

# MSC IN CLINICAL PHARMACY

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School of Health Sciences  
Division of Pharmacy and Optometry

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## WORKPLACE TUTOR HANDBOOK

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## WELCOME

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### WELCOME TO THE MANCHESTER MSC IN CLINICAL PHARMACY

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We are delighted that your learner, and your workplace have chosen Manchester to pursue postgraduate education. The Manchester programme offers a sound introduction to, and development towards the skills, knowledge and behaviours required by pharmacists in our modern health service.

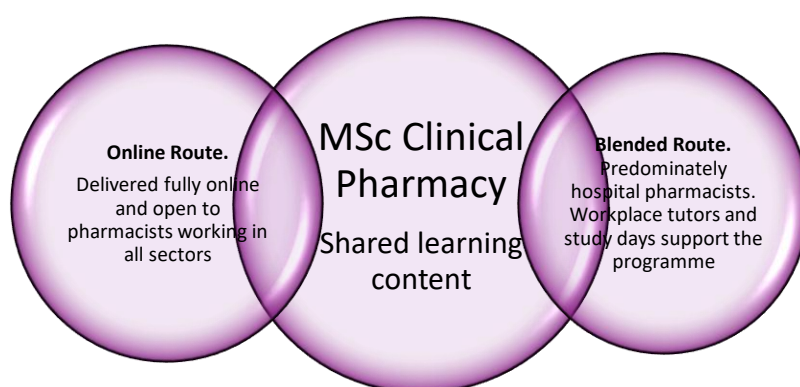
Our mission is to support all pharmacists to acquire and develop the skills, knowledge and behaviours expected of us by the profession, our patients and the public.

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### ABOUT

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The Manchester programme is unique in its delivery, and its scope of learning units and methods. Your learner has chosen the blended route through the programme, however, the Manchester programme has two options:



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## GENERAL INFORMATION

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### ABOUT THE PROGRAMME

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The diploma course runs for two years and consists of four taught units in year one, and a series of optional units in year two, which are described below. In total, students study eight units which are delivered as blended learning, consisting of e-learning, discussion forums, webinars and study days. The diploma may be taken to Masters level with a research project undertaken in year three.

This approach was developed to introduce flexibility within the programme and to appeal to all types of learners. The study days, discussion forums and webinars provide ready access to the region's specialist pharmacists working in different clinical areas, while the e-learning allows individuals to carry out self-learning at a speed and in a way which suits their own individual circumstances and personal preferences.

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### AIMS AND OUTCOMES

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The aim of the programme is to give the students a wider appreciation of the role of pharmacy within the health service. It is intended to provide students with the clinical skills and knowledge necessary to improve the quality of patient care as well as the general managerial skills and knowledge to improve customer service and manage risk.

Within the programme there are specific outcomes which should be met. These are listed below:

#### **Outcomes of the Diploma Programme**

Students, on successful completion of the programme, will be able to:

- Demonstrate clinical knowledge of specific disease states
- Apply clinical problem-solving skills to patient care
- Demonstrate the practice of pharmaceutical care
- Critically evaluate information from a range of clinical, scientific and health services literature
- Demonstrate understanding of a variety of health services issues and their relationship to the practice of pharmacy
- Evaluate the role of pharmaceutical services within the workplace

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### COURSE CONTENT

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All learners enrol on to mandatory units in year one. Year two offers the opportunity for learners to select optional modules depending on their preference, interests and career goals.

Semester dates and holidays can be found at: <http://www.manchester.ac.uk/discover/key-dates/>.

## Year One

The four taught units in year one are:

Semester 1	Foundations of Clinical Pharmacy
Semester 1	Medicines Optimisation and Therapeutics 1
Semester 2	Evidence Based Practice
Semester 2	Medicines Optimisation and Therapeutics 2

## Year Two

Learners select four units to study in total, two in semester one and two in semester two. In each semester the taught units are twelve weeks in duration and run in tandem. They consist of weekly online taught material with study days and webinars scheduled throughout.

Semester 1	Mental Health
Semester 1	Specialist Medicines Optimisation and Therapeutics
Semester 1	Paediatrics
Semester 1	Education and Training
Semester 1	Medicines Management
Semester 1	Qualitative Research Methods
Semester 2	Surgery
Semester 2	Leadership and Management
Semester 2	Quantitative Research Methods
Semester 2	Economic Evaluation for Healthcare
Semester 2	Pharmacy Public Health

These units are each worth 15 credits and consist of 150 hours of learning delivered over approximately 7 weeks.

## Year Three

If a student decides to continue on to the Masters, further information will be provided.

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## COURSE STRUCTURE

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The programme consists of four compulsory course units in year 1, four optional course units from a choice of fourteen in year 2 and a research project in year 3. All course units, the semester in which they are offered and their credit-rating is listed below:

PG Cert / Dip Clinical Pharmacy: Four compulsory year 1 course units plus any four optional year 2 course units.

PG Dip Clinical Pharmacy with Independent Prescribing: Four compulsory year 1 course units plus any two optional year 2 course units and the two Independent Prescribing course units.

PG Dip Clinical Pharmacy with Advanced Clinical Skills: Four compulsory year 1 course units plus EITHER two Independent Prescribing course units in Semester 1 and two Advanced Clinical Skills course units OR two Advanced Clinical Skills in Semester 1 and 30 credits AP(E)L in Independent Prescribing.

MSc year: Any of the above pathways (except Advanced Clinical Skills) but must include the optional year 2 course unit in Research Methods, Year 3 Research Project course unit.

### Year 1, Semester 1 (30 credits)

- Foundations of Clinical Pharmacy (compulsory; 15 credits)
- Medicines Optimisation and Therapeutics 1 (compulsory; 15 credits)

### Year 1, Semester 2 (30 credits)

- Evidence Based Practice (compulsory; 15 credits)
- Medicines Optimisation and Therapeutics 2 (compulsory; 15 credits)

—————> Exit award available: Certificate in Clinical Pharmacy

### Year 2, Semester 1 (30 credits)

- Independent Prescribing (optional; 30 credits)\*
- Advanced Clinical Skills (optional; 30 credits)\*\*
- Specialist Medicines Optimisation and Therapeutics (optional; 15 credits)
- Mental Health (optional; 15 credits)
- Paediatrics (optional; 15 credits)
- Education and Training (optional; 15 credits)
- Medicines Management (optional; 15 credits)
- Qualitative Research Methods (optional for PG Dip award; You can choose ONE research methods units ONLY. If you wish to continue to complete the MSc dissertation year, you must select one of these course units; 15 credits)

### Year 2, Semester 2 (30 credits)

- Independent Prescribing (optional; 30 credits)\*
- Advanced Clinical Skills (optional; 30 credits)\*\*
- Surgery (optional; 15 credits)
- Economic Evaluation for Healthcare (optional; 15 credits)
- Leadership and Management (optional; 15 credits)
- Pharmacy Public Health (optional; 15 credits)
- Quantitative Research Methods (optional for PG Dip award; You can choose ONE research methods units ONLY. If you wish to continue to complete the MSc dissertation year, you must select one of these course units; 15 credits)

—————> Exit awards available: Diploma in Clinical Pharmacy, Diploma in Clinical Pharmacy with Independent Prescribing or Diploma in Clinical Pharmacy with Advanced Clinical Skills

### Year 3, Semesters 1 and 2 (60 credits)

- Research project (compulsory; 60 credits)

—————> Master of Science in Clinical Pharmacy, Clinical and Public Health Pharmacy Clinical Pharmacy with Independent Prescribing

\* You can choose to undertake the Independent Prescribing course units (2 x 15 credits) in either semester 1 OR semester 2 of year 2 of the programme. If you are undertaking the full MSc programme, you can only choose the Independent Prescribing units in semester 1 of year 2 as the Research Methods unit in semester 2 of year 2 is compulsory. If you wish to study for your Independent Prescribing qualification as part of this programme, you must meet the entrance requirements and be successful in your application for a place before you can undertake these units. Full details can be found at:

<http://www.manchester.ac.uk/study/masters/courses/list/09815/independent-prescribing-short-course/>

\*\* Students wishing to graduate with an award of Clinical Pharmacy with Advanced Clinical Skills must undertake the Independent Prescribing course units (2 x 15 credits) in semester 1 and the Advanced Clinical Skills course units (2 x 15 credit units) in semester 2 of year 2 of the programme. Please note that you meet the entrance requirements and be successful in your application for a place before you can undertake these units. Full details can be found at:

<https://www.manchester.ac.uk/study/masters/courses/list/10227/pg-credit-advanced-clinical-skills-short-course/>

**A note about Health Economics and Research Methods units:** These units are run by a different School who holds their exam board in July. This means students exiting with a PGDip will graduate in winter and not in the summer graduation ceremony.

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### KEY DATES

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We work in academic years and semesters. We realise that this is wholly different to your working pattern. Semester one runs continuously from September through to December (January is the semester one exam period). Semester two includes an Easter holiday (non-teaching), so the twelve weeks run from late January (following the exam period) until May (depending on when Easter falls),

followed by the semester two exam period. The academic year concludes in June, with a three-month summer holiday.

Since dates are variable, please visit <http://www.manchester.ac.uk/discover/key-dates/> to access the University academic timetables.

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## ATTENDANCE OF TAUGHT SESSIONS

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It is important that students are present at all the taught sessions and should only miss a session if it is necessary. If students need to be absent then a form should be requested from the administration team, completed and returned.

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## SICKNESS

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Attendance at taught classes is compulsory and registers may be taken. If your attendance is unsatisfactory then you will be reported to the Programme Committee and, ultimately, to the School Postgraduate Committee. It is the student's responsibility to make sure they sign the register if one is circulated at a teaching session.

Of course, we realise that students will sometimes be absent for very good reasons due to personal or family circumstances, or illness; if this happens we can only support the student properly if we are made aware. A period of absence which involves missing lectures or any other working session needs to be supported by an email to the programme Director.

In case of illness the student should supply a doctor's certificate or, if the illness is brief, a self-certification form can be obtained in the programme Handbook.

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## HOLIDAYS

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Students are expected to arrange holidays around the diploma and this may require support and flexibility from the base tutor/line manager. If a student is not able to attend it is essential that the Programme Administrator or Course Unit Leader is informed and the reason and a form completed (see above).

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## BLACKBOARD

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All taught material and programme information is available to the learner through Blackboard and their @postgraduate.manchester.ac.uk email accounts.

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## ONLINE INDUCTION

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All tutors are requested to work through a short online induction and are encouraged to complete the induction before the semester starts.

The link to the online induction will be emailed to you.

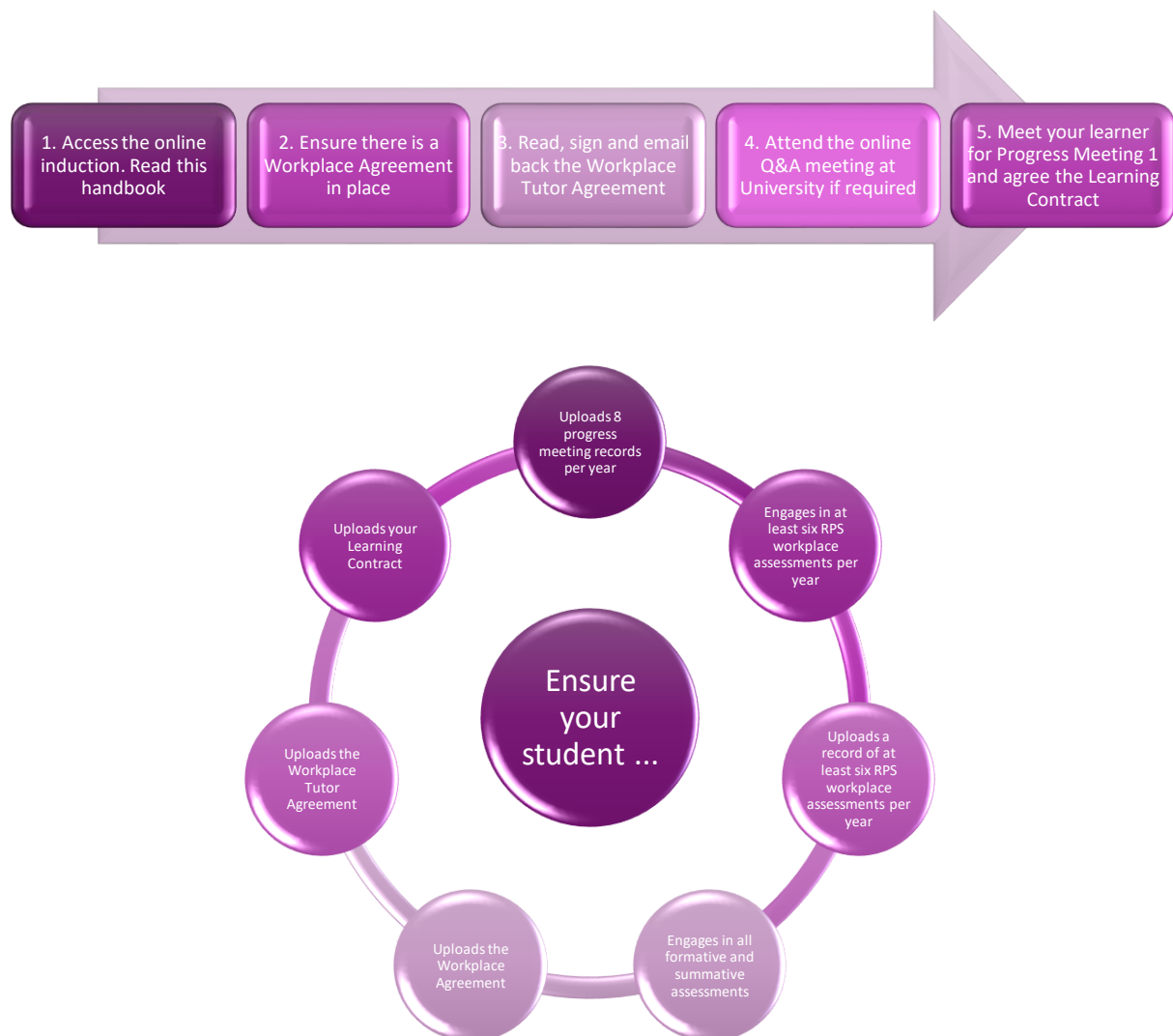
Please note some NHS firewalls can block external websites and so you may need to access this programme using home computing.

Please email Sarah Knighton ([sarah.knighton@manchester.ac.uk](mailto:sarah.knighton@manchester.ac.uk)) if you have any questions.

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## WHERE TO START?

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Please note that following the launch of the new RPS Post-Registration Foundation Pharmacist curriculum in summer 2021 the RPS workplace assessments will now be known as supervised learning events (SLEs).

## TUTOR REQUIREMENTS, ROLES AND RESPONSIBILITIES

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### TUTOR REQUIREMENTS

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Workplace tutors are central to the learners' experience during their studies, and as such take an important role in developing your learner(s) with regards to skills, knowledge and professional behaviours.

#### All Units

- It is expected that the workplace tutor should be an individual who:
- Is graded as AfC band 7 or above or the equivalent if AfC banding do not apply in the organisation (see Programme Director for advice)
- Is organisationally capable of dedicating sufficient time to the tutee for progress meetings, assessments and accompanied observation visits (see below for details)
- Can arrange relevant clinical experience as needed by the student
- Has completed the relevant induction session arranged by the University of Manchester (where this is not possible the tutor must meet/speak with the Programme Director and write to the University stating that they were offered and declined the training)

#### Clinical Units

For these units it is also expected that the tutor:

- Has completed a postgraduate qualification, preferably one which has a clinical component or someone who has the equivalent experience in a clinical setting
- Is undertaking clinical practice on a regular basis

After reading the roles and responsibilities below, all workplace tutors must read and sign the "Workplace Tutor Agreement" in appendix 1. You should also ensure there is a Workplace Agreement in place (see appendix 2). Your student should upload the Learning Contract (appendix 3), Workplace Tutor Agreement and Workplace Agreement to Blackboard.

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### TUTOR RESPONSIBILITIES

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The responsibilities of the tutor are as follows:

#### All units

It is the tutor's responsibility to:

- Arrange and facilitate eight Progress Meetings per year, as outlined below and in appendix 4 and 5
- Arrange and facilitate at least two case based discussions per clinical unit in year one
- Arrange and facilitate at least two additional supervised learning events (SLEs) in year one ( to make a total of six SLEs)

- In year two engage in at least six supervised learning events (SLEs), just as you have done in year one.
- Support the learner to develop their RPS Post-Registration Foundation Pharmacist eportfolio where applicable
- Inform the Programme Director or Unit Leaders of any problems the student may be having. It is important that we are aware of any problems early on; help may then be identified and provided before the problem results in non-attendance and failure of assessments
- Complete the annual workplace tutor induction organised by the University
- Read assignments where possible, support revision and resolution of knowledge gaps
- Support decisions about year two units

### **Clinical units**

It is the tutor's responsibility to:

- Meet with the student usually once a week for one-hour minimum on a one-to-one basis. This hour should be used to support the student through their various unit requirements/assessments e.g. review of patient profiles with feedback on how performance could be improved. At the very minimum, meet for Progress Meetings.
- Ensure the student has access to patients with a range of conditions covered in the diploma sessions.
- Accompany the student on ward visits if this is felt to benefit the student's development. Ideally weekly but if that is not possible aim for once every 2 weeks. Where applicable use the supervised learning event (SLE) tools in appendix 6 to record this.
- Offer formative feedback on all the student's pharmaceutical care plans including those which are being submitted as part of the assessment according to the timescales stated below. This will be done through case-based discussion. Late submissions are not acceptable unless they have been discussed in advance by the tutor and the unit leader
- Advise and comment on the appropriateness of patient chosen for assessments
- Identify and facilitate the resolution of problems students may have in submitting work or attending tutorials. These problems should be discussed as soon as possible with the unit leader if the tutor requires help or advice.

### **Non-clinical units**

It is the tutor's responsibility to:

- Meet with the student once every two weeks for one-hour minimum on a one-to-one basis. This hour should be used to support the student through their various unit requirements including coursework
- Advise and comment on the appropriateness and usefulness to the department/student of the project chosen to complete the research protocol if chosen
- Support the student in the completion of the assignments
- Observe the student in practice (see below)

Some of these activities may be allocated to another appropriate individual throughout the course of the unit as appropriate e.g. Specialist clinical pharmacist or medicines management pharmacist. All appropriate individuals should also meet the tutor requirements.

More specific detail on what the tutor must do throughout the programme is included in the year details below, and in the appendices.

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## TUTOR ROLES

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The role of the tutor are as follows:

### **Clinical units**

#### *Pharmaceutical care plans*

A copy of the care plan, and guidance on marking of patient profiles can be found in Blackboard and also in appendix 12. Your role is to help the learner select patients, guide the writing of the plan, and facilitate case-based discussions about the patients your student has studied. You may also complete a Pharmaceutical Care Assessment (appendix 9), so the student can include this with their work.

#### *Case-based discussions*

You must engage your student in a case-based discussion (CBD) prior to the submission of each formative pharmaceutical care plan each semester. These discussions should be planned ahead of the submission dates so that, through presentation, and discussion, your student can articulate their care planning, rationale, prioritisation, outcomes and follow up, and through feedback, learn where to improve. There is more information below and the template is available in appendix 6.

#### *Practice observations*

The aim of the observations is to develop the student's ability to identify and effectively resolve any medication related issues, and communicate confidently with patients and other professionals.

The methodology for this is a mixture of observation and practice. This is best achieved by a combination of the student accompanying you to a ward and observing your practice and you observing and commenting on the student practice whilst covering a ward they are responsible for. The former allows the student to identify areas of good practice and associated skills. It also teaches them things they may not develop themselves in isolation because they are unaware of advanced practice skills until someone demonstrates these to them. The latter allows you to assess how the student interacts with ward staff and patients, prioritises work, identifies and resolves problems.

These sessions should consist of a mixture of an overview of a skills relating to prioritisation of patients and an in depth review of a particular patient. As a tutor, you must make a commitment to observe your student in practice, and provide feedback at least once per semester using the most appropriate RPS SLE tool e.g. Direct Observation of Practical Skills (DOPS), Mini-Clinical Evaluation Exercise (mini-CEX), Acute Care Assessment Tool (ACAT). More detail is provided below and in Appendices 6 - 9.

### **Non-clinical units**

Much support for the non-clinical units is provided by University tutors, especially for the examination and assignment process. However, the student will obtain a much longer-lasting and deeper understanding of the topics covered if they are able to apply their learning in the workplace. Examples of how this may be achieved range from attendance at a Medicines Management Group meeting or discussions with senior members of staff through to involving the student in departmental audits or

pre-registration projects if appropriate. The tutor is expected to facilitate some local support for these units, but the amount provided will be dependent upon the department's organisational structure.

