NI Centre for
Pharmacy Learning
& Development

Post-reg Foundation Programme

Handbook – FP Part 1 (FP1)

2022/3

Preface

Welcome to the Northern Ireland Centre for Pharmacy Learning and Development (NICPLD) Post-reg Foundation Programme (PRFP) for patient-focused pharmacists.

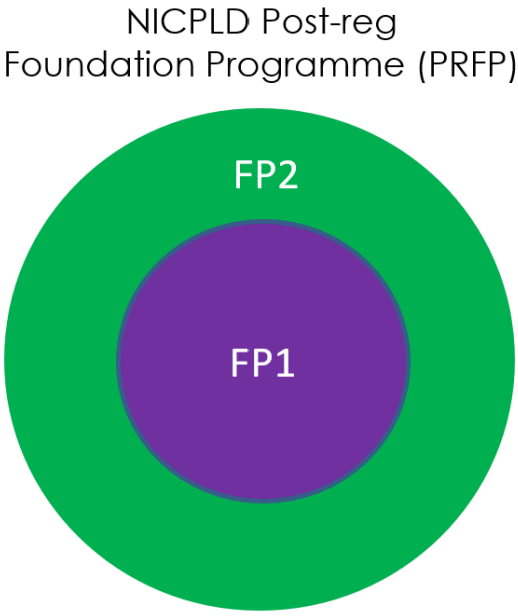
The NICPLD PRFP covers the outcomes of the Royal Pharmaceutical Society (RPS) Post-registration Foundation Pharmacist Curriculum[1] in all five domains:

- Person-centred care & collaboration
- Professional practice
- Leadership & management
- Education
- Research

These outcomes are covered in two parts:

- Part 1 - safe and effective patient care
- Part 2 - proficient patient care

Part 2 (FP2) builds upon Part 1 (FP1), as illustrated in the diagram below, and pharmacists must have completed FP1 before commencing FP2.



The FP1 outcomes are based on the 55 learning outcomes of the GPhC Standards for the initial education and training of pharmacists (IETP)[2], which we have mapped to the RPS Post-registration Foundation Pharmacist Curriculum. FP2 covers the remaining RPS Post-registration Foundation Pharmacist Curriculum outcomes and descriptors.

This handbook provides background information and details about the content and structure of Part 1 of the NICPLD Post-reg Foundation Programme (FP1).

Acknowledgements

We would like to thank stakeholders for their contribution in shaping the format and content of the NICPLD Post-reg Foundation Programme. We would also like to thank all the individuals involved in developing and implementing former versions of the NICPLD Foundation Programme and the original NICPLD Hospital VT Programme in Northern Ireland.

Contents

1. Introduction

Part 1 of the NICPLD Post-reg Foundation Programme (FP1) aims to provide structured workplace learning experiences to support patient-focused pharmacists in Northern Ireland to deliver safe and effective care to individual patients. The emphasis in FP1 is on developing competence *(the ability to perform consistently to the required standard)* using authentic activities in practice *(rather than classroom activities)*.

FP1 is intended to be flexible to accommodate individual learning needs and service requirements. During FP1, pharmacists develop a portfolio and undertake practice activities which help them to develop and demonstrate their competence in a range of different practice areas. How this works in practice will depend on both the workplace establishment and the individual pharmacist. In some larger workplace establishments, for example, it may be suitable for the FP1 pharmacist to rotate through the four discrete practice areas in a sequential fashion. However, this may not be practical in smaller establishments, and the FP1 pharmacist will need to cover the learning outcomes and practice activities as and when time allows. Reflective practice is encouraged and FP1 pharmacists are expected to maintain appropriate Continuing Professional Development (CPD) records.

Throughout FP1, pharmacists are supported in the workplace by an Educational Supervisor (ES). In larger workplace establishments the ES may be assisted by local Practice Supervisors (PS) who are able to support the FP1 pharmacist's learning and development and observe their practice on a more routine basis. There are also workshops/webinars and online courses for FP1 pharmacists and a formal assessment process.

