NI Centre for
Pharmacy Learning
& Development

Post-reg Foundation Programme

Handbook – FP Part 2 (FP2)

2026/7

Preface

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

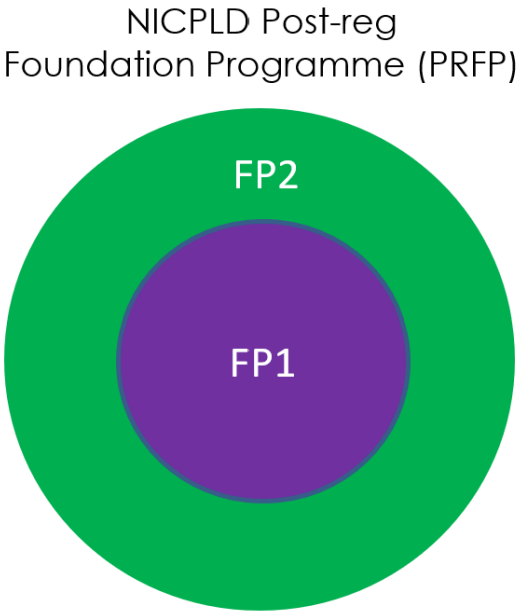
The NICPLD PRFP covers the outcomes of the Royal Pharmaceutical Society (RPS) Post-registration Foundation Pharmacist Curriculum[1] in all five domains:

- 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.



This handbook provides background information and details about the content and structure of Part 2 of the NICPLD Post-reg Foundation Programme (FP2).

Acknowledgements

We would like to thank stakeholders for their contribution in shaping the format and content of the NICPLD PRFP.

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1. Introduction

The aims of Part 2 of the NICPLD Post-reg Foundation Programme (FP2) are to build on the experience pharmacists gained in FP1, to support patient-focused pharmacists in Northern Ireland to provide proficient patient care, and to provide a 'stepping stone' to Advanced Practice. The emphasis in FP2 is on achieving the FP2 learning outcomes, which are based on the outcomes of the RPS Post-Registration Foundation Pharmacist Curriculum[1], using authentic activities in the workplace.

During FP2, pharmacists will develop a practice portfolio of evidence to demonstrate that they have achieved the FP2 learning outcomes. They will undertake practice activities in two different domains to help them to do this. The FP2 practice activities are tools which have been designed to help pharmacists demonstrate and evidence their achievement of the FP2 learning outcomes. Reflective practice is encouraged and FP2 pharmacists are expected to maintain appropriate Continuing Professional Development (CPD) records.

Throughout FP2, pharmacists will be 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 FP2 pharmacist's learning and development and observe their practice on a more routine basis.

2. Who can enrol onto FP2?

Part 2 of the NICPLD Post-reg Foundation Programme (FP2) is open to registered patient-focused pharmacists who are working in Northern Ireland and have completed FP1.

The last cohort will commence FP2 in September 2026, applications for this intake closed on 12th August. After September, PRFP will be replaced by the Enhanced Practice programme, commencing in January 2027. Enrolment for the EP programme will open on the 7th October 2026. Further information regarding the EP programme is available on the NICPLD website NICPLD: Enhanced Pharmacy Practice programme .

3. Learning outcomes

The FP2 learning outcomes are descriptions of the specific knowledge, skills, or expertise that pharmacists are expected to have achieved at the end of the programme. The 40 learning outcomes in FP2 are numbered from 56 to 96, because they follow on from the 55 learning outcomes that are covered in FP1.

The Proficient Patient Care domain (domain 1) covers learning outcomes 56 to 78; learning outcomes 79 to 96 are covered in Evidence-Based Practice (domain 2).

The FP2 learning outcomes are listed on the following pages.

