Practice-based pharmacist foundation programme:

Handbook

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Preface

Welcome to the Northern Ireland Centre for Pharmacy Learning and Development (NICPLD) Practice-based Pharmacist Foundation Programme (PBPFP) for pharmacists working in general practice (i.e. practice-based pharmacists [PBPs]).

NICPLD is a Royal Pharmaceutical Society Foundation School. By achieving Royal Pharmaceutical Society Foundation School accreditation for NICPLD, we have demonstrated that we meet recognised Royal Pharmaceutical Society standards for quality and content, and that we are committed to pursuing excellence.

The PBPFP incorporates competencies from the Royal Pharmaceutical Society (RPS) Foundation Pharmacy Framework[1]. The aim of this handbook is to provide PBPs with background information and details about the content and structure of the programme.

Contents

1. Introduction

The Practice-based Pharmacist Foundation Programme (PBPFP) provides structured work-based training and experience for all pharmacists working in general practice in Northern Ireland, to enable them to deliver safe and effective pharmaceutical care to individual patients. The programme has been designed to support the implementation of best practice in medicines optimisation, as recommended in the Medicines Optimisation Quality Framework[2]. The emphasis of the programme is on developing competence (the ability to perform consistently to the required standard) using authentic activities in the workplace (rather than classroom activities).

The programme, which focuses on in-practice training and experiential learning in the workplace, should take approximately 12 -16 months to complete. During your in-practice training, you will develop a portfolio and undertake practice activities to help you develop and demonstrate your competence in a range of different practice areas (or domains). Reflective practice is encouraged, and you are expected to maintain appropriate Continuing Professional Development (CPD) records. Therefore, undertaking the PBPFP should also help you to meet your CPD requirements.

Throughout the PBPFP, you are supported in the workplace by your Lead PBP who will undertake the role of Educational Supervisor (ES). The ES will meet regularly with you to monitor your progress and support you throughout the programme. In addition to practice activities, a number of workshops and distance learning activities are provided during the course of the programme to further enhance your learning. Following the completion of practice activities, workshops and portfolio submission, there will be a formal assessment process.

2. Eligibility

Only those pharmacists who have been appointed as a GP Federation PBP are eligible to undertake the PBPFP. Following your appointment as a PBP you will automatically be enrolled on the next available PBPFP.

3. Competencies and the RPS Foundation Pharmacy Framework

A competency is a quality or characteristic of a person which is related to effective or superior performance. Competencies are described as a combination of knowledge, skills, motives and personal traits, and can help individuals to continually improve their performance and to work more effectively. A competency framework is a collection of competencies which are thought to be central to effective performance. Competency frameworks can be used to identify learning needs and aid development, and to demonstrate consistent performance to the expected standard.

The PBPFP uses the RPS Foundation Pharmacy Framework, which has four key competency clusters, as illustrated in the diagram below:

Cluster 1: Patient and Pharmaceutical Care – focuses on the patient and medicines.
Cluster 2: Professional Practice – identifies support, practice guidance and professional support tools.
Cluster 3: Personal Practice – relates to development, developing one's own practice.
Cluster 4: Management and Organisation – relates to leadership and service delivery.

Each of the four clusters comprises closely related competencies as shown in Table 1.

Table 1. The 4 RPS Foundation Programme competency clusters and the 26 related competencies.

1. Patient and Pharmaceutical Care	2. Professional Practice	3. Personal Practice	4. Management and Organisation
1.1 Patient Consultation	2.1 Professionalism	3.1 Gathering Information	4.1 Clinical Governance
1.2 Need for the Medicine	2.2 Organisation	3.2 Knowledge	4.2 Service Provision
1.3 Provision of Medicine	2.3 Effective Communication Skills	3.3 Analysing Information	4.3 Organisations
1.4 Selection of the Medicine	2.4 Team Work	3.4 Providing Information	4.4 Budget and Reimbursement
1.5 Medicine Specific Issues	2.5 Education and Training	3.5 Follow up	4.5 Procurement
1.6 Medicines Information and Patient Education		3.6 Research and Evaluation	4.6 Staff Management
1.7 Monitoring Medicine Therapy			
1.8 Evaluation of Outcomes			
1.9 Transfer of care			

Each of the 26 competencies has a number of descriptors, known as behavioural statements, that define how each competency is recognised. These competencies and behavioural statements are used to plan, conduct and evaluate your in-practice training, and are outlined in Table 2.