2. Who can enrol onto FP1?

Part 1 of the NICPLD Post-reg Foundation Programme (FP1) is open to all registered patient-focused pharmacists working in Northern Ireland. Pharmacists wishing to enrol onto FP1 must complete and submit an application form, which can be accessed via the NICPLD website, www.nicpld.org.

Applications are accepted twice a year; closing dates in 2022/3 are **12 noon on Wednesday 7th September 2022 (cohort 1)** and **12 noon on Wednesday 22nd February 2023 (cohort 2)**.

3. Learning outcomes

The FP1 outcomes are based on the 55 learning outcomes of the new GPhC Standards for the initial education and training of pharmacists (IETP)[2], in the following four domains:

- Person-centred care and collaboration
- Professional practice
- Leadership and management
- Education and research

These are listed on the following pages.

Person-centred care and collaboration	Professional Practice
1. Demonstrate empathy and keep the person at the centre of their approach to care at all times 2. Work in partnership with people to support and empower them in shared decision-making about their health and wellbeing 3. Demonstrate effective communication at all times and adapt their approach and communication style to meet the needs of the person 4. Understand the variety of settings and adapt their communication accordingly 5. Proactively support people to make safe and effective use of their medicines and devices 6. Treat people as equals, with dignity and respect, and meet their own legal responsibilities under equality and human rights legislation, while respecting diversity and cultural differences 7. Obtain informed consent before providing care and pharmacy services 8. Assess and respond to the person's particular health risks, taking account of individuals' protected characteristics and background 9. Take responsibility for ensuring that personal values and beliefs do not compromise person-centred care 10. Demonstrate effective consultation skills, and in partnership with the person, decide the most appropriate course of action 11. Take into consideration factors that affect people's behaviours in relation to health and wellbeing 12. Take an all-inclusive approach to ensure the most appropriate course of action based on clinical, legal and professional considerations 13. Recognise the psychological, physiological and physical impact of prescribing decisions on people 14. Work collaboratively and effectively with other members of the multi-disciplinary team to ensure high-quality, person-centred care, including continuity of care	15. Demonstrate the values, attitudes and behaviours expected of a pharmacy professional at all times 16. Apply professional judgement in all circumstances, taking legal and ethical reasoning into account 17. Recognise and work within the limits of their knowledge and skills, and get support and refer to others when they need to 18. Take responsibility for all aspects of pharmacy services, and make sure that the care and services provided are safe and accurate 19. Take responsibility for all aspects of health and safety and take actions when necessary, particularly but not exclusively during the COVID-19 pandemic 20. Act openly and honestly when things go wrong and raise concerns even when it is not easy to do so 21. Apply the science behind pharmacy in all activities 22. Demonstrate how the science behind pharmacy is applied in the discovery, design, development and safety testing of medicines and devices 23. Recognise the technologies that are behind developing advanced therapeutic medicinal products and precision medicines, including the formulation, supply and quality assurance of these therapeutic agents 24. Keep abreast of new technologies and use data and digital technologies to improve clinical outcomes and patient safety, keeping to information governance principles 25. Apply pharmaceutical principles to the safe and effective formulation, preparation, packaging and disposal of medicines and products 26. Consider the quality, safety and risks associated with medicines and products and take appropriate action when supplying and prescribing them 27. Take responsibility for the legal, safe and efficient supply, prescribing and administration of medicines and devices 28. Demonstrate effective diagnostic skills, including physical examination, to decide the most appropriate course of action for the person. During the COVID-19 pandemic all relevant precautions must be taken to ensure the safety of the patient and foundation trainee when physical contact is necessary 29. Apply the principles of clinical therapeutics, pharmacology and genomics to make effective use of medicines for people 30. Appraise the evidence base and apply clinical reasoning and professional judgement to make safe and logical decisions which minimise risk and optimise outcomes for the person 31. Critically evaluate and use national guidelines and clinical evidence to support safe, rational and cost-effective procurement for the use, and prescribing of, medicines, devices and services