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Proficient Patient Care	Evidence-Based Practice
56. Systematically obtain a structured history, including mental health and collateral history, in sometimes difficult or challenging conditions (e.g. unreliable or incomplete sources of information); including but not limited to patient symptoms, concerns, priorities and preferences. Utilise all relevant sources of information including carers/family 57. Demonstrate clinical reasoning by gathering focused information relevant to the person's care and according to the presenting situation 58. Access and interpret all available and relevant patient records to ensure knowledge of the person's management to date 59. Request and interpret relevant examinations and investigations to support assessment, diagnosis, monitoring and management in a systematic and efficient manner 60. Understand the significance of the findings and results and act on these as appropriate and in a timely manner 61. Apply clinical decision-making tools appropriately e.g. algorithms and risk calculators 62. Formulate appropriate differential diagnoses and apply clinical judgement to arrive at a working diagnosis 63. Use a structured approach to accurately document the outcomes of in the clinical assessment in the appropriate format and location, including the digital environment. Maintain records sufficiently to enable optimal patient care 64. Use safety netting to ensure systems are in place to provide safe monitoring and follow up; provide and document the specific advice given to the person. Consider written information to reinforce verbal advice 65. Prioritise people/groups for clinical review according to need and local priorities 66. Undertake clinical reviews in people with complex problems in a variety of settings (including remotely), ensuring a multidisciplinary approach; communicate and document decisions and recommendations appropriately 67. Work in partnership with the person, taking a pragmatic approach in the context of their beliefs, culture and preferences, leading to the expectation that a prescription is not always required. Consider any factors which may lead to health inequalities. Encourage self-care where appropriate and consider mental health and physical health equally in a holistic approach to each person's individual needs 68. Obtain an accurate medication history including allergy, self-medication, use of complementary healthcare products, and previous allergic / adverse reactions 69. Perform medicines reconciliation. Consider ongoing need for medicines, response to treatment, medication adherence, evidence-based prescribing, adverse effects, cost-effectiveness and up to date information about medicines (e.g. availability, pack sizes, storage conditions, excipients, costs). Also consider wider determinants of health e.g. social care, domestic situation and environmental factors 70. Consider the environmental impact of prescribing recommendations and reach a shared decision with the person if this is important to them (e.g. the carbon footprint of inhalers)	79. Recognise which statistical tests are appropriate when critically evaluating studies to judge the weight of evidence including validity, reliability and relevance 80. Receive and answer a variety of medicine-related and clinical enquires from people, carers and healthcare professionals 81. Use appropriate information sources to answer medicine-related and clinical enquires across all healthcare sectors 82. Communicate accurate, appropriate, and structured medicines information according to the needs of the patient and/or health and social care professionals, signposting as required 83. Outline how published evidence for new medicines is evaluated, applied by NHS prescribing committees and considered for local / regional / national formularies 84. Incorporate the population based impacts of antimicrobial resistance and other communicable diseases on decisions about prescribing antimicrobials; ensure treatment and prevention measure decisions are aligned to relevant local and national guidance 85. Describe the key attributes of data and information including quality, integrity, accuracy, timeliness and appropriateness, and discuss their limitations within the context of intended use 86. Interpret data by running queries, reports and use appropriate analytical methods and descriptive statistics to discover patterns and knowledge 87. Understand business needs within the pharmacy context (e.g. ensuring value for money, reducing waste, procurement, reviewing existing / introducing new services) and analyse available data both from within and outside of the organisation, including through obtaining feedback from service users 88. Adopt a critical, analytical and reflective stance towards professional and business practice 99. Understand local commissioning processes for new and existing services 90. Actively participate in peer review and interprofessional learning activities 91. Contribute to developing a culture of organisational learning to inspire future and existing staff; proactively respond to feedback to shape development activities 92. Develop a personal development plan with specific objectives to address identified learning and development needs and maintain competency across all domains; (specifically include objectives to develop prescribing practice and maintain competence); evaluate success in achieving objectives and modify accordingly

