



# Post-reg Foundation Programme

FAQ's – FP Part 1 (FP1)

## Audit

- Should the audit be a full cycle including reaudit?  
*We do not expect you to reaudit with the time frame of the programme. It is sufficient to state that you plan to reaudit e.g. 1 year*
- Can you use a previous audit?  
*The audit does not need to be a clinical audit and you can use experience you have gained within the last 5 years, therefore if you have completed an audit within the previous 5 years you can use this for your evidence.*  
*Please see the audit PA descriptor taken from the handbook:*  
*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.*
- Can you use an Audit for the teaching activity?  
*Yes you can use an audit against the teaching activity but ensure it has an evidence base*
- Do we need to complete a reflective account for our audit?  
*No you do not need to complete a reflective account however if you do not have access to a previous audit you have completed you can complete a reflective account to cover this, just ensure you include enough detail to ensure the assessor can see you clearly meet the relevant learning outcomes (understand all aspects of the audit process, you've done it before and you did something with the information)*
- Is there a minimum number of patients to be used within the audit?  
*No, your audit can be small or large depending on the nature of it, just make sure it is clear that you know what the process is and you have undertaken it appropriately.*

## Reflective Accounts

- Is it possible to have an example of a reflective account?  
*There is a template online, its understandable you'd like to see how its completed but it will look different depending on which practice activities you are undertaking. I suggest you consider the learning outcomes you are mapping to this reflective account and detail the process that you did to meet these.*
- I do not have output evidence for some of my practice activities as I no longer work in that location is a reflective account acceptable?  
*Yes a reflective account is acceptable as long as it has a good level of detail to show you met the learning outcomes associated.*

## Templates

- Do I have to write up the SPE and the reflective accounts as a word document and upload to the portfolio?  
*Please use the templates provided for SPE and practice activities available to download from the NICPLD website*

## Summary of Previous Experience

- Do we have to complete the entire SPE or can we fill in only the parts we have experience in and complete practice activities for everything else?  
*We would like you to complete the majority of the PSE where possible but if there is a particular area you do not have experience in you can of course complete the practice activities to cover this.*
- Must you have supporting evidence for anything you are talking about in your SPE?  
*No, supportive evidence not required but ensure it is clear in your SPE what you did and it is a good summary of your experience. We appreciate that is difficult because we are not wanting essays, but we do need a certain amount of details masses of information, it is a summary of your professional experience.*
- Can I clarify that by remote prescribing you mean talking to patients by telephone or zoom when undertaking medicine reviews or having discussions about their medicines?  
*Yes for remote prescribing it would be great if you could include some examples of in your SPE of you undertaking medication reviews, discussions etc. regarding medicines via telephone or zoom. These examples could also include discussions with other healthcare professionals across interfaces.*
- If including accuracy checking/clinical checking etc. in the SPE do I have to provide logs or other evidence to confirm this?  
*If you choose to write up this area in your SPE, if you have access to your previous logs this would be helpful but not necessary, you can provide examples and a summary of your accuracy checking and clinical screening.*

- If you are going down the route of RPL2, do you attach the SPE to the portfolio as evidence for the relevant practice points and then submit the portfolio as a whole at deadline?  
*RPL pathway 2 is designed for pharmacists who feel they have already 'partially covered' the FP1 learning outcomes and practice activities and can write a SPE in the relevant practice areas e.g. they can write a SPE to cover the practice area 'Governance and quality improvement'. This SPE can be uploaded to the portfolio and mapped as a piece of evidence to a number of learning outcomes. The portfolio should then be submitted before the deadline date*
- I have previous experience of safeguarding cases, can I include these in my SPE instead of completing the 3 cases provided by NICPLD?  
*Yes you can include these in your SPE instead of completing the 3 cases provided by NICPLD. We would ask for 3 examples of safeguarding from previous experience*
- Just wanted to double check that each learning outcome only has to be linked to a reflective account once and with an SPE I can link it to as many learning outcomes as it is relevant to?  
*Yes each learning outcome (LO) only requires one piece of evidence to be linked to it and you can link an SPE to as many LOs as it is relevant to. Although each LO only needs one piece of evidence you do need to complete all of the practice activities (or an SPE) for each practice area and upload the evidence of completion to the ePortfolio, but not every piece of evidence has to be mapped to a learning outcome. Choose the best piece of evidence to map to the learning outcome, the pieces that are not mapped are still assessed.*
- To structure the SPE would you go through each of the learning outcomes in the right hand column of template and give one specific example of how you have demonstrated this in the past?  
*When you are writing your SPE you could make one statement or 2-3 lines that might actually demonstrate how you have met multiple LOs so you don't necessarily need a paragraph for each LO as long as it is clear within the narrative how you have met the LOs that you have mapped to.*
- If uploading only one piece of info on SPE for a learning outcome should the T1-T4 be 4 across the full time?  
*Yes if you are saying that you have previous experience of undertaking something and essentially you have met that LO before commencing FP1 then your assessment rating should be 4 all across T1-T4 times.*
- Is there a minimum number of examples that should be given for each practice point in SPE for those wishing to demonstrate prior learning?  
*We would expect a minimum of 2 examples for each practice point in the SPE.*

