



Post-reg Foundation Programme

Handbook – FP Part 1 (FP1)

2026

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 Curriculum¹ in all five domains:

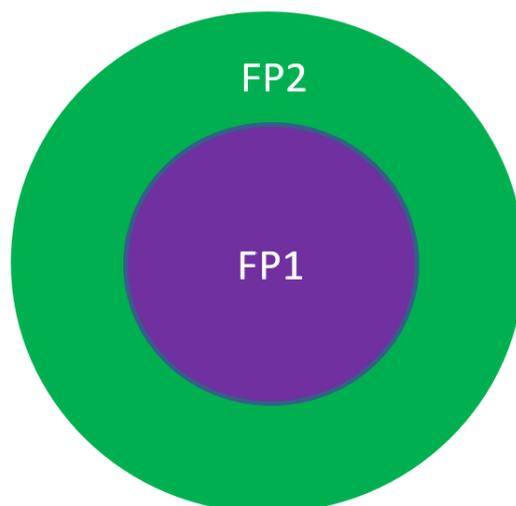
- Person-centred care & collaboration
- Professional practice
- Leadership & management
- Education
- Research

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 – Fundamentals of Pharmacy Practice), as illustrated in the diagram below, and pharmacists must have completed FP1 before commencing FP2.

NICPLD Post-reg Foundation Programme (PRFP)



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.

Contents

Preface	1
Contents	2
1. Introduction.....	3
2. Who can enrol onto FP1?.....	3
3. Learning outcomes.....	3
4. Practice areas.....	6
5. Practice activities	6
6. Practice portfolio	9
7. FP1 workshops/webinars	10
8. FP1 online courses and resources.....	13
9. FP1 Educational Supervisor (ES)	13
10. FP Practice Supervisor (PS)	13
11. FP1 assessment process.....	14
11.1 Foundation Portfolio Review (FPR)	14
12. Recognition of Prior Learning (RPL)	15
13. Declarations for Portfolio and Evidence Submissions and Artificial Intelligence (AI) use	18
13.1 NICPLD Standard Declarations for Portfolio and Evidence Submission	18
13.2 NICPLD AI Position Statement	19
14. Appeals procedure	20
15. NICPLD contact details	21
16. References	21

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. 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. Pharmacists completing FP1 via the Recognition of Prior Learning (RPL) pathway 1 are not required to enrol in FP1. Please refer to Section 12 if you believe you are eligible for RPL pathway 1 before submitting your FP1 application.

Applications are now closed for FP1, there will be no further intakes for this programme.

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
<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 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

	<ul style="list-style-type: none"> 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
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Leadership and management	Education and research
<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 skills³. 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 record 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) 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.

FP1 pharmacists do NOT need to provide evidence for learning outcome 37 as this can only be demonstrated by a registered prescriber. If they wish to train as a prescriber, LO 37 will be covered in the Independent Prescribing (IP) course.

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. If a certificate is not available, then please upload some form of evidence a course was completed e.g. a testimonial or statement from previous workplace.

Evidence from the previous 5 years can be used to demonstrate completion of the practice activities but the following 3 practice activities **MUST** have been completed as a **registered pharmacist**:

- Medication reviews (OMU)
- Accurate provision of person-centred information (OMU)
- Clinical screening (SEPM)

Optimising medicines use (OMU)

Practice activity	Description	Evidence required (recording templates are available on the NICPLD website)
*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.	4 x medication reviews
*Observed medication reviews	The pharmacist should be observed undertaking 2 of the patient-facing medication reviews.	2 x observed medication reviews
*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.	1 x reflective record
*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).	5 x examples in total
NICPLD eLearning course – electrolytes, liver and kidney function tests	The pharmacist should complete this eLearning course.	CPD cycle (include your MCQ score and date/certificate of completion)
NICPLD eLearning course – Iron studies & anaemia	The pharmacist should complete this eLearning course.	CPD cycle (include your MCQ score and date/certificate of completion)

Safe and effective provision of medicines (SEPM)

Practice activity	Description	Evidence required (recording templates are available on the NICPLD website)
Checking accuracy	The pharmacist should complete a 100-item log demonstrating their ability to accurately check items dispensed by others against a range of prescription types AND reflect on their accuracy checking experience.	Completed 100 item log PLUS 1 x reflective record. Local log templates can be used/NICPLD templates provided on the FP1 website.
* Clinical screening	The pharmacist should complete a 100-item log demonstrating their ability to clinically screen medicines prescribed for a range of patient types	Completed 100 item log PLUS 1 x reflective record