Practice based observations and consultation skills assessments would be a part of the tutor role to support the learners' professional behaviours and skills.

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## TUTOR INDUCTION AND UNIVERSITY MEETINGS

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All tutors are required to complete the online induction session at the start of each academic year. This is followed up by two meetings throughout the year, one at the end of semester one, and the end of semester two.

The induction will take place as an online eLearning package, details of which will be emailed to your contact email address and is outlined above. Please make every effort to complete the induction annually and keep in contact during the year.

Details of the meeting agendas can be found in appendix 13, these will form the basis of the meetings.

Please do not hesitate to contact Sarah Knighton ([sarah.knighton@manchester.ac.uk](mailto:sarah.knighton@manchester.ac.uk)) at any point throughout your role as a tutor.

## ASSESSMENTS

Assessments vary for each of the units and are listed below. All written coursework is to be submitted via Blackboard on the specified dates outlined in the unit content.

Successful completion of year one is necessary before students can enter year two.

Students are allowed to re-sit or re-submit work once if they fail a course assessment. When students fail any assessment within a unit, the maximum mark they can achieve for the completed unit is 40% regardless of the marks achieved in other assessments. The overall grade must be at least 50% to progress. Any late submissions incur a 10%-mark deduction for each day the submission is outstanding. Extensions are only granted in exceptional circumstances and your student will have received information on how to apply for an extension if required.

See Programme Handbook for university regulations.

Generally, all summative assignments are due Friday of week 12 at 12:00 noon, in each semester. Detailed deadline dates can be found within Blackboard.

### ASSESSMENT OVERVIEW

Unit	YEAR ONE	YEAR TWO	ADDITIONAL
Foundations of Clinical Pharmacy	Portfolio – 100% (split submission)		Progress meetings  Case-based discussions  Additional supervised learning events (SLEs)
Medicines Optimisation and Therapeutics 1	Exam – 70%  Pharmaceutical Care plan – 30%  1x Formative care plans – Pass/Fail		
Medicines Optimisation and Therapeutics 2	Exam – 70%  Pharmaceutical Care plan – 30%  1x Formative care plans – Pass/Fail		
Evidence Based Practice	Exam – 50%  Critical Evaluation – 50%		

Mental Health		1x Pharmaceutical Care plan – 50%  Case-based discussion – 50%  CPPE eLearning (mental health consultation skills) - P/F	
Specialist Medicines Optimisation and Therapeutics		Case based discussion – 50%  Pharmaceutical Care Plan – 50%	
Paediatrics		Formative MCQs  Formative CPD record  Patient case study – 100%; written account (70%), presentation (30%)	
Leadership and Management		Business Case – 70%  Personal Development Plan – 30%	
Surgery		1x Pharmaceutical Care plan – 50%  Oral Presentation – 50%	
Education and Training		Teaching Portfolio – 100%	
Medicines Management		Formulary application decision report – 100%	
Research Methods		Research Protocol – 80%  Oral Presentation – 20%	
Health Economics		Individual Economic Evaluation – 25%  Research Report – 75%	

Pharmacy Public Health		Written Assignment – 100%  Formative presentation	
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## EXAMINATIONS

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Blended learners will be notified of their exact exam dates through Blackboard. These will take place during the University examination periods in both semesters, and will be sat at the University or online.



## RPS POST-REGISTRATION FOUNDATION PHARMACIST TRAINING

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### WHAT IS THE RPS POST-REGISTRATION FOUNDATION PHARMACIST CURRICULUM?

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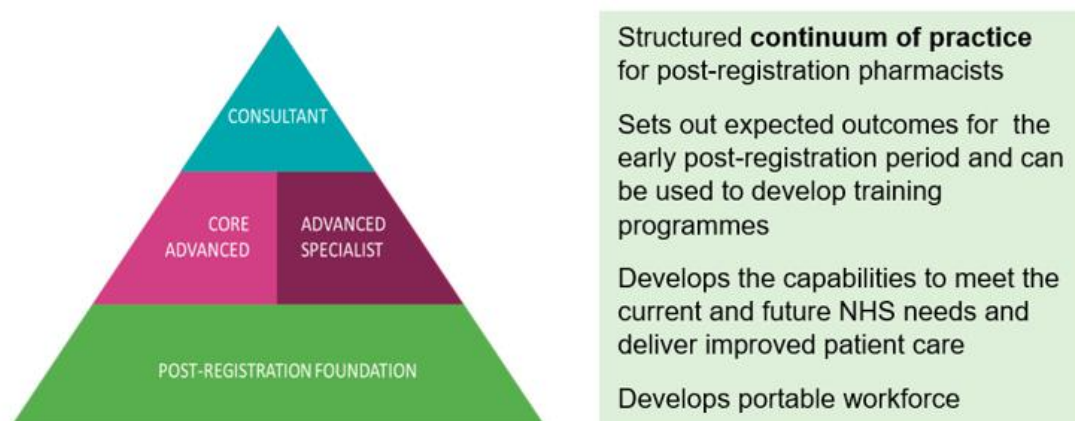


Figure 1 - RPS Continuum of Practice and key points about post-registration foundation curriculum. Taken from <https://www.rpharms.com>

- The new [RPS Post-Registration Foundation Pharmacist Curriculum](#) was launched in August 2021 and replaces the previous Foundation Pharmacist Programme (pre-August 2021).
- It provides a credentialing process for post-registration foundation pharmacists working in patient-focused roles across different sectors in the UK who wish to demonstrate they have the knowledge, skills and behaviours expected of post-registration foundation pharmacists.
- The new RPS Post-Registration Foundation Pharmacist Curriculum is underpinned by [RPS Foundation Pharmacist Framework \(2019\)](#)
- It reflects the changes in the initial education and training of pharmacists which are happening:
  - Includes independent prescribing to reflect the core changes in pharmacist practice
  - Supports the transition period whilst the revised initial education and training for pharmacists are implemented
- Utilises standardised national assessment
- Designed with the patient and service delivery at its heart
- Open to all patient-focused pharmacists across all sectors - RPS members and non-members

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### HOW IS THE RPS POST-REGISTRATION FOUNDATION PHARMACIST CURRICULUM LEARNING STRUCTURED?

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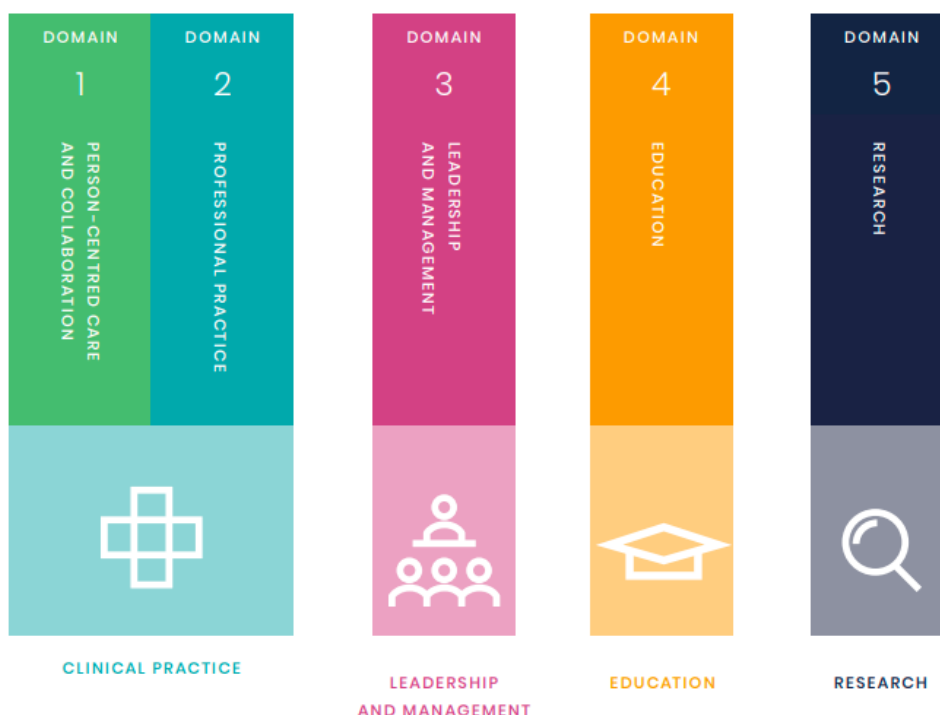


Figure 2 - RPS domains. Taken from <https://www.rpharms.com>

The curriculum outcomes are based on the [RPS Foundation Pharmacist Framework \(2019\)](#) and have been structured into five common domains, mirroring the domain structure of the new GPhC initial education and training standards and the RPS advanced and consultant level curricula. These also align closely to multiprofessional frameworks.

You can read more about the domains, capabilities, outcomes and descriptors that are in the RPS Post-Registration Foundation Pharmacist Curriculum here - [Post-Registration Foundation Pharmacist Curriculum programme of learning](#)

You can also download a PDF copy of the "RPS Post-Registration Outcomes and Descriptors" here - [RPS Post-Registration Outcomes and Descriptors](#)

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## HOW IS THE RPS POST-REGISTRATION FOUNDATION PHARMACIST CURRICULUM ASSESSED AND HOW DO PHARMACISTS BECOME CREDENTIALLED?

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Compilation of an RPS Post-Registration Foundation Pharmacist e-portfolio, evidencing learning against the RPS curriculum outcomes, is required as part of the RPS assessment strategy. You can read more about this here - [How will the RPS curriculum be assessed](#) and here - [RPS Full Programme of Assessment](#)

It is anticipated that access to the RPS post-registration foundation eportfolio will become available from October 2021 and you can find out further information about this on the RPS website here - [RPS Post-Registration Foundation Pharmacist information](#)

The final credentialing decision will be made by a clinical competency committee at the RPS. Individuals must have demonstrated they have achieved all of the curriculum outcomes and been awarded (either

previously or simultaneously) the Practice Certificate in Independent Prescribing by their Higher Education Institution, before the RPS awards the credential for the wider post-registration foundation pharmacist programme.

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### WHAT SUPPORT DO PHARMACISTS REQUIRE TO UNDERTAKE THIS PROCESS?

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If your tutee wants to undertake the new RPS Post-Registration Foundation Pharmacist Curriculum programme then we would recommend reading the relevant information on the RPS website here - [Post-Registration Pharmacist Training](#)

You can also find further information here on the RPS website about the recommended support - [support requirements](#) and here (more detailed) - [recommended support when undertaking the RPS post-registration foundation programme](#)

We have advised learners to discuss this with you/your employer and/or they can contact the RPS directly to discuss their individual circumstances further. They can contact the RPS by email - [education@rpharms.com](mailto:education@rpharms.com)

You can also check the RPS website regularly for updates as more information is likely to become available in the coming months. As a reminder you can access the main webpage here - [Post-Registration Foundation Curriculum](#)

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### HOW DOES THIS RELATE TO MY TUTEES POSTGRADUATE STUDIES AND UNDERTAKING THE MSC/DIPLOMA IN CLINICAL PHARMACY?

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The MSc supports learners to build a body of evidence towards each domain of the Post-Registration Foundation curriculum, supporting and directing development in early years' pharmacists. Achievement of many of the outcomes in the RPS Post-Registration Foundation Pharmacist Curriculum will be supported by their studies on the programme and the activities and assessments they undertake. As described below we have developed a mapping tool which they can use to support mapping of their individual assessments to the RPS Post-Registration Foundation Pharmacist Curriculum outcomes. We have also mapped each of the units on the Clinical Pharmacy Programme to these outcomes so that they have an idea of what outcomes are potentially achievable when you undertake a particular unit. For those learners on the blended route of the programme then the supervised learning events (previously referred to as workplace assessments) completed in the workplace can also be used as evidence of achievement of certain outcomes.

As the new curriculum has only recently been launched and access to the eportfolio is planned for October 2021 then we hope that the process and how learners can use their postgraduate studies to demonstrate achievement of outcomes will become clearer over the coming months. On Blackboard in the Clinical Pharmacy Virtual Common Room we have set up a section - "RPS Post-Registration Foundation Pharmacist Curriculum Information" and as we receive further information we will update this area. Your tutee will be able to access this. We would also recommend checking the RPS website regularly for updates - [Post-Registration Foundation Curriculum](#)

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### RPS ADVANCED PHARMACY FRAMEWORK (2013)

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In addition to Post-Registration Foundation Pharmacist Practice, certain units within the course support pharmacists towards advanced level practice, as outlined by the RPS Advanced Pharmacy Framework (2013). Learners may wish to map their competency against the Advanced Pharmacy Framework (2013), particularly if they wish to undertake a Faculty assessment in the future. Our specialist units such as Mental Health, Specialist Medicines Optimisation and Therapeutics, Paediatrics and Education and Training, help demonstrate advanced skills, knowledge and behaviours. The RPS Advanced Pharmacy Framework (2013) is outlined below:

## 2.2 Clusters and Competencies of the APF

The APF identifies six key areas (also known as clusters) that are important for development in and demonstration of advanced stages of practice, independent of sector.

The six clusters are:

1. Expert Professional Practice (EPP)
2. Collaborative Working Relationships (CWR)
3. Leadership (L)
4. Management (M)
5. Education, Training and Development (ET&D)
6. Research and Evaluation (R&E)

The APF comprises 34 competencies located across 6 clusters; each competency is described at three stages of development.

**Advanced Stage I** - Either early stages of specialisation and advancement, or established in a role, performing well, advanced beyond foundation years.

**Advanced Stage II** – An expert in an area of practice, experienced. Routinely manages complex situations and a recognised leader locally/regionally.

**Mastery** - Aligned to recognised leader in community or primary care; Consultant and corporate level practice in NHS; equivalent leads in academia; business / corporate leadership roles in industry; business or strategic leader in community. Recognised as a leader in an area of expertise (nationally often internationally), alongside a breadth of experience.

More information is available at <https://www.rpharms.com/development/credentialing/core-advanced-pharmacist-curriculum>. Please note that the RPS is currently redeveloping its Advanced Practice credentialing process, including developing a new national core advanced pharmacist curriculum. The RPS aims to finalise this by the end of 2021. As we receive further information we will update the relevant area of Blackboard. If this is an area you are interested in we would also recommend checking the RPS website regularly for updates.

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### MAPPING TEMPLATES

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Learners should map all their coursework assignments and supervised learning events (workplace assessments) against the RPS Post-Registration Foundation Curriculum where possible. All learners should use the RPS Post-Registration Foundation Curriculum outcomes. Some learners may also opt to map certain advanced units against the Advanced Practice Framework (2013) as detailed above.

Templates to help with mapping and include in learners assignments and are also in appendix 10. Note mapping is not considered as part of an assignment word count.

Learners are also encouraged to use the RPS Post-Registration Foundation Pharmacist e-Portfolio when it becomes available in October 2021. This will be open to all patient-focussed pharmacists across all sectors – both RPS members and non-members. This will be accessible via the RPS website - [Post-Registration Foundation Curriculum](#)

## YEAR ONE UNIT DESCRIPTIONS

### FOUNDATIONS OF CLINICAL PHARMACY

#### The unit aims are:

To foster the skills, knowledge and behaviours of a clinical pharmacist through a range of essential skills. Introduce the concept of pharmaceutical care and medicines optimisation. To develop clinical problem-solving skills in a range of patient groups (elderly, paediatrics, renal, liver and surgical patients), develop advanced consultation skills and behaviours, reporting of adverse drug reactions, responding to medicines related enquiries, and resolving medicines related incidents. These skills are underpinned by developing and understanding the benefits of reflection on practice and mapping competency against a professional framework for personal development.

#### The unit learning outcomes are:

At the end of this course unit, the student should:

Knowledge and understanding	<ul style="list-style-type: none"><li>▪ Demonstrate systematic understanding of specific common patient groups and the issues involved in therapeutic optimisation in these groups (elderly, paediatrics, renal, liver and surgical patients)</li><li>▪ Demonstrate an understanding of some of the theories regarding consultation skills and patient centred care</li><li>▪ Demonstrate an advanced knowledge of best clinical practice and its application to clinical practice and the pharmaceutical care of patients (consultation skills, reflective practice, providing medicines related information, information inquiries, responding to medicines related errors, reporting adverse drug reactions, pharmaceutical calculations, drug handling in different patient groups)</li></ul>
Intellectual skills	<ul style="list-style-type: none"><li>▪ Integrate theory and best research evidence of disease pathology and disease management with a patient's unique biology, values and circumstances in a clinical problem-solving context (drug handling in specific groups, surgical patients, clinical monitoring)</li><li>▪ Benchmark practice through reflection against recognised competencies and standards</li></ul>
Practical skills	<ul style="list-style-type: none"><li>▪ Safely and competently carry out a range of patient-based clinical skills (history taking, consultations, providing advice and information, responding to medicines related queries, responding to an adverse drug reaction, minimising the potential of medicine errors)</li><li>▪ Use resources to collect and select information about the optimal clinical management of a patient</li><li>▪ Carry out constructive peer review</li></ul>

	<ul style="list-style-type: none"> <li>▪ Demonstrate advanced consultation skills and behaviours</li> </ul>
Transferable skills and personal qualities	<ul style="list-style-type: none"> <li>▪ Learn effectively for the purpose of continuing professional development and in a wider context throughout their career including identifying competency against a professional competency framework</li> <li>▪ Develop reflective practice and learning through reflection</li> <li>▪ Evaluate their own academic and personal progression in line with a recognised professional competency framework</li> </ul>

**Work-based tutor involvement: progress meetings, observation in practice.**

### Further Information

This compulsory unit will provide students with a baseline skillset to be able to review patients and optimise their therapy. It will cover the fundamentals of patient management for a range of commonly encountered patient groups, and will also highlight the role of the pharmacist in patient care. The following key clinical skills will be developed:

- Problem identification
- Clinical calculations
- Taking and evaluating a medication history
- Patient counselling
- Interpretation of laboratory data
- Understanding the relationship between different patient groups and drug handling
- Consultation skills and behaviours
- Responding to medication related enquiries
- Reporting adverse drug reactions
- Responding to medication errors that compromise patient safety
- Reflection on practice
- Utilisation of a professional competency framework to benchmark practice and demonstrate competency against its standards

### Mandatory Unit Assessment

The following are requirements which are essential for the student to satisfactorily complete before they can progress to the next course unit:

- Submission of a portfolio comprising of seven pieces of evidence as specified in the assessment instructions, which contributes 100% of the overall unit mark. This includes an observation in practice (blended learners only).

Six-item Clinical Skills Practice Portfolio.

This includes the following, mapped against the professional competency framework:

1. Consultation Skills for Pharmacy Practice certificate
2. Medication History

3. Adverse Drug Reaction reporting
4. Responding to a medication related error
5. Providing information to a patient
6. Responding to a medication related inquiry from a healthcare professional



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## MEDICINES OPTIMISATION AND THERAPEUTICS 1

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### The unit aims are:

To develop the knowledge and skills required to deliver medicines optimisation and demonstrate clinical problem-solving skills in a range of specific disease states (namely asthma, COPD, hypertension, heart failure, PUD, IBD, diabetes, depression, dementia and infection).

### The unit outcomes are:

At the end of this course unit, the student should:

Knowledge and understanding	<ul style="list-style-type: none"><li>• Demonstrate a systematic understanding of specific disease states and the complex issues involved in therapeutic optimisation and individualising care for patients with these diseases (namely asthma, COPD, hypertension, heart failure, PUD, IBD, diabetes, depression, dementia and general infection)</li><li>• Demonstrate an advanced knowledge of best clinical practice/national guidance and application to clinical practice and pharmaceutical care of patients with these specific disease states</li></ul>
Intellectual skills	<ul style="list-style-type: none"><li>• Integrate theory and research of disease pathology and disease management with patient information to apply best evidence to practice in a clinical problem-solving context.</li><li>• Critically analyse and evaluate the relevant scientific literature in therapeutics and practice research</li><li>• Use critical reasoning to synthesise, analyse and evaluate primary and secondary sources of data from clinical and health services areas and apply these to individual patient problem-solving</li><li>• Apply these skills to pharmaceutical care planning</li></ul>
Practical skills	<ul style="list-style-type: none"><li>• Safely and competently carry out a range of patient-based clinical skills: taking a drug history from a patient, evaluating individual patients' pharmaceutical care needs, identifying, prioritising and resolving drug relating problems, ensuring drug prescriptions and regimens are safe, effective, discharge planning and patient advice provision</li><li>• Use library, electronic and online resources to collect and select information about the optimal clinical management of a patient</li><li>• Carry out constructive peer review</li><li>• Develop presentation skills [blended option only]</li></ul>
Transferable skills and personal qualities	<ul style="list-style-type: none"><li>• Learn effectively for the purpose of continuing professional development and in a wider context throughout their career</li><li>• Learn to manage effective team working by carrying out tasks within a small group in a structured situation, and by preparing and giving an oral presentation of data, information or the solution to a team task [blended option only]</li><li>• Evaluate his/her own academic and personal progression</li></ul>

	<ul style="list-style-type: none"> <li>Identify and develop learning needs through CPD and mapping competency against a professional competency framework</li> </ul>
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**Work-based tutor involvement: progress meetings, case-based discussion, observation in practice.**

### Further Information

This compulsory unit will develop students' knowledge in commonly encountered chronic disease states. Students will apply this knowledge to review patients and optimise their therapy through a series of case study and wiki exercises, and for assessment.