	32. Accurately perform calculations 33. Effectively promote healthy lifestyles using evidence-based techniques 34. Apply the principles of effective monitoring and management to improve health outcomes 35. Anticipate and recognise adverse drug reactions, and recognise the need to apply the principles of pharmacovigilance 36. Apply relevant legislation and ethical decision-making related to prescribing, including remote prescribing 37. Prescribe effectively within the relevant systems and frameworks for medicines use 38. Understand clinical governance in relation to prescribing 39. Take responsibility for people's health records, including the legality, appropriateness, accuracy, security and confidentiality of personal data 40. Understand and implement relevant safeguarding procedures, including local and national guidance in relation to each person 41. Effectively make use of local and national health and social care policies to improve health outcomes and public health, and to address health inequalities 42. Proactively participate in the promotion and protection of public health in their practice 43. Identify misuse of medicines and implement effective strategies to deal with this 44. Respond appropriately to medical emergencies, including the provision of first aid

Leadership and management	Education and research
45. Demonstrate effective leadership and management skills as part of the multi-disciplinary team 46. Make use of the skills and knowledge of other members of the multi-disciplinary team to manage resources and priorities 47. Develop, lead and apply effective strategies to improve the quality of care and safe use of medicines 48. Actively take part in the management of risks and consider the impacts on people 49. Use tools and techniques to avoid medication errors associated with prescribing, supply and administration 50. Take appropriate actions to respond to complaints, incidents or errors in a timely manner and to prevent them happening again 51. Recognise when and how their performance or that of others could put people at risk and take appropriate actions 52. Demonstrate resilience and flexibility, and apply effective strategies to manage multiple priorities, uncertainty, complexity and change	53. Reflect upon, identify, and proactively address their learning needs 54. Support the learning and development of others, including through mentoring 55. Take part in research activities, audit, service evaluation and quality improvement, and demonstrate how these are used to improve care and services

4. Practice areas

FP1 pharmacists gain experience in four practice areas:

- Optimising medicines use (OMU)
- Safe and effective provision of medicines (SEPM)
- Governance and quality improvement (GQI)
- Promoting public health (PPH)

Each practice area has a specified set of practice activities which help individuals to cover the FP1 learning outcomes. These are outlined below.

5. Practice activities

Practice activities provide a 'scaffold' which allows the learner to construct the relevant knowledge and skills[3]. The FP1 practice activities are intended to help the pharmacist to generate quality evidence which they can upload into their portfolio to demonstrate that they have covered the FP1 learning outcomes (LOs). The RPS recommends that quality evidence in a portfolio should include the following three components, which they refer to as a 'triad of evidence'[4]:

Output – this is the main piece of output evidence, e.g log form, case study, audit, SOP, etc.;

Reflection – the output evidence should be supported by a reflective account detailing how the relevant LOs have been demonstrated, and any learning needs identified;

Corroboration – an ES or PS should observe practice +/or provide written feedback to corroborate the output evidence.

The FP1 practice activities (PAs) associated with each practice area, together with the learning outcomes (LOs) that they routinely cover, are listed on the following pages. Further information on the practice activities, including downloadable templates, can be accessed via the NICPLD website, www.nicpld.org.

Please note that five of the FP1 learning outcomes are not routinely covered by the practice activities: 15, 32, 37, 44 and 53. FP1 pharmacists do NOT need to provide evidence for three of these learning outcomes: 15, 37 and 53. As registered pharmacists, they must demonstrate LOs 15 and 53 to be admitted onto, and to remain on, the register. If they wish to train as a prescriber, LO 37 will be covered in the Independent Prescribing (IP) course. However, their practice activities need to include two examples of accurately performing calculations in practice to demonstrate that they have covered LO 32. They should also upload their First Aid certificate (or equivalent) to demonstrate that they have covered LO 44.