	AND reflect on their clinical screening experience.	Local log templates can be used/NICPLD templates provided on the FP1 website.
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).	1 x reflective record
Managing workflow	The pharmacist should reflect on their experience of managing the workflow in their workplace.	1 x reflective record
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.	1 x reflective record

* A fully completed and signed off NI Clinical Induction Passport (secondary care) can be uploaded to the portfolio and used to demonstrate completion of these practice activities in the OMU and SEPM practice areas. Note the NI clinical induction passport will evidence these practice activities but extra evidence e.g. a reflective account and/or medication review examples from the passport will need to be uploaded to the portfolio to demonstrate the learning outcomes.

Governance and quality improvement (GQI)

Practice activity	Description	Evidence required (recording templates are available on the NICPLD website)
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.	1 x audit template
Recording of near misses and incidents	The pharmacist should routinely report near misses and incidents in accordance with the established procedures within the workplace.	1 x reflective record
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.	1 x reflective record
Using technology to enhance patient care	The pharmacist should reflect on their experience of using technology to enhance patient care.	1 x reflective record

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.	1 x teaching observation
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.	1 x reflective record

Promoting public health (PPH)

Practice activity	Description	Evidence required (recording templates are available on the NICPLD website)
Safeguarding activities	<p>The pharmacist should record a case-based discussion of a safeguarding case they have encountered (e.g. safeguarding of children or vulnerable adults).</p> <p>If the pharmacist has not encountered a case, they can choose 3 scenarios from the FP1 safeguarding scenarios provided on the FP1 NICPLD website instead (FP1 Safeguarding Scenarios-cohort-6.pdf) and discuss each one with their ES/PS. Each scenario will need a separate CbD template completed.</p> <p>See page 10 for additional notes.</p>	Safeguarding CbD template(s)
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.	1 x reflective record
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).	1 x reflective record

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>I have not yet met the standard</i>
1	I rarely meet the standard expected	<i>I meet the standard approximately 0-24% of the time</i>
2	I sometimes demonstrate the standard expected	<i>I meet the standard approximately 25-50% of the time</i>
3	I usually demonstrate the standard expected	<i>I meet the standard approximately 51-84% of the time</i>
4	I consistently demonstrate the standard expected (repeatedly and reliably)	<i>I meet the standard approximately 85-100% of the time</i>

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 records. 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).

Please note when the FP1 pharmacist is mapping their evidence to the learning outcomes, they should ensure they review the wording of the learning outcome carefully. If the learning outcome is at a "does" level, theoretical evidence e.g. safeguarding scenarios provided by NICPLD, will not be awarded the learning outcomes.

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.

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/webinars

To support FP1 pharmacists, NICPLD offers workshops/webinars 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/webinar is expected for completion of the

programme. FP1 pharmacists will be enrolled automatically and will receive reminders via email in advance of the workshop/webinar taking place. FP1 workshops/webinars use case-based discussions in small groups to help pharmacists to apply their learning. For the webinars, FP1 pharmacists must switch on their cameras and microphones to participate in the group discussions.

The FP1 workshops/webinars taking place in 2026 for cohort 8 are listed on the following pages.

Cohort 8:

FP1 workshop / webinar	Format	
FP1 Induction	Face to face workshop	<p>When: 11th March 2026 10am-12pm</p> <p>Where: Stranmillis College Belfast</p> <p>Pre-requisites:</p> <ol style="list-style-type: none"> 1) Read through all materials emailed
Medicines reconciliation & review	Face to face workshop	<p>When: 11th March 2026 1pm-4pm</p> <p>Where: Stranmillis College Belfast</p> <p>Pre-requisites:</p> <ol style="list-style-type: none"> 1) Read through the medicines reconciliation and review pre workshop presentation and accompanying notes. 2) Prepare case studies.
Clinical Lab Tests	Webinar	<p>When: Monday 20th April 2026 10am-12pm</p> <p>Pre-requisites:</p> <ol style="list-style-type: none"> 1) Complete 2 NICPLD eLearning courses: <ul style="list-style-type: none"> • Electrolytes, liver and kidney function tests • Iron studies & anaemia 2) Prepare case studies 3) Download the Zoom app
Effective Professional Practice Part 1 (part 2 will be delivered in FP2)	Webinar	<p>When: 13th May 2026 2-4pm</p> <p>Pre-requisites:</p> <ol style="list-style-type: none"> 1) Read through all pre-webinar materials emailed
FP1 assessment preparation	Pre-recorded lecture	Review this pre-recorded lecture whenever it is convenient to you.
Audit	eLearning	Review this eLearning course whenever it is convenient for you before completing FP1.
Q&A (The purpose of this session is to answer any questions relating to FP1 and your upcoming FP1 portfolio/evidence submission)	Webinar	<p>When:</p> <p>29th April 2026 10am-10.30am</p> <p>16th September 2026 10am-10.30am</p>
Portfolio submission		27 th May 2026, 24 th June 2026, 14 th October 2026

