General Pharmaceutical Council

NHS England Foundation Training Year (FTY) Programme accreditation step 3a event report, July 2024

Contents

Event summary and conclusions	
Provider	NHS England
Programme	Foundation Training Year (FTY) programme
Event type	Accreditation (step 3a)
Event date	11-12 July 2024
Approval period	2025/26 – 2030/31
Relevant requirements	Standards for the initial education and training of pharmacists, January 2021
Outcome	Approval with conditions The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the Foundation Year Training programme provided by NHSE is accredited, subject to three conditions. Accreditation is recommended for a period of 6 years from 2025/26, with an interim event at the mid-way point.
Conditions	1. To submit a policy and process which sets out a clear plan for how the banking of training and transfer arrangements will be managed for trainees moving between GB countries. This is to meet criterion 4.1. This must be met by **31 March 2025**. 2. To apply an additional layer of quality assurance, which could be in the form of a sampling process or similar, that allows you to gain qualitative evidence that programme policies and processes are being adhered to as expected, in relation to: a. The suitability of supervisors in meeting the requirements for the role b. Training of supervisors and others involved in assessment c. Suitability of training plans d. Ensuring that the minimum passing standard is being applied consistently This is to meet criteria 5.1, 6.4, 6.11, 8.4, 9.2, 9.3, and 9.5. **This must be met by 30 September 2024.** 3. To submit a clear process to define the agreed mechanisms for sign-off by the designated supervisor (DS) and designated prescribing practitioner (DPP) to reflect the range of models that may be in place. This is to meet 5.6, 9.1, 9.9. **This must be met by 30 September 2024.**

Standing conditions	The standing conditions of accreditation can be found **here**.
Recommendations	No recommendations were made.
Minor amendments	None required.
Registrar[1] decision	The Registrar[1] reviewed the report and considered the accreditation team's recommendation. The Registrar[1] confirmed that the foundation training year (FTY) programme provided by NHS England is accredited from the 2025/26 academic year, subject to the conditions being met satisfactorily.
Key contacts (provider)	Aurora Diaz Lopez (Senior Programme Manager Education Reform (Pharmacy) Atif Shamim (Regional Head of Pharmacy)
Accreditation team	Professor Steve Howard (Team leader), Independent Healthcare Consultant* Dr Brian Addison (team member - academic), Associate Dean for Academic Development and Student Experience, Robert Gordon University Laura Doyle (team member - pharmacist), Head of Undergraduate and Foundation Pharmacist, Health Education and Improvement Wales Charles Odiase (team member – pharmacist), Consultant Pharmacist Primary Care and Diabetes (Lead Clinical Pharmacist) Kings Langley and Longmeadow Surgeries, Hertfordshire Olivia Fisher (team member – recently-registered pharmacist), Specialist Medicines Information Pharmacist, John Radcliffe Hospital Oxford Carl Stychin (team member - lay), Professor of Law and Director of the Institute of Advanced Legal Studies, School of Advanced Study, University of London
GPhC representative	Philippa McSimpson, Quality Assurance Manager (Education), GPhC*
Rapporteur	Alex Ralston, Quality Assurance Officer (Education), GPhC (Rapporteur)
Observers	Lisa Gilbert, Specialist Foundation Training Adviser, GPhC Sarah Purdy, Specialist Foundation Training Adviser, GPhC Alex Lescaian, Policy Manager (Education), GPhC Ruth Exelby, Registration Assessment Programme Manager, GPhC

[1] Registrar or appointed delegate

*also attended the pre-event meeting

Introduction

Role of the GPhC

The General Pharmaceutical Council (GPhC) is the statutory regulator for pharmacists and pharmacy technicians and is the accrediting body for pharmacy education in Great Britain (GB). The GPhC is responsible for setting standards and approving education and training courses which form part of the pathway towards registration for pharmacists.

The GPhC's right to check the standards of pharmacy qualifications leading to annotation and registration as a pharmacist is the ***Pharmacy Order 2010***. It requires the GPhC to 'approve' courses by appointing 'visitors' (accreditors) to report to the GPhC's Council on the 'nature, content and quality' of education as well as 'any other matters' the Council may require.

This accreditation event was carried out in accordance with the GPhC **Standards for the initial education and training of pharmacists, January 2021** and in line with the **methodology for the initial approval of pharmacist FTY programmes delivered independently of an MPharm degree**.

Background

Foundation Training Year

The initial education and training route for registration as a pharmacist involves achieving a GPhC-accredited Master of Pharmacy (MPharm) degree[2], followed by successful completion of a foundation training year programme and passing the GPhC Registration Assessment. The IETP standards 2021 assign statutory education bodies (SEBs) the role of delivering and quality managing foundation training programmes from the 2025/26 academic year onwards. The 2021 Standards enable those who successfully complete pharmacist initial education and training to apply to register with the GPhC/PSNI as a pharmacist with independent prescribing rights.

This report reflects the initial accreditation of a pharmacist foundation training programme to be delivered by this statutory body from the 2025/26 year onwards.

Documentation

Prior to the event, the SEB submitted documentation to the GPhC in line with the agreed timescales. The documentation was reviewed by the accreditation team ('the team') and it was deemed to be satisfactory to provide a basis for discussion at the event.

[2] The GPhC also accredits integrated 5-year MPharm degrees which include foundation training. The higher education institution is responsible for overall delivery and quality management of the foundation training within these programmes, and not the SEB.

Pre-event

In advance of the main event, a pre-event meeting took place via videoconference on 24 June 2024. The purpose of the pre-event meeting was to prepare for the event, allow the GPhC and the SEB to ask any questions or seek clarification, and to finalise arrangements for the event. The SEB was advised of areas that were likely to be explored further by the accreditation team during the event and was told the learning outcomes that would be sampled.