The unit will cover the fundamentals of patient management for a range of disease states, and will also highlight the role of the pharmacist in patient care, and emphasise the following key clinical skills:

- Apply a systematic approach to clinical problem solving through pharmaceutical care planning for patients with particular diseases
- Preparation of pharmaceutical care plans
- Critically review the evidence for the treatment of commonly encountered disease states in its application to pharmaceutical care
- Understand the relationship between individual patient needs and therapeutics in different disease states
- Apply current therapeutic principles of treating particular disease states and incorporate into working practice
- Develop the principles of individualising patient care within specific disease states
- Utilise the principles of CPD to further enhance their professional development in line with a professional competency framework

Blended Option: The unit will be assessed using an examination (MCQ and case-based questions) and a pharmaceutical care plan.

### Mandatory Unit Assessments

The following are requirements which are essential for the student to satisfactorily complete before they can progress to the next course unit:

- A two-hour unseen examination – 70% contribution
- One assessed pharmaceutical care plan - 30% contribution
- Formative pharmaceutical care plan – pass/fail:
  - One assessed through a case-based discussion with the workplace tutor (blended learners) or University staff (online learners)

Care plans are related to the topics covered in this course unit. The student should choose a different disease state for each care plan, although they may choose two diseases from the same topic. For example, separate care plans on asthma and COPD (from the respiratory topic), but not two on asthma.

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## MEDICINES OPTIMISATION AND THERAPEUTICS 2

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### The unit aims are:

To further develop the knowledge and skills required to engage in medicines optimisation and apply clinical problem solving skills to complex chronic disease states, namely, vascular disease, kidney disease, hepatic disease, musculoskeletal (rheumatoid arthritis and osteoporosis), Parkinson's disease, epilepsy and palliative care.

### The unit outcomes are:

Knowledge and understanding	<ul style="list-style-type: none"><li>• Demonstrate a systematic understanding of specific disease states and the complex issues involved in therapeutic optimisation and individualising care for patients with these diseases (RA, osteoporosis, palliative care, renal disease, hepatic disease, epilepsy, Parkinson's disease and vascular disease)</li><li>• Demonstrate an advanced knowledge of best clinical practice and its application to clinical practice and pharmaceutical care of patients with specific disease states (above)</li></ul>
Intellectual skills	<ul style="list-style-type: none"><li>• Integrate theory and research of disease pathology and disease management with patient information to apply best evidence to practice in a clinical problem-solving context</li><li>• Critically analyse and evaluate the relevant scientific literature in therapeutics and practice research</li><li>• Use critical reasoning to synthesise, analyse and evaluate primary and secondary sources of data from clinical areas and apply these to individual patient problem-solving</li><li>• Apply these skills to pharmaceutical care planning</li></ul>
Practical skills	<ul style="list-style-type: none"><li>• Safely and competently carry out a range of patient-based clinical skills; taking a drug history from a patient, evaluating individual patients' pharmaceutical care needs, ensuring drug prescriptions and regimens are safe, effective and legal, identifying pharmaceutical care issues with resolutions and care planning</li><li>• Use resources to collect and select information about the optimal clinical management of a patient</li><li>• Develop presentation skills [blended option only]</li><li>• Carry out constructive peer review</li></ul>
Transferable skills and personal qualities	<ul style="list-style-type: none"><li>• Manage effective team working by carrying out tasks within a small group in a structured situation, and by preparing and giving an oral presentation [blended option only]</li><li>• Evaluate their own academic and personal progression</li><li>• Learn effectively for the purpose of continuing professional development and in a wider context throughout their career including identifying competency against a professional competency framework</li></ul>

Work-based tutor involvement: progress meetings, case-based discussion, observation in practice.

## Further Information

This compulsory unit will develop students' knowledge in complex chronic disease states. Students will apply this knowledge to review patients and optimise their therapy through a series of case study and wiki exercises and pharmaceutical care plans.

The unit will deliver learning on:

- Therapeutic options for complex disease states including vascular disease, kidney and complex gastroenterology/hepatic disease, musculoskeletal disorders e.g. rheumatoid arthritis and osteoporosis, epilepsy, Parkinson's disease and palliative care.
- Critical evaluation of primary evidence and national guidelines relating these to the individual patient needs.
- Medicines optimisation issues including patient safety and wastage of medicines, which will include relevant national policy and guidelines.
- Patient-centred care including patient and health care professional communication and consultation skills
- Critically review the therapeutic options in the management of specific disease states
- Identify how to monitor the desired outcomes and adverse effects of drug therapy
- Discuss the complexities of therapeutic decision making in complex disease states and patient groups
- Present pharmaceutical care plans for an individual patient's management, explaining all the patients pharmaceutical care requirements and identifying the role of the pharmacist in medicines optimisation
- Utilise the principles of CPD to further enhance their professional development in line with a professional competency framework.

Blended Option: The unit will be assessed using an examination (MCQ and case-based questions) and a pharmaceutical care plan

## Mandatory Unit Assessments

The following are requirements which are essential for the student to satisfactorily complete before they can progress to the next course unit:

- A two-hour unseen examination – 70% contribution
- One assessed pharmaceutical care plan - 30% contribution
- Formative pharmaceutical care plan – pass/fail:
  - One assessed through a case-based discussion with the workplace tutor (blended learners) or University staff (online learners)

Care plans are related to the topics covered in this course unit. The student should choose a different disease state for each care plan, although they may choose two diseases from the same topic. For example, separate care plans on asthma and COPD (from the respiratory topic), but not two on asthma.

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## EVIDENCE BASED PRACTICE

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### The unit aims are:

To enable students to evaluate the healthcare literature and understand the types of studies used to evaluate prescribing, medication utilisation and clinical outcomes. Support students in analysing and using information to effectively manage medicines in practice for prescribing, formulary decisions and patient access to new medicines.

### The unit learning outcomes are:

At the end of this course unit, the student will be able to:

Knowledge and understanding	<ul style="list-style-type: none"><li>• Demonstrate a systematic understanding of statistical and ethical issues in clinical and health services research</li><li>• Demonstrate a conceptual and critical understanding of medicines management methods in use in health care and pharmaceutical care that inform formulary decisions and introduction of new medicines</li></ul>
Intellectual skills	<ul style="list-style-type: none"><li>• Critically analyse and evaluate the relevant scientific literature in therapeutics, practice research, medicines management, health economics, health-related social sciences and health policy to inform decisions in practice such as prescribing, medicine selection and formulary management</li><li>• Use critical reasoning to synthesise, analyse and evaluate primary and secondary sources of data from clinical and health services areas and apply these to individual patient problem-solving and wider policy decision-making prescribing, medicine selection and formulary management</li></ul>
Practical skills	<ul style="list-style-type: none"><li>• Analyse qualitative and quantitative data to determine their strength and validity</li><li>• Present primary and secondary clinical and health services data in written forms</li></ul>
Transferable skills and personal qualities	<ul style="list-style-type: none"><li>• Manage effective team working by carrying out tasks within a small group and by preparing and presenting data, information or the solution to a team task</li><li>• Manage change effectively and respond to changing demands</li><li>• Evaluate their own academic and personal progression</li><li>• Learn effectively for the purpose of continuing professional development and in a wider context throughout their career including identifying competency against a professional competency framework</li></ul>

Work-based tutor involvement: progress meetings, observation in practice.

### Further Information

This compulsory unit will provide students with a baseline skillset to be able to locate, analyse and utilise healthcare literature. The unit will combine e-lectures, reading and a journal club to develop these skills.

Students will take a patient-centred approach to applying critical reasoning, analysis and evaluation of primary and secondary sources of data from clinical and health services areas; this will promote problem-solving and wider policy decision-making skills to inform prescribing analysis, formulary decisions and medicines access, such as introduction of new drugs within their local practice.

During the unit students will:

- Utilise library databases available (Medline, EMBASE, etc.) using a systematic approach.
- Calculate risk measures from a study synopsis or data
- Apply evidence based medicine to their practice
- Be able to review an article and present the critical evaluation in report form, making decisions around its economic viability
- Demonstrate the concept of critical analysis
- Critically analyse literature to identify points of interest or conflict that should be considered
- Identify the study design with its associated measures of risk
- Calculate the various measures of risk (OR, RR, NNT, AR) and interpret them for clinical literature
- Formulate methods of preventing prescribing errors in practice
- Evaluate the process of prescribing and explore ethical implications of prescribing
- Demonstrate the application of evidence based medicine in patient care such as the selection of medicines based on evidence and how formulary decisions are made.

The unit will be assessed by MCQ examination, critical evaluation of a study and participation in online discussions.

### **Mandatory Unit Assessment**

The following are requirements which are essential for the student to satisfactorily complete before they can progress to the next course unit:

- A one-hour unseen examination (negatively marked) – 50% contribution
- A 2,000-word Critical Evaluation of a paper provided by the Unit Leader – 50% contribution

## YEAR TWO UNIT DESCRIPTIONS

The second year comprises of a choice of four 15 credit units, from a total of thirteen units. The student should discuss their proposed choices with you following the tutorial that they will receive at the end of their first year. Choices are made before the second year commences in September.

### RESEARCH METHODS

#### The unit aims are:

To enable students to develop an advanced knowledge and in-depth understanding of research design and practical skills in, research methods and data analysis commonly used in pharmacy practice research. Guide students through the process of devising a research study and presenting it as a research protocol.

#### The unit outcomes are:

At the end of this course unit, the student should:

Knowledge and understanding	<ul style="list-style-type: none"><li>• Demonstrate conceptual and critical understanding of practice research methods in use, and under development in health care and pharmaceutical care</li><li>• Demonstrate a systematic understanding of statistical and ethical issues in clinical and health services research</li></ul>
Intellectual skills	<ul style="list-style-type: none"><li>• Critically analyse and evaluate the relevant scientific literature in therapeutics, practice research, medicines management, health economics, health-related social sciences and health policy</li><li>• Use critical reasoning to synthesise, analyse and evaluate primary and secondary sources of data from clinical and health services areas</li></ul>
Practical skills	<ul style="list-style-type: none"><li>• Design a research study to address a specific clinical or health services problem</li><li>• Analyse qualitative and quantitative data to determine their strength and validity</li><li>• Present primary and secondary data in written and oral forms</li></ul>
Transferable skills and personal qualities	<ul style="list-style-type: none"><li>• Demonstrate effective team working by carrying out tasks within a small group in a structured situation, and by preparing and giving an oral presentation of data, information or the solution to a team task.</li><li>• Acquire an open-minded and creative attitude tempered with scientific discipline and social awareness</li><li>• Evaluate their own academic and personal progression</li><li>• Learn effectively for the purpose of continuing professional development and in a wider context throughout their career including identifying competency against a professional competency framework</li></ul>

### Work-based tutor involvement: progress meetings.

#### Further Information

This unit will provide students with a skillset to be able to effectively design a research study. The unit will instruct students in the principles of research design and understand how to plan and manage a research study. In addition, students will understand how to identify different methodological approaches to research design and when to use a particular approach.

Students will be able to identify key elements of research ethics and understand the principles of clinical audit and its contribution to quality improvement and clinical governance and understand the key differences between research and clinical audit.

The unit students will develop student's skills in critical analysis and evaluation methods commonly used in pharmacy practice research and critical reasoning to reflect on the application of research methods in research design.

On completion of the unit students will be able to employ ethical reasoning to resolve dilemmas posed by different research designs.

This unit will also allow students to develop their understanding of the central contribution of PPR research to NHS quality improvement and clinical governance.

On completion of this unit students will be able to:

- Apply their knowledge of different methodological approaches and paradigms used in pharmacy practice research (PPR).
- Apply knowledge of research methods, ethical considerations and literature searching in constructing a research proposal
- Demonstrate their knowledge and communication skills by delivering a presentation on their research proposal

The unit will combine e-lectures, reading and practical tasks to develop these skills which will be assessed by an oral presentation of the research idea and submission of a research protocol.

#### Mandatory Unit Assessments

The following are requirements which are essential for the student to satisfactorily complete before they can progress to the next course unit:

- A 2,000-word research protocol – 80% contribution
- An oral presentation for a total of 20 minutes on the above protocol – 20% contribution

Students will have an opportunity to receive formative feedback on their research protocol before final submissions and presentation.



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## SPECIALIST MEDICINES OPTIMISATION AND THERAPEUTICS

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### The unit aims are:

To further develop the knowledge and skills required to engage in medicines optimisation and engage in clinical problem solving skills in complex disease states including the critical care patient and advanced and complex disease states (HIV, TB, nutrition, cancer, critical care and biological therapies).

### The unit outcomes are:

At the end of this course unit, the student should:

Knowledge and understanding	<ul style="list-style-type: none"><li>• Demonstrate a systematic understanding of specific disease states (HIV/TB, hepatitis, nutrition, critical care, biologic therapies and cancer) and the complex issues involved in therapeutic optimisation and individualising care for patients with these diseases</li><li>• Demonstrate an advanced knowledge of best clinical practice and its application to clinical practice and pharmaceutical care of patients with specific disease states (as above)</li></ul>
Intellectual skills	<ul style="list-style-type: none"><li>• Integrate theory and research of disease pathology and disease management with patient information to apply best evidence to practice in a clinical problem-solving context</li><li>• Use critical reasoning to synthesise, analyse and evaluate primary and secondary sources of data from clinical areas and apply these to individual patient problem-solving</li></ul>
Practical skills	<ul style="list-style-type: none"><li>• Safely and competently carry out a range of patient-based clinical skills (pharmaceutical care planning, case-based analysis of patient management)</li><li>• Use resources to collect and select information about the optimal clinical management of a complex patient</li><li>• Develop presentation skills</li><li>• Carry out constructive peer review</li></ul>
Transferable skills and personal qualities	<ul style="list-style-type: none"><li>• Learn to manage effective team working by carrying out tasks within a small group in a structured situation, and by preparing and giving an oral presentation [blended only]</li><li>• Evaluate their own academic and personal progression</li><li>• Learn effectively for the purpose of continuing professional development and in a wider context throughout their career, including demonstrating competency against a professional competency framework</li></ul>

Work-based tutor involvement: progress meetings, case-based discussion, observations in practice.

### Further Information

This module builds upon the knowledge and skills gained in prior units to further develop the student's professional practice in managing patients with complex disease states, including those with HIV, TB, cancer, and patients requiring intensive care, clinical nutrition or biological therapies.

Depending on the student's area of practice there will be an opportunity to choose appropriate case studies to meet their professional needs.

At the end of the unit the student should be able to:

- Apply a considered, systematic approach to problem solving for patients with advanced disease states
- Critically apply the evidence available in the treatment of advanced disease states
- Evaluate the key therapeutic principles of treating advanced disease states and demonstrate how they can be incorporated into practice
- Demonstrate a working knowledge of the principles of individualising patient care within specific advanced disease states
- Identify how to monitor the desired outcomes and adverse effects of drug therapy
- Discuss the complexities of therapeutic decision making in different advanced disease states and patient groups
- Apply the principles of Continuing Professional Development to practice and evaluating their competence against a professional competency framework.

### **Mandatory Unit Assessments**

The following are requirements which are essential for the student to satisfactorily complete before they can progress to the next course unit:

- An in-depth case-based discussion - 50% contribution
- A pharmaceutical care plan – 50% contribution

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## LEADERSHIP AND MANAGEMENT

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### The unit aims are:

To introduce students to core strategic and organisational behaviour principles and tools. Enable students to develop personal leadership skills and behaviours, and enable students to develop a business and marketing plan for a priority area in their workplace. This includes developing knowledge of the management, sociological and organisational influences on the provision of healthcare and critically analysing their impact on pharmaceutical service provision. To promote the development of leadership skills and apply these to the healthcare environment

### The unit outcomes are:

At the end of this course unit, the student should:

Knowledge and understanding	<ul style="list-style-type: none"><li>▪ Recognise their own values and principles and understand how emotions and prejudices can affect judgement and behaviour</li><li>▪ Recognise team roles and different perspectives and their impact on effective working relationships</li></ul>
Intellectual skills	<ul style="list-style-type: none"><li>▪ Critically examine personal and professional ethics</li><li>▪ Critically evaluate information to challenge existing practices and processes</li><li>▪ Apply investigation tools to encourage innovative thinking and approaches to leadership</li></ul>
Practical skills	<ul style="list-style-type: none"><li>▪ Design a framework for giving, receiving and learning from feedback</li><li>▪ Employ strategies to provide encouragement and manage differences of opinion</li><li>▪ Apply the appropriate leadership style and team working approaches to different situations and people</li><li>▪ Access a variety of sources of information to inform service improvement</li><li>▪ Contribute to organisational decision making</li><li>▪ Explain the need for change to colleagues and patients</li></ul>
Transferable skills and personal qualities	<ul style="list-style-type: none"><li>▪ Identify their strengths and limitations and understand the impact of their behaviour on others</li><li>▪ Assess personal development needs and plan development activities</li><li>▪ Identify and create opportunities to work in collaboration with healthcare colleagues</li><li>▪ Manage change effectively and respond to changing demands</li><li>▪ Acquire an open-minded and creative attitude tempered with scientific discipline and social awareness</li><li>▪ Evaluate his/her own academic and personal progression.</li><li>▪ Learn effectively for the purpose of continuing professional development and in a wider context throughout their career including identifying competency against a professional competency framework</li></ul>

Work-based tutor involvement: progress meetings.

### Further Information

The leadership unit offers pharmacists the opportunity to develop personal leadership skills and behaviours and apply them in their workplace. This unit has three components: orientation activities, materials to facilitate five online learning community sessions, and a follow-up event to apply learning to practice.

The unit incorporates a mandatory Leadership Weekend which [blended](#) students must attend.

### Mandatory Unit Assessments

The following are requirements which are essential for the student to satisfactorily complete before they can progress to the next course unit:

- A business case of 2,000 words – 70% contribution
- Personal development plan of 1,000 words – 30% contribution

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## ECONOMIC EVALUATION FOR HEALTHCARE

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### The unit aims are:

To enable participants to understand the principles of health economics, to structure an economic evaluation and to appraise and apply economic evaluation evidence to decision-making in practice.

### The unit outcomes are:

At the end of this course unit, the student should:

Knowledge and understanding	<ul style="list-style-type: none"><li>• Explain the key principals and components of economic evaluations</li></ul>
Intellectual skills	<ul style="list-style-type: none"><li>• Appraise the relevance of health economics to health care and understand issues of scarcity and rationing</li><li>• Apply guidelines to published economic evaluations and appraise the validity and relevance of that research</li><li>• Interpret published economic evaluations and assess their role in decision-making, and barriers to their use</li></ul>
Practical skills	<ul style="list-style-type: none"><li>• Analyse cost and outcome data to complete an economic analysis</li><li>• Produce a focussed and answerable economic question that can be addressed using primary or secondary data sources</li><li>• Apply the use of decision analysis to the design of economic evaluations</li></ul>
Transferable skills and personal qualities	<ul style="list-style-type: none"><li>• Manage effective team working by carrying out tasks within a small group and by preparing and presenting data, information or the solution to a team task</li><li>• Evaluate their own academic and personal progression</li><li>• Learn effectively for the purpose of continuing professional development and in a wider context throughout their career including identifying competency against a professional competency framework</li></ul>

**Work-based tutor involvement: progress meetings.**

### Further Information

This is a very practical unit. Students work independently through each topic. At the end of most topics there are self-assessment exercises to check that you have assimilated the core aspects of that topics material. There is also a regular on-line discussion group with your fellow students and which will be e-moderated by the unit leader. In weeks 6-9 students work together online in small groups. Over the unit students will cover:

- Introduction to health economics and rationing
- The nature and assessment of cost in health care
- Introduction to measuring patient outcomes for use in economic evaluations
- Types of economic evaluation and key principles 1

- Types of economic evaluation and key principles 2
- Collecting economic evidence
- Decision analysis 1
- Decision analysis 2
- Measurement and valuation of preferences
- Using guidelines to assess the quality of economic evaluations

### **Mandatory Unit Assessments**

The following are requirements which are essential for the student to satisfactorily complete before they can progress to the next course unit:

- Individual economic evaluation of an intervention in their own area of practice of 1,000 words – 25% contribution
- Planning and running an analysis and writing a research report which includes a critical assessment of the strengths and limitations of the analysis and the results of 2,400 words – 75% contribution

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## EDUCATION AND TRAINING

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### The unit aims are:

To develop the skills required for the development of people and teams, including coaching and mentoring skills and introduce the students to the concepts of educational theories for the purpose of teaching healthcare teams.