8. FP1 online courses and resources

NICPLD provides several 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 FP1 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:

- The pharmacist has satisfactorily completed the four FP1 practice areas.
- The pharmacist's evidence includes two examples of demonstrating accurate performance of calculations in practice.
- The pharmacist has uploaded evidence of completing each practice activity to their portfolio.
- The pharmacist has mapped evidence to all the learning outcomes in the FP1 portfolio.
- The pharmacist has an assessment rating of 4 at T4 for each of the learning outcomes.

10. FP Practice Supervisor (PS)

Some FP1 pharmacists may encounter several 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, or evidence as detailed in section 12 for those completing FP1 via RPL pathway 3, must be submitted to NICPLD by one of the specified submission dates. Submissions from cohort 8 will be accepted on 27th May 2026, 24th June 2026 and 14th October 2026. A two-week extension for FP1 portfolio submissions may be given in Exceptional Circumstances, as outlined in the QUB [Guidance on Acceptable Exceptional Circumstances and Evidence.pdf](#). Any pharmacist who requires an extension must complete and return a FP1 portfolio extension request form (this can be downloaded from the NICPLD website, www.nicpld.org) one week before the specified FP1 portfolio submission date. We ask pharmacists to complete an 'Intention to Submit' form in advance of these dates which can be accessed via the NICPLD website, www.nicpld.org. This allows NICPLD to arrange appropriate assessors and avoid conflicts of interest.

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.

Each domain will be assessed according to the grade descriptors outlined below.

Pass	Borderline Pass	Fail
Demonstrates that >70% of the learning outcomes have been met	Demonstrates that 50-70% of the learning outcomes have been met	Demonstrates an insufficient amount of the learning outcomes have been met (<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 domain

The FPR process will have two outcomes:

PASS - The candidate achieves a minimum of two pass marks and two borderline marks across the four domains to achieve an overall global pass of the portfolio. Two of the pass marks must be in the person-centred care & collaboration and professional practice domains.

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

- They achieve one or more fail marks across the four domains
- They achieve only one pass mark across the four domains

- They achieve three or more borderline marks across the four domains
- They achieve a mark of borderline or fail in the person-centred care & collaboration and/or professional practice domains.

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, the portfolio will be reviewed by an independent assessment panel to agree the final assessment outcome.

If necessary, and at any point in the FPR process, NICPLD will contact the candidate for clarification regarding a piece or pieces of evidence. NICPLD may also contact the ES for clarification or further discussion during or after assessment.

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 at the next round of FP1 assessments.

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. There are three RPL pathways, see below for details.

Pathway 1	Pathway 2	Pathway 3
<ul style="list-style-type: none"> • for pharmacists who can demonstrate that they have <u>already covered all of the FP1 LOs and PAs</u> • open to pharmacists who registered prior to 1st July 2023 and have been practicing for at least 2 years • not required to enrol in FP1, attendance at webinars and workshops is optional • submission of a full SPE only (no portfolio) - submissions accepted at any stage throughout the year 	<ul style="list-style-type: none"> • for pharmacists who can demonstrate that they have <u>already partially covered the FP1 LOs and PAs</u> • open to all pharmacists who can demonstrate that they have partially covered the FP1 LOs and PAs prior to commencing FP1 • enrol in the FP1 programme and attend the webinars and workshops • submit a portfolio - evidence will consist of SPE/s and individual pieces of evidence 	<ul style="list-style-type: none"> • for pharmacists who have <u>already demonstrated as a foundation trainee</u> that they have met the LOs in the FP1 portfolio • open to pharmacists who completed the FTY to the IETP 2021 standards and registered after 1st July 2023. • enrol in the FP1 programme and attend the webinars and workshops • submit: <ul style="list-style-type: none"> • PSNI registration number and confirmation of completion of the FTY after 1st July 2023 • evidence of completing 3 PAs as a registered pharmacist (see RPL pathway 3 below for further details)

RPL pathway 1: Submission of SPE only. Attendance at webinars/workshops is optional.