Table 2. The 4 competency clusters with the 26 competencies and related behavioural statements.

1. Patient and Pharmaceutical Care

1.1 Patient Consultation
- Patient Consent
- Patient assessment
- Consultation or referral
- Recording consultations

1.2 Need for the Medicine
- Relevant patient background
- Medicine history

1.3 Provision of Medicine
- The prescription is clear
- Ensure the prescription is legal
- Ensure the correct medicine is dispensed
- Ensure the medicine is dispensed in a timely manner

1.4 Selection of the Medicine
- Medicine-medicine interactions
- Medicine-patient interactions
- Medicine-disease interactions
- Patient preference

1.5 Medicine Specific Issues
- Ensures appropriate dose for any patient
- Selection of formulation and concentration

1.6 Medicines Information and Patient Education
- Public Health
- Health needs
- Need for information is identified
- Medicines information
- Provides appropriate written and verbal information

1.7 Monitoring Medicine Therapy
- Identifies ways to manage medicines problems
- Accurately prioritises identified medicines problems
- Applies the use of clinical and non-clinical guidelines
- Resolution of medicines and pharmaceutical care problems
- Record of contributions

1.8 Evaluation of Outcomes
- Appropriately assess the impact and outcomes of therapy

1.9 Transfer of care
- Ensuring patients safety when they are transferred between care providers

2. Professional Practice

2.1 Professionalism
- Responsibility for patient care
- Maintains confidentiality and information governance
- Recognises limitations of self and others
- Quality and accuracy of documentation
- Legislation
- Responsibility for own action
- Behave in a trustworthy manner that inspires confidence
- Continuing professional development

2.2 Organisation
- Appropriately prioritises work
- Is punctual and organised
- Appropriately demonstrates initiative
- Uses time efficiently

2.3 Effective Communication Skills
- Communicates clearly, precisely and appropriately with:
  - Patient and carer
  - Health care professionals, Educational supervisor
  - Others

2.4 Team Work
- Pharmacy team
- Interprofessional team
- Organisational team

2.5 Education and Training
- Is able to act as a role model
- Is able to provide effective feedback
- Is able to help others to identify training needs
- Is able to provide effective training to health care professionals
- Is able to show links between practice and education development

3. Personal Practice

3.1 Gathering Information
- Accesses information
- Up to date information

3.2 Knowledge
- Pathophysiology
- Pharmacology
- Adverse events
- Interactions

3.3 Analysing Information
- Appropriately identifies problems
- Synthesises and analyses information
- Logical approach
- Displays critical thinking
- Appraises options
- Decision making

3.4 Providing Information
- Provides accurate information
- Provides relevant information
- Provides timely information
- Provides information according to patients' needs

3.5 Follow up
- Ensures resolution of problem

3.6 Research and Evaluation
- Identifies gaps in the evidence base
- Can interpret research protocols

4. Management and Organisation
4.1 Clinical Governance
• Clinical governance issues • Standard Operating Procedures • Working environment • Risk management
4.2 Service Provision
• Quality of service • Service development
4.3 Organisations
• Organisational structure • Linked organisations • Pharmaceutical industry
4.4 Budget and Reimbursement
• Service reimbursement • Prescribing budgets
4.5 Procurement
• Pharmaceutical management • Staff development • Cost effectiveness
4.6 Staff Management
• Performance management • Staff development • Employment issues

- Displays ability to contribute to evidence creation
- Actively participates in research and evaluation processes
- Actively supports research and enquiry in the workplace

4. In-practice training

It has long been recognised in the educational literature that, in most workplaces, work-based training is considered to be less important than providing the service[3]. However, workplace environments can offer a comprehensive breadth of learning opportunities for individuals[4]. One way of enabling individuals to experience this breadth of learning opportunities is to structure activities for them to undertake in a range of practice areas[5]. This is the approach taken in the PBPFP to promote effective in-practice training within the workplace.