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Proficient Patient Care	Evidence-Based Practice
71. Formulate a management plan which includes clear benefit-risk assessment and monitoring parameters, frequency and timescale as appropriate. Modify / adapt plan in response to ongoing monitoring and review of the person's condition and preferences; check the person's/carer's understanding and that they are satisfied with the management plan 72. Recommend prescribing interventions (adding, stopping, stepping up/down and/or optimising medication) where appropriate. Include areas of uncertainty where evidence is lacking / conflicting 73. Demonstrate critical thinking by analysing and applying information from multiple sources including the evidence base, local/regional/national guidelines, policies, and formularies to manage people who have a combination of acute and long-term conditions 74. Justify and document deviation from guidelines and policy as appropriate 75. Apply expertise and decision making in complex situations of multi-morbidity, frailty, polypharmacy and / or unlicensed medicine use; consider the mode of action and pharmacokinetics of medicines and how these may be altered (e.g. by genetics, age, renal impairment, pregnancy) 76. Consider the condition(s) being treated in terms of natural progression, severity, deterioration, and anticipated response to treatment 77. Consider any relevant patient factors (e.g. breastfeeding, ability to swallow, religion, ethnicity, social support) and the potential impact on the choice, route of administration, formulation of medicines and adherence 78. Enhance health literacy in people from a range of backgrounds, by providing tailored information, signposting to relevant information sources, facilitating communication, and checking understanding as appropriate	93. Evaluate and reflect on the effectiveness of their educational activities; collate data and uses feedback to adapt approach when necessary 94. Critique published literature and discuss with peers e.g. participation in journal clubs or peer review sessions 95. Describe the core features of a research protocol and common research methodologies (including quantitative and qualitative) used in health services research and clinical research 96. Apply the principles of good research practice when participating in research activities; understand the importance of ethical conduct, consent, confidentiality and governance arrangements to ensure research quality and safeguard the public

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4. Domains

FP2 pharmacists gain experience in two domains:

- Proficient Patient Care (PPC)
- Evidence-Based Practice (EBP)

PPC helps pharmacists to move from being a competent pharmacist delivering safe and effective patient care to a proficient pharmacist providing holistic person-centred care. It prepares pharmacists to move on to the Clinical pillar of Advanced Pharmacy Practice[3].

EBP focuses on assessing and critically evaluating appropriate information to make evidence-based decisions in an efficient manner. It prepares pharmacists to move on to the Leadership, Education, and Research pillars of Advanced Pharmacy Practice[3].

Each domain has a specified set of practice activities which have been designed to be used as tools to help pharmacists to demonstrate their achievement of the FP2 learning outcomes. These are outlined below.

4.1 Practice activities

Practice activities provide a 'scaffold' which allows the learner to construct the relevant knowledge and skills[4]. The FP2 practice activities are intended to help pharmacists to generate quality evidence which they can upload into their portfolio to demonstrate achievement of the learning outcomes. Other forms of evidence (e.g. testimonials, reflective records, CPD cycles) should be used for any learning outcomes that cannot be demonstrated by the practice activities.

The RPS recommends that quality evidence in a portfolio should include the following three components, which they refer to as a 'triad of evidence'[5]:

Output – this is the main piece of output evidence, e.g clinical review & medication plan, clinical interventions, teaching/learning materials, etc.;

Reflection – the output evidence should be supported by a reflective account detailing how the relevant learning outcomes 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.

An overview of the FP2 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

Proficient Patient Care (PPC)

Practice activity	Description	Evidence required (recording templates are available on the NICPLD website)
Clinical review and medication plans	The pharmacist should record 4 clinical review & medication plans covering a range of patient types and conditions. Patients should be complex patients with multi-morbidities and polypharmacy.	4 x clinical review and medication plans
Case based discussion (CbD)	The pharmacist should present one of the clinical review & medication plans	1 x case based discussion

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	as a case and discuss provision of patient care with colleagues.	
Patient interactions	The pharmacist should be observed undertaking a total of 4 patient interactions or clinical assessments covering a range of patient types.	4 x mini-CEX or DOPS
Clinical interventions	The pharmacist should reflect on 5 clinical interventions they have made.	5 x clinical intervention reflective records
Clinical Decision logs	The pharmacist should reflect on 5 clinical decisions. An effective practitioner will make decisions with patients and carers regularly. They should involve a balance of experience, information gathering, assessment tools and evidence base.	5 x Clinical decision logs

Evidence Based Medicine (EBM)