### The unit outcomes are:

At the end of this course unit, the student should:

Knowledge and understanding	<ul style="list-style-type: none"><li>▪ Demonstrate conceptual and critical understanding of educational issues in healthcare</li><li>▪ Describe the key skills and behaviours required for the roles of mentor, coach and tutor</li><li>▪ Discuss the use of assessment methods and their application to pharmacy practice</li><li>▪ Identify with key learning theories and their implication for clinical education</li><li>▪ Discuss and demonstrate teaching methods, evaluation of teaching, and assessment methods.</li></ul>
Intellectual skills	<ul style="list-style-type: none"><li>▪ Critically analyse and evaluate the relevant educational literature</li><li>▪ Evaluate educational interventions and their use in pharmacy practice</li></ul>
Practical skills	<ul style="list-style-type: none"><li>▪ Carry out constructive peer review</li><li>▪ Develop teaching plans using a variety of educational methods.</li><li>▪ Demonstrate their ability to provide feedback to learners</li><li>▪ Demonstrate teaching others</li></ul>
Transferable skills and personal qualities	<ul style="list-style-type: none"><li>▪ Evaluate their own academic and personal progression</li><li>▪ Engage in reflective practice to drive further learning</li><li>▪ Learn effectively for the purpose of continuing professional development and in a wider context throughout their career including identifying competency against a professional competency framework</li></ul>

**Work-based tutor involvement: progress meetings, observations in practice.**

### Further Information

This unit will promote the student's skills and behaviours required to advance their own, and their teams' professional development. The principles of teaching and learning will be explored with particular reference to the development of the pharmacy team; this will include the evaluation of educational interventions and their application. The process of assessment and feedback and the skills required to deliver quality teaching sessions and meet learning objectives will be explored, with the student being encouraged to design and deliver appropriate teaching sessions within their workplace.

Models of behaviour will be discussed and the impact of personality types on team dynamics and learning. Students will be encouraged to reflect upon their own personality types and learning styles and those of their team.

On completion of the unit students will be able to:

- Discuss the key skills and behaviours required for the roles of mentor, coach and tutor
- Evaluate educational interventions and their use in pharmacy practice
- Develop teaching plans using a variety of educational methods
- Discuss the use of assessment methods and their application to pharmacy practice
- Demonstrate their ability to provide feedback to learners

### **Mandatory Unit Assessments**

The following are requirements which are essential for the student to satisfactorily complete before they can progress to the next course unit:

- A teaching portfolio of 2,000 words – 100% contribution



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## MENTAL HEALTH

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### The unit aims are:

To develop student's knowledge of commonly encountered mental illnesses, including their epidemiology, presentation and management. Develop knowledge and skills in the practice of pharmaceutical care to patients with mental illnesses. Improve students' mental health clinical practice with regard to holistic approaches to improve communication, optimise therapy and improve outcomes in collaboration with patients and other healthcare professionals.

### The unit outcomes are:

At the end of this course unit, the student should:

Knowledge and understanding	<ul style="list-style-type: none"><li>▪ Describe the epidemiology, presentation and management of at least five mental health illnesses</li><li>▪ List the main classes of medicines used in the management of commonly encountered mental illnesses and explain how and when they should be used.</li><li>▪ Describe the non-pharmacological approaches used in the management of mental illness.</li><li>▪ Evaluate the role, risk profile and effective management in practice of the high-risk mental health medicines lithium and clozapine.</li><li>▪ Discuss the key role the pharmacy team has in supporting people with adherence and helping them to make decisions about their medicines to improve their outcomes.</li><li>▪ Discuss interface issues that occur when people with mental illness move between secondary and primary care.</li></ul>
Intellectual skills	<ul style="list-style-type: none"><li>▪ Integrate research findings on disease management in mental health with patient specific information to apply the best evidence to individual patients.</li><li>▪ Critically analyse and evaluate clinical literature in therapeutics relevant to mental health.</li></ul>
Practical skills	<ul style="list-style-type: none"><li>▪ Access and effectively use the relevant National Institute of Health and Care Excellence (NICE) and where appropriate the British Association of Psychopharmacology (BAP) guidance resources to recommend the optimal clinical management of a patient with mental illnesses.</li><li>▪ Explore new ways to improve outcomes for people with mental illness using a holistic and person-centred approach.</li><li>▪ Carry out constructive peer review</li><li>▪ Demonstrate consultation skills for people with mental health conditions</li></ul>
Transferable skills and personal qualities	<ul style="list-style-type: none"><li>▪ Evaluate their own academic and personal progression.</li><li>▪ Manage effective team working by participating in online discussion forums and webinars.</li><li>▪ Identify and use approaches to improve communication with people with mental health illness</li><li>▪ Learn effectively for the purpose of continuing professional development and in a wider context throughout their career</li></ul>

	including identifying competency against a professional competency framework
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**Work-based tutor involvement: progress meetings, case-based discussion.**

### Further Information

During week 1 students will be introduced to the mental health unit and assessment strategy, followed by learning about the Mental Health Act, substance misuse and mental health, the relationship between mental health and physical health, revisiting psychopharmacology, and guidance on completing pharmaceutical care plans.

Following these introductory topics, the unit will concentrate on six main areas: depression, anxiety disorders, sleep disorders, bipolar disorder, schizophrenia, and dementia.

The unit will conclude by exploring the role of mental health pharmacists in more specialist settings using journal articles and where possible short videos of advanced practitioners in these fields. Specialist settings may include substance misuse, A&E liaison, mother and baby units, learning disabilities and adolescent care.

Students will develop skills in providing advice to people with mental illness and be able to utilise information from a variety of sources in order to optimise patients' care.

The unit will combine e-lectures, reading, case studies using Articulate, online discussion forums, online Webinars, short videos and practical work-based tasks to develop these knowledge and skills, which will be assessed using patient profiles and a detailed case analysis with associated oral presentation.

Students will also be required to submit a pharmaceutical care plan for formative feedback.

The students will be encouraged to participate in three online discussion webinars for the clinical topics, where the module structure, associated clinical case studies, reading and e-Lecture materials are discussed. There will also be online discussion forums provided for the other clinical topics covered in the module.

### Mandatory Unit Assessments

The following are requirements which are essential for the student to satisfactorily complete before they can progress to the next course unit:

- One assessed pharmaceutical care plan – 50% contribution
- One case-based discussion - 50% contribution
- CPPE eLearning (mental health consultation skills) - P/F

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## SURGERY

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### The unit aims are:

To develop the knowledge and skills required to engage in medicines optimisation and in clinical problem solving skills with regards to the pharmaceutical care of the surgical patient.

Students will apply this knowledge to review patients and optimise their therapy through a series of case studies, observations in practice, care plans and case discussions.

### The unit outcomes are:

At the end of this course unit, the student should:

Knowledge and understanding	<ul style="list-style-type: none"><li>▪ Demonstrate an advanced knowledge of the underpinning pharmaceutical care requirements of a surgical patient</li><li>▪ Demonstrate a systematic understanding of specific areas of surgery and the complex issues involved in therapeutic optimisation and individualising care for these patients</li><li>▪ Demonstrate an advanced knowledge of best clinical practice and its application to clinical practice and pharmaceutical care of patients with specific surgical needs</li></ul>
Intellectual skills	<ul style="list-style-type: none"><li>▪ Integrate theory and research of disease pathology and disease management with patient information to apply best evidence to practice in a clinical problem-solving context</li><li>▪ Use critical reasoning to synthesise, analyse and evaluate primary and secondary sources of data from clinical areas and apply these to individual patient problem-solving</li></ul>
Practical skills	<ul style="list-style-type: none"><li>▪ Safely and competently carry out a range of patient-based clinical skills (pharmaceutical care planning, case-based analysis of patient management)</li><li>▪ Use resources to collect and select information about the optimal clinical management of a surgical patient</li><li>▪ Develop presentation skills</li></ul>
Transferable skills and personal qualities	<ul style="list-style-type: none"><li>▪ Evaluate their own academic and personal progression</li><li>▪ Learn effectively for the purpose of continuing professional development and in a wider context throughout their career, including demonstrating competency against a professional competency framework</li></ul>

**Work-based tutor involvement:** progress meetings, case-based discussion, observations in practice.

### Further Information

This module builds upon the knowledge and skills gained in prior units to further develop the student's professional practice in managing surgical patients.

The unit is split in to three parts; foundations of surgical care (peri-operative management, nausea and vomiting, antibiotic prophylaxis, wound care, fluids and nutrition, thromboprophylaxis, medicines management and enhanced recovery), general surgery (orthopaedics, obstetrics, colorectal and urology), and advanced surgery (neurosurgery, transplant, vascular, cardiothoracic, hepato-pancreato-biliary, upper gastrointestinal and bariatric surgery).

The unit will combine e-lectures, reading and practical work-based tasks to develop this knowledge and skills.

### **Mandatory Unit Assessments**

The following are requirements which are essential for the student to satisfactorily complete before they can progress to the next course unit:

- One assessed pharmaceutical care plan – 50% contribution
- A case-based discussion – 50% contribution

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## PAEDIATRICS

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### The unit aims are:

To develop student's knowledge of commonly encountered paediatric conditions, general and specialist management of paediatric patients. Develop skills in the practice of pharmaceutical care to children and their carers. Improve students' clinical practice with regard to the legal, ethical and clinical management of the unwell child.

### The unit outcomes are:

At the end of this course unit, the student should:

Knowledge and understanding	<ul style="list-style-type: none"><li>• Describe the legal and ethical framework that supports children and young people in their encounters with healthcare</li><li>• Explain the differences between children and adults in terms of drug handling, adherence issues and communication</li><li>• Describe and demonstrate the pharmacological and non-pharmacological management of commonly encountered conditions in children</li><li>• Describe and demonstrate the specialist management of paediatric patients</li><li>• Discuss the contributions that the pharmacy team can make to the care of children with acute and long term conditions</li></ul>
Intellectual skills	<ul style="list-style-type: none"><li>• Integrate theory and research of disease pathology and disease management in children with patient information to apply the best evidence to practice</li><li>• Critically analyse and evaluate clinical literature in therapeutics relevant to paediatrics</li><li>• Evaluate and critically analyse the ethical and legal implications of treatment options in children and young people</li></ul>
Practical skills	<ul style="list-style-type: none"><li>• Facilitate continuity of care for children moving between primary, secondary and tertiary care</li><li>• Use a range of electronic resources to identify and select appropriate information about the optimal clinical management of a paediatric patient</li><li>• Carry out constructive peer review</li><li>• Demonstrate competency in consultations with children</li></ul>
Transferable skills and personal qualities	<ul style="list-style-type: none"><li>• Evaluate their own academic and personal progression</li><li>• Manage effective team working by participating in small group tasks</li><li>• Communicate effectively with paediatric patients and their carers</li><li>• Learn effectively for the purpose of continuing professional development and in a wider context throughout their career including identifying competency against a professional competency framework</li></ul>

Work-based tutor involvement: progress meetings, case-based discussion, observations in practice.

### **Further Information**

This unit will develop student's practice in the area of paediatrics through developing knowledge of common disease processes and paediatric drug handling and participating in tasks to apply this learning to the management of individual patients. The unit covers basic, general and specialist management of paediatric patients.

The unit will combine e-lectures, reading and practical work-based tasks to develop this knowledge and skills.

### **Mandatory Unit Assessments**

The following are requirements which are essential for the student to satisfactorily complete before they can progress to the next course unit:

- One assessed case study – 1,000 word written account (70%), presentation (30%)
- Formative MCQ tests (pass/fail)
- Formative consultation skills eLearning, self-reflection and CPD entry (pass/fail)

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## PHARMACY PUBLIC HEALTH

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### The unit aims are to:

- Acquire and develop an advanced knowledge and in-depth understanding of the background to public health, the current public health agenda and public health policy and apply this at local level to design and deliver high quality community pharmacy public health services
- Acquire and develop the advanced skills to source and critically evaluate best practice and evidence of the contribution of community pharmacy to improving public health
- Attain and develop a systematic understanding and a critical awareness of public health management, strategy and policy in the current context of healthcare delivery
- Identify their own learning needs with an emphasis on planning their progress through this programme, develop themselves as critically reflective practitioners and advance their own learning to sustain continuing professional development, and work at the forefront of their profession
- Acquire and develop an advanced knowledge and in-depth understanding of the national strategy and local policies relating to one of the following public health areas:
  - Substance misuse (illicit drugs, alcohol, tobacco)
  - Cancer (awareness / prevention and detection / screening)
  - Sexual and reproductive health
  - Weight management
  - Infection control
- Acquire and develop the advanced skills to make an effective contribution to the delivery of public health services in one of the above areas.

### The unit outcomes are:

At the end of this course unit, the student should:

Knowledge and understanding	<ul style="list-style-type: none"><li>▪ Demonstrate an advanced knowledge of the origins of public health and the current public health agenda including:<ul style="list-style-type: none"><li>▪ Current public health policy</li><li>▪ Health inequalities</li><li>▪ Determinants of health</li><li>▪ Individual versus population approaches to public health</li></ul><ul style="list-style-type: none"><li>○ and how these are influencing the development of the extended role of the community pharmacist</li></ul></li><li>▪ Explain how the principles of epidemiology and health economics apply to public health</li><li>▪ Interpret the key drivers presented in public health policy documents and illustrate the application of these to pharmacy public health</li><li>▪ Describe the key communication skills required for the delivery of pharmacy public health services:<ul style="list-style-type: none"><li>○ Communication skills</li><li>○ Consultation skills</li><li>○ Essential skills for brief interventions/advice</li><li>○ Behaviour change</li></ul></li></ul>
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	<ul style="list-style-type: none"> <li>▪ Demonstrate an advanced knowledge and critical awareness of:               <ul style="list-style-type: none"> <li>○ The current national public health strategy, management structure and policy framework.</li> <li>○ The principles of clinical governance and its role in public health services by application of theory to practice.</li> <li>○ Human behaviour theories and psychology, socio-political influences and the wider consequences on society.</li> <li>○ The range of qualitative and quantitative surveillance data sources and methods for measuring, analysing and interpreting prevalence.</li> <li>○ Local policies and strategies to effect change.</li> </ul> </li> </ul>
Intellectual skills	<ul style="list-style-type: none"> <li>▪ Critically analyse, evaluate and where appropriate formulate an informed opinion about:               <ul style="list-style-type: none"> <li>○ Public health, wellbeing and population needs information and data used to formulate recommendations for action, policy decisions and service commissioning, delivery and provision.</li> <li>○ National public health policy, strategy and legislation including how to appropriately apply these at local and regional level.</li> <li>○ The effectiveness of community pharmacy public health programmes and services through the integration of theory and evidence based practice.</li> </ul> </li> <li>▪ Demonstrate self-direction and originality in problem solving by acting autonomously in planning a community pharmacy based public health service.</li> </ul>
Practical skills	<ul style="list-style-type: none"> <li>▪ Critically reflect on current practice and apply the learning from this course unit to develop a personal development plan in relation to pharmacy public health services</li> <li>▪ Analyse qualitative and quantitative public health data to determine their strength and validity.</li> <li>▪ Present primary and secondary public health data in written (case studies, evaluations and reports) and oral forms.</li> <li>▪ Carry out constructive peer review</li> </ul>
Transferable skills and personal qualities	<ul style="list-style-type: none"> <li>▪ Demonstrate innovative problem-solving skills whilst planning or evaluating a pharmacy based public health service</li> <li>▪ Contribute to and work effectively within an e-community in discussion forums and a student-led peer review seminar.</li> <li>▪ Utilise a full range of learning resources including e-learning and open-learning packages.</li> </ul>

**Work-based tutor involvement: progress meetings, case-based discussion.**

### Further Information

This unit delivers fundamental principles of advanced level learning in relation pharmacy public health services. The knowledge and skills in the first 6 weeks of this 12-week course unit will underpin those delivered in the following 6 weeks of specialisation.



The unit introduces the student to strategic public health policy, issues, theories and practices and through the use of interactive learning activities develops the student's ability to synthesise, evaluate and apply this learning to their own practice situation and to the wider context of healthcare delivery.

Students choose an area of pharmacy public health to focus their final 6 weeks of study on; in this area they develop advanced knowledge and critical awareness of the psychology of human behaviour, surveillance tools, national and local policy and strategy and apply this to their own practice.

Finally, this course unit develops the student's knowledge and critical awareness of clinical governance and evidence based practice in the development or evaluation of a pharmacy based public health service.

### **Mandatory Unit Assessments**

The following are requirements which are essential for the student to satisfactorily complete before they can progress to the next course unit:

- One 3,000-word written assignment – 100% contribution
- One online presentation (5 mins) – Pass/Fail

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## MEDICINES MANAGEMENT

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### The unit aims are:

This unit has three themes which focus on:

- Understanding medicines use and medicines access across care settings, including the organisation structures of differing care sectors
- Explaining structures which influence prescribing and medicines spend, and
- Patient safety, risk management and governance within the NHS

Understanding the organisational structure of primary and secondary care, and how budgets, transfer of care etc. interface across care boundaries. Have the skills, knowledge and attributes required for understanding and evaluating safe and effective prescribing, dispensing, administration of medicines in terms of ethical, legal and financial frameworks and structures.

### The unit learning outcomes are:

At the end of this course unit, the student should:

Knowledge and understanding	<ul style="list-style-type: none"><li>▪ Demonstrate the ability to understand the principles governing patient care in the NHS in the context of policy and governance</li><li>▪ Understand and critically analyse the underpinning professional, ethical and legal aspects of medicines management</li><li>▪ Demonstrate the ability to define what constitutes a risk to patient safety</li><li>▪ Understand local and national reporting mechanisms for patient safety issues</li></ul> <hr/> <ul style="list-style-type: none"><li>▪ Understand the principles of clinical audit</li><li>▪ Develop a comprehensive understanding of the responsibility of an independent prescriber, be aware of their own limitations and work within their professional competence</li><li>▪ Demonstrate an in-depth understanding of the legal, ethical and professional framework for accountability and responsibility in relation to prescribing, dispensing, administration and management of medicines</li><li>▪ Demonstrate an understanding of the Caldicott guidelines and define the principles of patient confidentiality and data security</li><li>▪ Demonstrate an understanding of the legal and professional responsibilities of prescribing unlicensed medicines</li></ul>
Intellectual skills	<ul style="list-style-type: none"><li>▪ Demonstrate an understanding of managing medicines access through formularies, interface prescribing, RAG lists etc, and how decisions are made with regards to medicines access</li><li>▪ Discuss how prescribing guidelines are developed and cascaded with critical thought to the impact on practice</li><li>▪ Demonstrate how developments in practice may be</li></ul>

	<p>disseminated to the multidisciplinary team</p> <ul style="list-style-type: none"> <li>▪ Recognise when an error has occurred and to understand the principles behind reporting and investigating this</li> <li>▪ Contribute to strategies to improve patient safety (eg checklist development, IT systems)</li> <li>▪ Be aware of and keep up to date with national and local patient safety initiatives</li> <li>▪ Recognise, critically evaluate and respond to influences on prescribing practice at local and national levels</li> <li>▪ Identify and critically appraise relevant sources of information, advice and decision support including research</li> </ul> <hr/> <ul style="list-style-type: none"> <li>▪ Critically evaluate the difference between professional accountability and responsibility for medicines use</li> <li>▪ Recognise internal and external factors that influence prescribing decisions and consider management strategies for these</li> </ul> <hr/>
Practical skills	<ul style="list-style-type: none"> <li>▪ Explain how budgets are held and how decisions are made and managed around switching prescribed drugs</li> <li>▪ Understand to clinical governance frameworks through quality assurance and audit of prescribing practice</li> <li>▪ Explain prescribing safely, rationally and cost effectively taking into account evidence based practice at an individual patient level</li> <li>▪ Demonstrate the ability to contribute where appropriate to the investigation of patient safety incidents, particularly in areas where medicines have played a role in either causation or by omission</li> </ul>
Transferable skills and personal qualities	<ul style="list-style-type: none"> <li>▪ Learn effectively for the purpose of continuing professional development and in a wider context throughout their career including identifying competency against a professional competency framework</li> <li>▪ Develop reflective practice and learning through reflection</li> <li>▪ Evaluate their own academic and personal progression in line with a recognised professional competency framework</li> <li>▪ Demonstrate the ability to interface effectively between multiple care sectors</li> </ul>

**Work-based tutor involvement: progress meetings, case-based discussion.**

### Further Information

Acquire and develop an in-depth knowledge and understanding of the legal, ethical and professional issues relating to medicines use. Demonstrate the ability to work ensuring cost-effective, evidence

based prescribing that meets with local and national policies and guidance. Critically evaluate the literature relating to prescribing in order to apply evidence based approaches to prescribing practice. Explain the organisation and infrastructure of the NHS, prescribing policy, budget holding and access to medicines.