The event

The event took place virtually via videoconference on 11-12 July 2024 and comprised of a series of meetings between the GPhC accreditation team and representatives of the SEB.

Declarations of interest

Professor Steve Howard declared that he had worked with the Pharmacy Dean for NHS England Midlands in a previous role.

Laura Doyle declared that she works with Well Pharmacy as part of ongoing collaboration with HEIW. It was also noted that Laura Doyle would not participate in questions and discussion about selection and admissions (Standard 1) as HEIW are part of the same National Recruitment Scheme as NHSE.

Charles Odiase declared that he had previously worked with a number of stakeholders who would be attending the stakeholder meeting.

Olivia Fisher declared that she is a member of the NHS England Pharmacy Workforce Group for Genomics and also noted that she knew the BPSA representative attending the stakeholders meeting.

Sarah Purdy declared that she had worked with a number of representatives from NHS England during her previous employment with Health Education England (HEE).

Schedule

Day 1: 11 July 2024

09:00 – 11:30	Private meeting of the accreditation team, including break
11:30 – 13:30	**Welcome and introductions** **Programme strategy and management** • **Presentation from provider (maximum 30 minutes) covering:** • **Questions and discussions** This session focused on standards 1, 2, 3, and 4
13:30 – 14:30	Lunch break and private meeting of the accreditation team
14:30 – 16:30	**Curriculum and assessment** • **Presentation from provider (maximum 20 minutes) covering:**

	• **Questions and discussion** This session focused on standards 5, 6 and 8 as well as aspects of standard 2 and the Learning Outcomes
16:30 – 17:00	Private meeting of accreditation team

Day 2: 12 July 2024

09:00 – 09:15	Private meeting of the accreditation team
09:15 – 11:10	**Trainee supervision, progression and sign-off** • **Presentation from provider (maximum 30 minutes) covering:** • **Questions and discussion** This session focused on standards 7, 8 and 9 as well as aspects of standard 2.
11:10 – 11:30	Break and private meeting of accreditation team
11:30 – 12:15	**Meeting with stakeholders** • **Questions and discussion** This session focused on standards 2, 4, 5, 6, 7 and 8.
12:15 – 12:30	Private meeting of the accreditation team
12:30 – 13:15	**Managing concerns and trainee fitness to practise** • **Questions and discussion** **Delivery of a transitional route to the 2011 standards (interim learning outcomes)** • **Questions and discussion** This session focused on aspects of standards 5 and 7 as well as aspects of standard 2.
13:15 – 16:45	Private meeting of the accreditation team, including lunch
16:45 – 17:00	**Deliver outcome to programme provider**

Attendees

Statutory Education Body

The accreditation team met with the following representatives of the SEB:

Name	Designation at the time of accreditation event
Atif Shamim*	Pharmacy Dean, NHS England London
Nick Haddington*	Pharmacy Dean, NHS England South-West
Shane Costigan*	Pharmacy Dean, NHS England South-East
Rosalynne Cheeseman*	Pharmacy Dean, NHS England Midlands

Paul Duell*	Pharmacy Dean, NHS England East of England
Jane Brown	Pharmacy Dean, NHS England North West
Aurora Diaz Lopez*	Senior Programme Manager Pharmacy Education Reform, NHS England
Matthew Aiello*	Strategic Lead Pharmacy Education Reform, NHS England
Dalgeet Puaar*	Senior Programme Manager Pharmacy Education Reform, NHS England
Marc Miell	Associate Head of Pharmacy NHS England South-West
Sejal Gohil	Training Programme Director Foundation Pharmacy, NHSE Midlands
Katie Reygate	Associate Head of Pharmacy, NHS England London
Namita Kumar	Postgraduate Dean, NHSE North-East and Yorkshire
Richard Cattell	Deputy Chief Pharmaceutical Officer, NHS England
Helen Harth	Education and Training Policy Manager, NHS England
Barrie Kellam	Chair of the Pharmacy Schools Council (incoming)
Alan Ryan	Director of Business Delivery and Improvement, NHS England
Sam Illingworth	Director for Education, Quality, Reform and Professional Standards, NHS England
Observers:	
Bamidele Busari*	Project Manager Pharmacy Education Reform, NHS England
Annette Cluley	Pharmacy Education Reform Officer, NHS England
Amrita Luthra	Education Reform Projects Coordinator, NHS England
Stakeholders	
Richard Cattell	Deputy Chief Pharmacist, NHS England
Jane Richardson	Day Lewis Plc
Graham Stretch	Primary Care Pharmacy Assessment (PCPA) President
Nick Kaye	National Pharmacy Association (NPA) Chair
Emeka Onwudiwe	British Pharmaceutical Students Association (BPSA) representative
Ruckie Kahlon	Head of Pharmacy, Dudley Group NHS Foundation Trust
Pamela Nyatanga	Lead Pharmacist Education and Training, University Hospitals Plymouth NHS Trust
Khalid Khan	Head of Training and Professional Standards, Imaan Healthcare
Kate Latham	Clinical Programmes Training Lead, Bestway Healthcare
Amareen Kamboh	Pharmacy System Workforce Lead, Hampshire and Isle of Wight ICB

* also attended the pre-event meeting

Key findings - Part 1 Learning outcomes

During the accreditation process the accreditation team reviewed the SEB's proposed teaching and assessment of all 55 learning outcomes relating to the Foundation Training year.

The team agreed that all 55 learning outcomes would be met at the point of delivery, provided that condition 2 is addressed satisfactorily.

See the **decision descriptors** for an explanation of the 'Met' 'Likely to be met' and 'not met' decisions available to the accreditation team.

The learning outcomes are detailed within the **Standards for the initial education and training of pharmacists, January 2021**.

