



# **Frequently Asked Questions**

**Version 11**

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This document is intended for potential learners and contractors who are interested in joining/supporting a Foundation pharmacist on the programme, as well as Foundation pharmacists, Educational Supervisors, Employers and Educational representatives who are already part of the programme.

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## Programme

### 1. What is the Post-Registration Foundation programme?

The NES Post-Registration Foundation Programme in Scotland has been developed in collaboration with the Royal Pharmaceutical Society (RPS) and a wide range of stakeholders from across the UK and different sectors, including NHS Education for Scotland (NES). The RPS curriculum sets out the overarching expected outcomes of training programmes across the UK for the early post-registration period and supports the development of more standardised and structured work-based training models for all post-registration pharmacists working in patient-focussed roles, regardless of their sector of practice.

The overarching RPS curriculum has been designed to develop pharmacist independent prescribers who have the requisite knowledge, skills, and behaviours to deliver safe and effective holistic person-centred pharmaceutical care to an increasingly complex patient population and are able to contribute to improving how patient care and services are delivered. It supports pharmacists in the early stages of their career to increase their confidence and competence, develop a systematic approach to practice, and become valued members of integrated healthcare teams. It is based on practice-based learning and effective supervision to optimise learning through regular feedback, reflection, and achievement of identified learning needs.

The NES Post-Registration Foundation Programme has been designed to support completion of the RPS curriculum and includes some additional specific learning content to reflect the needs of the patients, workforce, and service delivery in NHS Scotland. Completing the NES Post-Registration Foundation Programme allows pharmacists to achieve a UK-wide recognised professional credential whilst completing a training programme which reflects pharmacy practice in Scotland.

### 2. What are the benefits of the programme?

The programme aims to develop pharmacists to become proficient, confident, person-centred, safe, resilient, and resourceful practitioners. By completing the training programme, learners will develop knowledge and skills which will allow them to develop their professional practice as a pharmacist in areas including the following:

- delivery of holistic person-centred pharmaceutical care
- management of increasingly complex people with multi-morbidities
- providing more enhanced clinical services
- prescribing within agreed scope of practice
- working in integrated multidisciplinary teams
- undertaking quality improvement projects to positively impact on patient care and service delivery
- developing and delivering education and training for the pharmacy and multidisciplinary teams
- participating in research activities.





### 3. How long will it take to complete the programme?

It is anticipated that it will take approximately two to three years to complete the programme and be ready to submit for the Royal Pharmaceutical Society assessment to receive the credential. If a learner needs longer, this will be discussed at a monthly meeting or a 4 monthly Intermediate Progress Review with their Educational Supervisor and communicated to NES Pharmacy. Breaks in training due to unforeseen circumstances, for example ill health or maternity leave, will be accommodated. However, should a break of > 6 months be requested then this would be dealt with on a 1:1 basis.

### 4. Who is the programme for?

The programme is aimed at pharmacists early in their career, for example newly qualified pharmacists who have just completed their Foundation Training Year. Learners would ideally work 3 days per week with the same employer, to complete the programme in a timely manner. Unfortunately, we are currently unable to accommodate locum pharmacists. Potential learners with more experience will be considered on a case-by-case basis.

### 5. Do I need to be a Royal Pharmaceutical Society member to undertake the training?

Learners do not need to be a member of the Royal Pharmaceutical Society (RPS) to undertake the training. If they are a member of the RPS they will have access to additional UK resources. However, NES Pharmacy will provide specific resources for all learners registered to undertake their training in Scotland, on TURAS Learn.

### 6. How and when can I register for the programme?

Registration opens on 1st of August and 1<sup>st</sup> December for training start dates 1<sup>st</sup> October and 1<sup>st</sup> February respectively, via the [NES Pharmacy website](#). Potential learners can register on this date so long as they are; on the General Pharmaceutical Council (GPhC) register as a qualified pharmacist, employed by an organisation, and have permission/ support from their line manager. Registration will close approximately the Thursday of the first week in September and the Thursday of the second week in January.

### 7. What will the programme involve?

The programme will involve completing an evidence framework developed by NES and stakeholders from throughout Scotland, which has been aligned to the overarching Royal Pharmaceutical Society curriculum. Within the evidence framework there are five Domains:

- 1) Patient-Centred Care and Collaboration,
- 2) Professional Practice,
- 3) Leadership and Management,
- 4) Education,
- 5) Research.





For each Domain, there is a specified set of capabilities and learning outcomes which are used to plan, conduct, and evaluate the learner's performance. Training is supported by resources to help development of underpinning knowledge to support the completion of the learning outcomes. These resources are in a variety of learning formats such as online courses, e-Learning modules, and Educational Support sessions.

## 8. What is the difference between Educational Supervisors and Practice Supervisors?

**An Educational Supervisor (ES)** is the individual who is responsible for the overall supervision and management of the Foundation pharmacist's progress during the training programme. This includes when the Foundation pharmacist is on the Independent Prescribing course.