Optimising medicines use (OMU) - the NI Clinical Induction Passport (secondary care) will demonstrate completion of this practice area

PA	Description	Routinely maps to the following FP1 LOs
Medication reviews	The pharmacist should record 4 patient-facing medication reviews demonstrating a range of patient types. Patients should be typical patients with multi-morbidities and polypharmacy.	1, 2, 3, 4, 5, 6, 9, 10, 11, 12, 13, 14, 16, 17, 21, 25, 29, 30, 31, 33, 34, 35, 41, 47, 49
Observed medication reviews	The pharmacist should be observed undertaking 2 of the patient-facing medication reviews.	1, 2, 3, 4, 5, 6, 7, 9, 10, 11, 12, 13, 16, 17, 21, 28, 29, 30, 31, 33, 34, 35
Medication record	The pharmacist should reflect on their experience of ensuring that patients' health/medication records/documents (including those used for transfer of care between clinical settings) are completed accurately and in accordance with GDPR.	39
Provision of person-centred information	The pharmacist should provide accurate, timely, evidence-based information to patients/carers +/or healthcare professionals (in response to queries relating to medicines or symptoms).	1, 2, 3, 5, 6, 10, 12, 16, 17, 30

Safe and effective provision of medicines (SEPM)

PA	Description	Routinely maps to the following FP1 LOs
Checking accuracy	The pharmacist should complete a 100-item log demonstrating their ability to accuracy check items dispensed by others against a range of prescription types AND reflect on their accuracy checking experience.	27, 36, 38
Clinical screening	The pharmacist should complete a 100-item log demonstrating their ability to clinically screen medicines prescribed for a range of patient types AND reflect on their clinical screening experience.	12, 26, 27, 35, 36
Procurement activity	The pharmacist should reflect on a procurement activity they have been involved in (e.g sourcing and supplying a pharmacy special/ unlicensed medicine).	26, 31
Managing workflow	The pharmacist should reflect on their experience of managing the workflow in their workplace.	52
Disposal of medicines	The pharmacist should reflect on their experience of disposing of a range of different medicine types, such as returned/unused patient medicines, controlled drugs, expired medicines.	19, 25

Governance and quality improvement (GQI)

PA	Description	Routinely maps to the following FP1 LOs
Undertake an audit	The pharmacist should undertake an audit in practice. This includes setting the audit standard, defining the methodology, collecting data, reviewing the data with reference to the audit standard, and making appropriate recommendations.	18, 38, 47, 48, 49 55
Recording of near misses and incidents	The pharmacist should routinely report near misses and incidents in accordance with the established procedures within the workplace.	20, 38, 47, 48, 49, 50, 51
Yellow card reporting	The pharmacist should appreciate the range of problems/incidents to be reported via the Yellow Card reporting system. If they do not experience a problem/incident to be reported, they should discuss a theoretical incident and how it would be reported in practice.	26, 35, 47
Using technology to enhance patient care	The pharmacist should reflect on their experience of using technology to enhance patient care.	22, 23, 24
Teaching activity	The pharmacist should develop a teaching session and deliver this to others. This can relate to a range of different activities including medicines use, reporting back on medicines incidents, reporting back on findings of audit etc.	47, 48, 50, 54
Collaborative working	The pharmacist should provide an example of how they have worked collaboratively as part of a multi-disciplinary team (MDT) to optimise patient outcomes.	14, 45, 46

Promoting public health (PPH)

PA	Description	Routinely maps to the following FP1 LOs
Promoting the health of individuals	The pharmacist should record a case-based discussion that evidences EITHER their support of a patient through a behavioural change OR how they applied antimicrobial stewardship to optimise an individual patient's treatment.	8, 11, 33, 42
Safeguarding activities	The pharmacist should record case-based discussions regarding three safeguarding cases, including safeguarding of children and vulnerable adults.	40
Minimising the misuse of medicines	The pharmacist should reflect on their experience of minimising the misuse of medicines such as opioids or Beta-2-agonists.	43
Promoting the health of the public	The pharmacist should reflect on their experience of promoting the health of the public (e.g., in a health promotion/awareness day/campaign, or an activity to reduce antimicrobial resistance).	33, 41, 42

