
- parenteral nutrition and infusions
- doses and dosing schedules
- dose adjustment in paediatrics and in particular conditions such as renal failure
- IV dosing quantity to supply
- loading dose/steady state calculations
- calculations for syringe pumps and drivers, infusion pumps and nutrition pumps

To support your preparation for the registration assessment, two regional calculations assessments are provided during the pre-registration year, the first shortly after you commence your training to act as a baseline of your ability to perform pharmaceutical calculations and the second in January/February.

An area of the HEE LaSE Pharmacy VLE (Moodle) is dedicated to calculations support for those who require some additional help during the year and includes explanations of how to perform various calculations and quizzes to test your knowledge.

Objective Structured Clinical Examinations

To help you assess and improve your clinical competence, HEE LaSE Pharmacy holds compulsory formative (developmental) Objective Structured Clinical Examinations (OSCEs) in February.

OSCEs test application of clinical knowledge and communication/interpersonal and problem-solving skills (i.e. they test that you can 'do' rather than 'knows how to' do an activity). They have been used widely in Medicine since the 1970s and are shown to be a valid and robust method of testing these skills.

OSCEs:

- provide a safe environment for you to be assessed and provided with developmental feedback to highlight your strengths and areas for development, so that you can focus on them during the remainder of your pre-registration year.
- are timed so that feedback is available to assist with informing your 39-week GPhC progress review, which forms part of your application to sit the registration assessment.
- test skills required for the GPhC registration assessment and those required as a pharmacist, such as time management.

Setting the scene for the regional OSCEs

- There will be a mix of manned (interaction with an actor) and unmanned 'stations'.
- Topics vary and are influenced by current learning requirements provided by EPDs, past GPhC registration assessment learning points, the registration assessment framework and national safety alerts.

Examples of past topics are:

Manned station	Unmanned station
Actor's role: healthcare professional, patient, relative	
Skills tested: <ul style="list-style-type: none"> ➤ Medication history/reconciliation ➤ Counselling ➤ Consultation ➤ Advice provision ➤ Influencing prescribing ➤ Documentation ➤ Conflict 	Skills tested: <ul style="list-style-type: none"> ➤ Medication history/reconciliation ➤ Screening ➤ Recommendations ➤ Documentation ➤ Calculations ➤ Information retrieval ➤ GPhC registration assessment artefact-based questions

- Reasonable adjustments can be accommodated e.g. additional time for trainees with dyslexia.
- Written feedback plus the GPhC performance standards that each station was testing are provided to all trainees.

Practice OSCEs

Practice OSCEs are made available to EPDs in October so that they can be run in-house. Whilst these are not compulsory, they can help you to become familiar with the style of the OSCE stations and the paperwork used in February.

Templates used in the OSCEs and other supportive information will be made available on our VLE.



Information found on
HEE LaSE VLE (Moodle)

Supervised Learning Events

A Supervised Learning Event (SLE) is an interaction between a trainee and a trainer (e.g. practice supervisor for a rotation or your educational supervisor), which leads to immediate feedback and reflective learning. SLEs are formative (developmental) assessments which are used to highlight your areas of good practice and to identify areas for you to further develop. SLEs are primarily designed to improve your practice and enable you to strive for excellence. They are used within the foundation period of a pharmacist's development and as such the pre-registration year is the ideal platform for their use, in preparation for the foundation stage of your career.

SLEs include the following tools:

- Mini-Clinical Evaluation Exercise (mini-CEX)
- Case Based Discussion (CBD)
- Medication Related Consultation Framework (MRCF)

All Health Education England commissioned pre-registration pharmacists are expected to undertake the following types and numbers of SLEs during their pre-registration year:

Type of Supervised Learning Event	Minimum number to be completed during the pre-registration year
Mini-Clinical Evaluation Exercise (mini-CEX)	1
Case Based Discussion (CBD)	1
Medication Related Consultation Framework (MRCF)	1

Further information about SLEs can be found on our VLE.



See Resources section (Supervised Learning Events) of Moodle

Providing feedback during your training

Regional trainee representatives

We are keen to hear the views of our cohort of trainees throughout the pre-registration year. In order that your opinions are heard, we appoint trainee representatives. The primary role of a trainee representative is to seek, collate and report the opinions of other trainees on local and regional training and to act as the “trainee voice” at the HEE LaSE pre-registration pharmacist programme board.

Other roles and responsibilities of regional trainee representatives include:

- Disseminating information and outcomes of programme board meetings to other trainees
- Attending and participating in HEE LaSE quality monitoring visits to trusts
- Attending and participating in HEE LaSE Pharmacy business e.g. working groups
- Reviewing and offering a trainee perspective on materials produced by HEE LaSE Pharmacy

Trainee representatives will have been appointed by mid-September and we encourage you to engage with your trainee representative and respond to requests from them.

It is not the role of the trainee representatives to deal with personal grievances or individualised learning challenges as there are more appropriate sources of help and support available.

Local faculty groups

A local faculty group (LFG) is a group of senior pharmacy staff, educationalists, and trainees responsible for the quality control of pharmacy training programmes and forms part of a trust's educational governance processes.

Roles and responsibilities of an LFG include:

- Ensuring trainees are provided with high quality education and training by employers that meets appropriate educational standards
- Monitoring the quality of training provided and identifying issues
- Providing leadership to the pharmacy department on educational issues
- Listening to feedback from trainees, educational supervisors, and practice supervisors
- Discussing and reporting against GPhC and HEE standards
- Discussing concerns arising from quality monitoring visits, trainee surveys and trainee feedback that impacts upon training programmes
- Escalating concerns if necessary
- Considering the training needs of educational supervisors, and practice supervisors

Local trainee representatives

Local trainee representatives will be nominated within each trust to facilitate constructive dialogue between the pharmacy trainees at the trust and the LFG. This role may be undertaken on a rotational basis during the pre-registration year depending on the number of trainees at the trust.

Trainees should be trained for this role using materials provided by HEE LaSE Pharmacy and you are encouraged to speak to your EPD to find out more about how the LFG is set up locally and how trainees input and provide feedback on their training.

Issues that are specific to an organisation should be addressed through local trainee representatives for escalation through the LFG. It can be useful to alert the regional trainee representatives to these issues too so that they can flag up any common themes to the HEE LaSE pre-registration pharmacist programme board.

Raising concerns during your pre-registration year

Concerns about your training programme are best raised with your educational supervisor or educational programme director and escalated via your department's local faculty group. We always encourage you to try to resolve any concern you have within your organisation first, before escalating to HEE LaSE Pharmacy.

When a concern feels serious because it might affect patients or people receiving care, colleagues you work with or the whole organisation you are employed by, it can be difficult to know what to do. You may feel that raising the matter would be disloyal to colleagues, to managers or to your employer.

However, everyone working in healthcare has a duty to follow their professional code of conduct and put patients and the people they care for first and protect their safety.

Speaking up is the act of reporting concerns about malpractice, wrongdoing, or fraud. Within the NHS and social care sector, these issues have the potential to undermine public confidence in these vital services and threaten patient safety. If you don't know what to do, or who to turn to about your concerns, Speaking up are the leading source of signposting, advice and guidance.

You can call the free Speaking up helpline, send them an email or complete the online form **safe in the knowledge everything you tell them is strictly confidential and anonymous**. They offer legally compliant, unbiased support and guidance to ensure you can act in accordance with your values. This ensures you fully understand your options and legal rights specific to your employment situation.

Website: <https://speakup.direct/>

Examples of concerns that could be raised are:

- Concerns about unsafe patient care
- Poor clinical practice or other malpractice which may harm patients
- Failure to safeguard patients
- Maladministration of medications
- Untrained staff
- Unsafe working conditions
- Lack of policies
- A bullying culture
- Staff who are unwell or stressed and not seeking help

You can also contact [Protect](#), the whistleblowing charity, if you have seen, heard or suspect wrongdoing in your workplace, or know of a serious risk or accident 'waiting to happen'.

Bullying and Harassment

Allegations of bullying and harassment are taken very seriously by HEE.