Pharmacists completing FP1 via RPL pathway 1 should submit a full summary of professional experience (SPE) together with a FP1 SPE submission form (which must be signed by your line manager). NICPLD will accept SPE submissions at any stage throughout the year. SPE template and the SPE submission form can be found on the NICPLD foundation programme webpages.

NICPLD will assess SPEs to verify that the pharmacist has demonstrated their competence against the FP1 learning outcomes. Each domain will be assessed according to the grade descriptors outlined below:

Pass	Borderline Pass	Fail
Demonstrates that >70% of the learning outcomes have been met	Demonstrates that 50-70% of the learning outcomes have been met	Demonstrates an insufficient amount of the learning outcomes have been met (<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 process will have two outcomes:

PASS - The candidate achieves a minimum of two pass marks and two borderline marks across the four domains to achieve an overall global pass of the portfolio. Two of the pass marks must be in the person-centred care & collaboration and professional practice domains.

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

- They achieve one or more fail marks across the four domains
- They achieve only one pass mark across the four domains
- They achieve three or more borderline marks across the four domains
- They achieve a mark of borderline or fail in the person-centred care & collaboration and/or professional practice domains.

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 workshops and webinars and portfolio assessment.

Pharmacists completing FP1 via RPL pathway 2 can write a summary of professional experience in the relevant practice area(s) and 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.

Evidence from the previous 5 years can be used but the following 3 practice activities

MUST have been completed as a **registered pharmacist**:

- Medication reviews (OMU)
- Accurate provision of person-centred information (OMU)
- Clinical screening (SEPM)

When completing an SPE, supportive evidence is not required to be uploaded but it may be requested by the assessor if felt necessary. SPE templates for each practice area are available on the NICPLD foundation programme webpages.

RPL pathway 3: Register onto the FP1 programme to include attendance at workshops and webinars and submission of evidence detailed below.

Pharmacists completing FP1 via the RPL pathway 3 should submit a FP1 RPL Pathway 3 submission form, confirmation of completion of the FTY after 1st July 2023 and evidence of completing the following practice activities as a registered pharmacist:

- Medication reviews (OMU)
- Accurate provision of person-centred information (OMU)
- Clinical screening (SEPM)

Evidence of completing these practice activities can take the form of a fully completed and signed off clinical induction passport or in the format detailed in the Optimising Medicines Use and Safe and Effective Provision of Medicines tables in Section 5 of the handbook.

Evidence submitted in the format detailed in the OMU and SEPM tables in Section 5 will be assessed to ensure that patient safety has not been compromised by the candidate.

Pharmacists completing FP1 via RPL pathway 3 should submit their evidence to NICPLD by one of the specified submission dates. Submissions from cohort 7 will be accepted on 3rd December 2025, 18th March 2026, 27th May 2026 and 14th October 2026. Submissions from cohort 8 will be accepted on 27th May 2026 and 14th October 2026. Further submission dates for cohort 8 will be added if needed.

13. Declarations for Portfolio and Evidence Submissions and Artificial Intelligence (AI) use

In addition to the declarations below, as registered pharmacists, FP1 pharmacists and their Educational Supervisors (and Practice Supervisors, where applicable) are expected to abide by [The Code, Standards and Guidance – Pharmaceutical Society NI](#). Where appropriate, offences will be communicated to the regulatory body, the Pharmaceutical Society of Northern Ireland (PSNI), for disciplinary measures.

13.1 NICPLD Standard Declarations for Portfolio and Evidence Submission

By signing each piece of evidence submitted to NICPLD, as well as the FP1 learning contract and the relevant FP1 submission form, the FP1 pharmacist is certifying that all work submitted conforms to the 'NICPLD Standard Declarations for portfolio and evidence submission' relating to authenticity, AI use, referencing and source attribution and fitness to practice as detailed below.