An ES can also be a Designated Prescribing Practitioner (DPP) for their Foundation pharmacist or another pharmacist undertaking an independent prescribing qualification.

ESs are required to register with the NES Post-Registration Foundation Programme.

To become an ES they must:

- be a pharmacist with a minimum of 2 years post-registration experience.
- have an ongoing commitment to Continuing Professional Development
- commit to complete the NES Supervisor modules
- commit to complete the programme specific induction materials
- have experience of involvement in the provision of education to others.

The role of the ES is to:

- meet with the Foundation pharmacist monthly
- undertake regular four-monthly formative assessment through Intermediate Progress Reviews of the Foundation pharmacist's progress
- identify learning objectives in collaboration with the Foundation pharmacist as required
- support development needs as required
- ensure that the Foundation pharmacist receives support in the workplace to receive structured training
- provide guidance, support or advice
- indicate that evidence is ready for assessment
- provide feedback in timely fashion as required
- assist the Foundation pharmacist to organise specific learning opportunities to achieve identified learning needs.

**Practice Supervisors (PS)** are experienced pharmacists or pharmacy technicians or any other member of the health care team, for example, doctor, GP, or advanced nurse practitioner. They work closely with learners and may observe practice on a more regular basis than the Educational Supervisor. They may also be a collaborator and may undertake supervised learning events (SLEs) as part of the ongoing assessment of learners' training.





They may work within a specific area of practice and are therefore responsible for the training of the learners when they are within this area. For example, this can be a specialist aseptic, clinical or Medicines Information pharmacist. A learner may have several Practice Supervisors throughout their training, but this will very much depend on where they work.

Alternatively, they may be an experienced pharmacist who works with the learner on an occasional basis due to workplace demands. For example, within a Community Pharmacy which the learner occasionally provides additional pharmacist cover or within a busy hospital ward during periods of high workload.

The PS will help identify the learner's further development needs by undertaking supervised learning events. Practice Supervisors are not currently registered with NES and are not required to attend compulsory training sessions.

## 9. How do I enlist the help of an Educational Supervisor?

If a pharmacist is interested in undertaking this programme, we require them to discuss with their line manager or employer in the first instance. A potential learner should have an identified Educational Supervisor before registering for the programme. Learners will also need a Designated Prescribing Practitioner within ~ 12 months of starting training, to enable them to be eligible for an Independent Prescribing course. An Educational Supervisor and Designated Prescribing Practitioner can be the same individual.

## 10. What training is an Educational Supervisor required to undertake before taking on this role?

If you have not had an educational supervision role previously (experiential learning facilitator, designated supervisor, Post-Registration Foundation Programme educational supervisor or General Practice Clinical Pharmacist (GPCP) educational supervisor) then you are required to complete the general [NES Pharmacy Educational Supervisor learning programme](#).

The modules within this learning programme were updated in January 2022. If you have completed these modules within the last **three years** as a supervisor as part of another NES training programme you do not need to complete again until these expire.

## Educational Supervisors are required to complete at the start of their ES journey:

- the [general modules as part of the NES Educational Supervisor learning programme](#)
- The Post registration Foundation programme modules Parts 1 and 3 (there is no need to complete Part 2 which informs learners about setting up an online RPS online portfolio)







**Part 1: online learning materials** to provide an overview of the NES Post-Registration Foundation Programme and prepares supervisors to undertake their role (approximately 4 hours)

**Part 3: an online session to consolidate learning (1 hour).**

If registration is out with the regular induction period, they need to attend an Educational Supervisor 'Drop-in' session for which there is pre-work of reading the Frequently Asked Questions document and a copy of the induction presentation/notes.

There is no requirement to renew the Post-registration Foundation programme modules 1 and 3. However, there is a requirement to complete a self-declaration for the generic NES ES modules every 3 years.

## Self-appraisal for current Educational Supervisors

Current Educational Supervisors are required to complete:

- the [Self-Appraisal Tool for Supervisors](#). This resource has been developed to support you to reflect on your recent experience of supporting learners in practice and to contribute to the identification of your development needs in your supervisor role
- a declaration form every 3 years

## 11. What support is available as part of the programme?

Apart from the Educational Supervisor, there will be Practice Supervisors who will work alongside the learners. They may change depending on the stage of training or they may remain the same throughout. Their role is to support learners each day in practice.

When undertaking the Independent Prescribing (IP) course, learners will be supervised by a Designated Prescribing Practitioner who will ensure the learning outcomes relating to the IP course are ready for submission for assessment by the university.

Senior Educators from NES Pharmacy are responsible for groups of learners and will provide regular online sessions and support.

There may be an Educational Lead within the organisation who will also support learners.

People, known as collaborators, will undertake supervised learning events (SLEs) as a form of regular assessment during training. For further information on SLEs see the section later in this document.

