

## Post-reg Foundation Programme – FP1

## Checklist of evidence required

| Evidence name   | Included (tick) |
|---|-----------------|
| Optimising Medicines Use  |                 |
| Medication reviews - medication review template x4  |                 |
| Medication reviews - observed medication review template x2   |                 |
| Medication record – reflective account template x1  |                 |
| Provision of person-centred information – query response template x6  |                 |
| Electrolytes, liver and kidney function tests eLearning course – CPD cycle (include MCQ score and date/certificate of completion) |                 |
| Erythrocytes eLearning course – CPD cycle (include MCQ score and date/certificate of completion)                                  |                 |
| Safe and Effective Provision of Medicines   |                 |
| Checking accuracy – completed checking accuracy log for 100 dispensed items   |                 |
| Checking accuracy – reflective account template x1  |                 |
| Clinical screening – completed clinical screening log for 100 items   |                 |
| Clinical screening – reflective account template x1   |                 |
| Procurement activity – reflective account template x1   |                 |
| Managing workflow – reflective account template x1  |                 |
| Disposal of medicines (range of different medicine types) – reflective account template x1  |                 |
| Governance and Quality Improvement  |                 |
| Completed audit template x1   |                 |
| Recording of near misses and incidents – reflective account template x1   |                 |
| Yellow card reporting – reflective account template x1  |                 |
| Using technology to enhance patient care – reflective account template x1   |                 |

| Teaching activity – reflective account template x1  |       |
|---|-------|
| Teaching activity – teaching observation template x1  |       |
| Collaborative working – reflective account template x1  |       |
| Promoting Public Health   |       |
| Promoting the health of individuals – behavioural change CbD template or antimicrobial stewardship CbD template x1                        |       |
| Safeguarding (cases provided by NICPLD) – safeguarding CbD template x 3 or 'Safeguarding cases – confirmation of completion during NICPLD |       |
| FTY' form   |       |
| Minimising misuse of medicines – reflective account template x1   |       |
| Promoting the health of the public – reflective account template x1   |       |
| Miscellaneous   |       |
| Learning contract   |       |
| Two examples of accurately performing calculations in practice to demonstrate LO 32   |       |
| First Aid certificate (or equivalent) to demonstrate LO 44  |       |
| FP1 Pharmacist (Signature)*:  |       |
|   | Date: |
| * In signing this document, I declare that this evidence is my own work and meets the quality criteria for validity and authenticity.     |       |