6. Practice portfolio

FP1 pharmacists record evidence of their learning achievements against the FP1 learning outcomes in an online portfolio. The NICPLD FP1 portfolio user guide can be downloaded at www.nicpld.org. The FP1 pharmacist, with the help of their ES, can use the practice portfolio to assess their baseline competency status at T1 for the FP1 learning outcomes in each domain using the following assessment ratings:

Assessment rating		Definition
0	I have yet to encounter an opportunity	*I have not yet met the standard*
1	I rarely meet the standard expected	*I meet the standard approximately **0-24%** of the time*
2	I sometimes demonstrate the standard expected	*I meet the standard approximately **25-50%** of the time*
3	I usually demonstrate the standard expected	*I meet the standard approximately **51-84%** of the time*
4	I consistently demonstrate the standard expected (repeatedly and reliably)	*I meet the standard approximately **85-100%** of the time*

This enables them to identify their individual learning needs by considering the learning outcomes where they have not yet achieved the required standard (i.e an assessment rating of 4). FP1 pharmacists are encouraged to record these learning needs on a Personal Development Plan (PDP) (available at www.nicpld.org). In addition, each learning need should be recorded in detail in the 'reflection' stage of a new Continuing Professional Development (CPD) cycle. The PDP helps the FP1 pharmacist to plan and prioritise how and when they will address their learning needs.

During their experiential learning the FP1 pharmacist collects evidence to demonstrate their developing competence and stores it in their practice portfolio. This will include evidence that they have completed the practice activities, plus any other relevant forms of supportive evidence such as reflective accounts. The evidence is mapped against the relevant learning outcomes in their practice portfolio (NB one piece of evidence may be used to demonstrate competence against more than one learning outcome). It is recommended that the FP1 pharmacist meets regularly with their ES (e.g monthly) to discuss their progress. At these meetings, the ES will help the FP1 pharmacist to assess their competency status, again using the assessment ratings above, and to update their portfolio and their PDP. For the learning outcomes where they have yet to meet the expected standard, FP1 pharmacists will have the opportunity to discuss with their ES how they plan to develop competence in that area.

Each domain is completed when the FP1 pharmacist has:

- an assessment rating of 4 at T4 for each of the learning outcomes;
- at least one piece of supporting evidence for each of the learning outcomes.

The FP1 pharmacist's ES will confirm whether their evidence meets the following quality criteria:

Validity – the evidence must clearly relate to the learning outcomes to which it has been mapped;
Authenticity – the evidence must have wholly originated from the FP1 pharmacist;
Currency – the evidence must have originated within the last 5 years;
Sufficiency – at least one piece of supporting evidence must be provided for each learning outcome.

When all four domains and all practice activities have been completed satisfactorily, the FP1 pharmacist can submit their completed portfolio to NICPLD for a Foundation Portfolio Review (FPR) assessment. The FPR assessment process is described in detail in section 11.1

7. FP1 workshops/e-workshops

To support FP1 pharmacists, NICPLD offers workshops/e-workshops relating to the four practice areas. These cover important subjects and skills that may not be covered specifically in the workplace. Attendance at each workshop is expected for completion of the programme. FP1 pharmacists will be enrolled automatically onto these workshops and will receive reminders via email in advance of the workshop taking place. FP1 workshops/e-workshops use case-based discussions in small groups to help pharmacists to apply their learning. For workshops/e-workshops delivered in webinar format, FP1 pharmacists are expected to switch on their cameras and microphones to participate in the group discussions. The FP1 workshops/e-workshops taking place in 2022/3 are listed below:

Cohort 1:

FP1 workshop / e-workshop	Format	2022/3 date(s)
FP1 Induction	Webinar	20th Sept 2022 10.00am-12.00pm
Medicines reconciliation & review	Webinar	12th Oct 2022 10.00am-12.00pm
Clinical Lab Tests	Webinar	15th Nov 2022 10.00am-12.00pm
Effective Professional Practice	Face-to-face workshop	5th Dec 2022 10.00am-5.00pm
Audit & QI	Webinar	12th Jan 2023 10.00am-12.00pm
FP1 assessment preparation	Webinar	7th Feb 2023 10.00am-12.00pm
Portfolio submission		22nd March 2023 12.00 noon