## 12. Is there a timetable for the programme?

There is a timetable available on [TURAS Learn](#). The timetable details Educational Support sessions, Leadership training, Clinical Skills training, and Senior Educator support.





### **13. What happens if the Educational Supervisor or sector of practice changes during training?**

The Post-Registration Foundation Programme is designed to be flexible across all sectors of pharmacy practice. If the Educational Supervisor or the sector of practice changes, the learner should complete an electronic [Change in Training Details form](#) which is available on TURAS Learn, to alert the NES Post-Registration Foundation team.

### **14. Do learners receive protected study time?**

Protected learning time varies between health boards and sectors of practice. Community pharmacists, via an agreement with Community Pharmacy Scotland, receive up to 15 hours funded protected learning time per month.

Please refer to [Additional guidance for community practice](#) on our TURAS Learn page.

For further guidance please refer to your line manager.





## Independent Prescribing

### 1. What does it mean that the programme now includes Independent Prescribing as a qualification?

After 12 months of training, learners can be considered for an Independent Prescribing (IP) course, if they have:

1. completed the learning outcomes marked with PP (Preparing to Prescribe outcomes) in the NES Evidence Framework, see [TURAS Learn: Prescribing training](#) for full details
2. completed at least one Direct Observation of Practical Skills (DOPS) tool which covers one of the 18 core clinical assessment skills
3. agreement from their Educational Supervisor of achievement and **completion** of the outcomes annotated PP, **and** agreement regarding ability to progress to an IP course
4. **completed** the most recent Intermediate Progress Review (IPR) with comment from their Educational Supervisor in the IPR that they are ready to progress to an IP course
5. support from their **employer** to be released to undertake the next available IP course
6. completed and submitted to NES, the Independent Prescribing course notification form (the link will be included in the Intermediate Progress Review email which we send in the month prior to the review window).

On receipt of an IP course notification, NES Pharmacy will perform the necessary checks to ensure preparing to prescribe training has been completed and that the employer supports progression to an independent prescribing course.

As part of you notifying us you will be ready to progress you will be asked to confirm the following:

I have gathered evidence deemed of a suitable quality for the 'preparing to prescribe' learning outcomes of the evidence framework (namely outcomes 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 1.9, 1.10, 2.1, 2.2, 2.3, 2.4, 2.5, 2.11, 2.12)

During the 'preparing to prescribe' period my consultation skills have been directly observed and I have gathered evidence to demonstrate this within my RPS ePortfolio (evidence in the format of ACAT, mini-CEX or MSF tools linked to outcome 2.1)

During my 'preparing to prescribe' period I have demonstrated I have the relevant clinical/therapeutic experience in my prospective area(s) of prescribing (evidence in the format of ACAT, Cbd, CP, DOPS, mini-CEX). At least one DOPS tool needs to cover one of the 18 core clinical assessment skills.

I have gathered feedback from my colleagues as part of a Multi-Source Feedback

I have participated in peer review and developed a peer support network to support me as a future prescriber

You therefore should consider these statements and may wish to discuss them with your Educational Supervisor at your Intermediate Progress Review.

The course will be undertaken at either Robert Gordon University or the University of Strathclyde and we allocate learners to the next available course, provided they are able to





source a Designated Prescribing Practitioner in the required time frame. On receipt of the Practice Certificate for Independent Prescribing and when the learner has completed Domains 3, 4 and 5 (the non-independent prescribing outcomes) and Direct Observation of Practical Skills relating to the 18 core clinical assessment skills, learners need to notify NES of their readiness to submit for the Royal Pharmaceutical Society (RPS) assessment. NES pays the assessment fee and passes names of those ready to submit for assessment to RPS.

If successful, the learner will be awarded the RPS credential which is recognised across the UK. Completion of the NES Evidence Framework and the IP course are both required to be eligible to receive the credential.

## 2. I do not wish to undertake Independent Prescribing course as part of the Post-Registration Foundation programme, is this possible?

The new programme supports the Chief Pharmaceutical Officers (UK) vision for all patient focussed pharmacists to be independent prescribers and deliver enhanced patient care. Completing an Independent Prescribing (IP) course is therefore included as a core part of the programme. If a learner has concerns these should be raised with their employer and NES, but this will ultimately lead to the learner leaving the programme as NES is unable to award an outcome and the Royal Pharmaceutical Society can only award the credential if all Domains have been finished. To complete Domains 1 and 2 you need to have passed an IP course.

## 3. Where can I get more information on the Independent Prescribing courses which is part of the programme?

Information related to the Independent Prescribing (IP) course is available on [TURAS Learn: Prescribing training](#). For an estimated timeline, learners can access individual university websites. For specific questions about an individual IP course please contact the relevant university. For this programme, as detailed above, learners need to be eligible and have completed specific parts of the programme prior to being allocated to an IP course. The application process opens for each university once the learners have been prioritised and invited by the university to apply for the course.