The following definitions may help to clarify such behaviour:

Bullying: *offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means that undermine, humiliate, denigrate, or injure the person to whom it is directed.*

Firm supervision in the workplace, which may include constructive, developmental feedback, is not considered bullying.

Harassment: *unwanted conduct related to sex, gender reassignment, race or ethnic or national origin, disability, sexual orientation, religion or belief, age, or any other personal characteristic.*

Any trainee who thinks they are being bullied and/ or harassed should:

- Speak to someone and if the first contact is not helpful, speak to someone else
- Keep a record so that all incidents are diarised and documented as specifically as possible.

Employers carry the legal responsibility for dealing with such issues. For more guidance and information employing organisation's policies should be referred to.

Support during your pre-registration training

At times pre-registration training can feel a little overwhelming and knowing who you can turn to for help and encouragement during your training is important. Some suggestions are:

Mentor: Early on in your year try to identify someone at work who you get on well with who can guide and support you, influence your attitudes, and provide counsel and advice. Many trainees find it helpful to have a Band 6 pharmacist fulfilling this role and, in some workplaces, an informal mentor or buddy is allocated to a trainee when they start.

Other trainees: Peers can also help you with the highs and lows of pre-registration training and it can be helpful to know that you are all in this together. If you are the only trainee in your hospital, use your networks to find other trainees, for example those who you went to university with, and support each other.

Educational supervisor: Your educational supervisor plays a vital role in your pre-registration training. Although you may not be trained by them on a day to day basis, you should see them regularly and feel able to raise issues with them. If you do not feel able to raise issues with them directly, discuss them with a colleague and seek advice on how to manage the situation.

Educational programme director: This person may or may not also be your educational supervisor. They are someone that you can approach if you do not feel able to raise an issue with your educational supervisor. If they are one and the same person, discuss issues with a colleague and seek advice on how to manage the situation.

Practice supervisors: You will have significant contact with the practice supervisors in your workplace and they will help you learn and develop by training you in everyday tasks. They are on hand to assist, advise and guide you especially around tasks that you feel challenging.

Family and friends: Seek help from this support network throughout your training.

HEE LaSE Pharmacy team: The team are available for confidential support and advice regarding unresolved issues relating to your training programme.

Pharmacist Support: Pharmacist Support is an independent charity working for pharmacists and their families, former pharmacists and pharmacy students to provide help and support in times of need <https://pharmacistsupport.org/>. Their services can be accessed by pre-registration pharmacists.

Professional Support Unit: Pre-registration pharmacists across London, Kent, Surrey and Sussex can access the services of the HEE Professional Support Unit during their training year. Further information about the services available can be found [here](#).

Health and wellbeing support: Your health and wellbeing during your pre-registration training, especially during these unprecedented times, are of paramount importance to Health Education England. Resources to support you can be found [here](#) , [here](#) and [here](#) .

Continued support from your university: If you accessed services and support from your university as an undergraduate, particularly in relation to your health and wellbeing, these services and support may

continue to be available to you during your pre-registration training and it is recommended that you enquire if this is the case.

Trainees requiring additional support during pre-registration training

From time to time during the training year, a trainee may be identified as needing extra help in particular areas, beyond that that is usually provided, in order to support them to complete their training programme within the expected timescale.

HEE LaSE Pharmacy has a process in place to manage Trainees Requiring Additional Support (TRAS). A TRAS describes a trainee who, for whatever reason, needs extra help and support to deal with a problem(s) that is interfering with the completion of pre-registration training. These may or may not be work-related. It is important to note that this is a supportive process and not a disciplinary process. The primary aim is to manage barriers to completion before they impact too heavily on a trainee's progress, so early identification is key.

TRAS cases are escalated to HEE LaSE Pharmacy if a serious concern has been raised by either the trainee or their educational supervisor which requires urgent attention, all supportive mechanisms for a problem/issue within the employing organisation have been exhausted and external help is required, the relationship between the trainee and the educational supervisor and/or employing organisation has broken down or it is clear that training will not be completed within the standard timeframe.

If a trainee does not feel able to discuss their additional supportive needs with their educational supervisor or any other individual within the employing organisation, they can report issues and problems directly to HEE LaSE Pharmacy. We encourage trainees to make every effort to seek help within the organisation before they do so.

If during your training year, you are identified as being a TRAS, please do not worry, there is no stigma attached to this label. Reporting a TRAS sets in motion a way for you to complete your training, if possible, with targeted intervention.

More information about the TRAS process is available on our [website](#).

Appendix

Regional pre-registration pharmacist programme 2020/21

- [Essential Learning Provision](#)
- [Assessments](#)

Learning outcomes and practice activities for core (essential) rotations

- [Dispensary](#)
- [Procurement and Drug Distribution Services](#)
- [Medicines Management](#)
- [Clinical Pharmacy](#)
- [Community Pharmacy](#)

Learning outcomes and practice activities for additional rotations

- [Pharmacy Preparative Services](#)
- [Quality Assurance / Quality Control](#)
- [Medicines Information](#)
- [Mental Health](#)
- [Children and Young People \(paediatrics\)](#)
- [NHS Commissioning](#)

Health Education England London and South East Pharmacy (HEE LaSE)

Regional Pre-registration Pharmacist Programme 2020/21

Essential Learning Provision

Focus of Provision & Anticipated Methods of Delivery	Anticipated Areas of Learning
Introduction to the Regional Programme (local & on-line learning)	<ul style="list-style-type: none"> • Meet the regional Pharmacy team • Introduction to the training year • Performance standards, evidence and competence • Overview of support resources available • Maintaining wellbeing during the pre-registration year • VQ Manager (e-portfolio)
First Aid (on-line learning & face to face)	<ul style="list-style-type: none"> • Demonstrating awareness of basic first aid skills and knowledge in line with GPhC performance standard C.2.10
Community Pharmacy and Unscheduled Care (on-line learning & local (role plays))	<ul style="list-style-type: none"> • Key components of the community pharmacy contract • Simulated consultations with patients and their representatives • Practical exercises on common minor illnesses, treatments and the red flag symptoms that may prompt referral • Community pharmacy and unscheduled care scenarios
Clinical Case Studies (on-line learning)	<ul style="list-style-type: none"> • Interpreting information from reference sources to resolve a variety of pharmaceutical care issues • Rational antibiotic prescribing • Mental health
Professional and Legal Practice (on-line learning)	<ul style="list-style-type: none"> • Laws and acts that affect the practice of pharmacists • Concepts of ethical decision making, liability, accountability, and professional responsibility • Legal and ethical challenges encountered by pharmacists across care settings

Focus of Provision & Anticipated Methods of Delivery	Anticipated Areas of Learning
Community Pharmacy (face to face*) <small>*dependent on coronavirus pandemic</small>	<ul style="list-style-type: none"> • Practicing over the counter counselling in a community pharmacy setting • Selecting products for the treatment of common ailments understanding the rationale behind their recommendation
Primary Care (on-line learning)	<ul style="list-style-type: none"> • Primary Care in context • The role of the GP Pharmacist • Clinical Case Studies; Complexity, Morbidity & Polypharmacy in Long-Term Conditions, • Urgent Care and Safe Transfer of Care
GPhC Registration Assessment Preparation (on-line learning)	<ul style="list-style-type: none"> • Identifying gaps in knowledge when preparing for the GPhC registration assessment • Exam technique and revision tips in preparation for the GPhC registration assessment • Time management strategies for completing the GPhC registration assessment
Registration Assessment Support (Virtually via Microsoft Teams)	<ul style="list-style-type: none"> • Supporting unsuccessful trainees and preparing them for their second assessment sitting • Revisiting revision techniques and effective time keeping • Identifying areas for targeting revision

Further details about on-line learning can be found in the Timetable of Essential On-line Learning on our VLE.