### **Mandatory Unit Assessment**

The following are requirements which are essential for the student to satisfactorily complete before they can progress to the next course unit:

- A medicines management formulary decision analysis and recommendation report (100%)

## THE LEARNING CONTRACT

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The learning contract is for both the workplace tutor, and the learner, to agree and negotiate learning needs, development opportunities, issues such as study leave, exam dates, and ultimately to define each other's expectations and roles.

The template for the contract is in appendix 3. The University have set agreements which must be in place, however this can also be tailored to satisfy your own arrangements as tutor and student. This is a good opportunity for both tutor and student to plan the semester, particularly progress meeting dates, case-based discussion dates, observation in practice dates and consultation skill assessment dates.

You are required to meet with the learner ideally before the programme starts to discuss the learning contract. The student must then upload this in to Blackboard in week 1 of semester 1. This meeting will constitute progress meeting 1. The learning contract will be revisited before semester 2, and again in year 2.

## PROGRESS MEETINGS

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You are required to meet with your student at least eight times per year; four meetings in semester one, and four meetings in semester two.

These meetings have a set agenda (see appendix 4 and 5), however, they are also flexible to the needs of the tutor and student relationship. You are required to meet with your student in weeks 0-1, 6, 10 and 13 as this coincides with formative and summative assessment dates and feedback. The progress meetings provide the opportunity to monitor the students' progress, resolve and issues or queries and support the learner with their studies.

Following each progress meeting, students must upload the completed meeting notes to Blackboard.

## SUPERVISED LEARNING EVENTS (PRACTICE-BASED ASSESSMENTS)

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Supervised learning events (also known as practice-based assessments) underpin learning whilst at work, and support knowledge through the assessment and feedback on skills and behaviours at work.

**NOTE that learners must submit a minimum of SIX supervised learning events (practice-based assessments), using the RPS tools each academic year. These are uploaded as a record in the VCR>Meeting and Record Uploads.**

In addition to this handbook you may also find the RPS Tutor Guidance useful, in particular the sections that describe how to undertake workplace-based assessments with the tools, how to give good feedback and the overall RPS Post-Registration Foundation journey. You can access it here – <https://www.rpharms.com/development/credentialing/foundation/foundation-tutor-resources>

You can also access information on the practice-based assessments here - <https://www.rpharms.com/development/credentialing/foundation/previous-foundation-programme-2014>

Please note that with the implementation of the new Post-Registration Foundation Pharmacist curriculum then the supervised learning event tools and templates will also be changing. It is anticipated that the new tools and templates will become available in October 2021 when the eportfolio is launched by the RPS. For 2021-22 academic year for semester 1 we will continue to use the original practice based assessment tools (see appendix 6-9). For semester 2 we anticipate that we will switch to using the newly launched supervised learning event tools. We will provide more updates regarding this as the semester progresses. If you have any questions about which tools and templates you should be using with your tutee then please contact Sarah ([sarah.knighton@manchester.ac.uk](mailto:sarah.knighton@manchester.ac.uk)).

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## CASE-BASED DISCUSSIONS

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Part of the tutor role is to engage the student in case-based discussions (CBD). These case discussions are based around the students' formative pharmaceutical care plans, academic assignments and daily practice. In year one, you must conduct at least two case-based discussions in semester 1 and semester 2. These assessments may form the basis of progress meetings and be linked to the care plans being prepared for assessment.

Although the programme stipulates two case-based discussions per semester in year one, you may negotiate more.

The case-based discussion template can be found in appendix 6. Please note that the RPS is currently updating its templates and tools with a new version of the case-based discussion tool expected to be available from October 2021. For 2021-22 academic year for semester 1 we will continue to use the original practice based assessment tools (appendices 6-9). For semester 2 we anticipate that we will switch to using the newly launched supervised learning event tools. We will provide more updates regarding this as the semester progresses. If you have any questions about which tools and templates you should be using with your tutee then please contact Sarah ([sarah.knighton@manchester.ac.uk](mailto:sarah.knighton@manchester.ac.uk)).

Case-based discussions also form an essential part of the clinical units in year two; two case-based discussions for all clinical units. Alternative assessment formats can be used for non-clinical units.

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## DIRECT OBSERVATIONS IN PRACTICE

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Direct observations in practice (DOPS) are a tool to assess the students' skills and behaviours in the work environment undertaking a practical skill. Learners are required to be observed, and feedback provided (this may either be a DOPS, Consultation Skills Assessment or Pharmaceutical Care Assessment, depending on the intervention or situation) each year to make up the six required workplace assessments.

Observations of practice also form an essential part of the units in year two to meet the requirements of six assessments in total.

The DOPS form can be found in appendix 7. Please note that the RPS is currently updating its templates and tools with a new version of the DOPS tool expected to be available from October 2021. For 2021-22 academic year for semester 1 we will continue to use the original practice based assessment tools (appendices 6-9). For semester 2 we anticipate that we will switch to using the newly launched supervised learning event tools. We will provide more updates regarding this as the semester progresses. If you have any questions about which tools and templates you should be using with your tutee then please contact Sarah ([sarah.knighton@manchester.ac.uk](mailto:sarah.knighton@manchester.ac.uk)).

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## CONSULTATION SKILLS ASSESSMENTS

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The consultation skills assessment (CSA) is a tool based on the Medicines Related Consultation Framework, which is used as part of the Consultation Skills for Pharmacy Practice learning and assessment (<http://www.consultationskillsforpharmacy.com>). All learners are required to complete and pass the CPPE Consultation Skills for Pharmacy Practice as a portfolio item in year one, semester one.

Learners are required to have their consultation skills assessed whilst at work. This may be completed using the DOPS form or CSA form (see appendix 8). The student must include at least one observation in practice as part of their record of six workplace assessments.

The student may also ask patients to complete this template, which offers a more rounded understanding of their consultation skills.

The CSA form can be found in appendix 8. Please note that the RPS is currently updating its templates and tools with a new version of the tool expected to be available from October 2021. For 2021-22 academic year for semester 1 we will continue to use the original practice based assessment tools (appendices 6-9). For semester 2 we anticipate that we will switch to using the newly launched supervised learning event tools. We will provide more updates regarding this as the semester progresses. If you have any questions about which tools and templates you should be using with your tutee then please contact Sarah ([sarah.knighton@manchester.ac.uk](mailto:sarah.knighton@manchester.ac.uk)).

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## PHARMACEUTICAL CARE ASSESSMENT

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The pharmaceutical care assessment is another tool for observation in practice, based on a mini-CEX, and is used to assess the students approach to patient management. This may be used alongside the CBD, DOPS or CSA to offer more rounded, global feedback; it supplements the other observation tools to be used as observations in practice to support the process of pharmaceutical care planning.

The pharmaceutical care assessment (mini-CEX) form can be found in appendix 9. Please note that the RPS is currently updating its templates and tools with a new version of the tool expected to be available from October 2021. For 2021-22 academic year for semester 1 we will continue to use the original practice based assessment tools (appendices 6-9). For semester 2 we anticipate that we will switch to using the newly launched supervised learning event tools. We will provide more updates regarding this as the semester progresses. If you have any questions about which tools and templates you should be using with your tutee then please contact Sarah ([sarah.knighton@manchester.ac.uk](mailto:sarah.knighton@manchester.ac.uk)).

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### REFLECTIVE ACCOUNT

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Learners may wish to reflect on practice using the RPS reflective account template available on Blackboard. This can be used in place of, or additionally with any observation of practice.



## HOW TO GIVE FEEDBACK

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Offering feedback to your tutee is a key role of the workplace tutor. You are in a position to observe the tutee in practice, review clinical and consultation skills, and behaviours, and support knowledge through case-based discussions. You are also a mentor and coach, motivating your tutee during progress meetings.

The following tips will help you to provide constructive feedback for learning. However, for your personal development, we also suggest you access CPD materials focussing on feedback, mentoring and motivating from CPPE. Available at: <https://www.cppe.ac.uk/skills/teams-and-staff>.

### Giving feedback - practical tips

We provide our learners with feedback as a way to personalise their learning and better communicate with them, to make them feel their efforts are recognised and to complete the reflective and conceptualisation parts of the learning cycle. Many of you will have received feedback that was not helpful or not delivered effectively and we often emulate our former teachers when providing feedback ourselves.

The seven principles of good feedback (Nicol and MacFarlane-Dick, 2006), outline what good feedback should be:

1. helps clarify what good performance is (goals, criteria, expected standards),
2. facilitates the development of self-assessment (reflection) in learning,
3. delivers high quality information to students about their learning,
4. encourages teacher and peer dialogue around learning,
5. encourages positive motivational beliefs and self-esteem,
6. provides opportunities to close the gap between current and desired performance,
7. provides information to teachers that can be used to help shape the teaching.

To help you implement this, the list below outlines a practical approach to providing good feedback in the workplace:

- Set a time and location to deliver your feedback (Yes, that means always plan in advance, allow enough time and avoid distractions / interruptions)
- Ask for self-appraisal from your learner (it helps prevent surprises and develops skills in self-evaluation)
- Cover the good points first
- Back up all your points objectively with evidence or examples
- Be specific, relate to changeable behaviour and don't get personal
- Encourage your learners to ask for feedback themselves
- Ensure you and your learner agree on an action plan that you follow up

Following these points will help you avoid some of the mistakes most frequently made such as not defining what good might look like, being rushed or distracted, not providing timely feedback, getting personal or too critical and giving mixed messages due to disorganised delivery.

You may find the article *How to give and receive constructive feedback* (Pharmaceutical Journal, 2016, 788, 296;173-174) a good overview for practice. It is available at <https://pharmaceutical-journal.com/article/ld/how-to-give-and-receive-constructive-feedback>

You may also find the following useful from the RPS Tutor Guidance

(<https://www.rpharms.com/development/credentialing/foundation/foundation-tutor-resources>):

## 8.1 What is feedback?

Feedback is the mechanism used to inform learners about their progress. It is essential to find appropriate ways of expressing findings to your tutee.

**Informal feedback** is usually provided spontaneously, in day-to-day practice. It's often unstructured and not planned. It is quick and may not always provide the opportunity for the recipient to discuss details further, or ask questions, but can be useful in a trusted relationship

**Formal feedback** is usually planned in advance, and follows some kind of structure. This may happen at a progress review. It may also prompt further discussion with the recipient of feedback.

It is important to use both forms of feedback when tutoring, as relying on one particular method may not be sufficient for every situation. You may also be required to adapt your feedback approach to your tutee's needs.

## 8.2 Why give feedback?

Feedback enables tutees to learn from their experiences, and provides an opportunity to negotiate a shared learning agenda. Giving appropriate and developmental feedback is a key role of being a Tutor. We have heard from pharmacy workplace Tutors that assessments and feedback are the most difficult aspects of workplace education to manage. Making assessments fair, together with giving developmental feedback is often seen as challenging. From the tutee's perspective, they want to succeed and have brilliant feedback all the time. However, your role as a Tutor requires you to communicate difficult as well as encouraging messages to help develop your tutee.

It is essential that you make time to provide feedback at regular points during your tutoring period and not just wait for review meetings. This helps you manage expectations but also if there is an issue for concern, e.g. if your tutee is struggling, it will not come as a shock if you have informed them that their performance is below expectations.

The GROW model (see figure below) that is often used in mentoring and coaching scenarios, but may be adapted and used when preparing to give feedback, and will help you and your tutee think through next steps.

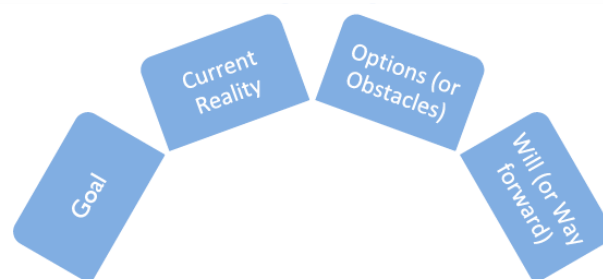


Figure 2: GROW Model

### 8.3 Feedback techniques

There is no one correct process or format for providing feedback, and in many cases, you may find you have to tailor your style to suit the tutee. The aim of feedback is to be constructive, providing praise when a tutee has done well and to highlight where an individual has not performed as expected. It is easy to give positive feedback, far harder to provide developmental feedback that explores how to improve performance without demoralising or disengaging the tutee. Taking a developmental feedback approach where the tutee is asked to self-assess their performance is often more helpful in allowing the tutee to reach their own realisation rather than being told a negative point; it is a good self-development exercise.

If you are not familiar with providing feedback you might want to practice with a colleague first, and ask them to provide you with comments on the experience. This is particularly useful where you might be required to deliver a difficult message or broach more sensitive issues. We have collated together some tips for giving feedback in box 6.

#### *Box 6: Tips for giving feedback*

- Find an appropriate time and setting to give feedback
- Plan the conversation in advance where possible and how you might approach, especially where the feedback might be negative
- Use assessment tools as a structure for your discussions
- Base it on specific examples and evidence
- Be aware of your tutee's emotions and sensitivities
- Invite discussion from your tutee
- Be open and honest
- Reinforce positive performance
- Address any concerns straight away
- Seek support from your managers where necessary
- Acknowledge that your feedback is all about development
- Ask for feedback on your technique

#### **What to avoid**

- Penalising your tutee for not knowing or getting it wrong
- Being overly critical
- Being too kind, especially if it's not warranted
- Generalising and being vague
- Getting too personal, e.g. commenting on characteristics

There are a number of models and mnemonics for giving feedback, once such example is BOOST.

<b>Balanced</b>	• Should contain both positive and negative points
<b>Observed</b>	• Should be based on what you have seen
<b>Objective (or Owned)</b>	• Should be based on facts
<b>Specific</b>	• Should relate to specific examples
<b>Timely</b>	• Should be given as close to the event as possible

NHS Education Scotland (NES) also offers some tips for feedback after conducting an observation

*Box 7: Tips for feedback after observations*

- Give feedback as soon as possible after the observation
- Ask the tutee to reflect on their own performance first and to be positive
- Ensure feedback covers positive aspects and areas for improvement
- Be descriptive rather than evaluative
- Focus on a few elements
- Refer to behaviours that can be changed, not personality traits
- Encourage the tutee to suggest and practice alternative approaches

## 8.4 Learning points

As well focusing on your tutee, you can also use the experience as an opportunity to develop.

*Box 8: Points for self-development*

- Ask for feedback on your technique
- Reflect on the experience, what can you learn or do better
- Consider what's worked (and what hasn't) for you in the past
- If you have identified development points, create a plan of how you can improve on these areas
- Seek support from a mentor – you can find a mentor on the RPS mentoring database
- Seek support from a peer – you can link up with fellow tutors on the RPS tutor network

## TUTOR SUPPORT

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### Benefits to tutors

The programme team at the University appreciate that this is an additional role and we are very grateful to work-based tutors for their invaluable input. We understand your workload and pressures, and we have significantly reduced the number of profiles which require marking.

Following feedback from previous years we have introduced structures to help tutors to better support your learners. These include progress meetings with specified agendas, cased-based discussions, and observations of practice. These interventions offer structure to your role (in support of CPD, PDP, appraisals and RPS Faculty evidence), but also support the student collect evidence for the RPS Post-Registration Foundation Pharmacist outcomes.

### Supporting a student in difficulty

An issue which has been raised previously is the process to support students who may be struggling or you may have concerns over. Your first point of contact will be the Programme Director, who will be able to offer advice or if needs be, will make a visit to the student and tutor to discuss further support. Please do not hesitate to escalate problems to the University as soon as possible.

Please also refer to the RPS Foundation Tutor Guidance which discusses why a learner may be in difficulty, how to support learners whistleblowing and fitness to practice issues.

### Feedback

We would like to build up the relationships with work-based tutors and the University so if you have any ideas or thoughts as to what support you would ideally want please email the team via the administration team.

Your point of contact with the University, in the first instance is Sarah Knighton ([sarah.knighton@manchester.ac.uk](mailto:sarah.knighton@manchester.ac.uk)).



Connect with us at: @ManUni\_Pharm\_PG

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## APPENDIX 1 WORKPLACE TUTOR AGREEMENT



The University of Manchester

MSc/Diploma in Clinical Pharmacy, Division of Pharmacy and Optometry.

### Workplace Tutor Agreement

This form details an agreement between the workplace tutor and the MSc programme team of the key aspects of working together. It clarifies the expectations of tutors during the MSc/Diploma in Clinical Pharmacy. It should be electronically signed and the student must upload this form to Blackboard by 12 noon on Friday of week 1, semester 1.

I, \_\_\_\_\_ agree to the following:

As a workplace tutor for the MSc in Clinical Pharmacy, I will:

1. Read and understand the tutor requirements and outlined in the Workplace Tutor Handbook
2. Understand the Learning Outcomes required by the programme (skills, knowledge and behaviours) and support the student to achieve these, as outlined in the Workplace Tutor Handbook
3. Attend the Induction session arranged by the University
4. Attend two online University meetings (one at the end of each semester). These will be remotely facilitated online or by telephone
5. Meet with the learner to agree the Learning Contract, as part of Progress Meeting 1
6. Allocate sufficient time to meet for eight Progress Meetings per year as a minimum, at the scheduled times (see Two-Year Planner)
7. Identify and allocate sufficient time for at least two case-based discussions per semester. I will offer you honest, constructive feedback
8. Identify and allocate sufficient time for at least two observations of practice per year. I will offer you honest, constructive feedback
9. Support the students' attainment of six workplace assessments per academic year
10. Support the student to make informed choices for optional units in year two
11. Try to resolve any concerns raised, or escalate to the University if it is beyond the scope of the learning relationship. I agree to escalate concerns about a student in difficulty as soon as possible to the programme team
12. Support the students' assessment requirements, having fully understood the assessment criteria
13. Support the student in negotiating time away from the workplace for study days and assessments
14. Ensure I remain competent as a workplace tutor through CPD activities where necessary
15. Welcome feedback to develop myself as a tutor

Signed (Tutor):

Date:



## APPENDIX 2 WORKPLACE AGREEMENT



The University of Manchester

MSc/Diploma in Clinical Pharmacy, Division of Pharmacy and Optometry.

### Workplace Agreement

This form details an agreement between the training workplace and the MSc programme team of the key aspects of working together. It clarifies the expectations of the workplace training provider during the MSc/Diploma in Clinical Pharmacy. It should be electronically signed and the student must upload this form to Blackboard by 12 noon on Friday of week 1, semester 1.

Name of the workplace training provider:

Name and role of person completing this agreement:

Names of students enrolled on to the MSc/Diploma in Clinical Pharmacy:

As a workplace we will:

1. Confirm that there are sufficient resources and capacity to support the student learning within the workplace. This includes having suitable workplace tutors in place. You will contact the University as soon as possible in the event that a student does not have a named workplace tutor i.e. long term absence, maternity leave, resignation from post etc.
2. Read and understand the tutor requirements and outlined in the Workplace Tutor Handbook
3. Make arrangements for workplace tutors to attend the face-to-face Induction session arranged by the University
4. Make arrangements for workplace tutors to attend two online University meetings (one at the end of each semester). These will be remotely facilitated by webinar
5. Allow sufficient time for workplace tutors and students to meet for eight Progress Meetings per year as a minimum, at the scheduled times
6. Allow sufficient time for workplace tutors and students to meet for at least two case-based discussions per semester
7. Identify and allocate sufficient time for at least two observations of practice per year
8. Try to resolve any concerns raised, or escalate to the University if it is beyond the scope of the learning relationship.
9. Support the students' assessment requirements, having fully understood the assessment criteria
10. Support the student in negotiating time away from the workplace for study days and assessments
11. Allow students to be exposed to a sufficient range of clinical services that are patient focussed

Signed:

Date:



## APPENDIX 3 – THE LEARNING CONTRACT



The University of Manchester

MSc/Diploma in Clinical Pharmacy, Division of Pharmacy and Optometry.