Specific guidance on how to apply to an Independent Prescribing course with information on how to complete the individual university application form is available on [TURAS Learn: Prescribing training](#).

### Guidance on how to apply to an independent prescribing course

Once you have received confirmation of funding and allocation to a specific course, the assigned university will contact you to apply via their application process. To support you with the application we have produced guidance documents for both Scottish universities.

- [Post-Registration Foundation Programme for Newly Qualified Pharmacists in Scotland: guidance for applying to Robert Gordon University for an independent prescribing course](#) (📎 Download, 190 KB)
- [Post-Registration Foundation Programme for Newly Qualified Pharmacists in Scotland: guidance for applying to the University of Strathclyde for an independent prescribing course](#) (📎 Download, 212 KB)





#### **4. Can I choose which university I undertake my Independent Prescribing course?**

If eligible, learners will be prioritised to the next available Independent Prescribing course. However, there are limited spaces for each sector of pharmacy practice. Therefore, we cannot allocate learners a preferred course.

#### **5. When do I need to find a suitable Designated Prescribing Practitioner?**

Learners are responsible for securing a Designated Prescribing Practitioner (DPP). It is advisable as you move towards being ready to progress to an IP course that you secure a DPP.

Learners need to have a DPP before being allocated to an IP course. Information to help learners find a DPP is available on [TURAS Learn: Prescribing training](#).

#### **6. Can my Educational Supervisor be my Designated Prescribing Practitioner?**

An Educational Supervisor can also be the Designated Prescribing Practitioner (DPP) for their learner.

#### **7. I have received my Independent Prescribing certificate. Do I have to wait until I have completed the NES Post-Registration Foundation Programme before I apply to the GPhC for an annotation to my register entry?**

Once learners have received their Independent Prescribing certificate from the university, they need to register as a prescriber with the GPhC. They should consult their line manager for their next steps, as different employers and health boards may have different procedures.





## Supervised Learning Events

### 1. What is a supervised learning event?

A supervised learning event is an interaction between a learner and a supervisor or collaborator which leads to immediate feedback and reflective learning. They are designed to help learners develop and improve their clinical and professional practice and to identify areas for further learning and development.

### 2. What is the purpose of a supervised learning event?

Supervised learning events aim to:

- drive learning to develop capabilities which supports safe and effective patient care
- look at the learner's performance in their day-to-day practice and through the provision of immediate feedback, enable them to understand their own performance and reflect on areas for further development
- highlight the learner's strengths, achievements, and good practice
- demonstrate engagement of learners in the educational process
- identify learners who may need additional support.

Participation in this learning process, along with reflecting on the feedback received, is an important way for learners to evaluate how they are progressing towards the outcomes in the NES programme.

### 3. Is a supervised learning event an assessment?

Supervised learning events (SLEs) are not assessments, they are learning events designed to support development through the provision of feedback. However, the Educational Supervisor will draw on the feedback gathered from SLEs during the monthly review meetings and the Intermediate Progress Reviews to check the learner is making satisfactory progress. The Royal Pharmaceutical Society Post-Registration Foundation Competency Committee will also review the information in SLEs as part of the final summative assessment.

### 4. Can a supervised learning event be failed?

Individual supervised learning events are not pass/fail assessments, they are used collectively to inform the final summative assessment by the Royal Pharmaceutical Society Post-Registration Foundation Competency Committee.





## 5. What supervised learning events are included in the programme?

The following supervised learning event tools are recommended in the Evidence Framework for the training programme:

SLE tool	Description
Acute Care Assessment Tool (ACAT)	Evaluates the individual's clinical assessment and management, decision making, team working, time management, record keeping, prioritisation and handover over a continuous period across multiple patients. Can be used in all sectors.
Case based Discussion (CbD)	Retrospectively evaluates the individual's input into patient care. A structured discussion is undertaken remotely from the patient and is used to explore clinical reasoning, decision making and application of clinical knowledge in practice.
Case Presentation (CP)	Evaluates the individual's ability to orally present a case to colleagues.
Direct Observation of Non-Clinical Skills (DONCS)	Evaluates the individual's non-clinical skills.
Direct Observation of Practical Skills (DOPS)	Evaluates the individual's ability to undertake a practical procedure.
Journal Club Presentation (JCP)	Evaluates the individual's ability to present at a Journal Club.
Leadership assessment skills (LEADER)	Evaluates the individual's leadership and teamworking capabilities.
mini-Clinical Evaluation Exercise (mini-CEX)	Evaluates a global clinical encounter with a patient and assesses the synthesis of essential for clinical care such as history taking, communication, examination and clinical reasoning.
Multi-source Feedback (MSF)	Evaluates the individual's performance using feedback from colleagues.
Patient Survey (PS)	Evaluates the individual's communication and consultation skills from the patient's perspective.
Patient Survey Reflection (PSR)	Allows the individual to reflect on the feedback from patient(s).
Quality Improvement Project Assessment Tool (QIPAT)	Evaluates the individual's ability to undertake a quality improvement project.
Reflective Account (RA)	Flexible tool for individuals to document reflection and learning from a wide range of settings.
Teaching Observation (TO)	Evaluates the individual's ability to deliver an effective learning experience to others.