Timetable found in Resources section (Essential on-line learning timetable) of Moodle

Health Education England London and South East Pharmacy (HEE LaSE)

Regional Pre-registration Pharmacist Programme 2020/21

Assessment Programme

Assessment	Dates	Comments	Learning Outcomes
Calculations Assessment 1	Undertaken between 31 st July and 23 rd October 2020	<ul style="list-style-type: none"> ➤ Assessments undertaken under exam conditions ➤ Results are submitted to HEE LaSE Pharmacy to act as a baseline of ability 	<ul style="list-style-type: none"> ➤ Undertake a variety of calculation questions under timed conditions ➤ Assess own ability to answer calculations correctly ➤ Identify areas where further practice is required
Calculations Assessment 2	Undertaken between 4 th January and 12 th March 2021		
Calculation Resources available on Virtual Learning Environment (Moodle)	Monthly (August 2020 to June 2021)	<ul style="list-style-type: none"> ➤ 2 quizzes released each month on the Virtual Learning Environment (Moodle) ➤ Part 1 and Part 2 registration assessment style questions ➤ Recommended to complete in preparation for the GPhC registration assessment 	<ul style="list-style-type: none"> ➤ Undertake a variety of calculations ➤ Assess own ability to answer calculations correctly ➤ Identify areas where further practice is required
<u>Practice</u> Objective Structured Clinical Examinations (OSCEs)	Undertaken between 28 th September and 5 th February 2021	<ul style="list-style-type: none"> ➤ <u>Optional</u> OSCE stations undertaken in preparation for the formative OSCEs in February ➤ Model answers will be made available after the 5th February 2021 on the the Virtual Learning Environment (Moodle) 	<ul style="list-style-type: none"> ➤ Undertake a variety of practice OSCE stations under timed conditions ➤ Become familiar with the OSCE process and paperwork in preparation for formative OSCEs in February

Assessment	Dates	Comments	Learning Outcomes
Objective Structured Clinical Examinations (OSCEs)	Held on 23 rd and 24 th February 2021	<ul style="list-style-type: none"> ➤ Formative (developmental) assessment ➤ Results will be made available to trainees and Educational Supervisors before the 39 week GPhC progress review ➤ Trainees will be assigned to one of two OSCE dates in due course 	<ul style="list-style-type: none"> ➤ Undertake OSCE stations under timed conditions ➤ Assess own level of clinical competence ➤ Identify learning needs and areas where improvement to clinical practice is required
Practice Registration Assessment	To be confirmed	<ul style="list-style-type: none"> ➤ The GPhC is moving to an on-line registration assessment due to the impact of the coronavirus pandemic ➤ Health Education England will make a national decision on the provision of a practice registration assessment across all regions in due course 	<ul style="list-style-type: none"> ➤ Undertake full length Part 1 and Part 2 GPhC style practice registration assessment under timed conditions ➤ Identify areas of the GPhC registration assessment framework where further knowledge and application is required
Supervised Learning Events (SLEs)	Throughout the year	<ul style="list-style-type: none"> ➤ Formative (developmental) assessments administered in the workplace (see page 15 for further information) ➤ Mandated within the regional programme: <ul style="list-style-type: none"> ○ One mini-CEX, ○ One MRCF and ○ One CBD 	<ul style="list-style-type: none"> ➤ Assess own level of clinical competence ➤ Identify learning needs and areas where improvement to clinical practice is required

Learning outcomes and practice activities for core (essential) rotations

There are five rotations or elements of a pre-registration training programme that are considered to be essential to be included in all programmes HEE commissions across London, Kent, Surrey and Sussex, to ensure all trainees receive a consistent and comparable training experience.

Learning outcomes and practice activities are provided for all core rotations to be completed by the end of the pre-registration year and include related GPhC performance standards. Some employers have their own learning outcomes, objectives and practice activities which will combine those provided by HEE LaSE Pharmacy and others will use the regionally provided ones. Mapping the regional learning outcomes and practice activities to those available locally will help to identify any gaps.

Dispensary Rotation

Core rotation (essential)

Effective supply of medicines is essential to support the delivery of optimal patient care and medicines optimisation. A pharmacist needs to know how a pharmacy is run to ensure that they are an efficient member of the pharmacy team and can adopt the role of the Responsible Pharmacist.

Therefore, you must be able to dispense efficiently and safely, check dispensed medicines and screen prescriptions for appropriate supply to a patient, when validating therapeutic approaches, and supplying prescribed and over-the-counter medicines.

The GPhC is aware of the importance of pharmacy dispensary services and thus these are included within the [GPhC performance standards](#) and [registration assessment framework](#).

- Section C1 of the performance standards is entitled “manage the dispensing process” and within this section there are 12 individual standards relating to the dispensing process where trainees will need to demonstrate their competence.
- Ensuring that safe and effective systems are in place to manage the risk inherent in the practice of pharmacy and the delivery of pharmaceutical services is vital.

Learning Outcomes

You are encouraged to discuss with your supervisors where the learning outcomes can be achieved. For example, if outpatient pharmacy services are provided through another provider within the trust, it is important to be clear about what you can achieve on a rotation through an outsourced service. The learning outcomes below can also be achieved during rotations outside of the dispensary for example a community pharmacy placement or aseptic services, if available within the trust.

Dispensary Rotation Learning Outcomes	
1.	To describe the individual roles of each member of the dispensary team and their contribution to the dispensary service.
2.	To describe the role and responsibilities of a Responsible Pharmacist (RP) and when this is applicable in a hospital setting.
3.	To gain an appreciation of the different prescribers and prescriptions used within the hospital setting including in-patient prescriptions, private, NHS and prescriptions issued by non-medical prescribers.
4.	To follow Standard Operating Procedures (SOPs) for processing both in- and out-patient prescriptions. This should include: <ul style="list-style-type: none"> ➤ Receipt of prescriptions, including NHS charges and exemptions ➤ Screening and assessing the prescriptions. This is to include use of formularies. ➤ Dispensing. ➤ Providing appropriate information to the patient. ➤ Selling medicines to the general public. ➤ Documentation kept and why. This includes prescriptions, drug charts, requisition sheets, discharge summary letter, controlled drug registers, private prescription register, clinical trials, and unlicensed medicines.
5.	To demonstrate skills associated with the dispensing process from receipt of a prescription or request to supply to the issue of prescribed items to the patient, ward, department, or clinic. To include (where applicable): <ul style="list-style-type: none"> ➤ Extemporaneous dispensing ➤ High-cost drugs and Payment by Results tariff (PbR) exclusions


Dispensary Rotation Learning Outcomes	
	<ul style="list-style-type: none"> ➤ Non-formulary items ➤ Unlicensed medication ➤ Controlled drugs ➤ Immunoglobulin ➤ Clinical trials ➤ Stock requests
6.	To advise on the legal and procedural requirements for the receipt, dispensing, supply and destruction of all medicines, including controlled drugs.
7.	To follow the procedures agreed for dealing with prescriptions that cannot be dispensed at the time that they are prescribed, with special emphasis on determining if urgent resolution is required or not (i.e. is an alternative required, bought in specially), communication with pharmacist, purchasing office, healthcare staff and patient where applicable.
8.	To communicate effectively with the prescriber and ward nursing staff regarding queries which arise, relating to in-patient, out-patient and ward supplies including discharge medications. If unable to solve queries, know who to refer to and do so promptly.
9.	To be aware of the policies of the hospital for managing patient's own drugs, self-medicating schemes, dispensing for discharge, homecare, hospital doctors/non-medical prescribers and their families and private in/out patient prescriptions (including the maintenance of records and methods of payment).
10.	To ensure continuity of medication supply once a patient is discharged including consideration of Medicines Compliance Aids (MCA). As part of this it may be appropriate to undertake an assessment of patient competency before advising on any type of compliance aid
11.	To demonstrate the ability to prioritise workload according to local needs, including considerations required during staffing pressures.
12.	To know the different alert status regarding bed pressures within the trust and how dispensary workflow adjusts accordingly.
13.	To know the Standard Operating Procedures (SOPs) to deal with an exceptional circumstance in the dispensary (e.g. failure of the dispensary-based computer system, robot-dispensing system, major incident, telephone system failure etc.).
14.	To know the policy followed for medication recall, including where these recalls originate from and their different priority levels (additional information can be found here)
15.	To demonstrate a knowledge of the policy for collecting and recording workload statistics and their use (i.e. audits and quality improvement projects)
16.	To know the error monitoring policy, including internal errors (i.e. 'near misses') and external errors (i.e. those that leave the pharmacy department) and know the feedback system and learning gained from this process.
17.	To apply Control of Substances Hazardous to Health (COSHH) regulations within the dispensary.
18.	To apply the concepts of quality assurance and quality standards to dispensary services.
19.	To demonstrate awareness of robotic dispensing systems and the advantages and disadvantages that may impact on the pharmacy service
20.	To know the use, benefits and risks associated with the Emergency Drug Cupboard/Store and what medication types are kept there and why

Practice Activities

These should be carried out in accordance with local policy.