Cohort 2:

FP1 workshop / e-workshop	Format	2022/3 date(s)
FP1 Induction	Webinar	7th March 2023 10.00am-12.00pm
Medicines reconciliation & review	Webinar	30th March 2023 10.00am-12.00pm
Clinical Lab Tests	Webinar	25th April 2023 10.00am-12.00pm
Effective Professional Practice	Face-to-face workshop	15th May 2023 10.00am-5.00pm
Audit & QI	Webinar	15th June 2023 10.00am-12.00pm
FP1 assessment preparation	Webinar	5th Sept 2023 10.00am-12.00pm
Portfolio submission		18th October 2023 12.00 noon

8. FP1 online courses and resources

NICPLD provides a number of online courses and other resources to support FP1 pharmacists in their development. These can be accessed via the NICPLD website, www.nicpld.org.

9. FP1 Educational Supervisor (ES)

Each pharmacist has a workplace Educational Supervisor (ES) to support them through FP1. The ES must be a senior pharmacist with a minimum of 3 years' post-registration experience in pharmacy. They must have completed the NICPLD 'Effective mentoring' online course prior to mentoring an FP1 pharmacist. This can be accessed via the NICPLD website, www.nicpld.org.

The ES will have a supportive role. This involves helping the FP1 pharmacist to identify and meet their learning and development needs, and advising and encouraging them during their experiential learning. The roles and responsibilities of the ES are summarised in a checklist for Educational Supervisors. This downloadable checklist and additional information and resources for Educational Supervisors can be accessed via the NICPLD website, www.nicpld.org.

The ES will meet regularly with the FP1 pharmacist but may not necessarily see them every day. Educational Supervisors may sometimes be assisted by local Practice Supervisors who are able to support the FP pharmacist's learning and development and observe their practice on a day-to-day basis.

The ES will be asked to complete a final declaration on the FP1 pharmacist's portfolio submission form to confirm that all four practice areas have been completed satisfactorily, and that their completed portfolio is suitable for submission to NICPLD for a Foundation Portfolio Review (FPR) assessment. The FPR assessment process is described in detail in section 11.1.

10. FP Practice Supervisor (PS)

Some FP1 pharmacists may encounter a number of different Practice Supervisors (PS), particularly in larger workplace establishments. The PS can support the FP1 pharmacist's learning and development and observe their practice on a day-to-day basis. The PS may be asked to sign off some of the FP1 pharmacist's practice activities. It is recommended that Practice Supervisors complete the NICPLD 'Effective workplace training' online course prior to undertaking the role of FP1 trainer. This can be accessed via the NICPLD website, www.nicpld.org.

The roles and responsibilities of the FP1 Practice Supervisor are summarised in a checklist for Practice Supervisors which can be accessed via the NICPLD website, www.nicpld.org.

11. FP1 assessment process

The FP1 assessment process will entail a Foundation Portfolio Review (FPR) ONLY.
This is described in detail in section 11.1 below.

11.1 Foundation Portfolio Review (FPR)

The FP1 portfolio must be submitted to NICPLD by the specified submission date. Submissions are routinely accepted twice a year, in March and October. Submission dates in 2023 will be: 22nd March and 18th October. A two-week extension for FP1 portfolio submissions may be given in Exceptional Circumstances, as outlined in the QUB Exceptional Circumstances Categories Guide. Any pharmacist who requires an extension must complete and return a portfolio extension request form (this can be downloaded from the NICPLD website, www.nicpld.org) one week before the specified FP1 portfolio submission date.

Submitted portfolios will be assessed by a Foundation Assessor who does not work in the same workplace establishment as the FP1 pharmacist. The Foundation Assessor will verify that the FP1 pharmacist has provided sufficient relevant evidence to demonstrate competence against the FP1 learning outcomes. For moderation purposes, a minimum of 10% of portfolios submitted will be double-marked, along with all those portfolios assessed as not meeting the standard by the first assessor (FAIL).