## 6. How to access the supervised learning event forms?

The forms can either be accessed directly from the e-Portfolio and sent electronically to the supervisor or collaborator or a Word version can be downloaded from [TURAS Learn](#).

## 7. Do you need to plan supervised learning events?

Supervised learning events (SLEs) can be planned or spontaneous, depending on the situation and availability of a collaborator. Learners are expected to demonstrate improvement and progression during each training period, and this will be helped by undertaking frequent SLEs. Therefore, learners should ensure that SLEs are evenly spread throughout their training.

## 8. What topics should a supervised learning event cover?

As the aim of supervised learning events (SLEs) is for the learner to learn and develop, ideal topics should be those which the pharmacist finds challenging, or they wish to improve upon. The SLEs will also need to cover the Domains and outcomes in the Evidence Framework; please see information within TURAS Learn for some suggested examples.

## 9. Who organises the supervised learning event?

It is the learner's responsibility to approach their supervisors/collaborators to arrange the frequency, an appropriate range of supervised learning events (SLEs) and to ensure that completed SLEs are recorded within the e-Portfolio.

## 10. Who should contribute to the supervised learning events?

Learners should undertake supervised learning events with a variety of collaborators. For example, their Educational Supervisor, other pharmacists (who are more experienced than the learner), medical staff, experienced nurses, or allied health professionals. This allows an accurate and robust picture of practice to be formed around performance. Collaborators should not be a peer, or anyone at the same or lower level of training.

## 11. Can a Foundation pharmacist on the programme act as a collaborator for a peer on the same programme?

Collaborators may be other healthcare professionals, non-clinical colleagues and/or patients, depending on the nature of the supervised learning event. Collaborators need to have the appropriate knowledge, skills, and experience to make a valid judgement of the Foundation pharmacist in that context.<sup>1</sup>

For example, when being assessed in achievement of a clinical skill and using a Direct Observation of Practical Skills (DOPS), Foundation pharmacists need to select a collaborator who is competent to perform the practical skill themselves. This will be someone who routinely performs this skill in their practice.<sup>2</sup>







We still currently recommend, that any pharmacist collaborators, are not currently training on the Post-Registration Foundation Programme.

## References

- 1) Royal Pharmaceutical Society. *Collaborator – quick guide*. <https://www.rpharms.com/Portals/0/Foundation%20Curriculum/Collaborator%20quick%20guide.pdf> [Accessed 5th March 2024].
- 2) TURAS Learn. *Supervised learning events*. <https://learn.nes.nhs.scot/55398> [Accessed 5th March 2024].

## 12. What sort of feedback should be expected?

Feedback should be recorded immediately and include comments on the learner's strengths and areas for development. There should also be specific actions for the learner to undertake to address the identified learning needs.

Remember that all pharmacists have scope for development and are expected to actively engage in life-long learning and refine their skills throughout their careers. It is important that learners understand they can improve their performance.

## 13. Can supervised learning events be undertaken remotely?

Supervised learning events (SLEs) do not necessarily need to take place in person and may be undertaken remotely using the telephone and digital technologies. Please refer to and follow your local information governance procedures. Good practice guidance for undertaking remote SLEs is available on [TURAS Learn](#).

## 14. How can pharmacists, supervisors and collaborators learn to use the supervised learning event tools?

Learners and Educational Supervisors can learn more about using the supervised learning events tools by visiting [TURAS Learn: Supervised learning events](#). Information will be included as part of the induction training and there are additional workshops available on supervised learning events for all NES training programmes.

## 15. Can you use simulated patients to complete some Direct Observation of Practical Skills?

Learners can perform some Direct Observation of Practical Skills, but not all, on simulated patients/colleagues.





### **16. Do I need to complete a Direct Observation of Practical Skills (DOPS) before I start an Independent Prescribing course?**

As per the milestone on [TURAS Learn: Prescribing training](#), Foundation pharmacists need to have **completed** at least **one DOPS tool** for one of the 18 core clinical assessment skills listed in the curriculum, before they submit the Independent Prescribing course notification form. **The DOPS tool needs to be marked as 'complete' in the RPS e-portfolio.** We would strongly recommend learners practise clinical skills and have **'completed'** DOPS tools in their portfolio in the first 12 months of training.

### **17. Can the Direct Observation of Practical Skills tool used during the Independent Prescribing course be used as part of my portfolio?**

The Direct Observation of Practical Skills (DOPS) tool from the university can be used. However, learners will need to follow a slightly different process to ensure they can be viewed by assessors, and therefore be included as part of the Royal Pharmaceutical Society assessment. Please refer to [TURAS Learn: Core clinical assessment skills](#).