Domain: Person-centred care and collaboration (learning outcomes 1 - 14)

Learning outcome 1 is:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 2 is:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 3 is:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 4 is:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 5 is:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 6 is:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 7 is:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 8 is:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 9 is:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 10 is:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 11 is:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 12 is:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 13 is:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 14 is	Met ✓	Likely to be met ☐	Not met ☐

Domain: Professional practice (learning outcomes 15 - 44)

Learning outcome 15 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 16 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 17 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 18 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 19 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 20 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 21 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 22 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 23 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 24 is	Met ✓	Likely to be met ☐	Not met ☐

Learning outcome 25 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 26 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 27 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 28 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 29 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 30 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 31 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 32 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 33 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 34 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 35 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 36 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 37 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 38 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 39 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 40 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 41 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 42 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 43 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 44 is	Met ✓	Likely to be met ☐	Not met ☐

Domain: Leadership and management (learning outcomes 45 - 52)

Learning outcome 45 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 46 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 47 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 48 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 49 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 50 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 51 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 52 is	Met ✓	Likely to be met ☐	Not met ☐

Domain: Education and research (learning outcomes 53 - 55)

Learning outcome 53:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 54:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 55:	Met ✓	Likely to be met ☐	Not met ☐

Key findings - Part 2 Standards for foundation training

The criteria that sit beneath each standard are detailed within the **Standards for the initial education and training of pharmacists, January 2021**.

Standard 1: Selection and admission

Trainees must be selected for and admitted onto the foundation training year on the basis that they are being prepared to practise as a pharmacist

Criterion 1.1 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**
Criterion 1.2 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**
Criterion 1.3 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**
Criterion 1.4 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**

Applicants for the NHS England Foundation Training Pharmacist Programme (FTPP) must apply through the National Recruitment Scheme for Trainee Pharmacists in England and Wales (NRS). NHS England (NHSE) will require that the NRS is used for the recruitment and allocation of all trainee pharmacists from 2025/26. Trainees are recruited via a values-based assessment using the NHSE FTPP Professional Attributes Framework. Applicants submit a single application using the Oriel IT system. Applicants have the opportunity in the application process to request reasonable adjustments such as extra time, or ensuring wheelchair access at a test centre. The allocation of trainee pharmacists to training posts is an applicant-led process where applicants choose their employer through the Oriel preferencing system.

The Royal Pharmaceutical Society (RPS) hosts an annual webinar around the Oriel process, including representations from the Statutory Education Bodies (SEBs), Health Education and Improvement Wales (HEIW), NHS England (NHSE) and NHS Education for Scotland (NES) to help explain the recruitment process and answer any questions. Additionally, NRS leads deliver an NHSE presentation on the application process within MPharm and OSPAP provider universities.

Information about each programme recruited through the NRS is listed in the preferencing section of the application on Oriel. Key information about each programme is available to help applicants make the right choice; this information includes the name of the employer/host organisation, the title of the programme, a description of the programme, the location and region, employer type, size of community pharmacy organisation (if applicable), whether the programme has Skilled Worker visa sponsorship status, the exact number of places available and salary. It is also made clear who the training provider is, and the hours per week in the employment contract

Once the applicant has applied, they are then assessed against the Professional Attributes Framework (PAF), which is also included in the applicant handbook. The PAF includes 10 attributes focussing on Person centred Care, Communication and Consultation Skills, Problem solving, Clinical Analysis and Decision Making, Self-directed learning and motivation, Multi-professional collaboration and Leadership, Quality Focussed and Personal organisation, Professional Integrity and Ethics, Personal Wellbeing, Adaptability and a commitment to the pharmacy profession. Applicants are allocated their highest preferenced place, which is based on their performance in the NRS assessment process, which

includes undertaking a situational judgement test (SJT) and numeracy questions. The Numeracy and SJT tests are conducted in Pearson Vue centres worldwide which allows overseas candidates to participate in the recruitment process. Sample papers are available on the Pearson Vue website.

Applicants who are eligible to apply for the training programmes in the NRS include all third year UK MPharm undergraduates, UK MPharm graduates, Overseas Pharmacists Assessment Programme (OSPAP) students and graduates and students from the University of Bradford Sandwich programme. Applicants who are not eligible to apply to the NRS include pharmacists from the European Economic Area (EEA) who require adaptation training, any applicant who has failed their registration assessment once and is awaiting a second attempt, any applicant who has failed twice, and any applicants who may have banked training with the GPhC. Applicants are cross checked against the nominee lists for all Pharmacy undergraduates and OSPAP students.

The Accreditation team ('the team') asked about the application process for students studying on the Sandwich MPharm degree offered by the University of Bradford, where students complete foundation training in two six-month blocks. NHSE ('the provider') explained that the Bradford sandwich scheme is managed by NHSE and noted that there were ring fenced entry places for Bradford students. These students undertake their first placement between July and January in year 4, and then undertake the second placement between January and July in Year 5. The provider highlighted that there was regular communication with the University of Bradford, with a focus on making sure all processes work for Bradford Sandwich MPharm students.

The NRS is annually evaluated by NHSE to determine the impact of the scheme and to consider the reliability, validity, fairness and acceptability of the selection methods. As part of this analysis, there is consideration of differences in performance in terms of age, gender and ethnicity. An evaluation of the findings of the analysis of the SJT and numeracy test are carried out every year and results are published. Selection and Admission processes within the NRS are reviewed at a monthly operational meeting which includes regional leads and the head of the programme. There is external oversight from a multi-stakeholder group that meets on a quarterly basis, and which includes representation from NHSE, schools of pharmacy, student and lay representatives. The performance of applicants in the Oriel assessment is externally reviewed after each cohort. The report is published on the NRS website annually. Findings from the analysis of the assessment help feed into future rounds of the assessment.