Practice activity	Description	Evidence required (recording templates are available on the NICPLD website)
Develop a personal development plan (PDP) for FP2	The pharmacist should develop a personal development plan (PDP) for FP2.	1 x completed PDP template
Introduction of a new service/ medicine/ product	The pharmacist should write a reflective account on their involvement in the process of introducing a new service, medicine, or product or into their workplace.	1 x Reflective account
Reflect on a teaching/learning activity	The pharmacist should reflect on a teaching/learning activity they have conducted for other learners and use feedback from learners to adapt their approach.	1 x Reflective account (feedback from learners must be included)
NICPLD open learning "Effective workplace training" NICPLD : Effective workplace training - Introduction	The pharmacist should complete the online learning with a view to becoming a PS to more junior staff members	Certificate of completion from NICPLD
Journal Club presentation	The pharmacist should present a journal paper to colleagues, demonstrating knowledge of research methods and critical evaluation skills.	Journal club presentation

5. Webinars and Workshops

To support FP2 pharmacists throughout the programme, NICPLD offers webinars and workshops which relate to the two domains. All workshops/webinars use case-based discussions in small groups to help pharmacists to apply their learning, providing a networking opportunity as well as peer support. Attendance at each workshop/webinar is expected for completion of the programme and interaction during the webinars/workshops is the best way to achieve the most from the programme.

FP2 pharmacists will automatically be enrolled on these workshops/webinars and will receive reminders via email in advance of the workshop/webinar taking place along with any pre

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course work which is to be completed. The pre coursework will be delivered via online resources such as pre-recorded lectures, in conjunction with live Zoom sessions to ensure interaction between participants and tutors. For the webinars, FP2 pharmacists must switch on their cameras and microphones to participate in the group discussions.

The table below provides an overview of the webinars/workshops, practice activities and eLearning associated with each domain. It also details the date/time of the webinars/workshops, the pre-requisites to be completed before attending the webinars/workshops as well as the evidence to be documented in the online portfolio as documentation of your learning.

FP2 Workshop/Webinar	Cohort	Format	Dates, Location (if applicable) and Pre-Requisites
FP2 Induction	7	Face to face workshop	**When:** 2nd September 2026 10am-12.30pm **Where:** BC-08-104 / 104A University of Ulster Belfast Campus **Pre-requisites:** Read through all materials emailed
Proficient Patient Care	6	Face to Face workshop	**When:** 2nd September 2026 10am- 12.30pm **Where:** BC-08-104 / 104A University of Ulster Belfast Campus **Pre-requisites:** 1) Read through all pre-webinar materials emailed 2) Prepare Case Studies
Proficient Patient Care	7	Face to Face workshop	**When:** 2nd September 2026 1.30pm- 4pm **Where:** BC-08-104 / 104A University of Ulster Belfast Campus **Pre-requisites:** 1) Read through all pre-webinar materials emailed 2) Prepare Case Studies
CbD: Respiratory Disease	6	Webinar	**When:** 16th September 2026 10am-12pm **Pre-requisites** 1) Download the Zoom app 2) Complete 2 NICPLD eLearning courses: • Asthma • COPD 3) Read through all pre-webinar materials emailed 4) Prepare Case Studies
CbD: Respiratory Disease	7	Webinar	**When:** 16th September 2026 2pm-4pm **Pre-requisites** 3) Download the Zoom app 4) Complete 2 NICPLD eLearning courses: • Asthma • COPD 3) Read through all pre-webinar materials emailed

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			4) Prepare Case Studies
CbD: Effective Antimicrobial Use	6	Webinar	**When:** 7th October 2026 10am-12pm **Pre-requisites** 1) Complete 2 NICPLD eLearning courses: • Common Infections • Stewardship 2) Read through all pre-webinar materials emailed 3) Prepare Case Studies
CbD: Effective Antimicrobial Use	7	Webinar	**When:** 7th October 2026 2pm-4pm **Pre-requisites** 1) Complete 2 NICPLD eLearning courses: • Common Infections • Stewardship 2) Read through all pre-webinar materials emailed 3) Prepare Case Studies
CbD: Cardiovascular disease	6	Webinar	**When:** 21st October 2026 10am-12pm **Pre-requisites** 1) Complete the NICPLD Cardiovascular Risk eLearning course 2) Watch the heart failure recorded lecture available at the following link ACP: Heart Failure on Vimeo 3) Read through all pre-webinar materials emailed 4) Prepare Case studies
CbD: Cardiovascular disease	7	Webinar	**When:** 21st October 2026 2pm-4pm **Pre-requisites** 1) Complete the NICPLD Cardiovascular risk eLearning course 2) Watch the heart failure recorded lecture available at the following link ACP: Heart Failure on Vimeo 3) Read through all pre-webinar materials emailed 4) Prepare Case studies
CbD: Diabetes	6	Webinar	**When:** 11th November 2026 10am- 12pm **Pre-requisites** 1) Complete 3 NICPLD eLearning courses: • Managing Type 1 Diabetes • Managing Type 2 Diabetes • Long term complications 2) Read through all pre-webinar materials emailed 3) Prepare Case studies
CbD: Diabetes	7	Webinar	**When:** 11th November 2026 2pm- 4pm