Dispensary Rotation Practice Activities	
1.	Design a personal self-checking procedure to minimise dispensing errors. <i>Relates to GPhC Performance Standards: A2.1, A4.2, A4.4</i>
2.	Demonstrate an awareness of the handling and spillage requirements of cytotoxics and/or reconstitution of antibiotics/controlled drugs. <i>Relates to GPhC Performance Standards: A2.2, A4.5</i>
3.	<p>Using the 'Dispensary Numbers Log', competently dispense a minimum of 200 items which must include the following:</p> <ul style="list-style-type: none"> ➤ Discharge items ➤ Controlled drug items ➤ Items that require dose calculation e.g. liquids, low molecular weight heparins etc. ➤ Items with variable dosing regimens e.g. steroids, amiodarone etc. <p><i>If possible:</i></p> <ul style="list-style-type: none"> ➤ Palliative care items for a syringe pump or anticipatory prescribing ➤ An unlicensed item and/or indication ➤ A private prescription ➤ Specialist items e.g. paediatric, medicine compliance aid, extemporaneous preparation or reconstitution, addicts, cancer services, clinical trials <p><i>Relates to GPhC Performance Standards: A3.1, A3.2, A3.3, A3.4, A3.5, A4.1, A4.2, A4.4, C1.3 –C1.7, C1.11</i></p> <p>As agreed by Pre-registration Pharmacist Educational Programme Directors (PRP EPDs) at the regional PRP EPD Network on 25th June 2019</p>
4.	<p>Using the 'Dispensary Numbers Log', competently check a minimum of 200 items which must include:</p> <ul style="list-style-type: none"> ➤ Discharge items ➤ Controlled drug items ➤ Items that require dose calculation e.g. liquids, low molecular weight heparins etc. ➤ Items with variable dosing regimens e.g. steroids, amiodarone etc. <p><i>If possible:</i></p> <ul style="list-style-type: none"> ➤ Palliative care items for a syringe pump or anticipatory prescribing ➤ An unlicensed item and/or indication ➤ A private prescription ➤ Specialist items e.g. paediatric, medicine compliance aid, extemporaneous preparation or reconstitution, addicts, cancer services, clinical trials <p>This should be reflective of the standards for the National Framework for Accredited Checking <i>Relates to GPhC Performance Standards: A1.1, A1.7, A2.1, A2.2, A2.3, A3.1, A4.1, A4.2, A4.3, A4.4, B2.4, C1.12, C1.2, C1.3</i></p> <p>As agreed by Pre-registration Pharmacist Educational Programme Directors (PRP EPDs) at the regional PRP EPDs Network on 25th June 2019</p>

 Log found in Resources section (Templates and Forms) of Moodle

 Log found in Resources section (Templates and Forms) of Moodle

Guidance on errors

- Error severity is listed on the regional 'Dispensary Number Log'.
- If you make a minor error, you should reflect on the error. Up to a maximum of 3 minor errors is allowed. If you make a fourth error you must restart the process and gather evidence of an additional 200 dispensed items/ an additional 200 checked items.
- If you make a major error, you must reflect on the error and restart the process and gather evidence of an additional 200 dispensed items/ an additional 200 checked items.

- If you make a second major error you must reflect on the error and restart the process with evidence of a new total of 400 dispensed items/ 400 checked items.
- If process restart is required, it is recommended that you take a break from recording before restarting the process.
- All errors should be reflected on using local trust error monitoring policy procedures.

Procurement and Drug Distribution Services

Core activity (essential)

All pharmacy staff need to develop an understanding of the key drug procurement processes and the medicines supply chain in the NHS. With current budgetary pressures in mind, pharmacists are now more frequently asked questions about medicines supply and drug costs. Queries about the comparative costs of medicines, cost pressures (i.e. volume change multiplied by price change), dates of patent expiries of branded medicines, changes in product selection and annual use are becoming commonplace.

It is important, for you to appreciate and understand how the flow of medicines works in a hospital from purchasing to receipt to dispensing/supply. This will give you a solid baseline understanding for the rest of the pre-registration year and beyond, especially when it comes to performing on-call/emergency/residency duties out of hours once you are qualified.

Procurement and Drug Distribution Services Learning Outcomes	
1.	To describe the principles, practices and purpose of stock control including: <ul style="list-style-type: none"> ➤ Re-ordering depleted stock from a variety of suppliers ➤ Re-ordering items out of hours and obtaining them without delay ➤ Stock rotation and stock checks ➤ How to receive incoming stock ➤ Communication of issues relating to the stock to the supplier of the product ➤ Documentation of delivery notes, invoices and credit notes ➤ Safe use of controlled drugs
2.	To gain an understanding of NHS supplies and contracts
3.	To identify appropriate storage conditions for medicines and be aware of the medicines cold chain.
4.	To describe the different procedures and methods for the supply of stock items to wards, departments and clinics when e.g. topping up stock medicines, using patient's own drugs, for signed orders, verbal orders and to-follow-items.
5.	To describe the procedures for handling a drug alert/product recall.
6.	To comply with legislation and local policy surrounding the dispensing and prescribing of medicines that do not have a product licence, are being used off-label or are used according to protocol if part of a clinical trial.
7.	To comply with the policy and procedures for ensuring the accountability and security of drugs in transit and the functions and responsibilities of messengers/porters/drivers who transport medicines including controlled drugs.
8.	To appreciate the legislation around waste management.

Procurement and Distribution Services Practice Activities	
1.	Perform competently two stock top-ups including the issue and preparation of stock delivery. <i>Relates to GPhC Performance Standard: C1.9</i>

Procurement and Distribution Services Practice Activities

2.	Dispose competently of unwanted medicines on two occasions, to include destruction of controlled drugs under supervision. <i>Relates to GPhC Performance Standards: A1.1, A2.1, A2.2, A2.3, C1.9, C1.11</i>
3.	Competently order two items of stock outside the normal top-up system. <i>Relates to GPhC Performance Standard: C1.9</i>
4.	Competently receive and put away two wholesale orders including a fridge item and controlled drug. <i>Relates to GPhC Performance Standards: A2.1, A2.3, C1.9</i>
5.	Follow one drug from purchasing, receipt, to dispensing. <i>Relates to GPhC Performance Standards: A2.4, C1.9</i>
6.	Deal competently with a minimum of two out-of-stock items from different areas (e.g. ward stock item, patient item). <i>Relates to GPhC Performance Standards: A1.1, A3.1, A3.2</i>

Medicines Management

Core activity (essential)

Medicines management (MM) is an evidence-based approach to prescribing which balances the safety, tolerability, effectiveness, cost and simplicity of treatments. Medicines management includes optimising medicines through medication review and medicines reconciliation to ensure that patients get the greatest possible benefit from their medicines in a safe and effective way.

Medicines Management consists of:

- Providing cost-savings
- Providing unbiased information about medicines and treatments
- Supporting practitioners and patients to make the best use of their medicines
- Minimising the harm caused by medicines (including reasons for admission)
- Developing relevant guidelines for medicines management
- Improving communication between sectors and different institutions to ensure the safe, appropriate, and efficient transfer of care

Shadowing pharmacists or other healthcare staff at the beginning of the year is common, allowing you to become familiar with the role. However, you will quickly find that you are required to become gradually more involved, carrying out MM roles under supervision or independently if accredited in MM by your practice supervisor. You will work closely with key pharmacy staff such as clinical pharmacists, pharmacy technicians and pharmacy assistants in carrying out MM roles.