4.1 Practice areas

Undertaking the PBPFP will give you the opportunity to gain knowledge, skills and experience in six practice areas:

- Understanding and working within NHS
- Medicines optimisation
- Governance, clinical audit and quality improvement
- Collaborative working
- Evidence-based practice
- Clinical assessment and management

With each practice area a specified set of competencies will be addressed. These competencies are listed in Table 3.

Table 3. The 26 competencies and the practice areas where they apply.

	A. Understanding and working within NHS	B. Medicines optimisation	C. Governance, clinical audit and quality improvement	D. Collaborative working	E. Evidence-based practice	F. Clinical assessment and management
1. Patient and Pharmaceutical Care						
1.1 Patient Consultation		x				x
1.2 Need for the Medicine		x				x
1.3 Provision of Medicine		x				
1.4 Selection of the Medicine		x				x
1.5 Medicine Specific Issues		x				x
1.6 Medicines Information and Patient Education		x				x
1.7 Monitoring Medicine Therapy		x	x			x
1.8 Evaluation of Outcomes		x				x
1.9 Transfer of care		x				
2. Professional Practice						
2.1 Professionalism	x	x		x	x	x
2.2 Organisation	x			x		
2.3 Communication Skills	x	x	x	x		x
2.4 Team Work	x			x		
2.5 Education and Training			x	x		
3. Personal Practice						
3.1 Gathering Information	x	x	x	x	x	x
3.2 Knowledge		x	x	x	x	
3.3 Analysing Information	x	x	x		x	x
3.4 Providing Information		x	x		x	x
3.5 Follow up		x	x		x	x
3.6 Research and Evaluation	x		x			
4. Management and Organisation						
4.1 Clinical Governance		x	x	x		
4.2 Service Provision			x	x		
4.3 Organisations	x		x			
4.4 Budget and Reimbursement	x					
4.5 Procurement	x					
4.6 Staff Management				x		

4.2 Practice activities and distance learning

Practice activities provide a 'scaffold' which allows the learner to construct the relevant knowledge and skills[6]. Practice activities are used in the PBPFP because scaffolded instruction has been found to result in faster and better maintenance of learning compared to non-scaffolded instruction[6]. The PBPFP practice activities are intended to help you develop and demonstrate best practice in each of the practice areas.

NICPLD also provides a number of distance learning courses to support you in the development of underpinning knowledge relevant to each practice area within the programme. These can be accessed via the NICPLD website, www.nicpld.org

The practice activities and distance learning courses associated with each practice area, together with the core competencies they cover, and evidence required, are shown in Table 4. For any competencies that are not covered by the practice activities, other forms of evidence (e.g. reflective records and CPD cycles) should be used. Please note that you are required to sign each piece of evidence either by hand or electronically. In signing the evidence, you are declaring it to be authentic and your own work.

Table 4. Practice activities and distance learning (by practice area), the core competencies* covered and evidence required.