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			Pre-requisites 1) Complete 3 NICPLD eLearning courses: • Managing Type 1 Diabetes • Managing Type 2 Diabetes • Long term complications 2) Read through all pre-webinar materials emailed 3) Prepare Case studies
Assessment Preparation	6	Pre-recorded lecture	Review this pre-recorded lecture whenever it is convenient to you.
Q&A (The purpose of this session is to answer any questions relating to FP2 and your upcoming FP2 portfolio/evidence submission)	6	Webinar	**When:** 25th November 2026 10-10.30am
CbD: Cancer and supportive medicines	6	Webinar	**When:** 9th December 2026 10am-12pm **Pre-requisites** 1) Complete modules 2-4 of the "Lets communicate Cancer Series" available on the BOPA website **https://www.bopa.org.uk/lessons/lesson-1-introduction/**. You must register with BOPA as a free associate to access the training, but this is easily done via the "Join BOPA" tab. 2) Read through all pre-webinar materials emailed 3) Prepare Case studies
CbD: Cancer and supportive medicines	7	Webinar	**When:** 9th December 2026 2pm-4pm **Pre-requisites** 2) Complete modules 2-4 of the "Lets communicate Cancer Series" available on the BOPA website **https://www.bopa.org.uk/lessons/lesson-1-introduction/**. You must register with BOPA as a free associate to access the training but this is easily done via the "Join BOPA" tab. 2) Read through all pre-webinar materials emailed 3) Prepare Case studies
Portfolio Submission	6		20th January 2027 12 Noon
Effective Professional Practice Part 2	7	Webinar	**When:** 27th January 2027 10am-12pm

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			Pre-requisites: 1) Read through all pre-webinar materials emailed
Critical Evaluation Skills	7	Webinar	**When:** 24th February 2027 10am-12pm **Pre-requisites:** 1) Read through all pre-webinar materials emailed
Journal Club	7	Webinar	**When:** 24th March 2027 10am- 12pm **Pre-requisites** 1) Read through all pre-webinar materials emailed
Assessment Preparation	7	Pre-recorded lecture	Review this pre-recorded lecture whenever it is convenient to you.
Q&A (The purpose of this session is to answer any questions relating to FP2 and your upcoming FP2 portfolio/evidence submission)	7	Webinar	**When:** 21st April 2027 10-10.30am
Quality Improvement	7	**eLearning**	Complete NIHR learn modules on Quality Improvement. Free access available simple register with website. Access here https://learn.nihr.ac.uk/course/view.php?id=934
Portfolio Submission	7		26th May 2027 12 noon

6. Practice portfolio

FP2 pharmacists record evidence of their learning achievements against the FP2 learning outcomes in an online portfolio. The NICPLD FP2 portfolio user guide can be downloaded at www.nicpld.org. The FP2 pharmacist, with the help of their ES, can use the practice portfolio to assess their baseline competency status at T1 for the FP2 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). FP2 pharmacists are encouraged to record these learning needs on a Personal Development Plan (PDP) (available at www.nicpld.org). In addition, each learning need

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should be recorded in detail in the 'reflection' stage of a new Continuing Professional Development (CPD) cycle. The PDP helps the FP2 pharmacist to plan and prioritise how and when they will address their learning needs.

During their experiential learning the FP2 pharmacist collects evidence of their development and uploads 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 achievement of more than one learning outcome). It is recommended that the FP2 pharmacist meets regularly with their ES (e.g monthly) to discuss their progress. At these meetings, the ES will help the FP2 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, FP2 pharmacists will have the opportunity to discuss with their ES how they plan to develop and generate evidence in that area.