### **18. In the RPS Topic Guide it states heart rate and rhythm (manual and automated) are both required?**

Heart rate using a manual method or automated device is acceptable. We understand that this only involves checking the heart rate and if the rhythm is regular, irregular or has missed beats. Therefore, feeling for a pulse and counting the number of beats but also noting if the pulse is regular, irregular or missed beats is what is required. There is not a requirement to interpret an ECG.

### **19. When undertaking a National Early Warning Score 2 (NEWS2), do I need perform each skill at the time of the event and can I record them on the one DOPS form?**

Yes, NEWS2 is a calculation and needs to be completed in 'the moment', so previous measurements would not be included in the calculation.

### **20. I have completed a DOPS tool, but it is not registering on the Prescribing Summary page in the RPS e-portfolio, why is this?**

If the clinical assessment skill is rated at either the second highest or highest level i.e. either 'able to perform the procedure with minimal supervision/assistance' or 'competent to perform the procedure unsupervised and deal with complications' **and** the Foundation pharmacist has mapped the DOPS form to the relevant clinical assessment skill, then, the clinical assessment skill will register on the Prescribing Summary page. This page is a helpful way to track progress of achievement in each skill.





A skill does not need to be achieved at the second or top standard on the DOPS form for it to be included in the e-portfolio as evidence. It is good practice to develop skills progressively and to achieve them over a period, rather than doing in a short time frame. The level is 'does' and not 'shows how'.

## 21. How many clinical assessment skills can I record on the 1 DOPS form?

If a Foundation pharmacist performs more than one clinical assessment skill on a single patient, then it is advisable they record the 1 clinical assessment skill on a separate DOPS form. If they have performed the **same** clinical assessment skill on several patients, then they can record e.g. up to 6 clinical skills of the same type on the 1 DOPS form. However, to show progress, there needs to be an interval of e.g. at least a week for each skill to demonstrate competence over a period of time.

**If you have already completed DOPS tools up until March 2024**, there is no need to change any evidence developed if multiple skills of different types have been recorded on the 1 DOPS form. However, from March 2024 onwards, different clinical assessment skills should be recorded on different DOPS tools.

## 22. This core clinical assessment skill is not routinely used in my practice; do I still need to complete it?

Yes, by the end of the programme you must have completed a minimum of 3 DOPS for each of the 18 clinical assessment skills at 'able to perform the procedure with minimal supervision/assistance' or 'competent to perform the procedure unsupervised and deal with complications'. If you are unable to complete the clinical assessment skill on a patient, then it can be simulated. When simulating the Mental Cognitive state, a validated tool found in the literature should be used.





## Portfolio and evidence

### 1. I am having technical difficulties with the RPS e-portfolio, how do I get help?

The RPS e-portfolio is managed by RPS, rather than NES.

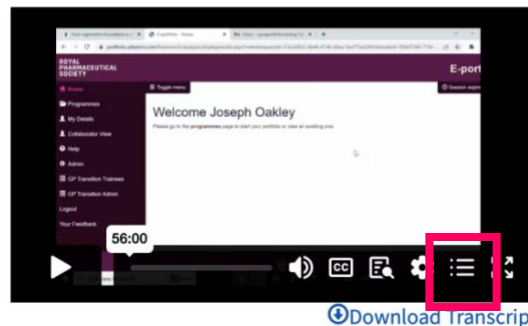
- Visit [TURAS Learn: Educational support sessions](#) to watch the recording titled 'Navigating the Post-Registration Foundation RPS E-portfolio'. The recording has chapters so you can skip to the relevant section. To view the chapters, click on the icon highlighted with the red box.

#### Other recordings of previous educational support sessions

##### Navigating the Post-Registration Foundation RPS E-portfolio

Information accurate at time of recording, October 2021.  
Please see [RPS website](#) for updated information.

Educational Supervisors need to set up a RPS login in order to access their Foundation pharmacist's e-portfolio but they **should not** create their own Post-Registration Foundation e-portfolio, it is not required.



- RPS have created e-portfolio user guides. Visit the [RPS Post-Registration Foundation Pharmacist E-portfolio website](#) and select the user guide for your role.
- If you are still having technical difficulties with the RPS e-Portfolio please contact [eportfolio@rpharms.com](mailto:eportfolio@rpharms.com) or telephone: 0207 572 2737 (9am-5pm, Mon-Fri).

### 2. What types of evidence will learners need to collect and where is it stored?

Learners are expected to collect evidence throughout their training. This will be mainly in the form of supervised learning events (SLEs) which have been undertaken with a supervisor or collaborator. The Royal Pharmaceutical Society (RPS) e-Portfolio includes the various SLE forms which may be used to provide evidence for the outcomes. These should be sent electronically to your supervisor / collaborator for feedback.

Other types of evidence may also be collected for specific outcomes, and these are detailed in the NES Evidence Framework for the training programme.