The team asked about how the monthly operational meetings and external oversight group ensure that discrimination in the selection and admissions process is identified and reduced. The provider explained that the principles of Equality, Diversity and Inclusion (EDI) are embedded into meetings. It was noted that there is an independent review of processes after each recruitment cycle by the Work Psychology Group (WPG), who look at the questions used in the SJT. The provider noted that there are checks that all processes are fair, and that data is analysed to look in detail at each intake of trainees, noting that there was differential attainment.

The team also asked about the proportion of applicants who secure their preference of employer and/or sector and how this is monitored on an annual basis. The provider explained that in the NRS, applicants select a range of posts which the system then allocates accordingly based on the preference given by the applicant and the results of the numeracy and SJT. Where posts are not allocated, this is because applicants either did not choose them or were too selective during the preferencing phase. The provider noted that for England, traditionally some students got places

outside of Oriel and may have opted to take up these places. It was noted that 95-96% of students get one of the preferences on their list.

The team asked for further detail on how the NRS priority allocation operates for those with special circumstances. The provider explained that this was a well-established process. Applicants are able to apply for reasonable adjustments. This is considered by a special circumstances panel. If the request is approved, the trainee is allocated a suitable site that meets their needs. If the applicant is turned down, they have the right to appeal.

The team wished to know about the processes in place to manage applications from trainees who are not eligible to apply through Oriel, such as those who have banked training or are transferring from another country's training programme. It was noted that England, Wales and Scotland all recruit via the same NRS process and that representatives from all three nations sit on both the NRS operational and oversight boards. The provider explained that a process in principle had been agreed with NES and HEIW going forward with regards to the number of weeks banked as part of any transfer process; the provider anticipated that a Memorandum of Understanding (MOU) would be agreed between the three nations in respect of this issue. The team was told that where a trainee leaves a post in one country and wishes to commence training in another, the recipient SEB will look to identify a suitable training site, which, if in England, must have accepted and complied with the NRS Terms of Participation. In addition, the SEBs will share information that may help in the process such as if the trainee requires workplace adjustments. The trainee would not be required to undertake the NRS assessments again. The provider expected that the receiving Designated Supervisor (DS) would review the transferring student in terms of their portfolio and collected evidence to determine if they are happy with it. The provider also noted that the receiving DS would then judge if additional weeks or training were then needed by the transferring trainee (see Standard 4 for further discussion).

The team was satisfied that all criteria in Standard 1 relating to selection and admission will be **met.**

Standard 2: Equality, diversity and fairness

The foundation training year must be based on, and promote, the principles of equality, diversity and fairness; meet all relevant legal requirements; and be delivered in such a way that the diverse needs of all trainees are met

Criterion 2.1 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**
Criterion 2.2 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**
Criterion 2.3 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**
Criterion 2.4 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**
Criterion 2.5 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**
Criterion 2.6 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**

NHS England (NHSE) embeds and promotes the principles of Equality, diversity and inclusion (EDI) throughout the Foundation Training Pharmacist Programme (FTPP). All NHSE employees must comply with the NHSE Equality, Diversity and Inclusion in the Workplace policy. All NHSE members of staff must have completed EDI training. Other training resources include a Cultural Competence course

provided by the Centre for Pharmacy Postgraduate Education (CPPE) and Transgender Healthcare. NHSE staff are also encouraged to take a course on Autism and Learning Disability.

As NHSE develops the FTPP, each element is reviewed to determine whether an Equality and Health Impact Assessment (EHIA) is needed. An EHIA has been used in the development of the National Recruitment Scheme (NRS) and the Foundation Trainee Pharmacist Assessment strategy such as enabling priority allocation for trainees with special circumstances. The requirement or otherwise for an EHIA is considered as part of procurement rules, such as any resources or services that need to be implemented in the FTPP.

The team asked how the provider monitors whether employers and other stakeholders promote the principles and legal requirements of EDI. The provider explained that the approach was one of initial assurance and then monitoring by exception. It was noted that the NHSE quality framework has an EDI theme and that training sites are monitored on things such as this. The provider noted that trainees have a range of mechanisms to raise concerns, and also pointed out that trainees complete the National Education and Training Survey (NETS) which enables trainees to reflect on sites and their inclusivity.

NHSE has produced a trainee support guide for trainees and supervisors which outlines key information to support the trainee during the foundation year, including the importance of understanding the diversity of trainees and the responsibilities of training sites with regards to EDI. The support guide provides supervisors with the tools to ensure that these commitments can be operationalised in practice. The provider also explained that the support guide helps to make it clear to the trainee what they should expect during the Foundation Training Year. NHS-managed sector providers are required to complete a self-evaluation report which includes reference to specific EDI standards A process for other sectors is being explored. If necessary, corrective action can be taken by Regional NHSE leads.

When trainee pharmacists are allocated to a site, NHSE asks trainees to notify their employer of any circumstances that may require workplace adjustments or additional needs. Other elements embedded in the programme also support this such as the Training plan, Learning Needs Analysis (LNA) and progress reviews and associated action plans.

All employers must, as part of the terms of participation, submit a training plan which describes how the full range of GPhC Learning outcomes will be met. All trainee pharmacists can access the NHSE Trainee Pharmacist Learning E-resources which includes a range of digital learning material to support the trainee pharmacist, such as the Trainee Pharmacist EDI Hub. The Assessment strategy has been designed to include a range of activities that will enable trainee pharmacists to demonstrate their legal responsibilities under equality and human rights legislation as well as learn about communities and cultures.

As part of the NHSE requirements for the provision of a Trainee pharmacist post, supervisors must have received training relating to EDI. This is captured in the NRS Terms of Participation, which all training sites must agree to adhere to. As part of the Terms of Participation, the training site agrees to adhere to the NHSE HEE Quality Framework 2021 and NHSE HEE Quality Strategy 2021 which includes ensuring that EDI is part of the education and training of learners. The Terms of Participation also includes the required person specification for the Designated Supervisor (DS) and the Designated Prescribing Practitioner (DPP) which include requirements relating to the completion of EDI training. Employers must ensure that all trainee pharmacists complete EDI training in their employment.