Practice Area A. Understanding and working within NHS			
Practice activities	Review of IT systems with a relevant member of the practice team	3.1	Reflective record
	Record a typical working day outlining the tasks undertaken and the competence required	2.1, 2.2, 2.3, 2.4, 4.3	Reflective record
	Evaluation of service – demonstrate how daily professional activities impact on achieving required KPIs	3.1, 3.3, 3.6, 4.4, 4.5	Reflective record
Distance learning	NA	NA	NA
B. Medicines optimisation			
Practice activities	Clinically significant interventions (n=10)	1.5, 3.1, 3.2, 3.3, 3.4, 3.5, 4.1	Clinical intervention reflective record x 10
	Medication review (n=6) – at least one for each therapeutic area (i.e. Respiratory, Diabetes, CVD and Older People) At least two of these reviews should be observed and assessed by ES Record one reflective record in relation to your learning about medication reviews	1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 2.1, 2.3, 3.2, 3.3, 3.5	Medication review form x 6 Observed medication review x 2 Reflective record
	Medicines reconciliation at transfer of care (n=6) – at least one for each therapeutic area (i.e. Respiratory, Diabetes, CVD and Older people) At least two of these should observed and assessed by ES Record one reflective record in relation to your learning about medicines reconciliations	1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 1.9, 2.1, 2.3, 3.2, 3.3, 3.5	Medicines reconciliation form x 6 Observed medicines reconciliation x 2 Reflective record
Distance learning	Electrolytes, liver and kidney function tests	3.1, 3.2, 3.3, 3.4, 3.5	CPD cycle (to include MCQ score)
	Reporting adverse incidents	3.1, 4.1	CPD cycle (to include MCQ score)
C. Governance, clinical audit and quality improvement			
Practice activities	Review of a critical incident	3.1, 4.1	Critical incident reflective record
	Undertake an audit and recommend a plan for improvement. Audit to be presented to colleagues. Audit presentation assessment form to be completed by ES/suitable colleague. Record a reflective record of your learning in relation to audit. Audit checklist and Audit resource pack available to download from website.	2.3, 2.5, 3.1, 3.3, 3.4, 3.6, 4.2	PowerPoint slides/notes as evidence Reflective record Audit presentation assessment form
	Develop or review a protocol within practice	3.4, 3.6, 4.1, 4.3	Protocol as evidence Reflective record
Distance learning	Review The Yellow Card Scheme: guidance for healthcare professionals, patients and the public and record a CPD cycle relating to your learning and complete a Yellow Card for exemplar patient discussed at workshop.	1.7, 3.1, 3.2, 3.3, 3.5	CPD cycle Complete Yellow Card

D. Collaborative working			
Practice activities	Record incidents within practice relating to change, decision making or risk assessment that demonstrate collaborative working (n=2)	2.1, 2.2, 2.3, 2.4, 3.1, 3.2, 4.1, 4.2	Reflective record x 2
	Review own performance and role in practice team	4.6	Reflective record
	Deliver a training session to colleagues.	2.3, 2.5, 4.2	PowerPoint slides/notes Training reflective record
Distance learning	NA	NA	NA
E. Evidence-based practice			
Practice activities	Medicines-related queries (n=5)	2.1, 3.1, 3.2, 3.3, 3.4, 3.5	Medicines-related query reflective record x 5
Distance learning	Answering medicines-related questions in practice	3.1, 3.2	CPD cycle (to include MCQ score)
F. Clinical assessment and management			
Practice activities	NA	NA	NA
Distance learning	Consultation skills	1.1, 1.2, 1.4, 1.5, 1.6, 1.7, 1.8, 2.1, 2.3, 3.1, 3.3, 3.4, 3.5	CPD cycle (to include MCQ score)

*NB individual practice activities may cover more/less than these core competencies. Always evaluate your evidence personally to ensure it meets the competence statements.

Further information on the PBPFP practice activities, including downloadable forms, can be accessed via the NICPLD website, www.nicpld.org

5. PBPFP workshops

To support you throughout the programme, NICPLD offers workshops, relating to the practice areas, which cover important subjects and skills that may not be covered specifically in the workplace. All workshops use case-based discussions in small groups to help you apply your learning, providing a networking opportunity as well as peer support. Table 5 provides an overview of the workshops associated with each practice area. Attendance at each workshop is compulsory for completion of the programme. You will automatically be enrolled on these workshops and will receive reminders via email in advance of the workshop taking place. Having completed each workshop, you are required to record a CPD cycle relating to your learning and upload this as evidence to your portfolio. To facilitate attendance at workshops, half-day workshops have been grouped together and two of these will be delivered on one day to take participants out of practice for whole days of learning.

Table 5. Workshops associated with each practice area.

Practice Area A. Understanding and working within NHS		
Workshop(s)	1-day workshop – Understanding and working within the NHS and introduction to PBP Foundation Programme	CPD cycle (one per workshop)
B. Medicines optimisation		
Workshop(s)	1-day workshop – Medicines review and reconciliation 1-day workshop – Interpreting lab tests in primary care 1-day workshop – Medicines review and reconciliation for patients with polypharmacy i.e. ≥4 medicines	CPD cycle (one per workshop)
C. Governance, clinical audit and quality improvement		
Workshop(s)	1-day workshop – Governance, clinical audit and quality improvement	CPD cycle (one per workshop)
D. Collaborative working		
Workshop(s)	1-day workshop – Teamwork and effective communication Half-day workshop on peer support case study and discussion with leads/GPs.	CPD cycle (one per workshop)