All portfolios submitted for FPR must meet these initial standards:

- all practice activities must have been completed;
- the standard expected for each learning outcome (i.e an assessment rating of 4) must have been achieved at the point of submission;
- all learning outcomes must have at least one piece of evidence mapped to it.

RPS assessment criteria will be used for the FPR process, and each practice area will be assessed according to the grade descriptors outlined below.

The table below is based on the RPS grade descriptors:

Pass	Borderline Pass	Fail
Evidences all learning outcomes	Evidences all learning outcomes	Does not evidence all learning outcomes
Demonstrates that >70% of the indicative content for each learning outcome has been met	Demonstrates that 50-70% of the indicative content for each learning outcome has been met	Demonstrates an insufficient amount of the indicative content for each learning outcome(<50%)
Shows that patient safety is never jeopardised	Shows that patient safety is never jeopardised	Shows that patient safety is jeopardised *

*If patient safety is compromised by the candidate, they will automatically be awarded a 'Fail' for the practice area

The FPR process will have two outcomes:

PASS - The candidate achieves a minimum of two pass marks and two borderline marks across the four practice areas to achieve an overall global pass of the portfolio. One of the pass marks must be in the Optimising Medicines Use (OMU) practice area.

FAIL – The candidate will fail the FPR in any of the following circumstances:

- They achieve one or more fail marks across the four practice areas
- They achieve only one pass mark across the four practice areas
- They achieve three or more borderline marks across the four practice areas
- They achieve a mark of borderline or fail in the Optimising Medicines Use (OMU) practice area.

All portfolios assessed as a 'FAIL' in the first round of assessment will be double marked by a second assessor. If the first and second assessors do not agree on the assessment outcome for the portfolio, they will discuss the portfolio to reach a consensus about the final outcome. In the unlikely event that consensus cannot be reached, a third assessor will be asked to review the portfolio.

If necessary, and at any point in the FPR process, NICPLD will contact the candidate for clarification regarding a piece or pieces of evidence.

All candidates whose portfolio is assessed as having reached the 'PASS' standard have demonstrated their ability to deliver safe and effective patient care and will be issued with an FP1 Certificate of Achievement. Those candidates whose portfolio has been assessed as 'FAIL' will be provided with feedback on the remedial work required before they can resubmit their portfolio.

12. Recognition of Prior Learning (RPL)

NICPLD recognises that registered pharmacists in the existing workforce will have varying degrees of experience in some, or all, of the FP1 practice areas. These individuals can provide a summary of their professional experience (SPE) in those practice area(s) in recognition of their prior learning. There are two RPL pathways:

RPL pathway 1: Submission of SPE only. Individuals do not need to register onto the programme. Attendance at webinars/workshops is not required.

Pharmacists who believe they can demonstrate that they have already fully covered the FP1 learning outcomes and practice activities can submit a full SPE together with an SPE submission form by the specified submission date. SPE submissions are routinely accepted four times a year, in October, January, March and May. SPE submission dates in 2022/3 are 19th October 2022, 18th January 2023, 22nd March 2023, and 17th May 2023.

NICPLD will assess SPEs to verify that the pharmacist has demonstrated their competence against the FP1 learning outcomes. RPS assessment criteria will be used for the SPE assessment review, and each practice area will be assessed according to the grade descriptors outlined overleaf.

The table below is based on the RPS grade descriptors:

Pass	Borderline Pass	Fail
Evidences all learning outcomes	Evidences all learning outcomes	Does not evidence all learning outcomes
Demonstrates that >70% of the indicative content for each learning outcome has been met	Demonstrates that 50-70% of the indicative content for each learning outcome has been met	Demonstrates an insufficient amount of the indicative content for each learning outcome(<50%)
Shows that patient safety is never jeopardised	Shows that patient safety is never jeopardised	Shows that patient safety is jeopardised *

*If patient safety is compromised by the candidate, they will automatically be awarded a 'Fail' for the practice area

The SPE assessment review process will have two outcomes:

PASS - The candidate achieves a minimum of two pass marks and two borderline marks across the four practice areas to achieve an overall global pass of the SPE. One of the pass marks must be in the Optimising Medicines Use (OMU) practice area.

