|  |
| --- |
| NICPLD_Blue  Foundation Programme - Part 1 (FP1)  SPE – Optimising Medicines Use (OMU) |
| Name of pharmacist: |
| PSNI registration number: |

Please provide a brief description of your relevant professional experience (with examples) to demonstrate that you have covered the practice activities (PAs) & LOs listed.

These practice activities below must be demonstrated as a **registered pharmacist**.

|  |  |  |
| --- | --- | --- |
| *PA* | *Brief description of relevant professional experience (with examples)* | *Examples should demonstrate the following FP1 LOs:* |
| Medication reviews  *(demonstrating a range of patient types with multi-morbidities and polypharmacy)* |  | 1, 2, 3, 4, 5, 6, 9, 10, 11, 12, 13, 14, 16, 17, 21, 25, 28, 29, 30, 31, 33, 34, 35, 41, 47, 49 |
| Accurate completion of health / medication records  *(in accordance with GDPR)* |  | 39 |
| Accurate provision of person-centred information  *(in response to queries relating to medicines or symptoms)* |  | 1, 2, 3, 5, 6, 10, 12, 16, 17, 30 |

|  |
| --- |
| PHARMACIST DECLARATION:  **I declare that the information I have provided in my SPE is a true and accurate reflection of my professional experience and meets the quality criteria for validity and authenticity.**  Signed (pharmacist): Date: |