Learners can also include other types of evidence to demonstrate achievement of the outcomes such as a conference poster, anonymised feedback from patients and anonymised documents evidencing active involvement in tasks. It is the learner's responsibility to make sure there is no patient identifiable information in their portfolio.

The learner's evidence will be stored in the RPS e-Portfolio. This online portfolio will be assessed by the RPS when the learner submits for assessment.





### 3. What makes good quality evidence?

There are 3 key things that make good quality evidence. Quality content, a range of collaborators and a range of supervised learning event (SLE) tools used. Good quality evidence is not simply the amount of evidence but the content within the evidence. Low stakes outcomes need less evidence compared to higher stakes outcomes. Evidence does not need to meet all the descriptors for an outcome but should cover all parts of the outcome statement. There needs to be a range of evidence, for example, use a variety of SLE tools as opposed to a single SLE tool.

There needs to be a range of collaborators for the SLEs, so use different people, such as nurses, GPs, and pharmacy technicians. Ensure there is reflection using a Reflective Account highlighting any development required within some of the pieces of evidence for each outcome.

### 4. How many learning outcomes can a learner link one piece of evidence to?

Read the learning outcomes carefully and make sure the evidence covers the full outcome. Be selective when linking the evidence, we would advise linking one piece of evidence to no more than 4 outcomes.

### 5. Can learners use an audit or quality improvement project as evidence for Domain 5, Research?

An audit or Quality Improvement project is not accepted as evidence for Domain 5, Research. However, they can be used as evidence for learning outcomes in other Domains.

For Domain 5, the keywords are 'active participation.' The learner's active participation needs to be captured in the form of a supervised learning event. In Autumn 2023, RPS updated guidance regarding this outcome to include evaluation work which was conducted using research principles.

#### Extract from RPS communication Sept '23

'RPS post-registration foundation: Acceptable activities to meet the outcome can include evidence of research and/or service evaluation using research principles. For PRF, this update to the research definition should allow candidates to learn how to undertake high quality research and service evaluation without seeking full ethics review which the committee acknowledged can create barriers. The activity at this level does **not** need to be solo research project nor does the research need to have been fully completed; it is about participation and exposure, not leading or demonstrating research impact on patients, at this level.'

### 6. Why are my Direct Observation of Practical Skills (DOPS) tools not displayed on the Clinical Skills page of my RPS e-portfolio?

Only DOPs where the learner has reached the standard of:

'Able to perform the procedure with limited supervision/assistance or

Competent to perform the procedure unsupervised and deal with complications,'

will show on the portfolio dashboard and indicate clinical skills that have been achieved at the required standard.





## **7. Can people on the Post-Registration Foundation Programme provide feedback to each other?**

It is advisable that those with more experience in the relevant area provide feedback. We would therefore advise that learners seek feedback from more experienced members of the healthcare team.

## **8. Can Evidence from the Foundation Training Year (FTY) be used as evidence in the Post registration Foundation programme?**

Evidence for this programme is at a more advanced level than the Foundation Training Year (FTY) and therefore new evidence should be developed to meet the requirements of the curriculum.





## Monitoring of progress

### 1. How often should a review of progress be completed?

Learners should meet monthly with their Educational Supervisor for an informal meeting.

Every 4 months (January, May, and September) there should be a more formal review of progress, an Intermediate Progress Review (IPR). The learner and their Educational Supervisor review the learner's performance and progress. After twelve months in training, the 12-month IPR informs the decision to commence formal independent prescribing training.

### 2. How should learners prepare for an Intermediate Progress Review?

In preparation for the Intermediate Progress Reviews (IPR) the learner should arrange a suitable time for the meeting in advance of the specified deadlines. We suggest a date early in the window, as quite often the review needs to be re-arranged due to work commitments or leave.

The Royal Pharmaceutical Society (RPS) has produced a flow diagram of the IPR process within the RPS e-Portfolio.

The learner should complete the relevant sections of the Intermediate Progress Review form before the meeting.

### 3. How much evidence should there be in a portfolio?

This will depend on the training period being reviewed. It is advisable to have a variety of SLE types (mini-CEX, CbDs, RAs, ACATs, DOPS, MSF) and after 12 months in training there should be at least 1 DOPS and MSF marked as completed in the portfolio.

It is recommended that a minimum of three pieces of evidence are mapped to each outcome, with more evidence mapped to higher stakes outcome i.e. we would be expecting more than 3 pieces of evidence for each of the Preparing to Prescribe outcomes.

The following image has been adapted from the RPS e-portfolio guidance for learner.

**7.4 Marking tools and forms complete**

When the tool or form doesn't require any further input, you are able to mark it as complete by selecting "Update and Complete Record".