E. Evidence-based practice		
Workshop(s)	NA	
F. Clinical assessment and management		
Workshop(s)	1-day workshop – Therapeutics – Respiratory and diabetes 1-day workshop – Basic clinical skills Half-day workshop – Recording consultations and writing clinical notes Half-day workshop – Therapeutics – Cardiovascular disease Half-day workshop – Therapeutics – Older people, frailty and polypharmacy	CPD cycle (one per workshop)

6. Practice portfolio

You should record evidence of your learning achievements against the 26 competencies using the online portfolio, which is available to access at www.nicpld.org

At the beginning of the programme, you, with the help of your ES, should assess your baseline competency status at T(0) for each of the specified competencies using the following assessment rating scale.

Rating	Definition	
1	Rarely meets the standard expected (or yet to encounter)	(meets standard approximately 0-24% of the time)
2	Sometimes demonstrates the standard expected (haphazardly)	(meets standard approximately 25-50% of the time)
3	Usually demonstrates the standard expected (with occasional lapses)	(meets standard approximately 51-84% of the time)
4	Consistently demonstrates the standard expected (with very rare lapses)	(meets standard approximately 85-100% of the time)

This enables you to prioritise your individual learning needs at the start of the programme by considering the competencies where you have not yet achieved the required standard (i.e. an assessment rating of 4). You are encouraged to record these learning needs in the 'reflection' stage of a new CPD cycle and strive to address the learning need during the course of the programme.

In completing your practice activities, workshops and relevant distance learning courses, you will generate evidence to demonstrate your developing competence. This evidence should be uploaded to your PBPFP online portfolio (please see PBPFP portfolio user guide for further reference, which is available to access at www.nicpld.org). Once evidence has been uploaded to the portfolio it should be mapped against the relevant competence statements. In mapping evidence, always ensure that the evidence clearly demonstrates the associated competence statements. Each competence statement should be evidenced by at least one piece of evidence and a single piece of evidence may be mapped to multiple competence statements if appropriate. In developing a portfolio, be mindful that it is the quality of evidence that is important and not the quantity of evidence, so be mindful not to 'over-map' your evidence but rather only map evidence to the most relevant competence statements.

It is recommended that you communicate regularly with your ES (e.g. monthly) on an informal basis to discuss your progress with the programme. Additionally, it is recommended that every 4 months, you take time to re-evaluate your progress in acquiring and demonstrating the competencies required. For the competencies where you have yet to meet the expected standard, you should discuss how you plan to develop those competencies. You should endeavour to assess your competence on at least four occasions during the course of the programme: T(0) baseline, T(1) at 4 months, T(2) at 8 months and T(3) at 12 months.

By the end of the programme you must ensure that you have:
▪ satisfactorily completed all of the practice activities
▪ achieved the standard expected for each of the competencies (i.e. an assessment rating of 4)
▪ submitted supporting evidence for each of the competencies, which is all **your own work**.

When submitting your portfolio, you are declaring the portfolio meets the following quality criteria:

Validity – the evidence clearly relates to the competencies being assessed

Authenticity – the evidence is authentic and is your own work

Currency – the evidence has originated within the last 5 years

Sufficiency – supporting evidence is provided for each competency; there are 'No empty competencies'.

A checklist of the evidence required in your portfolio is available on the NICPLD website www.nicpld.org If you, and your ES are happy that the portfolio meets these criteria, then you should complete the Online portfolio submission form, which is available for download from the NICPLD website. This should be uploaded along to your online practice portfolio. Prior to upload, it should be signed by you and countersigned by your ES.

When you have submitted your completed portfolio to NICPLD it will go through the PBPFP assessment process as described in section 8.1.