The team questioned how changes in the needs of trainees are identified and followed up after initial application. The provider noted that where possible, they would work with Schools of Pharmacy if issues were identified. Trainee Pharmacists can self-refer to NHSE, or the supervisors can refer the trainee.

As part of its commitment to EDI, NHSE reports on the diversity of the trainee cohort through the publication of an annual NRS Outcome report. Data sets will be developed through the NRS, the e-portfolio system, the Pharmacy Information Management System (PIMS), the National Education and Training Survey (NETS) and the Pharmacy Workforce Race Equality Standard (PWRES). These data sets will enable specific consideration of diverse and protected characteristics, and will support those involved in the FTPP to better understand the diversity of the trainee body. Data is also used to help drive ongoing continuous improvement in the management and delivery of the FTPP.

The Trainee Monitoring Group will develop an annual report and associated action plan based on the data collected which will also feed into the FTPP Oversight board. The team noted the role and function of this group. The team asked how the provider would ensure that the group's make up would include appropriate representation and reflect diversity. The provider explained that expressions of interest will be sought in terms of membership, and that it was important that individuals have the right skills for the group. The provider also noted that a current EDI short life working group was thinking about how it would interact with the Trainee Monitoring Group. The team noted that this would be followed up at the interim event.

The team asked for an example of how NHSE systems and policies facilitate understanding of the diversity of the trainee body. The provider explained that the move from managing just NHS-managed sector based trainees to all trainee pharmacists in 2025/26 would mean that there would be a single dataset available. The provider anticipated that the PIMS system will capture data on all trainees including protected characteristics, as well as interacting with data from the e-portfolio, such as providing insight for progression at 13, 26 or 39 weeks. The provider considered that with more access to data, this might also provide more insight. The provider noted that there was also expertise in NHSE in terms of the collation of this data. The team was told that data was already shared on an annual basis with regards to the NRS, so the provider was used to doing this. It was noted that currently, an external party evaluates the information from the NRS into an outcome report which is published on the NRS website. This report breaks down how trainees with protected characteristics have performed. The provider noted that there was an enormous opportunity to have this large dataset which would help focus on the quality of the training experience, as well as help measure the effectiveness of the training plan. The provider also recognised that it was important that actions are acted upon if big themes were to emerge from the dataset.

The team asked about what action would be taken if a supervisor does not have up to date EDI training. The provider explained that all training sites must ensure that Designated Supervisors are appropriately trained in EDI; the provider reiterated that this was a contractual obligation and must be confirmed through a declaration process. Where purposive sampling of quality is conducted, NHSE would check that the declaration of the supervisor was accurate and would request further evidence if needed. The provider clarified that they do not mandate specific EDI training, and that it would be for training sites to do in house training for trainee pharmacists.

The team asked about the mechanisms in place for assurance that all trainees understand their legal responsibilities under equality and human rights legislation to proactively seek to learn about and understand communities and cultures. The provider noted that in the first instance, all trainees will be

employees and that all employers must meet statutory requirements in respect of these matters. The provider also noted that there would be resources available to trainees which would be reviewed every year, such as the EDI training hub. It was also noted that trainees would carry out activities within the assessment strategy that would enable them to understand their legal responsibilities under equality and human rights legislation. Trainee pharmacists are made aware of this during induction. The team was told that in terms of monitoring engagement with the training, the completion of mandated assessments in the e-portfolio would demonstrate training.

The team was satisfied that all criteria in Standard 2 relating to equality, diversity and fairness will be **met.** The team noted that the use and analysis of trainee admissions and performance data would be revisited at the interim event.

Standard 3: Resources and capacity

Resources and capacity must be sufficient to deliver the learning outcomes in these standards

Criterion 3.1 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**
Criterion 3.2 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**
Criterion 3.3 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**

NHS England uses a student data collection tool to collect data on student numbers within healthcare courses at multiple time points each year, including information on clinical placement activity. NHSE has worked closely with Schools of Pharmacy in respect of the universities submitting information about numbers of students on MPharm and OSPAP courses which helps NHSE to monitor the numbers of trainees who will require foundation year training. This in turn helps NHSE map for current and future recruitment cycles in terms of capacity planning. The NHS England Multi-Professional Education and Training Plan (METP) system is used to anticipate the funding required for future workforce supply, including pharmacy. NHSE has established a harmonised funding approach that provides the same level of funding across all sectors of Pharmacy practice which supports consistency of experience for trainees. The agreed funding provided per trainee to each training site for trainees starting their foundation training year in 2025/26 will be £26,500, which represents a contribution to all costs of training. Additional funding per trainee pharmacist is managed by NHSE to provide the foundation training course and other resource requirements.

The team asked about the funding for the FTPP and the contingency in the event that concurrent or non-recurrent funding is delayed or reduced. The provider explained that funding is informed by multi-year forward planning. The provider noted that NHSE's responsibility was to meet the workforce planning targets, and that there was a risk of the number of graduates exceeding the number of posts available, but that financial planning was based on the workforce need. The team also asked how the provider was assured that the level of resource available via the harmonised funding approach is sufficient to deliver the programme. The provider explained that the funding model represents a global increase in funding for pharmacy training, with most sites having significant increases in local funding, though it was noted that there was some variation between regions based on previous funding levels. The provider highlighted that the harmonised funding approach had been developed with NHS England Strategic Finance and that the cost of the funding included a contribution to all costs of a trainee such as the salary of the trainee, supervision and administrative costs. It was noted

that there had been extensive engagement across all sectors and a consensus that funding is proportionate; workforce planning was informing the number of places needed.