## Learning Outcomes

- Is the comments section at the bottom of the templates where the student lists the learning outcomes they are claiming?

*Yes, in this section they should write which LOs they feel they meet and why. They don't necessarily have to map it to every LO they state though. Each LO must have at least 1 piece of evidence mapped to it on the portfolio.*

- For the output evidence, are these uploaded to the portfolio or just the reflective accounts? Do we need to link the output evidence to learning outcomes or is it ok just to upload the evidence and then link the reflective account?  
*If it is a reflective account for something you did last year it may support your account to have the output evidence. It would be helpful for the assessor if uploading both to link both to the relevant learning outcomes however not essential as long as it is clear within the file section what documents support one another (if that makes sense).*
- Some LOs that are suggested on the handbook have more than 1 piece of evidence mapped against it i.e. LO 47 used 4 times in GQI- as this is the suggested mapping is this ok?  
*That is suggested mapping, each LO does not need multiple pieces of evidence. If you have one good piece of evidence for each LO that is adequate. You will potentially end up with evidence uploaded to your eportfolio but not mapped to anything because you must complete all the practice activities and upload evidence for each of the activities but you don't necessarily need to map all of them as long as each LO has one good piece of evidence mapped to it.*
- When I uploaded my clinical induction passport I mapped it to every LO detailed in the OMU SPE- is that too many LO's to map for just the passport?  
*No that is appropriate*
- When completing T1, T2, T3, T4 for the learning outcomes, I assume they all have to be changed to T4 before submission on completion of all the tasks/evidence-- can these be explained in more detail so I know I'm using them correctly?  
*Refer to the handbook page 9 explains this in detail and gives definitions.*
- If we have learning outcomes that are not covered by practice activities/ reflective templates how do we write it up and map them appropriately?  
*Write up more reflective records/templates.*
- I know the medicines optimisation section needs to be completed as a fully qualified pharmacist but as I completed Pre-reg with the GPHC and hence met the rest of the standards to qualify with them, would that be enough to submit an SPE? *Optimising medicines use practice activities must be completed as a registered pharmacist. This applies to all pharmacists completing FP1, irrespective of which pre-reg/FTY program you have completed.*
- If so, when I am writing an SPE would I need to write out each of the portfolio activities I completed in pre-reg that met the GPHC standards? *If writing an SPE, you need to use the SPE templates available on the website and provide a description with examples of your experience of previously undertaking the practice activities specified in the SPE template. The OMU practice activities and clinical screening*

*(from safe and effective provision of medicines) must be demonstrated as a registered pharmacist.*