### Learning Contract

This form details an agreement between the student and workplace tutor of the key aspects of working together. It clarifies the expectations of both parties during the MSc/Diploma in Clinical Pharmacy. It should be discussed, negotiated, and electronically signed by both parties. The student must upload this form to Blackboard by 12 noon on Friday of week 1, semester 1.

I, *[insert student name]* and, *[insert tutor name]*, make the following commitments to each other:

#### Student Commitments:

1. Read and understand the programme requirements as outlined in the Programme Handbook
2. Understand the Learning Outcomes required by the programme (skills, knowledge and behaviours) and dedicate time to achieve these, as outlined in the Programme Handbook
3. Will schedule Progress Meeting's in week 0, 6, 10 and 13 each semester, giving the tutor sufficient time to plan the appropriate time together, and upload copies of the meeting minutes to Blackboard
4. Will schedule two case-based discussions per semester
5. Will schedule at least two observations of practice (DOPS, CSA or PCA) per year.
6. I will upload a record of six workplace assessments per year in Blackboard
7. I will upload Progress Meeting notes to Blackboard
8. I will select optional units for year two when requested by the University
9. I will raise any concerns at an early stage
10. I will be a self-directed learner and manage my study time effectively
11. I will submit all summative assessments by the due date. In the rare event that this is not possible I will seek advice early from the University
12. I will attend my allocated study days, arranging timetables and rota commitments appropriately. In the rare event this is not possible I will seek advice early from the University
13. I recognise the programme offers me CPD opportunities which I will continue to record
14. I will accept feedback in the way in which it is intended and use this to develop my skills, knowledge and behaviours

#### Tutor Commitments:

1. Read and understand the tutor requirements and outlined in the Workplace Tutor Handbook
2. Understand the Learning Outcomes required by the programme (skills, knowledge and behaviours) and support the student to achieve these, as outlined in the Workplace Tutor Handbook
3. Will allocate sufficient time to meet for eight Progress Meetings per year as a minimum
4. Will identify and allocate sufficient time for at least two case-based discussions per semester. I will offer you honest, constructive feedback
5. Will identify and allocate sufficient time for at least two observations of practice per year. I will offer you honest, constructive feedback
6. I will support the student to make informed choices for optional units in year two
7. I will try to resolve any concerns raised, or escalate to the University if it is beyond the scope of the learning relationship
8. I will support the students self-directed learning needs and work with you to identify these. I will help identify learning opportunities for you
9. I will support the students' assessment requirements, having fully understood the assessment criteria
10. I will support the student in negotiating time away from the workplace for study days
11. I will ensure I remain competent as a workplace tutor through CPD activities where necessary
12. I will be approachable and provide help, including referring you to more appropriate sources of help
13. I will welcome feedback to develop myself as a tutor

Additional, agreed commitments (edit as required)

Signed (Student)	Signed (Tutor):
Date:	Date:

## APPENDIX 4 – YEAR 1 PROGRESS MEETING TEMPLATES: MEETINGS 1 TO 8



The University of Manchester

MSc/Diploma in Clinical Pharmacy, Division of Pharmacy and Optometry.

### Progress Meeting 1

Year 1, Week 0, Semester 1

Meeting Date (week 0):

Meeting Agenda:

1. Learning Contract. Read, amend and sign the contract. Keep a copy but also upload a copy in Blackboard
2. Discuss the programme requirements and how these will be fulfilled at work, particularly:
  - a. Study Days – book time out of the department
  - b. Exam dates – book time out of the department
  - c. Study leave (if applicable) – book time out of the department
  - d. Identification of, and supervision of patient selection for pharmaceutical care plans
3. Discuss Workplace Tutor support for semester one and how these will be fulfilled at work, particularly:
  - a. Arrange Progress Meeting Dates (week 0, 6, 10 and 13-18 semester 1 and 2). These meetings are the minimum required and you may plan in more frequent catch-ups. Plan this time in.
  - b. Discuss the requirement for two case-based discussions per semester (try and present your care plans as CbD for feedback). This is the minimum required, you may agree to discuss more cases. Plan this time in.
  - c. Discuss the requirement for two observations in practice (either DOPS, CSA or PCA) per year. This is the minimum required (in total you must upload a record of six workplace assessments of varying types per academic year), you may agree to more observations. Plan this time in.
4. Share the tutors' experiences of studying and working, and previous tutor arrangements. What went well? What did not go well? How can you both build a mutually beneficial partnership?
5. Make sure the following are in place: Blackboard access, @manchester.ac.uk email address, student ID card.
6. Access the Virtual Common room. Access your course units and get a sense of the twelve weeks of study ahead.
7. Note down any webinar, study day, deadline dates and start to plan your study.

Minutes:

Matters Arising: <ol style="list-style-type: none"> <li>1. Schedule a date for Progress Meeting 2</li> <li>2. Schedule dates for observations of practice. Think about whether a DOPS, CSA or PCA will be most suitable</li> <li>3. Schedule dates for case-based discussions</li> </ol>	
Any Other Business: <ol style="list-style-type: none"> <li>1. Upload completed learning contract and progress meeting form to Blackboard</li> </ol>	
Agree Date of next meeting (in week 6):	
Planned dates for CBD/DOPS/CSA/PCA:	
Signed (Student):	Signed (Tutor):

## Progress Meeting 2

Year 1, Week 6, Semester 1

Meeting Date (week 6):

Meeting Agenda:

1. Discuss progress on the programme so far:
  - a. Which areas of the programme are you finding interesting? Why?
  - b. Which areas of the programme are you finding difficult? Why?
  - c. What have you learnt most about?
  - d. What did you already know a lot about already?
  - e. How are you managing your time? What support do you need?
  - f. Are you prepared for the upcoming deadlines? What do you need to do?
2. Case-based discussion – recap main feedback points including strengths and development needs. Students should discuss how they have implemented any changes in practice.
3. Discuss dates and the type of observation tool you may use (DOPS, CSA or PCA)
4. Discuss preparation for care plan assignments:
  - a. Have you identified a disease state? A patient? Where are you up to with this?
  - b. What help do you require from your tutor? Do you have any questions?
  - c. Are you managing your time and working to the deadline?
5. Discuss your summative Portfolio:
  - a. Have you started CSfPhP? How are you getting on with it?
  - b. Have you thought about examples for each of the portfolio items? Discuss them with your tutor.
  - c. Will your tutor be prepared to offer any feedback on what you have written?
  - d. Are you managing your time and working to the deadline in week 12?

Minutes:

Matters Arising: <ol style="list-style-type: none"> <li>1. Schedule a date for a case-based discussion</li> <li>2. Schedule a date for Progress Meeting 3</li> <li>3. Schedule dates for observations of practice. Think about whether a DOPS, CSA or PCA will be most suitable</li> </ol>	
Any Other Business: <ol style="list-style-type: none"> <li>1. Upload completed progress meeting form to Blackboard</li> </ol>	
Agree Date of next meeting (in week 10):	
Planned dates for CBD/DOPS/CSA/PCA:	
Signed (Student):	Signed (Tutor):



## Progress Meeting 3

Year 1, Week 10, Semester 1

Meeting Date (week 10):

Meeting Agenda:

1. Discuss progress on the programme so far:
  - a. Which areas of the programme are you finding interesting? Why?
  - b. Which areas of the programme are you finding difficult? Why?
  - c. What have you learnt most about?
  - d. What did you already know a lot about already?
  - e. How are you managing your time? What support do you need?
  - f. Are you prepared for the upcoming deadlines (week 12 and the exam)? What do you need to do?
2. Case-based discussion – recap main feedback points including strengths and development needs. Students should discuss how they have implemented any changes in practice
3. Discuss your formative care plan:
  - a. What mark did you receive? How did you feel about that?
  - b. What written feedback did you receive? Discuss this together.
  - c. How useful was the exercise?
4. Discuss your summative care plan:
  - a. Have you identified a disease state? A patient? Where are you up to with this?
  - b. What help do you require from your tutor? Do you have any questions?
  - c. Are you managing your time and working to the deadline?
5. Discuss your summative Portfolio:
  - a. How are you getting on with it?
  - b. Have you thought about examples for each of the portfolio items? Discuss them with your tutor.
  - c. Will your tutor be prepared to offer any feedback on what you have written?
  - d. Are you managing your time and working to the deadline?

Minutes:

Matters Arising: <ol style="list-style-type: none"> <li>1. Schedule a date for Progress Meeting 4</li> <li>2. Schedule dates for observations of practice. Think about whether a DOPS, CSA or PCA will be most suitable</li> </ol>	
Any Other Business: <ol style="list-style-type: none"> <li>1. Upload completed progress meeting form to Blackboard</li> </ol>	
Agree Date of next meeting (in week 13-18):	
Planned dates for CBD/DOPS/CSA/PCA:	
Signed (Student):	Signed (Tutor):

## Progress Meeting 4

Year 1, Week 13-18, Semester 1

Meeting Date (week 13-18):

Meeting Agenda:

1. Review semester 1:
  - a. Is the programme what you expected?
  - b. How have you managed the workload?
  - c. Do you feel supported? Does anything need to change?
2. Preparation for semester 2:
  - a. What are you looking forward to?
  - b. What are you not looking forward to? Why?
  - c. Do you understand what MOT2 and EBP require?
3. Workplace assessments:
  - a. How are you finding collecting evidence?
  - b. Do you need any further support? What needs to change?

Minutes:

<p>Matters Arising:</p> <ol style="list-style-type: none"> <li>1. Schedule a date for Progress Meeting 5</li> <li>2. Schedule dates for observations of practice. Think about whether a DOPS, CSA or PCA will be most suitable</li> <li>3. Schedule dates for case-based discussions</li> </ol>
<p>Any Other Business:</p> <ol style="list-style-type: none"> <li>1. Upload completed progress meeting form to Blackboard</li> <li>2. Tutor to feedback to the University via email if relevant</li> </ol>
<p>Agree Date of next meeting (in week 0, semester 2):</p>
<p>Planned dates for CBD/DOPS/CSA/PCA:</p>

Signed (Student):

Signed (Tutor):



The University of Manchester

MSc/Diploma in Clinical Pharmacy, Division of Pharmacy and Optometry.

## Progress Meeting 5

Year 1, Week 0, Semester 2

Meeting Date (week 0):

Meeting Agenda:

1. Learning Contract. Revisit the contract and review if it needs to change. Are you both fulfilling your commitments?
2. Discuss the programme requirements and how these will be fulfilled at work, particularly:
  - a. Study Days – book time out of the department
  - b. Exam dates – book time out of the department
  - c. Study leave (if applicable) – book time out of the department
  - d. Identification of, and supervision of patient selection for pharmaceutical care plans
3. Discuss workplace Tutor support for semester two and how these will be fulfilled at work, particularly:
  - a. Arrange Progress Meeting Dates (week 0, 6, 10 and 13-18). These meetings are the minimum required and you may plan in more frequent catch-ups. Plan this time in.
  - b. Discuss the requirement for two case-based discussions per semester. This is the minimum required, you may agree to discuss more cases. Plan this time in.
  - c. Discuss the requirement for two observations in practice (either DOPS, CSA or PCA) per year. This is the minimum required, you may agree to more observations. Plan this time in.
4. Reflecting on semester 1, discuss your approach to study this semester – what needs to stop, start and continue?

Minutes:

Matters Arising: <ol style="list-style-type: none"> <li>1. Schedule a date for Progress Meeting 6</li> <li>2. Schedule dates for observations of practice. Think about whether a DOPS, CSA or PCA will be most suitable</li> <li>3. Schedule dates for case-based discussions</li> </ol>	
Any Other Business: <ol style="list-style-type: none"> <li>1. Upload completed progress meeting form to Blackboard</li> <li>2. Complete the PG Student Experience Survey online</li> </ol>	
Agree Date of next meeting (in week 6):	
Planned dates for CBD/DOPS/CSA/PCA:	
Signed (Student):	Signed (Tutor):

## Progress Meeting 6

Year 1, Week 6, Semester 2

Meeting Date (week 6):

Meeting Agenda:

1. Discuss progress on the programme so far:
  - a. Which areas of the programme are you finding interesting? Why?
  - b. Which areas of the programme are you finding difficult? Why?
  - c. What have you learnt most about?
  - d. What did you already know a lot about already?
  - e. How are you managing your time? What support do you need?
  - f. Are you prepared for the upcoming deadlines? What do you need to do?
2. Case-based discussion – recap main feedback points including strengths and development needs. Students should discuss how they have implemented any changes in practice
3. Discuss preparation for assignments:
  - d. Have you identified a disease state? A patient? Where are you up to with this?
  - e. What help do you require from your tutor? Do you have any questions?
  - f. Are you managing your time and working to the deadline?
  - g. Have you started to prepare your coursework?
4. Discuss your observation of practice:
  - a. You must undertake, and upload, at least one observation of practice. Discuss dates and the type of observation tool you may use (DOPS, CSA or PCA)
5. Are you managing your time and working to the deadlines?

Minutes:

Matters Arising: <ol style="list-style-type: none"> <li>1. Schedule a date for a case-based discussion ahead of the submission date</li> <li>2. Schedule a date for Progress Meeting 7</li> <li>3. Schedule dates for observations of practice. Think about whether a DOPS, CSA or PCA will be most suitable</li> </ol>	
Any Other Business: <ol style="list-style-type: none"> <li>1. Upload completed progress meeting form to Blackboard</li> </ol>	
Agree Date of next meeting (in week 10):	
Planned dates for CBD/DOPS/CSA/PCA:	
Signed (Student):	Signed (Tutor):



## Progress Meeting 7

Year 1, Week 10, Semester 2

Meeting Date (week 10):

Meeting Agenda:

1. Discuss progress on the programme so far:
  - a. Which areas of the programme are you finding interesting? Why?
  - b. Which areas of the programme are you finding difficult? Why?
  - c. What have you learnt most about?
  - d. What did you already know a lot about already?
  - e. How are you managing your time? What support do you need?
  - f. Are you prepared for the upcoming deadlines? What do you need to do?
2. Case-based discussion recap main feedback points including strengths and development needs. Students should discuss how they have implemented any changes in practice
3. Discuss your assignments:
  - d. What mark did you achieve? How did you feel about that?
  - e. What written feedback did you receive? Discuss this together.
  - f. How useful was the exercise?
4. Discuss your summative assignments:
  - d. Have you identified a disease state? A patient? Where are you up to with this?
  - e. What help do you require from your tutor? Do you have any questions?
  - f. Are you managing your time and working to the deadline?
  - g. Are you preparing your revision?
5. Discuss your observation of practice:
  - a. You must upload at least one observation of practice discuss dates and the type of observation (DOPS, CSA or PCA) you will undertake
6. Are you managing your time and working to the deadline?

Minutes:

Matters Arising: <ol style="list-style-type: none"> <li>1. Schedule a date for Progress Meeting 8</li> <li>2. Schedule dates for observations of practice. Think about whether a DOPS, CSA or PCA will be most suitable</li> </ol>	
Any Other Business: <ol style="list-style-type: none"> <li>1. Upload completed progress meeting form to Blackboard</li> </ol>	
Agree Date of next meeting (in week 13-18):	
Planned dates for CBD/DOPS/CSA/PCA:	
Signed (Student):	Signed (Tutor):

## Progress Meeting 8

Year 1, Week 13-18, Semester 2

Meeting Date (week 13-18):


Meeting Agenda:

1. Discuss your coursework and exam results for both units:
  - a. What did you score? How do you feel about that?
  - b. What are you particularly pleased about? Why?
  - c. Where could you improve? How will you do that?
  - d. How did you do overall this year? Does anything need to change?
2. Review semester 2:
  - a. Is the programme what you expected?
  - b. How have you managed the workload?
  - c. Do you feel supported? Does anything need to change?
3. Preparation for year 2:
  - a. What are you looking forward to?
  - b. What are you not looking forward to? Why?
  - c. Decide your optional modules. Your tutor can help guide your decision. Look at the Unit outlines – which would you like to do? Why?
4. Workplace assessments:
  - a. How are you finding collecting evidence?
  - b. Remember to upload a record of six WPA to Blackboard
5. Do you need any further support in year 2? What needs to change?
6. Congratulations on completing year one!

Minutes:

Matters Arising:	
1. Email The administration team with your preferences for units of study in year 2	
Any Other Business:	
1. Schedule a date for your first meeting in week 0 of year 2 2. Schedule meeting dates over the summer 3. Upload completed progress meeting form to Blackboard 4. Tutor to feedback to the University via email if relevant	
Agree Date of next meeting (in week 0, Year 2):	
Planned dates for CBD/DOPS/CSA/PCA:	
Signed (Student):	Signed (Tutor):

## APPENDIX 5 – YEAR TWO PROGRESS MEETING TEMPLATES: MEETINGS 1 TO 8

 <p>The University of Manchester</p> <p style="text-align: center;">MSc/Diploma in Clinical Pharmacy, Division of Pharmacy and Optometry.</p> <h3 style="text-align: center;">Progress Meeting 1</h3> <p style="text-align: center;">Year 2, Week 0, Semester 1</p>	
Meeting Date (week 0):	
Meeting Agenda:	<ol style="list-style-type: none"> <li>1. Learning Contract. Read, amend and sign the contract. Keep a copy but also upload a copy in Blackboard</li> <li>2. If your Tutor has changed inform the course team. Your tutor will need to undertake an induction and you will need to upload new copies of the workplace tutor agreement and learning contract. If you have a new employer you will need to upload a new copy of the workplace agreement.</li> <li>3. Discuss the programme requirements and how these will be fulfilled at work, particularly:             <ol style="list-style-type: none"> <li>a. Study Days – book time out of the department</li> <li>b. Exam dates – book time out of the department</li> <li>c. Study leave (if applicable) – book time out of the department</li> <li>d. Identification of, and supervision of patient selection for pharmaceutical care plans if applicable</li> </ol> </li> <li>4. Discuss workplace Tutor support for semester one and how these will be fulfilled at work, particularly:             <ol style="list-style-type: none"> <li>a. Arrange Progress Meeting Dates (week 0, 6, 10 and 13-18 semester 1 and 2). These meetings are the minimum required and you may plan in more frequent catch-ups. Plan this time in.</li> <li>b. Clinical Units: Discuss the requirement for two case-based discussions per semester (prior to submission dates). This is the minimum required, you may agree to discuss more cases. Plan this time in.</li> <li>c. All units: Discuss the requirement for two observations in practice (either DOPS, CSA or PCA) per year. This is the minimum required, you may agree to more observations. Plan this time in.</li> </ol> </li> <li>5. Discuss your hopes for year two; what are you hoping to achieve and learn?</li> </ol>
Minutes:	

Matters Arising: <ol style="list-style-type: none"> <li>1. Schedule a date for Progress Meeting 2</li> <li>2. Schedule dates for observations of practice. Think about whether a DOPS, CSA or PCA will be most suitable</li> <li>3. Schedule dates for case-based discussions (clinical units only)</li> </ol>	
Any Other Business: <ol style="list-style-type: none"> <li>1. Upload completed learning contract and progress meeting form to Blackboard</li> </ol>	
Agree Date of next meeting (in week 6):	
Planned dates for CBD/DOPS/CSA/PCA:	
Signed (Student):	Signed (Tutor):

## Progress Meeting 2

Year 2, Week 6, Semester 1

Meeting Date (week 6):

Meeting Agenda:

1. Discuss progress on the programme so far:
  - a. Which areas of the programme are you finding interesting? Why?
  - b. Which areas of the programme are you finding difficult? Why?
  - c. What have you learnt most about?
  - d. What did you already know a lot about already?
  - e. How are you managing your time? What support do you need?
  - f. Are you prepared for the upcoming deadlines? What do you need to do?
2. Clinical Units: Case-based discussion – recap main feedback points including strengths and development needs. Students should discuss how they have implemented any changes in practice
3. Discuss preparation for coursework:
  - a. Have you identified a disease state? A patient? A case? Where are you up to with this?
  - b. What help do you require from your tutor? Do you have any questions?
  - c. Are you managing your time and working to the deadline?
4. All Units: Discuss your observation in practice:
  - a. You must undertake, and upload, at least one observation of practice. Discuss dates and the type of observation tool you may use (DOPS, CSA or PCA)

Minutes:

Matters Arising: <ol style="list-style-type: none"> <li>1. Schedule a date for a case-based discussion based of Care Plan/Case Analysis, ahead of the submission date</li> <li>2. Schedule dates for observations of practice. Think about whether a DOPS, CSA or PCA will be most suitable</li> </ol>	
Any Other Business: <ol style="list-style-type: none"> <li>1. Upload completed progress meeting form to Blackboard</li> </ol>	
Agree Date of next meeting (in week 10):	
Planned dates for CBD/DOPS/CSA/PCA:	
Signed (Student):	Signed (Tutor):



## Progress Meeting 3

Year 2, Week 10, Semester 1

Meeting Date (week 10):

Meeting Agenda:

1. Discuss progress on the programme so far:
  - a. Which areas of the programme are you finding interesting? Why?
  - b. Which areas of the programme are you finding difficult? Why?
  - c. What have you learnt most about?
  - d. What did you already know a lot about already?
  - e. How are you managing your time? What support do you need?
  - f. Are you prepared for the upcoming deadlines (week 12 and the exam)? What do you need to do?
2. Clinical Units: Case-based discussion – recap main feedback points including strengths and development needs. Students should discuss how they have implemented any changes in practice
3. Clinical Units: Discuss mid-semester assignments i.e. Care Plan/Case Analysis:
  - a. What mark were you awarded? How did you feel about that?
  - b. What written feedback did you receive? Discuss this together.
  - c. What action plan do you have for the summative assessment?
4. Discuss your summative assignments:
  - a. Have you identified a disease state? A patient? A case? Where are you up to with this?
  - b. What help do you require from your tutor? Do you have any questions?
  - c. Are you managing your time and working to the deadline?
5. All Units: Discuss your observation of practice:
  - a. You must upload at least one observation of practice - discuss dates and the type of observation (DOPS, CSA or PCA) you will undertake

Minutes:

Matters Arising: <ol style="list-style-type: none"> <li>1. Schedule a date for Progress Meeting 4</li> <li>2. Schedule dates for observations of practice. Think about whether a DOPS, CSA or PCA will be most suitable</li> </ol>	
Any Other Business: <ol style="list-style-type: none"> <li>1. Upload completed progress meeting form to Blackboard</li> </ol>	
Agree Date of next meeting (in week 13-18):	
Planned dates for CBD/DOPS/CSA/PCA:	
Signed (Student):	Signed (Tutor):

## Progress Meeting 4

Year 2, Week 13-18, Semester 1

Meeting Date (week 13-18):

Meeting Agenda:

1. Review semester 1:
  - a. Is the programme what you expected?
  - b. How have you managed the workload?
  - c. Do you feel supported? Does anything need to change?
2. Preparation for semester 2:
  - a. What are you looking forward to?
  - b. What are you not looking forward to? Why?
  - c. Do you understand what your optional units require?
3. Workplace assessments:
  - a. How are you finding collecting evidence?
  - b. Do you need any further support? What needs to change?