Learning Outcomes





The following MM learning outcomes should be covered during the pre-registration year. Some learning outcomes will specifically apply to time spent on an MM rotation, although it is expected that there will be an overlap with other rotations, for example the dispensary.

Supervised Learning Event tools such as mini-Clinical Exercise (mini-CEX) and Medication Related Consultation Framework (MRCF) may be used to facilitate your learning and evidence your progression.



Forms found in Resources section (Templates and Forms) of Moodle

Medicines Management Learning Outcomes	
1.	To demonstrate knowledge and understanding of the systems used to deliver medicines to in-patients.
2.	To perform and document accurate patient medication histories.
3.	To perform and accurately document medicines reconciliation, including assessment of patient's own drugs (PODs) for use as an in-patient
4.	To communicate effectively with and refer to colleagues and fellow healthcare professionals to ensure the safe and effective management of patient's medicines.
5.	To provide counselling to patients on newly initiated medicines and to those who are unable to administer their medication appropriately.
6.	To promote evidence-based practice ensuring consideration is given to cost effectiveness and compliance with local formulary requirements, without compromising patient safety.
7.	To demonstrate how to efficiently prioritise different medicines management related tasks, whilst ensuring patient care is not compromised.
8.	To communicate with patients and other healthcare staff across the primary/secondary care interface, to ensure the pharmaceutical needs of the patient are appropriately planned for prior to discharge.

Medicines Management Practice Activities	
1.	<p>Medicines Reconciliation:</p> <ul style="list-style-type: none"> ➤ Observe a set number of medicines reconciliations (number determined locally). ➤ Undertake and document a set number of medicines reconciliations – these are to be observed by an appropriately trained pharmacy professional and must be completed on different patients using a variety of sources (number determined locally). <p><i>Relates to GPhC Performance Standards: C2.5, C2.6, B1.1-B1.11</i></p> <p>A 'Standard Process for a Medication Reconciliation' and a 'Medicines Reconciliation Record Form' are available on our Virtual Learning Environment.</p> <div style="border: 1px solid #800040; padding: 5px; display: inline-block; text-align: center;">  Forms found in Resources section (Templates and Forms) of Moodle </div>
2.	<p>POD Assessment:</p> <ul style="list-style-type: none"> ➤ Observe a set number of POD assessments (number determined locally). ➤ Undertake and document a set number of POD assessments – these are to be observed by an appropriately trained pharmacy professional and must be completed on different patients (number determined locally). <p><i>Relates to GPhC Performance Standards: A1.6, A2.1, A2.3, A2.4, A5.7, B1.1, C2.6</i></p> <p>A 'POD and Transcribing for Supply Record Form' is available on our Virtual Learning Environment.</p> <div style="border: 1px solid #800040; padding: 5px; display: inline-block; text-align: center;">  Form found in Resources section (Templates and Forms) of Moodle </div>
3.	<p>Transcribing for Supply (TfS):</p> <ul style="list-style-type: none"> ➤ Observe a set number of TfS orders (number determined locally). ➤ Undertake and document a set number of TfS orders – these are to be observed by an appropriately trained pharmacy professional and must be completed on different patients (number determined locally). <p><i>Relates to GPhC Performance Standards: A1.6, A2.1, A2.3, A2.4, A5.7, B1.1, C2.6</i></p> <p>A 'POD and Transcribing for Supply Record Form' is available on our Virtual Learning Environment.</p> <div style="border: 1px solid #800040; padding: 5px; display: inline-block; text-align: center;">  Form found in Resources section (Templates and Forms) of Moodle </div>
4.	<p>Complete medicines reconciliation quizzes available on our Virtual Learning Environment.</p> <div style="border: 1px solid #800040; padding: 5px; display: inline-block; text-align: center;">  Found in Clinical Support section of Moodle </div>
5.	<p>Gain experience in counselling patients involving examples of the following devices, dosage forms and/or medications:</p> <ul style="list-style-type: none"> ➤ Complex drugs e.g. warfarin, amiodarone, steroids ➤ Creams and ointments ➤ Drops; ear, eye and nose ➤ Inhalers ➤ Medicines compliance aids e.g. blister packs ➤ Oral syringes ➤ Pen devices ➤ Pessaries ➤ Sprays ➤ Suppositories <p>The number of consultations is to be decided upon by the EPD, ES and practice supervisor(s) for medicines management activity.</p> <p>If opportunities to counsel patients in the above do not arise during the year, simulated counselling sessions should be arranged.</p> <p><i>Relates to GPhC Performance Standards: A1.1, A2.1, A2.2, A2.4, A4.1, B1.1-11, C2.2, C2.9, C2.11.</i></p>

Core rotation (essential)

Clinical Pharmacy Rotation

Clinical pharmacy has been defined as “*promoting rational use of drugs competently and responsibly to patients, taking into account their social, socio-economic, psychological and biological aspects in order to make positive change in their daily lives*” (PJ, 2016) and is of great importance in the patient healthcare pathway. In line with the NHS Long Term Plan launched in January 2019, clinical pharmacy services need to evolve beyond institutionalised services into the realm of preventative medicine. Therefore, important for you and all involved in your journey to becoming a qualified pharmacist, to embrace this.

Shadowing clinical pharmacists at the beginning of the year is common and allows you to become familiar with their role. However, as the year progresses, you will become more involved, carrying out clinical roles under supervision. You will work closely with pharmacy staff such as clinical pharmacists, pharmacy technicians, pharmacy assistants and pharmacy apprentices (staff of all grades and different specialist knowledge).

Appropriate, cost-effective, medicines management and treatment optimisation are key drivers within the NHS and pharmacists have been identified as a key workforce to enable this in both primary and secondary care and so excellent clinical pharmacy skills are crucial.

The clinical pharmacist role is an opportunity to experience learning from inter-professional education. This could include multi-professional simulation exercises and joint teaching with FY1 doctors, nurses and other allied healthcare professionals.

The GPhC registration assessment has evolved into a knowledge-application exam rather than a knowledge-recall exam and so clinical pharmacy knowledge and its application is essential.

Learning Outcomes


The following clinical pharmacy learning outcomes should be achieved during the pre-registration year. Some learning outcomes will specifically apply to time spent on clinical rotations, although it is expected that there will be an overlap with other rotations, for example the dispensary.

Supervised Learning Event tools such as mini-Clinical Evaluation Exercise (mini-CEX) and Medication Related Consultation Framework (MRCF) may be used to facilitate your learning and evidence your progression.



Forms found in Resources section (Templates and Forms) of Moodle

Clinical Pharmacy Rotation Learning Outcomes	
1.	To have a working knowledge of the trust’s clinical pharmacy standards/policy and be able to apply them to clinical practice.
2.	To utilise ward resources and the communication network that exists at ward level to ensure high quality patient care.
3.	To demonstrate prioritisation of workflow including that of patient medicines management problems (both clinical and non-clinical issues e.g. supply).
4.	To accurately take and document patient medication histories and reconciliations and communicate/resolve issues identified.
5.	To identify patients with medication related problems that require the clinical input of a pharmacy team member.