The team wished to know about the DS and DPP capacity in order to ensure a viable programme from 2025/26. The team was told that the provider needed to ensure that all sites allocated a trainee have appropriate supervision and supervisory capacity. The provider commented that current levels of training sites within the National Recruitment Scheme is sufficient to match the number of posts required by prospective trainees, though it was expected that some graduates from Scotland and Wales would also take part in the NHSE scheme. The provider commented that some steps needed to be at a regional level, such as engaging with pharmacy workforce leads to help identify workforce needs. In terms of DPP capacity, the provider commented that they expected around 10% of trainees to not need DPPs as they would be graduating from an MPharm to the old standards, or from an Overseas Pharmacists Assessment Programme (OSPAP). The provider also commented that in terms of supervision ratios, it was expected that a supervisor could supervise more than 1 trainee, including asynchronously during the foundation training period. The team was told that the capacity risk was captured in the respective oversight groups and the NHSE national risk register, as well as being captured by the respective regional Pharmacy Deans. The provider confirmed that capacity was monitored at the national level.

The team explored the insight of external stakeholders as to the availability of Designated Supervisors and Designated Prescribing Practitioners in their respective sectors. The stakeholders reported that work had been carried out to scope availability, such as looking at staff secondments, or how the time of the DPP may be best managed. The external stakeholders noted that there may be challenges with recruitment of DPPs in the acute sector in particular. The stakeholders also commented that it was important to encourage and train prescribers to take on the role.

The team wished to know how a situation where the DS or DPP leave part way through the training year is managed. The provider confirmed that there were systems and processes in place. The provider explained that they work with the GPhC change of details process, so that when the change form is received, which NHSE are copied into, the details are updated. It was also noted that this process would be automated with the new digital systems. The provider acknowledged that NHSE would now be responsible for this process. A new DS or DPP would need to apply to the new PIMS system and declare their competence.

The team asked about contingencies in the business plan to allow for extensions to training. The provider explained that this contingency process already exists within NHSE processes. Trainees requiring extensions would go through the trainee support process with the relevant regional team. Any request for additional funding would then be triaged. A decision-making panel within the region would then make the decision as to whether the request can be approved, taking into account things such as the progress of the trainee. It was noted that principles would be applied consistently on a regional basis, and if an extension might not be approved, this would be explored with the employer and trainee. The provider confirmed that the limit of time for trainees to register as pharmacists was the 8-year training limit as required by the GPhC.

Employers must register their training programme via the NRS and must accept the NHS Terms of Participation. Requirements linked to resource and capacity include the requirement for employers to ensure that their allocated trainee will train at an approved training site and follow an approved training plan that will enable them to meet the GPhC learning outcomes. Employers must also have governance arrangements that support the delivery of appropriate education and clinical supervision

so that the trainee will be able to meet the assessment requirements and complete the e-portfolio. The Employer must also engage with NHSE's quality management processes such as NHSE's reporting requirements and timelines and the employer must also ensure that there is support for supervision roles, learning infrastructure and learning resources. NHSE will use the Pharmacy Information Management System (PIMS) to manage the FTPP as well as using an e-portfolio to help with assessment, training and progress monitoring. Employers participating in the NRS must ensure that the trainee has access to a prescribing learning environment, a designated supervisor, and a designated prescribing practitioner. The employer must ensure that there is a clear job planning approach so that DSs have the time allocated to supervise and assess the trainees, which must be articulated in the training plan submitted to NHSE. Employers must also work collaboratively with other partner and stakeholder organisations to ensure sufficient placement capacity and capability.

The team asked for further information on how the training site approval process worked. The provider explained that as the National Recruitment Scheme was a nationally administered process, the first step was for the employers to engage with Oriel. The employers then needed to understand and agree to the NHS Terms of Participation, after which the details of the recruitment could then be entered on Oriel. It was noted that the declaration of compliance happens once, but before the training site goes live on Oriel. The provider confirmed that a data cleansing operation was carried out on a regional level to ensure that the information in the NRS was correct and is also EDI compliant, as well as ensuring that bias in recruitment is removed. Factual information such as the contact details of the employers or trainee salaries are checked. The provider reiterated that whilst the NHSE regions are large, the respective regional leads have a good understanding of what employers need or expect. The team was told that the ongoing quality monitoring of training sites would be captured within the e-portfolio. The provider noted that currently, there was no intelligence on community pharmacy, as NHSE were responsible only for NHS-managed sector sites, but that this would change from 2025/26, when NHSE would be responsible for all trainee pharmacists on the foundation year.

The external stakeholders reported that there was a clear relationship with NHSE in terms of being able to communicate openly with NHSE regional teams on resourcing issues such as DPP capacity and sustainability, or ensuring a conducive learning environment for the trainee pharmacist. The stakeholders also noted that the training provision had been nationally commissioned and commented that the assessment strategy is detailed with video support if required.

NHSE has an internal staffing business case approved that outlines the staffing infrastructure required to support the delivery and management of foundation training in England from 2025/26. For each of the seven regions in NHSE, this included a Foundation Training Lead, Foundation Training Programme Facilitation, Professional Support and Wellbeing Support officer, and Business and Administration Support; these posts are in addition to the core regional structure of Regional Head of Pharmacy/Pharmacy Dean and Regional Head of School. The team asked about how the provider was assured that the proposed staff resource for each region would be appropriate to support the delivery of the programme. The provider explained that following the Initial Education and Training of Pharmacists reforms, it was estimated that trainee numbers would be around 3000 a year. It was noted that there was a good level of organisational consensus with regards to the appropriate number of staff required. Whilst not all regions might have full staff complements, there was still sufficient staffing to support the delivery of the FTPP. The provider reiterated that the business case for the FTPP and the required structures had been approved a number of years ago.