## Miscellaneous

- Will the learning outcomes for FP1/FP2 be quite different? I am considering keeping some of my prior learning and experience for next year.  
*The learning outcomes for FP1 and FP2 are different. The practice activities will be more complex in FP2 and you will be performing as a more competent pharmacist at this stage. We would not encourage you to hold any experience back from FP1 (i.e. don't save it for FP2). Write up as much experience to date for FP1, as you will have gained further experience in more therapeutic areas and have dealt with more complex patients when completing FP2 as you will have more experience as a pharmacist next year.*
- Can you elaborate if patient facing med review means the patient needs to be in practice face to face?  
*Yes, as we ask for 4 medication reviews, we think there should not be an issue with this during the timeframe of the programme.*
- Provision of person centred information: do the queries have to be of a certain level of significance?  
*No they do not need to be of a certain level of significance. The description that NIPCLD tags to this practice activity is that the pharmacist should provide accurate, timely, evidence-based information to patients/carers +/- or healthcare professionals (in response to queries relating to medicines or symptoms), therefore, as long as it meets this description it will be suitable.*
- What format should we upload the MCQ results? The FP pharmacist had taken a screenshot of their result and uploaded it, asked if that was ok?  
*Yes a screen grab of your MCQ result is great and then just remember to complete a CPD cycle. Unfortunately, the new PSNI CPD online portal does not allow for copy and paste of CPD cycles so there is a CPD cycle template available on the website.*
- What do I need to upload if I have completed the clinical induction passport:  
*Upload appendix 1 once it is completed and all signed off – attach it to the LO routinely mapped to the OMU practice activities (see the OMU table, 3<sup>rd</sup> column on pg 7 of the handbook).*
- Does the format have to be in Word? I use Pages?  
*That is no problem.*
- What is the relevance of T1-T4?  
*They are checkpoints to help you assess your development and any LOs you need to focus in on, it also aids discussion with your educational supervisor. So T1 will be at the beginning of the course and T4 will be at the end of the course. T3 and T4 can be time points agreed*

*between yourself and your educational supervisor, so as a rough guide I would suggest T2 about 2 months and T3 about 4 months.*

- I would like to clarify re the requirement for a First Aid certificate (or equivalent) to be uploaded to the portfolio. What are the examples of appropriate equivalents? I completed my first aid training during my pre reg year but I don't have a certificate for the training. Can you please advise on how to achieve this?  
*We would be able to accept the first aid training that you undertook during your pre-reg as it is within the last five years if you were able to get a testimonial (or statement) from someone within Lloyds to say that you completed the training or if you have anything documented within your pre reg portfolio that you can still access that would demonstrate you completed the course/ get a statement from your pre-reg tutor saying that you completed it. There is no first aid training available through NICPLD for PRFP pharmacists.*
- In terms of the CPD cycles for the elearning to they need to be mapped to any particular competency or Practice area as couldn't see this in the handbook or slides?  
*No the elearning cycles don't need to be mapped to any competency, just upload those to the ePortfolio but don't map them.*
- When signing your signature at the bottom of reflective accounts etc, can you type this? or do we have to sign it by pen  
*You can type the signature at the bottom of reflective accounts/use an electronic signature however we would ask if at all possible that the signatures on the portfolio submission form are ink/electronic signatures.*
- Do I need to provide a piece of evidence for the "Yellow Card" section e.g. a screenshot of the Yellow Card submission or its reference number? I assume not as a theoretical example wouldn't have one, but should I hunt it out since I have submitted one?  
*You don't need to provide this, however if you haven't provided sufficient information in the reflective account this may be something the assessor would come back to you for.*
- Can a doctor or practice manager complete teaching observation if ES wasn't present for teaching activity?  
*Yes they can, they would be classed as practice supervisors and so yes they can complete this.*
- For 'using technology to enhance pt care' PA, what would be a good example that meets the competencies for science behind pharmacy etc?  
*Suggestions for this would be if you use technology for warfarin monitoring/glucose monitoring/NIECR/GP electronic systems/labcentre/GP equivalent. These are just some suggestions, there will be other examples in your practice that you will have come across that I have not have specified here. I am aware the LOs 22, 23 have been tagged as routinely mapping to this PA, you may be able to link these instead to our medication reviews/procurement activity if you are unable to map to this PA.*
- If we have uploaded a reflective account/med review, and have referenced resources such as NICE guidelines/ monitoring guidelines etc, do we have to save and upload these resources also? Or is explaining them eg. "as per nice guidelines on hypertension in adults"

enough? and if so do we have to attach them to the same learning outcomes as the evidence piece?

*You don't need to upload any referenced guidelines/resources, when explaining them/stating them in reflective accounts etc you need to provide details such as title of guideline, date of guideline/date updated and reference number (if NICE guideline for example). If Trust guideline/SOP then state the title and date and that it is a Trust document.*

- For the OMU section - do you complete 4 reviews of which 2 are supervised or 6 reviews of which 2 are supervised?

*It is 4 reviews, 2 of which are supervised.*