1. Authenticity Declaration

I confirm that all work submitted is my own and based on genuine professional experience and real-life patient interactions. I have not fabricated any work nor used any person or software (including artificial intelligence tools) to produce work on my behalf. I understand

that any misrepresentation of my practice may raise professional fitness to practise concerns.

2. AI Use Declaration

I confirm that if I have used artificial intelligence (AI) tools (e.g., ChatGPT, Grammarly, Copilot), the use was appropriate, responsible and ethical as outlined in the 'NICPLD AI Position Statement' available at [NICPLD: About: AI position statement](#). Where AI was used, I have clearly documented the name of the tool, its purpose, and the extent of its contribution.

3. Referencing and Source Attribution Declaration

I confirm that all external sources (including articles, guidelines, formularies, and policies) used in this submission are appropriately referenced. I understand that failure to reference material correctly may be considered plagiarism.

4. Fitness to Practise Acknowledgement

I understand that any evidence of unsafe practice, fabrication of evidence, or breach of academic or ethical standards will be referred to the relevant NICPLD workforce development team and managed through a concerns process. In some cases, this may result in a fitness to practice referral.

13.2 NICPLD AI Position Statement

The NICPLD AI Position Statement detailed below is also available at [NICPLD: About: AI position statement](#).

Purpose and Scope

This statement outlines NICPLD's stance on the appropriate and ethical use of artificial intelligence (AI) tools, including generative AI and large language models (LLMs), within its workforce development programmes by pharmacy professionals. It aims to promote AI as a support tool for reflective practice while ensuring that its use does not compromise the authenticity, integrity, or educational value of professional submissions. It will be used in conjunction with guidelines issued by relevant regulatory, academic and professional bodies.

Guiding Principles

- **Augmentation, not replacement:** AI can support and enrich reflective practice, but it must not be a substitute for personal insight, clinical judgment, critical thinking or thought processes. Human oversight remains essential throughout the learning process.
- **Transparency and disclosure:** Any use of AI tools must be explicitly declared. Learners must detail the tool used, its purpose, and the scope of its assistance in the submitted work.
- **Ethical and responsible use:** AI use must comply with ethical and professional standards. This includes avoiding plagiarism, ensuring data privacy, and strictly prohibiting the fabrication or exaggeration of professional experiences or competencies.

- Alignment with best practices: AI use must adhere to guidelines issued by relevant academic, regulatory and professional bodies.

Implementation Guidelines

- Reflective authenticity: Submissions must reflect the learner's genuine experiences and understanding. AI may be used to support writing or clarify structure but must not be used to invent experiences or falsely claim competencies (fabrication).
- Documentation standards: When AI tools are used, learners must include a declaration specifying the tool, its function, and its contribution, consistent with NICPLD's standardised AI use declarations.

Review and Oversight

NICPLD will periodically review this position statement in line with developments in AI technologies, academic integrity policies, and evolving regulatory and professional standards to ensure continued relevance and efficacy. If unethical use of AI or fabricated evidence is discovered the matter will be referred to the relevant workforce development team and managed through a concerns process. In some cases, this may result in a fitness to practice referral.

By adopting this position, NICPLD affirms its support for the appropriate, responsible and ethical use of AI.

This approach balances the potential benefits of emerging technologies with the need to maintain high standards of professional integrity and educational accountability.

14. 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:

All appeals against the conduct, adequacy or outcome of an assessment must be forwarded, in writing, to the NICPLD PRFP leads at nicpld-PostReg@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.

1. 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.
2. The Appeals panel will meet within 30 working days of receipt of the written notification of the appeal.
3. 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.

15. NICPLD contact details

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

16. References

1. Royal Pharmaceutical Society, Post-registration Foundation Pharmacist Curriculum 2021, available at www.rpharms.com (accessed 23.3.2022).
2. General Pharmaceutical Council, Standards for the initial education and training of pharmacists 2021, available at www.pharmacyregulation.org (accessed 23.3.2022).
3. Daniels, H. 2001, *Vygotsky and Pedagogy*, Routledge Falmer, London.
4. Royal Pharmaceutical Society, Building your portfolio - quality evidence, Forsyth, P., 2022, Lead Pharmacist Clinical Cardiology, NHS Greater Glasgow & Clyde.
5. Collins Dictionary 2022, available at www.collinsdictionary.com/dictionary/english/plagiarism (accessed 12.4.2022).