The NHSE HEE Quality Framework 2021, part of the NRS Terms of Participation, outlines the expected standards for learning environments, such as ensuring that the learning environment and culture of

education and training meets the trainee's needs, and that there are suitable facilities such as IT, access to library and knowledge services. NHSE also has a Safe Learning Environment Charter which sets out the responsibilities of placement providers to ensure that there is a dedicated area for learners to practise their skills; ensure that learners have access to clinical placement educational facilities such as libraries and ensure that learners have access to digital systems required for episodes of care.

The team was satisfied that all criteria in Standard 3 relating to resources and capacity will be **met.**

Standard 4: Managing, developing and evaluating foundation years

The quality of the foundation year must be managed, developed and evaluated in a systematic way

Criterion 4.1 is:	**Met ☐**	**Likely to be met ☐**	**Not met ✓**
Criterion 4.2 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**
Criterion 4.3 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**
Criterion 4.4 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**
Criterion 4.5 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**
Criterion 4.6 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**

NHSE has a robust system of governance in place to manage, develop, evaluate and continuously improve the Foundation Training Pharmacist programme. The Pharmacy Assurance Board (PhAB) is a national level board that has senior executive oversight of all activities within the pharmacy programmes of NHSE Workforce Training and Education (WTE), which includes the Foundation training pharmacist programme. This is chaired by the NHSE WTE Senior Lead for Pharmacy and includes the National programme lead, Regional Heads of Pharmacy and the Deputy Chief Pharmaceutical Officer. The FTPP oversight Board is also run at national level and provides specific oversight of the FTP programme, reporting to the Pharmacy Assurance Board. The membership includes A Regional Head of Pharmacy with responsibility for chairing the Board, the National Programme Lead, Regional Heads of Pharmacy, as well as representation from the regional Heads of School, Regional Foundation Training Leads, Chair of the Training and Assessment Management Group, Chair of the Trainee Monitoring Group and the Chair of the Foundation Pharmacist Recruitment oversight group.

Other Boards include the Regional Foundation Trainee Pharmacist Boards that oversee the ongoing management of the programme at regional level, with responsibility for monitoring and management of quality. The Training and Assessment Management Group oversees the monitoring and improvement of the assessment strategy, e-portfolio, learning materials and training courses. The Trainee Monitoring Group is responsible for the monitoring of trainee progression, attrition, extensions and has particular reference to protected characteristics and EDI. There is also a Foundation Pharmacist Recruitment Oversight Group with monitors and manages annual recruitment of trainee pharmacists.

The Training and Assessment Management Group is responsible for overseeing the monitoring and continuous improvement of the assessment strategy, e-portfolio and training course. Should there be significant changes in practice, elements such as the training course provision, learning materials and

guidance on completing the training plan would need to be revised which would fall within the remit of this group. Training course provision procurement will ensure that all materials are kept up to date and can be reviewed regularly. Other elements that may also need revision would be the assessment strategy and e-portfolio.

NHSE uses a number of documents and policies in the management of FTPP such as the NRS Terms of Participation, the Training plan template and Guidance and the Programme Assessment strategy. NHSE has also produced a support guide for trainees. In terms of systems, NHSE will use an e-portfolio system for trainees to record the completion of their assessment activities, as well as uploading key documents such as the training plan. The E-portfolio will be used by both the trainee pharmacist and the DS and DPP. The E-Portfolio will provide reports on the progress and sign-off of the trainee. NHSE will also use PIMS which will record key data relating to the trainee and capture data such as protected characteristics, graduation details, supervisor and training site details and referral for support. NHSE also uses a central Quality Data Reporting system to collect information on emerging quality risks and issues, and a Student Data collection tool (SDCT) which is a national multi-professional system that gathers information from universities in England on the number of students currently enrolled on programmes such as the MPharm and the OSPAP.

NHSE's governance system includes contracting with training sites, which includes terms and conditions that set out clear lines of management, responsibility and accountability of each organisation. This is captured in the NRS and other terms and conditions of contracting.

The team asked about the process for managing contracts and funding agreements with hosts organisations. The provider noted that the process would vary according to sector. For example, NHS Trusts will have Education Funding Agreements in place, so the respective regions would add details of trainee pharmacists so that payments could be made to the trusts. For the community pharmacy sector, the provider anticipated that the NHS Business Service Authority (BSA) would be responsible for making the actual payments. The provider noted that it was working with commercial teams to embed terms within the Manage Your Service (MYS) system that facilitates funding to community pharmacy organisations. The team was told that the provider was also currently working on a template for sub-contracting arrangements, specifically, the development of a freeform agreement that could be used for sub-contracting by the employer. The provider confirmed that there would be no need for NHSE to see the specific sub-contract, but the primary contractor would be responsible for ensuring that the sub-contractor did not breach it.

There has been significant stakeholder involvement in the design and development of the FTP programme, which includes a number of groups such as the NHSE/Pharmacy Schools Council Joint Oversight Group, a Training Programme Workstream Group, EDI group and an E-Portfolio development group. A range of stakeholders from across Pharmacy contribute to these groups such as representatives from Schools of Pharmacy, Multi-Professional representation from within NHSE WTE, current MPharm students, current Trainee pharmacists, and Employers from across the sectors of Pharmacy. These groups have fed into the Foundation Reform Oversight Group chaired by the Pharmacy Dean with responsibility for IETP Reform implementation. This group feeds into the Pharmacy Oversight Board. NHSE has also engaged regularly with other stakeholders such as Regional Chief Pharmacists, the Royal Pharmaceutical Society (RPS), the British Pharmaceutical Students' Association (BPSA) and Community Pharmacy Workforce Development Group among a number of groups.

The external stakeholders reported that they had been involved in the design of the new programme and its quality management process, such as feeding into the training plan and ensuring that appropriate supervisors are chosen. The stakeholders observed that whilst there was concern about the widespread changes, there had been good engagement with NHSE, who have sought to address any concerns. The stakeholders commented that NHSE had organised regional workshops to enable employers to share ideas. The stakeholders agreed that their input had been valued and acted upon by NHSE.