FAIL – The candidate will fail the SPE assessment review in any of the following circumstances:

- They achieve one or more fail marks across the four practice areas
- They achieve only one pass mark across the four practice areas
- They achieve three or more borderline marks across the four practice areas
- They achieve a mark of borderline or fail in the Optimising Medicines Use (OMU) practice area.

If necessary, and at any point in the SPE assessment review process, NICPLD will contact the candidate for clarification regarding a piece or pieces of evidence.

All candidates whose SPE is assessed as having reached the 'PASS' standard have demonstrated their ability to deliver safe and effective patient care and will be issued with an FP1 Certificate of Achievement.

All SPEs assessed as a 'FAIL' will be reviewed by a second assessor. If the first and second assessors do not agree on the assessment outcome for the SPE, they will discuss the SPE to reach a consensus about the final outcome. In the unlikely event that consensus cannot be reached, a third assessor will be asked to review the SPE. Those candidates whose SPE has been assessed as 'FAIL' will be encouraged to join RPL pathway 2 (see below for details). They will be provided with feedback on the remedial work required before they submit their FP1 portfolio for Foundation Portfolio Review (FPR).

RPL pathway 2: Register onto the FP1 programme to include attendance at webinars and portfolio assessment.

Pharmacists who believe they can demonstrate that they have already partially covered the FP1 learning outcomes and practice activities can write an SPE in the relevant practice area(s). These pharmacists must enrol onto FP1 and can upload and use their SPE(s) as a piece or pieces of evidence in their FP1 portfolio. When they have completed their FP1 portfolio, they can submit it for Foundation Portfolio Review (FPR) as outlined in section 11.1.

13. Appeals procedure

NICPLD will treat all FP1 pharmacists fairly, equally and with respect in relation to any assessment. If an FP1 pharmacist is dissatisfied with the outcome of their FP1 assessment, they must contact the NICPLD PRFP leads within five working days of their FP1 assessment giving notice of their dissatisfaction and of their 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 NICPLD PRFP leads at nicpld@qub.ac.uk within 10 working days after the FP1 pharmacist has given notice of their intent. Written support from the FP1 pharmacist's Educational Supervisor (ES) and their Pharmacy Manager must accompany each notification of an appeal.
2. On receipt of notification of an appeal, the NICPLD PRFP leads 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 PRFP steering group and will consist of personnel not otherwise involved in the appeal. The FP1 pharmacist will be offered the opportunity to be accompanied by another person not involved in the FP1 assessment to help them present their 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.

14. Plagiarism

Plagiarism is defined as the presentation of another person's ideas or work and pretending that it is your own[5]. By signing each piece of evidence included in their online portfolio, as well as the learning contract and the portfolio submission form, the FP1 pharmacist is declaring that all work contained within the submitted portfolio is their own.

NICPLD views plagiarism as an offence and, as a centre affiliated with Queen's University Belfast (QUB), conforms to official QUB regulations regarding this offence. All instances of plagiarism, or suspected plagiarism, will be reviewed by the NICPLD PRFP leads, the NICPLD post-reg Associate Postgraduate Pharmacy Dean, and the NICPLD Postgraduate Pharmacy Dean. In addition, as registered pharmacists, FP1 pharmacists and their Educational Supervisors (and Practice Supervisors, where applicable) are expected to abide by the Pharmaceutical Society of Northern Ireland (PSNI) Code of Ethics and Standards. Where appropriate, offences will be communicated to the regulatory body, the Pharmaceutical Society of Northern Ireland (PSNI), for disciplinary measures.

15. NICPLD contact details

For any queries regarding FP1, please email the NICPLD PRFP leads at nicpld@qub.ac.uk.

16. References

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