7. PBPFP Educational supervisor (ES)

Your lead PBP will act as your ES to support you through the programme. They will have completed the NICPLD 'Effective mentoring' online course prior to mentoring you. This course can also be accessed via the NICPLD website, www.nicpld.org

The ES will have a supportive role and will help you to identify and meet your learning and development needs. They will also advise and encourage you during your in-practice training. Your ES will meet regularly with you to review your progress and to identify further opportunities for competence development. Additional information for ESs can be accessed via the NICPLD website, www.nicpld.org

8. PBPFP assessment process

The assessment process has two parts:

- PBPFP portfolio review
- Final assessment

These are described in detail in the following sections (8.1 and 8.2). You must pass each part independently to pass the programme. NICPLD issues a Certificate of Completion to those who successfully complete both parts of the FP assessment process. A further workshop entitled 'Portfolio review and assessment preparation' will be delivered at the end of the programme to prepare you for the assessment process.

8.1 PBPFP portfolio review

The portfolio must be submitted, with the Online portfolio submission form, to NICPLD by the specified submission date. Submitted portfolios will be assessed by a Foundation assessor who does not work in the same workplace establishment as you. The Foundation assessor will verify that you have provided sufficient relevant evidence to demonstrate competence against the RPS Foundation Pharmacy Framework. Foundation assessors will then meet at an FP assessment panel to agree the assessment outcomes for all submitted portfolios. If you have submitted an acceptable portfolio, you will be invited to attend the Final assessment.

A two-week extension for FP portfolio submissions may be given in extenuating circumstances. If you require an extension, you must complete and return a portfolio extension request form before the specified FP portfolio submission date.

8.2 Final assessment

The final assessment is an oral interview assessment which provides you with an opportunity to demonstrate ownership of your portfolio, defend your professional decisions and recommendations, and showcase your work.

On arrival at the assessment venue, you will be given a case-based scenario. You will have 30-minutes to prepare your answer (using a BNF) for discussion in the interview.

Interview assessments will be scheduled for 45 minutes and will have the following format:

i. Discussion of case-based scenario (10 minutes);

ii. Oral case presentation (10 minutes) followed by questions about the case;

iii. General questions relating to all competency clusters and practice areas of the portfolio to confirm you are able to practise independently and provide safe and effective pharmaceutical care to individual patients.

You must pass all three elements of the final interview assessment independently. A re-sit will be available if required for the case-based scenario and oral case presentation aspects of the Final assessment. If you fail to pass the general questions aspect, you will be required to undertake remedial work to enhance your portfolio and attend the interview assessment the following year.

8.3 Appeals procedure

NICPLD will treat all pharmacists undertaking the programme fairly, equally and with respect in relation to any assessment. If you are dissatisfied with the outcome of your assessment, you must contact a NICPLD PBPFP Lead within five working days of your FP assessment giving notice of your dissatisfaction and of your intent to forward an appeal. The formal appeals procedure must then be followed:

1. All appeals against the conduct, adequacy or outcome of an assessment must be forwarded, in writing, to the PBPFP lead within 10 working days after you have given notice of your intent. Written support from your ES must accompany each notification of an appeal.
2. On receipt of notification of an appeal, the NICPLD PBPFP Lead will set a date for the appeal to be heard by an Appeals panel. The Appeals panel will be formed from a sub-group of the FP steering group and will consist of personnel not otherwise involved in the appeal. You will be offered the opportunity to be accompanied by another person not involved in the FP assessment to help you present your case.
3. The Appeals panel will meet within 30 working days of receipt of the written notification of the appeal.
4. The Appeals panel will reach a decision and all involved parties will receive verbal notification of the outcome on the day of the appeal and written notification within five working days. This decision will be final.

9. Plagiarism

Plagiarism is defined as the presentation of another person's ideas or work and pretending that it is your own[7]. By signing each piece of evidence included in your online portfolio as well as the Online portfolio submission form, you are declaring that all work contained with the submitted portfolio is your own.

The NICPLD views plagiarism as an offence and, as a centre affiliated with Queen's University Belfast (QUB), we conform to official QUB regulations regarding this offence. All instances of plagiarism, or suspected plagiarism, will be reviewed by the PBPFP Leads, PBPFP Director and NICPLD Director. Where appropriate, offences will be communicated to the regulatory body, the Pharmaceutical Society of Northern Ireland, for disciplinary measures.

10. NICPLD contact details

For any queries regarding the NICPLD PBPFP, please contact PBPFP Leads, Dr Karen Cardwell (k.cardwell@qub.ac.uk) or Mrs Anna Fay (a.fay@qub.ac.uk).

11. References

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