



# Post-reg Foundation Programme

FAQ's - FP Part 2 (FP2)

## Practice Activities

**Do you have to write up the clinical review and medication plans in any specific clinical areas?**

*No, you can write up the clinical review and medication plans in whichever clinical areas you choose. It does not have to be in respiratory, cardiovascular or diabetes.*

**For any practice activities where a DOPS or Mini-CEX is suggested as evidence for a practice activity – e.g. patient interactions – is it mandatory to use the NICPLD DOPS/Mini-CEX templates or is it acceptable to use the regional clinical induction DOPS/Mini-CEX templates (as attached) instead?**

*Yes workplace templates will be accepted for your FP2 portfolio as long as it has been completed during your time on FP2 and not previously and contain the same information requested.*

**In the Clinical Decision Logs do we need to complete all 5 options?**

*No you only need to complete any options you considered, there should be at least 2.*

**If I have patient interaction on the ward, will the ward doctor be able to supervise me and assess me using the mini CEX/DOP checklist? Or must they be pharmacists?**

*We do not specify the role of a practice supervisor -a medic can observe you and give you feedback as long as they appreciate what your role as the pharmacist involves.*

**WRT the Teaching Activity and Introducing a New Service/Medicine/Product to your team of colleagues. Could these two activities be combined i.e. could the pharmacist introduce a new service and teach the team about it? As long as they submit 2 reflective accounts and also a feedback form?**

*Yes as long as two templates are completed that's no problem as the focus of each template would be different (one on the skills use to introduce a service and the other on teaching).*

### **WRT to the 5 clinical interventions:**

**Can these be via remote consultation or must they be face to face?** *Remote consultations are acceptable, would be nice to see a mix though at least.*

**Can they include patients that they have recorded as their 5 clinical review patients?** *Ideally these should be separate interactions to show a breadth of experience.*

### **ePortfolio:**

**What is the maximum amount of learning outcomes we can map a piece of evidence to?**

*We do not specify how many LO's that can be mapped to a single piece of evidence but we ask you to be realistic about what you allocate. Usually there would be no more than 4 or 5 but it will vary according to the piece of evidence..*

### **Templates:**

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

*Yes, in this section you should write which LOs you feel the evidence meets and why. You don't necessarily have to map it to every LO you state though. Each LO must have at least 1 piece of evidence mapped to it on the portfolio. Include the LO in the body of the text and at the end in the comments box.*

**On the clinical/medicines advice queries template, how do you complete the 'Reflection' part?**

*For the clinical/medicines advice queries template, please provide information under each of the headings. For the 'Response to enquirer and reflection' column, we would like you to include detail on the advice you provided to the enquirer and reflect on the process involved in finding the answer to the query - was it difficult to find? Did you have to review many resources before getting back to the enquirer? Was the enquirer happy with the response? Is there anything you would do different next time? What went well/what resources did you find useful that you would refer to again? This is the type of thing we are looking for the reflection.*

### **Miscellaneous:**

**Can we use evidence within the last 5 years like FP1?**

*Evidence for FP2 is to be gathered during the course, previous experience is not accepted.*