Minutes:

Matters Arising: <ol style="list-style-type: none"> <li>1. Schedule a date for Progress Meeting 5</li> <li>2. Schedule dates for observations of practice. Think about whether a DOPS, CSA or PCA will be most suitable</li> <li>3. Schedule dates for case-based discussions (clinical units only)</li> </ol>	
Any Other Business: <ol style="list-style-type: none"> <li>1. Upload completed progress meeting form to Blackboard</li> <li>2. Tutor to feedback to the University via email if relevant</li> </ol>	
Agree Date of next meeting (in week 0, semester 2):	
Planned dates for CBD/DOPS/CSA/PCA:	
Signed (Student):	Signed (Tutor):

## Progress Meeting 5

Year 2, Week 0, Semester 2

Meeting Date (week 0):

Meeting Agenda:

1. Learning Contract. Revisit the contract and review if it needs to change. Are you both fulfilling your commitments?
2. Discuss the programme requirements and how these will be fulfilled at work, particularly:
  - a. Study Days – book time out of the department
  - b. Exam dates – book time out of the department
  - c. Study leave (if applicable) – book time out of the department
  - d. Identification of, and supervision of patient selection for pharmaceutical care plans or other help depending on units selected
3. Discuss workplace Tutor support for semester two and how these will be fulfilled at work, particularly:
  - a. Arrange Progress Meeting Dates (week 0, 6, 10 and 13-18). These meetings are the minimum required and you may plan in more frequent catch-ups. Plan this time in.
  - b. Clinical Units: Discuss the requirement for two case-based discussions per semester (prior to submission dates). This is the minimum required, you may agree to discuss more cases. Plan this time in.
  - c. Discuss the requirement for two observations in practice (either DOPS, CSA or PCA) per year. This is the minimum required, you may agree to more observations. Plan this time in.
4. Do you require any help with these units which may mean networking with other pharmacists or specialists?

Minutes:

Matters Arising: <ol style="list-style-type: none"> <li>1. Schedule a date for Progress Meeting 6</li> <li>2. Schedule dates for observations of practice. Think about whether a DOPS, CSA or PCA will be most suitable</li> <li>3. Schedule dates for case-based discussions (clinical units only)</li> </ol>	
Any Other Business: <ol style="list-style-type: none"> <li>1. Upload completed progress meeting form to Blackboard</li> <li>2. Complete the PG Student Experience Survey online</li> </ol>	
Agree Date of next meeting (in week 6):	
Planned dates for CBD/DOPS/CSA/PCA:	
Signed (Student):	Signed (Tutor):

## Progress Meeting 6

Year 2, Week 6, Semester 2

Meeting Date (week 6):

Meeting Agenda:

1. Discuss your coursework results for both units:
  - A. What did you score? How do you feel about that?
  - B. What are you particularly pleased about? Why?
  - C. Where could you improve? How will you do that?
  - D. How will you approach assessment in semester 2?
2. Discuss progress on the programme so far:
  - a. Which areas of the programme are you finding interesting? Why?
  - b. Which areas of the programme are you finding difficult? Why?
  - c. What have you learnt most about?
  - d. What did you already know a lot about already?
  - e. How are you managing your time? What support do you need?
  - f. Are you prepared for the upcoming deadlines? What do you need to do?
3. Clinical Units: Case-based discussion – recap main feedback points including strengths and development needs. Students should discuss how they have implemented any changes in practice
4. Discuss preparation for Care Plan/Case Analysis/assignments:
  - a. Have you identified a disease state? A patient? A case? Where are you up to with this?
  - b. What help do you require from your tutor? Do you have any questions?
  - c. Are you managing your time and working to the deadline?
5. Discuss your observation of practice:
  - a. You must undertake, and upload, at least one observation of practice. Discuss dates and the type of observation tool you may use (DOPS, CSA or PCA)
6. Are you managing your time and working to the deadlines?

Minutes:

<p>Matters Arising:</p> <ol style="list-style-type: none"> <li>1. Schedule a date for a case-based discussion based of Care Plan/Case Analysis, ahead of the submission date</li> <li>2. Schedule a date for Progress Meeting 7</li> <li>3. Schedule dates for observations of practice. Think about whether a DOPS, CSA or PCA will be most suitable</li> </ol>
<p>Any Other Business:</p> <ol style="list-style-type: none"> <li>1. Upload completed progress meeting form to Blackboard</li> </ol>
<p>Agree Date of next meeting (in week 10):</p>
<p>Planned dates for CBD/DOPS/CSA/PCA:</p>



Signed (Student):

Signed (Tutor):



The University of Manchester

MSc/Diploma in Clinical Pharmacy, Division of Pharmacy and Optometry.

## Progress Meeting 7

Year 2, Week 10, Semester 2

Meeting Date (week 10):

Meeting Agenda:

1. Discuss progress on the programme so far:
  - a. Which areas of the programme are you finding interesting? Why?
  - b. Which areas of the programme are you finding difficult? Why?
  - c. What have you learnt most about?
  - d. What did you already know a lot about already?
  - e. How are you managing your time? What support do you need?
  - f. Are you prepared for the upcoming deadlines? What do you need to do?
2. Case-based discussion - Students should discuss how they have implemented any changes in practice
3. Discuss any mid-semester assignments:
  - a. What mark did your peer award you? How did you feel about that?
  - b. What written feedback did you receive? Discuss this together.
4. Discuss your summative assignments:
  - a. Have you identified a disease state? A patient? A case? Where are you up to with this?
  - b. What help do you require from your tutor? Do you have any questions?
  - c. Are you managing your time and working to the deadline?
5. Discuss your observation of practice:
  - a. You must upload at least one observation of practice discuss dates and the type of observation (DOPS, CSA or PCA) you will undertake
6. Are you managing your time and working to the deadline?

Minutes:

Matters Arising: <ol style="list-style-type: none"> <li>1. Schedule a date for Progress Meeting 8</li> <li>2. Schedule dates for observations of practice. Think about whether a DOPS, CSA or PCA will be most suitable</li> </ol>	
Any Other Business: <ol style="list-style-type: none"> <li>1. Upload completed progress meeting form to Blackboard</li> </ol>	
Agree Date of next meeting (in week 13-18):	
Planned dates for CBD/DOPS/CSA/PCA:	
Signed (Student):	Signed (Tutor):

## Progress Meeting 8

Year 2, Week 13-18, Semester 2

Meeting Date (week 13-18):

Meeting Agenda:

1. Discuss your coursework results for both units:
  - a. What did you score? How do you feel about that?
  - b. What are you particularly pleased about? Why?
  - c. Where could you improve? How will you do that?
  - d. How did you do overall this year?
2. Review semester 2:
  - a. Is the programme what you expected?
  - b. How have you managed the workload?
  - c. Do you feel supported? Does anything need to change?
3. MSc students: Preparation for year 3:
  - a. What are you looking forward to?
  - b. What are you not looking forward to? Why?
  - c. Who can support your dissertation?
4. Workplace assessments:
  - a. How are you finding collecting evidence?
  - b. Make sure you upload your record of six WBA to Blackboard
5. What are your next development steps?
  - a. Would you like to continue your studies, can the University support that?
  - b. Reflecting on the Diploma and your career when you started to now, how have you developed personally and professionally? What are the successes?
  - c. Where do you see yourself in five years? How will you get there? Consider building a personal development plan and tying that to your appraisal

Congratulations on completing the Diploma programme – you should be so proud.

Minutes:

Matters Arising: <ol style="list-style-type: none"> <li>1. Submit a complete record of six workplace assessments</li> <li>2. Relax!</li> <li>3. Book your place at Graduation</li> <li>4. Complete any University feedback surveys</li> </ol>	
Any Other Business: <ol style="list-style-type: none"> <li>1. Upload completed progress meeting form to Blackboard</li> <li>2. Tutor to feedback to the University via email if relevant</li> </ol>	
Agree Date of next meeting (in week 0, Year 2):	
Planned dates for CBD/DOPS/CSA/PCA:	
Signed (Student):	Signed (Tutor):

## APPENDIX 6 – CASE-BASED DISCUSSION FORM

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Available in Blackboard (via your student), or via the RPS website at

<https://www.rpharms.com/professional-development/foundation/foundation-assessment-tools/case-based-discussions>

## APPENDIX 7 – OBSERVATION OF PRACTICE FORM

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Available in Blackboard (via your student), or via the RPS website at

<https://www.rpharms.com/development/credentialing/foundation/direct-observation-of-practical-skills-dops>

## APPENDIX 8 – CONSULTATION SKILLS ASSESSMENT FORM

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Available in Blackboard (via your student), or via the RPS website at

<https://www.rpharms.com/professional-development/foundation/foundation-assessment-tools/consultation-skills-assessment>

## APPENDIX 9 - PHARMACEUTICAL CARE ASSESSMENT

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Available in Blackboard (via your student), or via the RPS website at

<https://www.rpharms.com/development/credentialing/foundation/pharmaceutical-care-assessment-pca>

## APPENDIX 10 - RPS FRAMEWORK MAPPING

FPF Mapping Template for assignments:

Post-registration Foundation Pharmacist Outcome Mapping Tool (August 2021 onwards)				
Clinical Practice		Leadership & Management	Education	Research
Domain 1 – Person-centred care and collaboration	Domain 2 – Professional Practice	Domain 3 - Leadership and Management	Domain 4 - Education	Domain 5 - Research
<ul style="list-style-type: none"> <li>1.1 Communicates effectively with people receiving care and colleagues</li> <li>1.2 Treats others as equals and with dignity and respect, supporting them regardless of individual circumstances or background; actively promotes this in their practice</li> <li>1.3 Consults with people through open conversation; explores physical, psychological and social aspects for that person, remaining open to what a person might share; empowers the person creating an environment to support shared decision making around personal healthcare outcomes and changes to health behaviour</li> </ul>	<ul style="list-style-type: none"> <li>2.1 Applies evidence based clinical knowledge and up to date guidance to make suitable recommendations or take appropriate actions with confidence</li> <li>2.2 Undertakes a holistic clinical review of a person and their medicines to ensure they are appropriate</li> <li>2.3 Gathers information and takes histories proficiently; conducts clinical examinations and assessments; develops diagnostic skills</li> <li>2.4 Accesses and critically evaluates appropriate information to make evidence -based decisions in an efficient and systematic manner; ensures high attention to detail is maintained</li> </ul>	<ul style="list-style-type: none"> <li>3.1 Proactively demonstrates and promotes the value of pharmacy to the public and other healthcare professionals</li> <li>3.2 Communicates vision and goals to the broader team to support with achieving group tasks</li> <li>3.3 Critically analyses business needs; is mindful of commercial aspects within the pharmacy context; recognises the changes to and the opportunities within the future role of pharmacists; seeks out opportunities to modify own approach and deliver / promote new pharmacy services</li> <li>3.4 Draws upon networks to understand the range of clinical,</li> </ul>	<ul style="list-style-type: none"> <li>4.1 Demonstrates a positive attitude to self - development throughout current and towards future career; proactively seeks learning experiences to support own practice, and has a desire and motivation to try new things</li> <li>4.2 Develops a personal development plan that reflects the breadth of ongoing professional development and includes potential innovations in medicine and practice development</li> <li>4.3 Seeks feedback and support from colleagues where appropriate; is receptive to information or advice given to them by others to make changes to own practice</li> </ul>	<ul style="list-style-type: none"> <li>5.1 Seeks to be involved in research activities; actively disseminates outcomes to appropriate audiences</li> </ul>

<ul style="list-style-type: none"> <li>○ 1.4 Demonstrates empathy; seeking to understand a situation from the perspective of each person</li> <li>○ 1.5 Always keeps the person at the centre of their approach to care</li> <li>○ 1.6 Supports and facilitates the seamless continuity of care for each person</li> <li>○ 1.7 Builds strong relationships across the multidisciplinary team; works in partnership to promote positive outcomes</li> <li>○ 1.8 Demonstrates confidence in speaking to healthcare professionals across the multidisciplinary team; seeking to use appropriate language to influence others</li> <li>○ 1.9 Recognises the value of members of the pharmacy and multidisciplinary team across the whole care pathway, drawing on those both present and virtually, to develop</li> </ul>	<p>when making decisions regarding the person receiving care</p> <ul style="list-style-type: none"> <li>○ 2.5 Manages uncertainty and risk appropriately</li> <li>○ 2.6 Takes the cost - effectiveness of a decision into account where necessary, working to the appropriate formulary</li> <li>○ 2.7 Proactively recognises and corrects the overuse of medicines; positively impacts on the usage and stewardship of medicines at an individual and population level</li> <li>○ 2.8 Analyses and uses data and digital technologies to inform clinical decision making, and improve clinical outcomes and patient safety</li> <li>○ 2.9 Actively practises honesty and integrity in all that they do; upholds a duty of candour</li> <li>○ 2.10 Is accountable and responsible for own decisions and actions,</li> </ul>	<p>medicines -related and public health activities offered by pharmacy across sectors and the care pathway</p> <ul style="list-style-type: none"> <li>○ 3.5 Is open to new approaches and ways of completing work tasks and appropriately challenges others to consider change to improve the quality of care; shares own innovative ideas to improve working practices, both internally and externally</li> <li>○ 3.6 Effectively identifies and raises concerns regarding patient safety; applies principles of risk management; seeks to improve the quality and safety of the use of medicines routinely</li> <li>○ 3.7 Demonstrates self - awareness and emotional intelligence within the role, reflects on and understands the impact a situation may have on one's own health and wellbeing</li> <li>○ 3.8 Remains composed even in challenging or high -pressured</li> </ul>	<ul style="list-style-type: none"> <li>○ 4.4 Acts as a positive role model and mentor within the pharmacy and multidisciplinary team, where appropriate</li> <li>○ 4.5 Effectively uses own expertise to provide the pharmacy and multidisciplinary team with education and training; supports and supervises less experienced members of the team</li> </ul>	
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<p>breadth of skills and support own practice; delegates and refers appropriately, using the expertise and knowledge of others</p> <ul style="list-style-type: none"> <li>1.10 Supports members of the multidisciplinary team in the safe use of medicines and to meet the individual needs of those receiving care; effectively influences the decision -making process across the team regarding medicines, where appropriate</li> </ul>	<p>understanding the potential consequences of these decisions across the whole care pathway</p> <ul style="list-style-type: none"> <li>2.11 Works within ethical guidelines and legal frameworks, including consent and confidentiality; seeks to gain permission from the person before accessing confidential records where necessary</li> <li>2.12 Recognises and works safely within own level of competence, understanding the importance of working within this; knows when it is appropriate to escalate a situation or refer</li> </ul>	<p>situations; develops and draws upon support network in challenging situations</p> <ul style="list-style-type: none"> <li>3.9 Effectively, efficiently and safely manages multiple priorities; maintains accuracy when in a challenging situation; manages own time and workload calmly; demonstrating resilience</li> <li>3.10 Adapts and works effectively in different environments within pharmacy by applying previous learning to new settings</li> </ul>		
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AFP (2013) Mapping Template for assignments:

RPS Advanced Pharmacy Framework					
Cluster 1 Expert Professional Practice	Cluster 2 Collaborative Working Relationships	Cluster 3 Leadership	Cluster 4 Management	Cluster 5 Education, Training and Development	Cluster 6 Research and Evaluation
<p>1.1 Expert Skills and Knowledge AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p> <p>1.2 Delivery of Professional Expertise</p>	<p>2.1 Communication AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p> <p>2.2 Teamwork and Consultation AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p>	<p>3.1 Strategic Context AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p> <p>3.2 Governance AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p> <p>3.3 Vision</p>	<p>4.1 Implementing National Priorities AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p> <p>4.2 Resource Utilisation AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p>	<p>5.1 Role Model AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p> <p>5.2 Mentorship AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p>	<p>6.1 Critical Evaluation AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p> <p>6.2 Identifies Gaps in the Evidence Base AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p>



## RPS Advanced Pharmacy Framework

Cluster 1 Expert Professional Practice	Cluster 2 Collaborative Working Relationships	Cluster 3 Leadership	Cluster 4 Management	Cluster 5 Education, Training and Development	Cluster 6 Research and Evaluation
<p>AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p> <p>1.3 Reasoning and Judgement AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p> <p>1.4 Professional Autonomy AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p>		<p>AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p> <p>3.4 Innovation AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p> <p>3.5 Service Development AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p> <p>3.6 Motivational AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p>	<p>4.3 Standards of Practice AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p> <p>4.4 Management of Risk AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p> <p>4.5 Managing Performance AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p> <p>4.6 Project Management AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p> <p>4.7 Managing Change AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p> <p>4.8 Strategic Planning AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p> <p>4.9 Working Across Boundaries AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p>	<p>5.3 Conducting Education and Training AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p> <p>5.4 Professional Development AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p> <p>5.5 Links Practice and Education AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p> <p>5.6 Educational Policy AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p>	<p>6.3 Develops and Evaluates Research Protocols AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p> <p>6.4 Creates Evidence AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p> <p>6.5 Research Evidence into Working Practice AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p> <p>6.6 Supervises Others Undertaking Research AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p> <p>6.7 Establishes Research Partnerships AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p>

## APPENDIX 11 – PHARMACEUTICAL CARE PLAN

### MSC CLINICAL PHARMACY PHARMACEUTICAL CARE PLAN

Please edit and format this template where necessary to add additional lines to the tables. Each table will generate automatic headings over additional pages.