Once a tool or form is marked as complete it will only appear in "View" mode, and details of who it was signed off by (and the date it was signed off) will be populated in the 'Completed' column. **After the tool or form has been marked as complete it cannot be edited.**





## Assessment

### 1. Is there a formal final assessment and if so, is there a fee plus what is the assessment format?

There is a final assessment by RPS when the learner has:

- completed Domains 1-5 of the programme
- completed an Independent Prescribing (IP) course and uploaded a copy of their IP certificate/GPhC annotation/ transcript to the RPS e-portfolio
- completed the 18 core clinical assessment skills at the level of 'able to perform the procedure with minimal supervision/assistance' or above.
- completed the programme (leadership sessions and Clinical Skills days)
- notified NES of their readiness to progress to the final assessment by completing the Assessment notification form.

**Domains 1 and 2** are assessed by the university as part of the IP course. Within Domains 1 and 2 the clinical assessment skills are assessed by RPS.

**Domains 3, 4 and 5;** outcomes 3.6, 4.2 and 4.3 are assessed as part of the IP course. The non-IP learning outcomes in Domains 3, 4 and 5 (non-IP learning outcomes) are assessed by RPS, as per their assessment blueprint.

NES pays the assessment fee and will therefore inform RPS of those who have completed the Assessment notification form, indicating they are ready to progress to the final assessment.

For assessment dates, refer to [TURAS Learn: Submitting for assessment](#)

Learners' RPS e-portfolios will be assessed by a Post-Registration Foundation Competency Committee which comprises of several practitioners, from the different countries (England, Scotland, and Wales) who have been trained to assess portfolios. There is no need for learners to attend this assessment. The outcome should be known after the RPS governance processes allow and the outcomes have been ratified.

If successful, learners will receive the RPS credential. If unsuccessful, learners will be invited to resubmit at a later assessment diet, the payment of which is still to be determined.

We anticipate there may be an appeals process.







## 2. Where can learners and Educational Supervisors get more information about the assessment process?

Further information can be found on [TURAS Learn: Submitting for assessment](#). RPS hosted 3 webinars (Part 1-3), links to the recordings can be found on [TURAS Learn: Submitting for assessment > useful links](#).

## 3. Who assesses which outcomes within the Evidence Framework?

IP outcomes which are mainly in Domains 1 and 2 are assessed by the university.

Outcomes 3.6, 4.2 and 4.3 are also assessed by the university as part of the IP course.

Non-IP outcomes, which are in Domains 3, 4 and 5, and the 18 clinical assessment skills are assessed by the Royal Pharmaceutical Society.

## 4. Is there any exemption for Foundation pharmacists with a disability and performing clinical skills?

Yes, there is a form that should be submitted to RPS alerting to the disability. This can be found on [TURAS Learn: Submitting for assessment](#). When you are attending a clinical skills day, if you wish, you can inform the trainers as they will be happy to accommodate adaptations if this helps.

## 5. What steps do Foundation pharmacists need to take to ensure my portfolio is ready for assessment?

Once a Foundation pharmacist has almost completed the non-IP outcomes in Domains 3, 4 and 5, and the 18 core clinical assessment skills they should:

1. consult [TURAS Learn: Submitting for assessment](#)
2. plan and decide which assessment diet they wish to aim for
3. complete the NES Assessment notification form **within the 5-day window**
4. **consult the Next Steps – after completing the Assessment notification form document.**

Foundation pharmacists can continue to add/edit evidence in their portfolio up until the click 'Submit for Assessment'.

In the RPS e-portfolio, select 'Assessment Submission' and complete the 4 steps. Ensure 'Submit for Assessment' is clicked by 23:59 the day before the Assessment start date. Only portfolios that have been clicked 'Submit for Assessment' before the closing date will be assessed.





## **6. One section asks if 'I have mapped my Accreditation of Prior Learning (APCL) form to exempted curriculum learning outcomes where applicable', is this applicable to me?**

APCL is not applicable to Foundation pharmacists on the NES Post-Registration Foundation Programme for Pharmacists in Scotland.

## **7. How would I expect to receive confirmation of submitting my portfolio by RPS?**

NES passes the names of those who have submitted for assessment. After this RPS then email an Intention to Submit (ITS) form. It is important that this form is completed. If not, the process stops and the portfolio will not be assessed. Recognition of receipt of the ITS form is via a code being sent by RPS, one week before the assessment date. This code needs to be inserted by the Foundation pharmacist when completing the payment window when 'submitting' their portfolio for assessment. The final step in submission of a portfolio to ensure that the 'Submit for Assessment' button on the screen is completed. Again, if this button isn't activated, the portfolio will not be able to be assessed.

## **8. If I have issues with 'submitting' my portfolio who should I contact?**

If you have issues in the submission process the Education team at RPS should be contacted via [education@rpharms.com](mailto:education@rpharms.com)

If you have any questions that are not covered within this document, please contact the Post-Registration Foundation Programme team via the email address [nes.pharmacistfp@nhs.scot](mailto:nes.pharmacistfp@nhs.scot)