Each domain is completed when the FP2 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 both domains and all practice activities have been completed satisfactorily, the FP2 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 10.1

7. FP2 online courses and resources

NICPLD provides a number of online courses and other resources to support FP2 pharmacists in their development of underpinning knowledge relevant to the Post-reg Foundation Programme. These can be accessed via the NICPLD website, www.nicpld.org.

8. FP2 Educational Supervisor (ES)

Each pharmacist has a workplace Educational Supervisor (ES) to support them through FP2. 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 FP2 pharmacist (NICPLD : Effective mentoring - Introduction). This can be accessed via the NICPLD website, www.nicpld.org.

The ES will have a supportive role. This involves helping the FP2 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 can be accessed via the NICPLD website, www.nicpld.org.

The ES will meet regularly with the FP2 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 FP2 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 FP2 pharmacist's portfolio submission form to confirm that:

- The pharmacist has satisfactorily completed the two FP2 domains
- The pharmacist has uploaded evidence of completing each practice activity to their portfolio

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- The pharmacist has mapped evidence to all the learning outcomes in the FP2 portfolio
- The pharmacist has an assessment rating of 4 at T4 for each of the learning outcomes

The ES may be contacted independently by NICPLD during or after the foundation portfolio review (FPR) assessment. The FPR assessment process is described in detail in section 10.1.

9. FP2 Practice Supervisor (PS)

Some FP2 pharmacists may encounter a number of different Practice Supervisors (PS), particularly in larger workplace establishments. The PS can support the FP2 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 FP2 pharmacist's practice activities. It is recommended that Practice Supervisors complete the NICPLD 'Effective workplace training' (NICPLD : Effective workplace training - Introduction) online course prior to undertaking the role of FP2 trainer. This can be accessed via the NICPLD website, www.nicpld.org.

The roles and responsibilities of the FP2 Practice Supervisor are summarised in a checklist for Practice Supervisors which can be accessed via the NICPLD website, www.nicpld.org.

10. FP2 assessment process

The FP2 assessment process will entail a Foundation Portfolio Review (FPR) ONLY.
This is described in detail in section 10.1 below.

10.1 Foundation Portfolio Review (FPR)

The FP2 portfolio must be submitted to NICPLD by the specified submission date. The submission date for cohort 6 is 12noon on 20th January 2027 and submission date for cohort 7 will be 26th May 2027. A two-week extension for FP2 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 FP2 portfolio extension request form (this can be downloaded from the NICPLD website, www.nicpld.org) at least one week before the specified FP2 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 FP2 pharmacist. The Foundation Assessor will verify that the FP2 pharmacist has provided sufficient relevant evidence to demonstrate achievement of the FP2 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

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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 one pass mark and one borderline mark across the two domains to achieve an overall global pass of the portfolio. The pass mark must be in the Proficient Patient Care (PPC) domain.

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

- They achieve one or more fail marks across the two domains
- They achieve two borderline marks across the two domains
- They achieve a mark of borderline or fail in the Proficient Patient Care (PPC) domain.

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 may 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 proficient patient care and will be issued with a FP2 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 with the next cohort.

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

In addition to the declarations below, as registered pharmacists, FP2 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.

11.1 NICPLD Standard Declarations for Portfolio and Evidence Submission

By signing each piece of evidence submitted to NICPLD, as well as the FP2 learning contract and the relevant FP2 submission form, the FP2 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.

11.2 NICPLD AI Position Statement

The NICPLD AI Position Statement detailed below is also available at NICPLD: Ab4out: 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.

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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.

12. Appeals procedure

NICPLD will treat all FP2 pharmacists fairly, equally and with respect in relation to any assessment. If an FP2 pharmacist is dissatisfied with the outcome of their FP2 assessment, they must contact the NICPLD PRFP leads within five working days of their FP2 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-postreg@qub.ac.uk within 10 working days after the FP2 pharmacist has given notice of their intent. Written support from the FP2 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 FP2 pharmacist will be offered the opportunity to be accompanied by another person not involved in the FP2 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.

13. NICPLD contact details

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

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14. References

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