|  |
| --- |
| NICPLD_Blue  **SPE – Optimising Medicines Use (OMU)**  Post-reg Foundation Programme – FP1 |
| 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) listed.

Please state the learning outcomes demonstrated within the description of your relevant professional experience.

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

|  |  |
| --- | --- |
| *PA* | *Brief description of relevant professional experience (with examples)* |
| Medication reviews  *(demonstrating a range of patient types with multi-morbidities and polypharmacy)* |  |
| Accurate completion of health / medication records  *(in accordance with GDPR)* |  |
| Accurate provision of person-centred information  *(in response to queries relating to medicines or symptoms)* |  |

|  |
| --- |
| 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: |