Clinical Pharmacy Rotation Learning Outcomes	
6.	To safely and effectively screen prescription charts or electronic prescribing to ensure appropriate treatment, including doses, interactions, monitoring and legality and resolve arising issues. Consider the use of an appropriate clinical checklist
7.	To have a working knowledge of the BNF, summary of product characteristics (SPC) and hospital clinical resources. Examples of hospital clinical resources include: <ul style="list-style-type: none"> ➤ Medicines Management policy ➤ Prescribing guidelines, including local and national (e.g. NICE) ➤ Local formulary including process for request / one off supply of non-formulary and unlicensed drugs ➤ Antibiotic guidelines / policies including IV to oral switch policy ➤ Relevant clinical protocols ➤ Therapeutic Drug Monitoring policies and procedures ➤ Renal impairment adjustment guidelines (e.g. Renal Drug Database) ➤ Use of named patient & unlicensed drugs ➤ Administration of IV drugs (Medusa guidelines) ➤ Enteral administration e.g. nasogastric (Drug Administration via Enteral Feeding Tubes) ➤ High Cost Drugs (PBR Ex) ➤ Safe and secure handling of medicines ➤ Ward stock locations ➤ Home IV procedures, where available (e.g. OPAT) ➤ Self-administration policies, where available (e.g. self-administration of insulin)
8.	To demonstrate how to utilise supplementary charts or electronic systems (e.g. observation charts, blood glucose monitoring).
9.	To apply and identify issues with patients' blood and monitored parameters (e.g. blood pressure, heart rate, temperature, full blood count, blood glucose, renal and hepatic function) to ensure safe and effective treatment.
10.	To prioritise and resolve any issues arising from screening prescriptions through communication with the multi-disciplinary team
11.	To communicate effectively (and negotiate as required) with and refer to colleagues and fellow health care professionals to ensure optimal patient management.
12.	To identify and provide counselling to patients who require help with the administration of their medicines or who have been prescribed new medicines, supported by the MRCF tool - including special formulations, the use of devices, and patient information leaflets.
	 Forms found in Resources section (Templates and Forms) of Moodle
13.	To provide both active and passive medicines information, advice and prescription queries to other healthcare professionals within the multidisciplinary team e.g. adverse effects, medication and patient/disease interactions, contra-indications, mechanisms of action, optimum drug formulation, appropriate route of administration, nil-by-mouth patients, and patient's blood considerations.
14.	To apply the principles of pharmacokinetics to individualise patient therapy, including formulation changes e.g. changes in bioavailability
15.	To monitor the outcomes of medication therapy for effectiveness, adverse reactions and interactions.
16.	To endorse the patient's inpatient chart (including electronic prescribing if used at trust) as per trust policy.
17.	To know the process of how to document clinical contributions to care, including recommendations accurately and clearly in the patient's notes.

Clinical Pharmacy Rotation Learning Outcomes	
18.	To understand the importance of data protection & confidentiality within daily practice and has received trust/local training.
19.	To demonstrate awareness of local clinical governance / risk structures, including how to report errors/incidents/poor practice at a local level.
20.	To be aware of ward-based audits that pharmacy is involved with e.g. medication safety, medication/CD storage, pharmacy interventions.
21.	To demonstrate awareness of the Drugs & Therapeutics Committee (or equivalent) at the trust and the processes to approve clinical guidelines and medication approval.
22.	To understand how medications can be supplied to patients without the need for a prescription e.g. Patient Group Directions and emergency supplies
23.	To demonstrate awareness of local policies relating to safety alerts including: <ul style="list-style-type: none"> ➤ Clozapine administration and monitoring ➤ High dose morphine/diamorphine ➤ Intrathecal policy ➤ IV potassium policy and guidelines ➤ Methotrexate administration ➤ Use of oral syringes ➤ Wrong route chemotherapy
24.	To demonstrate awareness of high-risk drugs (including total parenteral nutrition, as per safety alerts and the GPhC registration assessment framework) and the policies and procedures that are associated with the prescribing, screening, dispensing, checking and administration of them.
25.	To apply clinical pharmacy skills to different patient groups.

Practice Activities

These are directly linked to clinical learning outcomes and should provide evidence that they have been met.

Clinical Pharmacy Rotation Practice Activities																																		
1.	<p>Have a working knowledge of the Medicines Learning Portal</p> <p>This on-line resource contains information, scenarios and quizzes on:</p> <table border="1"> <thead> <tr> <th>Clinical Topics</th> <th>Specialist Topics</th> <th>Professional Skills</th> </tr> </thead> <tbody> <tr> <td>Administration</td> <td>Alternative medicine</td> <td>Calculations</td> </tr> <tr> <td>Adverse reactions</td> <td>Antibiotics</td> <td>Communication</td> </tr> <tr> <td>Interactions</td> <td>Excipients</td> <td>Critical evaluation</td> </tr> <tr> <td>Drug handling</td> <td>Inherited disorders</td> <td>Decision making</td> </tr> <tr> <td>Children</td> <td>Mental health</td> <td>Managing medicines</td> </tr> <tr> <td>Renal</td> <td>Palliative care</td> <td>Research</td> </tr> <tr> <td>Liver</td> <td></td> <td></td> </tr> <tr> <td>Injection compatibility</td> <td></td> <td></td> </tr> <tr> <td>Pregnancy</td> <td></td> <td></td> </tr> <tr> <td>Breastfeeding</td> <td></td> <td></td> </tr> </tbody> </table> <p><i>Relates to Performance Standards: A2.1, A2.3, A2.4, A5.1, A5.2, A5.3, A5.4, A5.5</i></p>	Clinical Topics	Specialist Topics	Professional Skills	Administration	Alternative medicine	Calculations	Adverse reactions	Antibiotics	Communication	Interactions	Excipients	Critical evaluation	Drug handling	Inherited disorders	Decision making	Children	Mental health	Managing medicines	Renal	Palliative care	Research	Liver			Injection compatibility			Pregnancy			Breastfeeding		
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Clinical Pharmacy Rotation Practice Activities

Show involvement in inter-professional education.

Suggested methods for this are:

a. Shadow one or more of the following healthcare professionals:

Dietician	Ward Nurse
Specialist Nurse e.g. Diabetic Nurse/Macmillan Nurse	Physiotherapist
Learning Disability Link Nurse Practitioner	FY1/FY2 doctor
Non-medical prescriber	Occupational Therapist

and/or

b. Attend multi-professional ward rounds or relevant outpatient clinics involving pharmacy input

Relates to Performance Standard: A5.3

2.

Clinical Pharmacy Rotation Practice Activities

3.

Review patients' therapy/management with reference to national guidance (e.g. NICE, etc.) showing how these link to local trust policy.

The key aim of the task is to ensure:

- identification of pharmaceutical problems
- prioritisation of pharmaceutical problems
- development of an action plan to address or prevent problems
- outcome and monitoring (including observations and bloods)

The number of patient reviews should be decided between the trainee and the educational supervisor.


These reviews could include:

- a patient in which Therapeutic Drug Monitoring (TDM) is required
- a patient whose therapy includes parental therapy and its associated pharmaceutical input
- a patient relating to the therapeutic areas of the [GPhC registration assessment framework](#), the below table provides some examples, not an exhaustive list:

Acute Kidney Injury	Gastrointestinal Ulceration
Alzheimer's	Hypertension
Anaemia	Critical Care & High Dependency
Angina	Infections
Antibiotic Stewardship	Ischaemic Heart Disease
Asthma	Learning Difficulties
Atrial Fibrillation	Chronic Kidney Disease
Cardiac Failure	Paediatrics
Care of the Frail	Pain Control
COPD	Palliative
Dementia	Parkinson's Disease
Depression	Pre- & Post-Operative Care
Diabetes	Swallowing Issues / Feeding Tube
Epilepsy	Thromboembolic Disorders
Fluid/Nutrition	Thyroid Disorders

Due to the importance of these areas in hospital pharmacy and the GPhC registration assessment framework, a working knowledge of all the above is recommended.




Supervised Learning Event tools such as mini-Clinical Evaluation Exercise (mini-CEX) and Medication Related Consultation Framework (MRCF) may be used to facilitate your learning and evidence your progression.