#### A. PATIENT BACKGROUND AND MEDICATION LIST

##### Reason for selecting this patient

--

##### Patient Details

Initials:	Age:        years	Male <input type="checkbox"/> Female <input type="checkbox"/>
Weight:        kg	Height:        meters	BMI:        kg/m <sup>2</sup> or BSA (Paediatrics):        m <sup>2</sup>

##### Patient History

Presenting Complaint:

Past Medical/Surgical/Mental Health History:

Social History:

Impression/Diagnosis:

Plan:

**Medication History**

Medication List		Indication and Evidence
Allergies/Sensitivities		

B. PROGRESS NOTES AND MEDICATION CHANGES

**Progress Notes**

Date	Notes

**Medication Changes**

Medication List	Dose	Frequency	Route	Indication	Start/Continued Date	Stop Date

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### C. MONITORING PLAN

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Monitoring Plan			
Parameter	Justification	Frequency	Result(s) and Action Plan

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### D & E. IDENTIFICATION OF CLINICAL PROBLEMS AND ACTION PLAN

---

Analysis of Clinical Problems			
Clinical Problem	Assessment	Priority	Action Taken and Outcome
		High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>	
		High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>	

---

## F. FOLLOW-UP AND FUTURE PLAN

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### Follow Up Plan (including discharge requirements, future planning and ongoing assessments)

Follow Up Requirement	Action Taken/Future Plan

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## G. CONTINUING PROFESSIONAL DEVELOPMENT

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### Learning Plan

Learning Need Identified	Action Taken	Completion Date

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## H. EVIDENCE AND REFERENCES

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### Reference List


## I. PROFESSIONAL FRAMEWORK MAPPING

Post-registration Foundation Pharmacist Outcome Mapping Tool (August 2021 onwards)				
Clinical Practice		Leadership & Management	Education	Research
Domain 1 – Person-centred care and collaboration	Domain 2 – Professional Practice	Domain 3 - Leadership and Management	Domain 4 - Education	Domain 5 - Research
<ul style="list-style-type: none"> <li>○ 1.1 Communicates effectively with people receiving care and colleagues</li> <li>○ 1.2 Treats others as equals and with dignity and respect, supporting them regardless of individual circumstances or background; actively promotes this in their practice</li> <li>○ 1.3 Consults with people through open conversation; explores physical, psychological and social aspects for that person, remaining open to what a person might share; empowers the person creating an environment to support shared decision making around personal healthcare outcomes and changes to health behaviour</li> <li>○ 1.4 Demonstrates empathy; seeking to understand a situation from the perspective of each person</li> <li>○ 1.5 Always keeps the person at the centre of their approach to care</li> <li>○ 1.6 Supports and facilitates the seamless continuity of care for each person</li> <li>○ 1.7 Builds strong relationships across the multidisciplinary team; works in partnership to promote positive outcomes</li> <li>○ 1.8 Demonstrates confidence in speaking to healthcare</li> </ul>	<ul style="list-style-type: none"> <li>○ 2.1 Applies evidence based clinical knowledge and up to date guidance to make suitable recommendations or take appropriate actions with confidence</li> <li>○ 2.2 Undertakes a holistic clinical review of a person and their medicines to ensure they are appropriate</li> <li>○ 2.3 Gathers information and takes histories proficiently; conducts clinical examinations and assessments; develops diagnostic skills</li> <li>○ 2.4 Accesses and critically evaluates appropriate information to make evidence - based decisions in an efficient and systematic manner; ensures high attention to detail is maintained when making decisions regarding the person receiving care</li> <li>○ 2.5 Manages uncertainty and risk appropriately</li> <li>○ 2.6 Takes the cost - effectiveness of a decision into account where necessary, working to the appropriate formulary</li> <li>○ 2.7 Proactively recognises and corrects the overuse of medicines; positively impacts on the usage and stewardship of medicines at an individual and population level</li> </ul>	<ul style="list-style-type: none"> <li>○ 3.1 Proactively demonstrates and promotes the value of pharmacy to the public and other healthcare professionals</li> <li>○ 3.2 Communicates vision and goals to the broader team to support with achieving group tasks</li> <li>○ 3.3 Critically analyses business needs; is mindful of commercial aspects within the pharmacy context; recognises the changes to and the opportunities within the future role of pharmacists; seeks out opportunities to modify own approach and deliver / promote new pharmacy services</li> <li>○ 3.4 Draws upon networks to understand the range of clinical, medicines -related and public health activities offered by pharmacy across sectors and the care pathway</li> <li>○ 3.5 Is open to new approaches and ways of completing work tasks and appropriately challenges others to consider change to improve the quality of care; shares own innovative ideas to improve working practices, both internally and externally</li> <li>○ 3.6 Effectively identifies and raises concerns regarding patient safety; applies principles of risk management;</li> </ul>	<ul style="list-style-type: none"> <li>○ 4.1 Demonstrates a positive attitude to self -development throughout current and towards future career; proactively seeks learning experiences to support own practice, and has a desire and motivation to try new things</li> <li>○ 4.2 Develops a personal development plan that reflects the breadth of ongoing professional development and includes potential innovations in medicine and practice development</li> <li>○ 4.3 Seeks feedback and support from colleagues where appropriate; is receptive to information or advice given to them by others to make changes to own practice</li> <li>○ 4.4 Acts as a positive role model and mentor within the pharmacy and multidisciplinary team, where appropriate</li> <li>○ 4.5 Effectively uses own expertise to provide the pharmacy and multidisciplinary team with education and training; supports and supervises less experienced members of the team</li> </ul>	<ul style="list-style-type: none"> <li>○ 5.1 Seeks to be involved in research activities; actively disseminates outcomes to appropriate audiences</li> </ul>

<p>professionals across the multidisciplinary team; seeking to use appropriate language to influence others</p> <ul style="list-style-type: none"> <li>1.9 Recognises the value of members of the pharmacy and multidisciplinary team across the whole care pathway, drawing on those both present and virtually, to develop breadth of skills and support own practice; delegates and refers appropriately, using the expertise and knowledge of others</li> <li>1.10 Supports members of the multidisciplinary team in the safe use of medicines and to meet the individual needs of those receiving care; effectively influences the decision-making process across the team regarding medicines, where appropriate</li> </ul>	<ul style="list-style-type: none"> <li>2.8 Analyses and uses data and digital technologies to inform clinical decision making, and improve clinical outcomes and patient safety</li> <li>2.9 Actively practises honesty and integrity in all that they do; upholds a duty of candour</li> <li>2.10 Is accountable and responsible for own decisions and actions, understanding the potential consequences of these decisions across the whole care pathway</li> <li>2.11 Works within ethical guidelines and legal frameworks, including consent and confidentiality; seeks to gain permission from the person before accessing confidential records where necessary</li> <li>2.12 Recognises and works safely within own level of competence, understanding the importance of working within this; knows when it is appropriate to escalate a situation or refer</li> </ul>	<p>seeks to improve the quality and safety of the use of medicines routinely</p> <ul style="list-style-type: none"> <li>3.7 Demonstrates self-awareness and emotional intelligence within the role, reflects on and understands the impact a situation may have on one's own health and wellbeing</li> <li>3.8 Remains composed even in challenging or high -pressured situations; develops and draws upon support network in challenging situations</li> <li>3.9 Effectively, efficiently and safely manages multiple priorities; maintains accuracy when in a challenging situation; manages own time and workload calmly; demonstrating resilience</li> <li>3.10 Adapts and works effectively in different environments within pharmacy by applying previous learning to new settings</li> </ul>		
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## RPS Advanced Pharmacy Framework

Cluster 1 Expert Professional Practice	Cluster 2 Collaborative Working Relationships	Cluster 3 Leadership	Cluster 4 Management	Cluster 5 Education, Training and Development	Cluster 6 Research and Evaluation
<p>1.1 Expert Skills and Knowledge AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p> <p>1.2 Delivery of Professional Expertise AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p>	<p>2.1 Communication AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p> <p>2.2 Teamwork and Consultation AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p>	<p>3.1 Strategic Context AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p> <p>3.2 Governance AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p> <p>3.3 Vision AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p> <p>3.4 Innovation</p>	<p>4.1 Implementing National Priorities AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p> <p>4.2 Resource Utilisation AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p> <p>4.3 Standards of Practice AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p>	<p>5.1 Role Model AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p> <p>5.2 Mentorship AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p> <p>5.3 Conducting Education and Training AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p>	<p>6.1 Critical Evaluation AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p> <p>6.2 Identifies Gaps in the Evidence Base AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/></p> <p>6.3 Develops and Evaluates Research Protocols</p>

## RPS Advanced Pharmacy Framework

Cluster 1 Expert Professional Practice	Cluster 2 Collaborative Working Relationships	Cluster 3 Leadership	Cluster 4 Management	Cluster 5 Education, Training and Development	Cluster 6 Research and Evaluation
1.3 Reasoning and Judgement AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/> 1.4 Professional Autonomy AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/>		AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/> 3.5 Service Development AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/> 3.6 Motivational AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/>	4.4 Management of Risk AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/> 4.5 Managing Performance AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/> 4.6 Project Management AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/> 4.7 Managing Change AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/> 4.8 Strategic Planning AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/> 4.9 Working Across Boundaries AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/>	5.4 Professional Development AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/> 5.5 Links Practice and Education AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/> 5.6 Educational Policy AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/>	AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/> 6.4 Creates Evidence AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/> 6.5 Research Evidence into Working Practice AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/> 6.6 Supervises Others Undertaking Research AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/> 6.7 Establishes Research Partnerships AS1 <input type="checkbox"/> AS2 <input type="checkbox"/> M <input type="checkbox"/>

## APPENDIX

Please enclose a copy of the case-based discussion form (if applicable), here.



## APPENDIX 12 – PHARMACEUTICAL CARE PLAN MARKING SCHEME

### Assessment criteria and score

#### A. Patient background and medication list

**5 (excellent):** Information regarding patient's medical / surgical / MH history clearly documented with no obvious omissions or errors. All relevant medication indications are identified, linked to patients PMH/PSH and evaluated against best practice and current guidelines. Excellent understanding of the use of drug therapy demonstrated.

**4 (good):** Information regarding patient's medical / surgical / MH history documented with no obvious omissions or errors. Most relevant medication indications are identified, linked to patients PMH/PSH and evaluated against best practice and current guidelines (including all critical problems). Good understanding of the use of drug therapy demonstrated.

**3 (adequate):** Information regarding patient's medical / surgical / MH history documented with minor omissions or errors. Most relevant medication indications are identified, linked to patients PMH/PSH and evaluated against best practice and current guidelines. Fair understanding of the use of drug therapy demonstrated.

**2 (needs improvement):** Information regarding patient's medical / surgical / MH history documented with minor omissions or errors. Some relevant medication indications are identified, linked to patients PMH/PSH and evaluated against best practice and current guidelines. Some understanding of the use of drug therapy demonstrated.

**1 (poor):** Information regarding patient's medical / surgical / MH history documented with omissions or errors. Critical medication indications are not identified, linked to patients PMH/PSH or evaluated against best practice and current guidelines. Poor understanding of the use of drug therapy demonstrated.

#### B. Progress notes and medication changes

**5 (excellent):** Progress notes **clearly and accurately** documented demonstrating a logical account of events and medication usage.

**4 (good):** Progress notes documented demonstrating a logical account of events and medication usage.

**3 (adequate):** Progress notes documented demonstrating a **somewhat logical** account of events and medication usage.

**2 (needs improvement):** Progress notes documented demonstrating some account of events and medication usage but omissions evident.

**1 (poor):** Progress notes documented, confused so do not demonstrate a logical account of events and medication usage.

#### C. Monitoring plan

**5 (excellent):** All relevant monitoring is identified. Excellent understanding of the significance of these results demonstrated and applied to this individual patient. There is evidence that the student has carried out the required monitoring appropriate to their role.

**4 (good):** Most relevant monitoring is identified including that deemed to be critical to the patient. Good understanding of the significance of these results demonstrated and applied to this individual patient. There is evidence that the student has carried out the required monitoring appropriate to their role.

**3 (adequate):** Most relevant monitoring is identified including that deemed to be critical to the patient. Some understanding of the significance of these results demonstrated and applied to this individual patient. There is evidence that the student has carried out most of the required monitoring appropriate to their role.

**2 (needs improvement):** Some relevant monitoring is identified including that deemed to be critical to the patient. Some understanding of the significance of these results demonstrated and applied to this individual patient. The student has carried out some of the required monitoring appropriate to their role.

**1 (poor):** Critical monitoring is not identified. Poor understanding of the significance of these results demonstrated and applied to this individual patient. There is little evidence that the student has carried out any of the required monitoring appropriate to their role.

#### **D. Identification of Clinical problems (5 marks)**

**5 (excellent):** All actual and potential clinical problems identified and implications fully understood.

**4 (good):** Most actual and potential clinical problems identified (including all critical problems) and implications understood.

**3 (adequate):** Most actual and potential clinical problems identified and implications understood.

**2 (needs improvement):** Few actual and potential clinical problems identified and some implications understood.

**1 (poor):** Critical actual and potential clinical problems not identified and poor understanding of the implications.

#### **E. Action Plan for Clinical problems and significant abnormal results (5 marks)**

**5 (excellent):** Student shows an excellent understanding of all actual and potential clinical problems and abnormal results. A clear, concise and effective strategy is documented in the action plan for all those identified. Prioritisation is appropriate.

**4 (good):** Student shows a good understanding of most of the actual and potential clinical problems and abnormal results, including all critical problems. A clear concise and effective strategy is documented in the action plan for all those identified. Prioritisation is appropriate.

**3 (adequate):** Student shows a good understanding of some of the actual and potential clinical problems and abnormal results, including all critical problems. A strategy is documented in the action plan for all those identified. Prioritisation is present.

**2 (needs improvement):** Student shows an understanding of some of the actual and potential clinical problems and abnormal results, including most of the critical problems. A strategy is documented in the action plan for all those identified. Prioritisation is poor or absent. Some irrelevant information included in the PCP.

**1 (poor):** Student shows little understanding of the actual and potential clinical problems and abnormal results, critical problems not identified. Strategy is confused and poor for all those identified. Prioritisation is poor or absent. A lot of irrelevant material included in PCP.

#### **F. Forward planning and follow up**

**5 (excellent):** All unresolved and ongoing pharmaceutical care problems identified with strategies to resolve suggested in discharge / ongoing and follow up plan. Patient concordance and counselling points fully considered. All relevant points communicated to the appropriate healthcare professional, patient or carer.

**4 (good):** Most unresolved and ongoing pharmaceutical care problems identified with strategies to resolve suggested in discharge / ongoing and follow up plan. Patient concordance and counselling points given thorough consideration. Most relevant points communicated to the appropriate healthcare professional, patient or carer.

**3 (adequate):** Most unresolved and ongoing pharmaceutical care problems identified with some strategies to resolve suggested in discharge / ongoing and follow up plan. Some patient concordance and counselling points considered. Some relevant points communicated to the appropriate healthcare professional, patient or carer.

**2 (needs improvement):** Few unresolved and ongoing pharmaceutical care problems identified with few strategies to resolve suggested in discharge / ongoing and follow up plan. Some patient concordance and counselling points considered. Few relevant points communicated to the appropriate healthcare professional, patient or carer.

**1 (poor):** No critical unresolved and ongoing pharmaceutical care problems identified and no strategies to resolve suggested in discharge / ongoing and follow up plan. Few patient concordance and counselling points considered. Relevant points not communicated to the appropriate healthcare professional, patient or carer.

#### **G. Evidence for drug usage (5 marks)**

**5 (excellent):** All medication usage is critically evaluated against best practice and current guidelines in a clear and concise manner. Primary evidence sources are utilised. Excellent understanding of the use of drug therapy individualised for the specific patient's needs. All treatment aims are demonstrated. Excellent Referencing.

**4 (good):** Most medication usage is evaluated against best practice and current guidelines in a clear and concise manner. Good understanding of the use of drug therapy individualised for the specific patient's needs. Most treatment aims are demonstrated. Mostly Referenced correctly.

**3 (adequate):** Most medication usage evaluated against best practice and current guidelines. Fair understanding of the use of drug therapy demonstrated. Some evidence of therapy individualised for the specific patient needs. Some treatment aims are demonstrated. Some incomplete or inaccurate referencing.

**2 (needs improvement):** Some medication usage evaluated against best practice and current guidelines. Little understanding of the use of drug therapy and individualisation for the specific patient needs. Few treatment aims. Referencing incomplete or inaccurate.

**1 (poor):** Medication usage not evaluated against best practice and current guidelines. Poor understanding of the use of drug therapy demonstrated. No individualisation or treatment aims demonstrated. No referencing.

#### **H. Continuing Professional Development**

**5 (excellent):** Reason for completing PCP indicated with relevant associated learning needs clearly identified. An appropriate plan (specific and achievable) for meeting learning needs documented with further objectives identified as a result of carrying out the learning activity. It would be expected that a CPD record would be made for completeness and good practice.

**4 (good):** Reason for completing PCP indicated with associated learning needs identified. An adequate plan for meeting learning needs documented with some new objectives identified as a result of carrying out the learning activity. A CPD record may be considered for completeness and good practice.

**3 (adequate):** Reason for completing PCP indicated with some associated learning needs identified. A plan for meeting learning needs documented with few new objectives identified as a result of carrying out the learning activity. A CPD record may be considered for completeness and good practice.

**2 (needs improvement):** Reason for completing PCP indicated with few learning needs identified. A plan for meeting learning needs documented but may not be adequate. Little evidence of learning activity taking place with few or no new objectives identified. A CPD record would not be considered as learning activity incomplete.

**1 (poor):** Reason for completing PCP indicated with few or inappropriate learning needs identified. A plan for meeting learning needs documented but may be incomplete or inadequate. No evidence of learning activity taking place with new objectives lacking. A CPD record would not be considered as learning activity incomplete.

#### **I. Professional Framework Mapping**

**Pass/Fail** – PCP is mapped against the RPS Framework(s)

**Note: Any act, deliberate or unintentional, that may lead to patient harm may be awarded a mark of zero.**

**Total / 40**

## APPENDIX 13 – UNIVERSITY MEETING AGENDAS



The University of Manchester

MSc/Diploma in Clinical Pharmacy, Division of Pharmacy and Optometry.

### Workplace Tutor Induction

Year 1

Induction date: Induction to be completed prior to start of Semester 1

Location: Online – link send via email

Time: Approx. one hour to complete the induction

The induction covers:

1. Welcome to the MSc in Clinical Pharmacy
2. Being a Workplace Tutor
3. The Programme
4. Your role in the workplace
5. Assessments
6. How can we support you?
7. Resolving questions

Any Other Business:

1. Email completed Workplace Tutor Agreement to [sarah.knighton@manchester.ac.uk](mailto:sarah.knighton@manchester.ac.uk)
2. Email completed Workplace Agreement to [sarah.knighton@manchester.ac.uk](mailto:sarah.knighton@manchester.ac.uk)

Date of next meeting (January): TBC

## University Meeting 1

Year 1, Semester 1

Meeting Date (January): TBC

Location: Remote via online webinar

Time: TBC

Meeting Agenda:

1. How are things going?
2. Assessment – how to have meaningful conversations about achievement and progress
3. Preparation for Progress Meeting 4
4. Plan for semester two
5. How can we support you?
6. Resolving questions

Date of next meeting (May/June): TBC

## University Meeting 2

Year 1, Semester 2

Meeting Date (May/June): TBC

Location: Remote via online webinar

Time: TBC

Meeting Agenda:

1. How are things going?
2. Assessment – how to have meaningful conversations about achievement and progress
3. Preparation for Progress Meeting 8
4. Plan for year two – choosing options
5. How can we support you?
6. Resolving questions

Date of next meeting (Year 2 Induction, summer): TBC



## Workplace Tutor Induction

Year 2

Induction date: Induction to be completed prior to start of Semester 1

Location: Online – link send via email

Time: Approx. one hour to complete the induction

The induction covers:

1. Welcome to the MSc in Clinical Pharmacy
2. Being a Workplace Tutor
3. The Programme
4. Your role in the workplace
5. Assessments
6. How can we support you?
7. Resolving questions

Any Other Business:

7. Email completed Workplace Tutor Agreement to [sarah.knighton@manchester.ac.uk](mailto:sarah.knighton@manchester.ac.uk)
1. Email completed Workplace Agreement to [sarah.knighton@manchester.ac.uk](mailto:sarah.knighton@manchester.ac.uk)

Date of next meeting (January): TBC

## University Meeting 1

Year 2, Semester 1

Meeting Date (January): TBC

Location: Remote via online webinar

Time: TBC

Meeting Agenda:

1. How are things going?
2. Assessment – how to have meaningful conversations about achievement and progress
3. Preparation for Progress Meeting 4
4. Plan for semester two
5. How can we support you?
6. Resolving questions

Date of next meeting (May/June): TBC

## University Meeting 2

Year 2, Semester 2

Meeting Date (May/June): TBC

Location: Remote via online webinar

Time: TBC

Meeting Agenda:

1. How are things going?
2. Assessment – how to have meaningful conversations about achievement and progress
3. Preparation for Progress Meeting 8
4. Plan for year three – the project
5. Thank you
6. Resolving questions

## APPENDIX 14 – KEY DATES

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A copy of the key dates will be emailed to you at the start of Semester 1. Your students can access this information via Blackboard. They can find it in the Clinical Pharmacy Diploma Virtual Common Room – Group Lists and Key Dates.