Forms found in Resources section (Templates and Forms) of Moodle

Relates to Performance Standards: A1.1, A1.3, A1.6, A1.7, A2.1, A2.2, A2.4, A3.1-5, A4.6, A4.7, B1.1, B1.6, C1.2, C1.3, C1.4, C1.5, C2.1, C2.3, C2.6, C2.7, C2.11

Clinical Pharmacy Rotation Practice Activities

<p>4.</p>	<p>Gain experience in counselling patients involving examples of the following devices, dosage forms and/or medications:</p> <table border="1" data-bbox="288 365 1406 600"> <tr> <td>Complex drugs e.g. warfarin, DOACs, amiodarone, digoxin, steroids</td> <td>Oral syringes</td> </tr> <tr> <td>Creams and ointments</td> <td>Variety of insulin devices</td> </tr> <tr> <td>Drops; ear, eye and nose</td> <td>Pessaries</td> </tr> <tr> <td>Inhalers, spacer devices/volumatics, peak flow meter</td> <td>Sprays</td> </tr> <tr> <td>Medicines compliance aids e.g. dosette box, blister packs</td> <td>Suppositories</td> </tr> </table> <p>The amount of patient counselling is to be decided between the trainee and the educational supervisor.</p> <p>Due to the importance of these areas in hospital pharmacy and the GPhC registration assessment framework, a working knowledge of all the above is recommended.</p> <p>Supervised Learning Event tools such as mini-Clinical Evaluation Exercise (mini-CEX) and Medication Related Consultation Framework (MRCF) may be used to facilitate your learning and evidence your progression.</p> <div data-bbox="995 826 1437 943" style="border: 1px solid #d9534f; padding: 5px; display: inline-block;">  Forms found in Resources section (Templates and Forms) of Moodle </div> <p><i>Relates to Performance Standards: A1.1, A2.1, A2.2, A2.4, A4.1, B1.1-11, C2.2, C2.9, C2.11.</i></p>	Complex drugs e.g. warfarin, DOACs, amiodarone, digoxin, steroids	Oral syringes	Creams and ointments	Variety of insulin devices	Drops; ear, eye and nose	Pessaries	Inhalers, spacer devices/volumatics, peak flow meter	Sprays	Medicines compliance aids e.g. dosette box, blister packs	Suppositories
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<p>5.</p>	<p>Clinically screen (under supervision) a minimum of 100 items for legality and clinical safety. The items must be taken from prescriptions which represent a variety of formats (e.g. inpatient charts, TTOs, outpatient/A&E scripts etc.) and clinical backgrounds.</p> <p>Supervised Learning Event tools such as mini-Clinical Evaluation Exercise (mini-CEX) and Medication Related Consultation Framework (MRCF) may be used to facilitate your learning and evidence your progression.</p> <div data-bbox="995 1223 1437 1339" style="border: 1px solid #d9534f; padding: 5px; display: inline-block;">  Forms found in Resources section (Templates and Forms) of Moodle </div> <p><i>Relates to Performance Standards: A1.3, A1.6, A1.7, A2.1-4, A3.1-3, A4.1, A4.2, C1.2-5, C1.11, C2.7</i></p>										
<p>6.</p>	<p>Act as a clinical ward pharmacist and provide pharmaceutical patient care (under supervision) in preparation for practice, to consolidate knowledge and skills.</p> <p>Supervised Learning Event tools such as mini-Clinical Exercise (mini-CEX) and Medication Related Consultation Framework (MRCF) may be used to facilitate your learning and evidence your progression.</p> <div data-bbox="995 1610 1437 1727" style="border: 1px solid #d9534f; padding: 5px; display: inline-block;">  Forms found in Resources section (Templates and Forms) of Moodle </div> <p><i>Relates to Performance Standards: A1.1, A1.3, A1.6, A2.4, A3.1, A4.6, C1.2-4, C2.3, C2.6, C2.7</i></p>										

References/further reading

1. Hassalin, M.A., Hashmi, F.K. and Al-Tamimi, S.K. (2016) Defining clinical pharmacy: a new paradigm. The *Pharmaceutical Journal* [Online], 297(7894). Available from: <https://www.pharmaceutical-journal.com/opinion/comment/defining-clinical-pharmacy-a-new-paradigm/20201798.article> [Accessed 25 July 2020]
2. https://www.nicpld.org/courses/fp/learning/assets/RPS_ClinicalCheckQuickReferenceGuide.pdf
3. NHS Improvements: Patient Safety Alerts
<https://improvement.nhs.uk/resources/patient-safety-alerts/>
4. NHS Improvements: Never Events Data
<https://improvement.nhs.uk/resources/never-events-data/>

Community Pharmacy Rotation

Core rotation (essential)

The shared ambition for the community pharmacy sector is to radically enhance and expand the personalised care, support and wellbeing services that they provide by focussing on three key roles for the future (*The Community Pharmacy Forward View (2016)*):

- as a facilitator of personalised care for people with long-term conditions
- as a trusted, convenient first port of call for episodic healthcare advice and treatment
- as a neighbourhood health and wellbeing hub.

Practice activities 1 and 2 should be undertaken prior to an arranged placement/ rotation.

Learning Outcomes

An external placement or rotation to a community pharmacy can take place at any time during the pre-registration year. Some of the learning outcomes for this rotation may be able to be covered during time spent in an outsourced outpatient pharmacy within your trust.

Not all community pharmacies provide the same services, and this is reflected in the essential versus desirable learning outcomes.

The learning outcomes should be used to help plan and structure learning during your rotation and can be tailored to the individual pharmacy environment and your prior level of experience. It is recommended that individualised training plans are developed and agreed in advance of the placement.

Community Pharmacy Rotation Learning Outcomes	
1.	To identify compliance with the role of the Responsible Pharmacist regulations <i>Relates to Performance Standards: A2.2, A2.3, A5.5, A5.6</i>
2.	To describe the process of endorsement, pricing, and sorting/submission of prescriptions according to the NHS Business Services Authority Prescriptions Services department. This may include: <ul style="list-style-type: none"> ➤ Medicinal products ➤ Appliances (medical devices) ➤ Unlicensed specials and imports ➤ Special containers i.e. oral liquid antibiotics requiring reconstitution ➤ Split pack dispensing ➤ Veterinary products <i>Relates to Performance Standards: A2.2, A2.3, A2.4, C1.11, A5.5, A5.6</i>
3.	To demonstrate ability to receive (including validity and eligibility check) and dispense prescriptions commonly presented in primary care. To include: <ul style="list-style-type: none"> ➤ Prescriptions issued by a GP or non-medical prescriber ➤ Private prescriptions (including payment of) ➤ Prescriptions for Schedule 1, 2 or 3 controlled drugs, to include methadone ➤ Prescriptions for supply by instalments ➤ Prescriptions issued by a dentist ➤ Prescriptions issued by a vet <i>Relates to Performance Standards: A1.1, A1.2, A2.1, A2.2, A2.3, A2.4, A5.5, A5.6, B1.2, B1.4, B1.6, B1.8, B1.10, B1.11, C1.1, C1.2, C1.3, C1.6, C1.8, C1.11</i>

Community Pharmacy Rotation Learning Outcomes	
4.	<p>To describe the process involved in dealing with requests for urgent/emergency supply of a Prescription Only Medicine (POM):</p> <ul style="list-style-type: none"> ➤ At the request of a prescriber ➤ At the request of a patient or a patient's representative <p><i>Relates to Performance Standards: A2.1, A2.2, A2.3, A2.4, B1.2, B1.4, B1.5, B1.6, B1.8, B1.11, C1.10, C1.11</i></p>
5.	<p>To describe the process of assessing the suitability of compliance aids i.e. dosette boxes</p> <p><i>Relates to Performance Standards: A2.1, A2.3, B1.4, B1.5, B1.11, C2.2</i></p>
6.	<p>To apply consultation skills to all patient encounters in the community pharmacy setting. To include:</p> <ul style="list-style-type: none"> ➤ Issue of medication to patients ➤ Gaining an accurate history of medication or health to inform over the counter (OTC) sales ➤ Ad-hoc and planned conversations with patients about their health concerns and medicines ➤ Opportunities for health promotion <p><i>Relates to Performance Standards: A1.1, A1.2, B1.2, B1.4, B1.5, B1.6, B1.7, B1.8, B1.10, B1.11, C2.1, C2.2, C2.5, C2.8, C2.9, C2.11</i></p>
7.	<p>To relate the selection of OTC and treatments for minor ailments to treatment guidelines, drug properties and the patient</p> <p><i>Relates to Performance Standards: A2.2, A2.4, A5.5, A5.6, B1.4, B1.5, B1.6, B1.7, B1.8, B1.11, C2.1, C2.2, C2.8, C2.11</i></p>
8.	<p>To create and utilise opportunities to promote health and wellbeing to patients e.g. 'making every contact count' (MECC), organising or participating in a healthy living pharmacy campaign</p> <p><i>Relates to Performance Standards: A1.1, A1.2, A5.1, A5.2, A5.3, A5.4, A5.5, A5.6, A5.7, B1.2, B1.4, B1.5, B1.6, B1.7, B1.8, B1.10, B1.11, B2.5, C2.2, C2.8, C2.11</i></p>
9.	<p>To identify current referral pathways for patients and describe when and how these should be applied. To include:</p> <ul style="list-style-type: none"> ➤ Referral into community pharmacy service/s e.g. direct to pharmacy referrals from NHS 111 ➤ Referral from community pharmacy service/s to another healthcare professional or into other healthcare services <p><i>Relates to Performance Standards: A1.3, A2.4, B1.4, B1.5, B1.6, B1.7, B1.8, B1.11, B2.5, C2.2, C2.11</i></p>
10.	<p>To recognise the role of the community pharmacy within the wider NHS and describe the different services provided by community pharmacies including the placement pharmacy:</p> <ul style="list-style-type: none"> ➤ Essential services ➤ Advanced services ➤ Enhanced services (locally commissioned services) in response to the needs of the local population <p><i>Relates to Performance Standards: A2.4, A5.5, A5.6, B2.5</i></p>
11.	<p>To describe the roles of different members of the community pharmacy team and how each may contribute to patient care</p> <p><i>Relates to Performance Standards: A1.3, A2.4, B2.5, C2.11</i></p>

Community Pharmacy Rotation Learning Outcomes	
12.	To explain the legal and professional requirements associated with supplying emergency hormonal contraception <i>Relates to Performance Standards: A1.3, A2.2, A2.4, C2.9, C1.10, C2.11</i>
13.	To explain the principles behind Medicines Use Reviews (MUR), (including Prescription Intervention MUR), Community Pharmacy Consultation Service and the New Medicines Service (NMS) and be able to promote these services to patients encountered in any health settings <i>Performance Standards: A1.1, A1.2, A2.1, A2.4, A5.5, A5.6, A5.7, B1.4, B1.5, B1.6, B1.8, B1.10, B1.11, C2.2, C2.9, C1.11, C2.11</i>
14.	To identify the stages involved in successful completion of the New Medicines Service (NMS) <i>Relates to Performance Standards: A2.2, A5.7, B1.11, C2.2, C2.11</i>
15.	To explain the legal and professional requirements associated with supplying medicine by Patient Group Direction (PGD) <i>Relates to Performance Standards: A2.2, A2.3, A2.4</i>
16.	To explain the concept of Healthy Living Pharmacies (HLP) and the criteria for achieving and maintaining HLP status and quality criteria <i>Relates to Performance Standards: C2.2, C2.8, C2.9, C2.11</i>
17.	To describe the functions of the GPhC Inspectorate <i>Relates to Performance Standards: A2.2, C1.11</i>
18.	To describe the process for managing disposal of unwanted medications in the community setting. To include: <ul style="list-style-type: none"> ➤ Hazardous substances ➤ Controlled drugs <i>Relates to Performance Standards: A1.1, A2.1, A2.2, A2.3, C1.11</i>
19.	To discuss the ways in which community pharmacy can work with other service providers such as acute trusts and GP practices to minimise the potential for patient safety incidents for example by the use of digital technologies and summary care records <i>Relates to Performance Standards: A1.3, A2.4, B1.7, B2.5, B1.11, C2.2, C2.11</i>
20.	To examine the roles and contributions of the multidisciplinary health and social care team to community pharmacy services and discuss opportunities for multi-professional working in primary care <i>Relates to Performance Standards: A1.3, A2.4, A5.3, B2.5, C2.11</i>

Practice Activities

Recommended practice activities should be used to help plan and structure learning during your rotation and can be tailored to the individual pharmacy environment and your prior level of experience.

Clinical Pharmacy Rotation Practice Activities	
1.	Complete relevant sections of the CPPE distance learning programme: Effective management of over the counter medications NB <i>this learning programme has been developed and provided by NHS Education for Scotland. Users should recognise that this programme will refer to Scottish policies and organisations, however it is a valuable resource.</i>
2.	Complete relevant sections of the CPPE e-learning course: Common clinical conditions and minor ailments

Clinical Pharmacy Rotation Practice Activities

3.	Listen to a pharmacist interview a patient or patient's representative in response to a request to dispense prescription-only items without a prescription (with the patient's consent). If the pharmacist decides to supply, dispense the product, and make the entry in the register (under supervision of the pharmacist).
4.	Learn how to endorse prescriptions presented to a community pharmacy, how prescriptions are filed and the process by which prescriptions are submitted to the relevant authority for payment.
5.	Complete the controlled drug record and the prescription register, under the supervision of a pharmacist.
6.	Explore the CPPE Consultation Skills (foundation) learning resource and undertake activities relevant to your learning needs. As a <u>minimum</u> : Familiarise yourself with the MRCF (see 'Test Yourself') and use the tool for self-assessment and gaining feedback from others on your consultation approach and structure.
7.	Complete the individual and team skills assessment tool from the implementation guide and toolkit for Making Every Contact Count
8.	Explore the information and resources available on the PSNC website . To include: <ul style="list-style-type: none"> ➤ Dispensing and Supply ➤ Services and Commissioning

Learning outcomes and practice activities for additional rotations

The following rotations are additional rotations/activity that you may undertake during your pre-registration training. All learning outcomes and practice activities for these rotations can be found on the HEE LaSE Virtual Learning Environment.



Found in Resources section (learning outcomes and practice activities for additional rotations) of Moodle

Pharmacy Preparative Services

Pharmacy production units prepare sterile (aseptic) products free from bacteria or other micro-organisms that may cause harm to the patient and non-sterile batch products such as specially formulated liquid suspensions, mixtures, creams and ointments which are not commercially available and would otherwise be difficult to obtain. Aseptic products include chemotherapy, total parenteral nutrition, patient-ready intravenous products, and radiopharmaceuticals.

Quality Assurance/ Quality Control

Pharmacy quality assurance/ quality control laboratories are responsible for ensuring that medicinal products used by trusts are fit for their intended use. This involves analysing manufactured products, including unlicensed medicines, as well as the raw materials and packaging components used by pharmacy production units, to ensure they meet agreed specifications. In addition, they perform environmental and microbiological testing to ensure that aseptic production environments meet required standards and they monitor the Medical Gas Pipeline System, which delivers medical gases including oxygen to the patient's bedside.

Medicines Information

Medicines Information services provide information and advice on all aspects of medicines use to healthcare professionals and patients. They support the safe, effective, and efficient use of medicines by providing evidence-based information and advice. Enquiries are answered on a variety of topics including dosing and administration, adverse effects, availability and use of medicines in pregnancy and breast-feeding.

Mental Health

Inevitably you will encounter patients with a mental health disorder in any patient setting as one in four adults and one in 10 children experience mental illness. Most of the learning outcomes could be met as opportunities arise during the training year if a specific rotation is not available.

Children and Young People (paediatrics)

Children and young people up to 18 years old make up one fifth of the UK's population. Once they turn 18, they are legally an adult. The term 'children' is used to refer to younger children who do not have the maturity and understanding to make important decisions for themselves. The term 'young people' is used to refer to older or more experienced children who are more likely to be able to make decisions for themselves. Experience in paediatrics can be gained from non-specialist areas such as an outpatient dispensary, community pharmacy and medicines information, if a specific rotation is not available.

NHS Commissioning

This type of rotation is designed to provide an insight into medicines optimisation in NHS Clinical Commissioning Groups (CCG).