It is planned that these groups will ensure the views of a range of stakeholders including patients, the public and employers are taken into account, and will include employer representation, patient/lay representation and trainee pharmacist representation.

The team asked about how patient views have been incorporated into the design and delivery of the programme. The provider commented that there has been patient and lay involvement in decision making. The provider noted that there was a desire to further strengthen the involvement and input of the views of patients and the public. The provider highlighted that governance structures had been reviewed to consider how to incorporate patients and the public into the current governance structures. The team was also told that patient involvement initially came from the regional level, with patient involvement in regional groups, which in turn helps feed into national governance structures.

NHSE uses the NETS survey to collect data about the quality of the foundation training year on an annual basis. The results of the survey are analysed and where necessary action plans developed to address issues raised. Other key data sets that will be used to monitor continuous improvement of the FTP programme include user feedback on the assessment strategy and e-portfolio, user feedback on training materials and courses, and data concerning trainee progression, attrition and trainee support usage. The team asked about NETS and whether all trainees have the opportunity to feedback through this method. The provider explained that NETS is a multi-professional survey used for a number of healthcare professions. Elements are inserted in the survey that are relevant to pharmacy. The provider clarified that the survey was carried out retrospectively, so was not as useful for highlighting immediate issues or problems, but was more of a general tool. The survey is anonymised, so if there was a single trainee at a site, it will not report data until there are sufficient numbers of trainees. The provider noted that NETS does provide a large dataset which gives information on themes on an annual basis. It was noted that NHSE is considering running NETS at an interim monitoring point. The provider explained that there were other feedback mechanisms for trainees to flag issues in real time, such as trainee representatives on local or regional Boards, or through trainees escalating concerns through the trainee support process. NHSE highlighted that a key part of the induction process was making it clear to new trainees where they can go and raise issues, whether with their employer, or with NHSE directly. The Learner Council is also another forum in which issues can be raised, and includes representatives from the BPSA and Pharmacist Support. The provider also noted that if issues were raised to NHSE, these could be dealt with at a regional level by the relevant Pharmacy Dean. If site specific concerns are raised, these might be investigated through a site visit from the Regional pharmacy team.

The team was told that trainee feedback does influence ongoing monitoring, review and evaluation processes. A recent example of trainee feedback indicated that the reinduction process (for trainees returning from rotations to other sites) could be improved in some organisations. This was communicated to the education training leads so that they could consider mechanisms to support reinduction of trainees where necessary. It was also noted that NHSE would carry out some quality

visits to Trusts which then enabled NHSE to triangulate any issues, as well as noticing good practice. The provider highlighted that trainee representation is built into the governance structure, such as trainee representation on the regional Foundation trainee pharmacist board, or the Training and Assessment Management group. The team asked about how the provider would obtain a diverse set of views that represent the cohort effectively. The provider explained that trainee reps at regional level were tasked with representing a wide range of trainees in that region. It was also noted that there had been engagement with the Learner Council at national level around the development of the trainee support guide, which had received good input from trainees.

The team asked about what processes are in place to manage applications from trainees who are not eligible to apply through Oriel, such as those who have banked training or are transferring from another country's training programme. The team was told that where a trainee leaves a post in one country and wishes to commence training in another, the recipient SEB will support the trainee to identify a suitable training site, which must have accepted and complied with the NRS Terms of Participation. In addition, the SEBs will share information that may help in the process such as if the trainee requires workplace adjustments. The trainee would not be required to undertake the NRS assessments again. The provider expected that the receiving Designated Supervisor (DS) would review the transferring student in terms of their portfolio and collected evidence to determine if they are happy with it. The provider also noted that the receiving DS would then judge if additional weeks or training were then needed by the transferring trainee. This would be the same process in respect of the 90 hours of learning in practice required for the prescribing element of the FTP programme. If the trainee needed a new DPP, the incoming supervisor would determine what could be banked and what might need to be repeated. The team noted that issues regarding the possible transfer of students from other countries was still being discussed. The team therefore set a **condition** that the provider submit a policy and process which sets out a clear plan for how the banking of training and transfer arrangements will be managed for trainee pharmacists moving between GB countries as it was not clear how banking and transfer arrangements will be managed for these trainees.

The team noted that the Training Plan template is a new document and wished to know what feedback or insight has been used to inform its development. The provider explained that they have engaged regionally to ensure that training plans will meet the requirements, and that the focus is not just on meeting learning outcomes, but also continuous improvement. The team asked about training plans developed by providers would be quality assured. The provider explained that the training plan set out the provision of supervision, and how the assessment strategy would effectively be operationalised. The provider noted that the training plan must set out the activities planned, as well as how prescribing will be incorporated. It was noted that the training plan was being approached as a shared document rather than a compliance document.

The team asked about the support available for supervisors to implement the training plan, such as in smaller independent pharmacies where there may not be a training lead. The provider explained that the training plan will come with guidance, which will set out the requirements. This would be linked to the assessment strategy and the e-portfolio. Additionally, there is a learning agreement that the supervisors and trainee would sign which would need to be uploaded to the portfolio. In terms of the assessment strategy, there would also be a guide on how this should be used, as well as recorded webinars. As part of the terms of participation, the employer would have to declare that the training site will engage with the required activities. It was noted that funding will support administration and other requirements.

The team was satisfied that five of the six criteria relating to the management, development evaluation of the foundation year will be **met**. The team agreed that criterion 4.1 is **not met** and is subject to a condition (see Condition 1).

Standard 5: Foundation year design and delivery

The programmes for the foundation training year must develop the required skills, knowledge, understanding and professional behaviours to meet the outcomes in part 1 of these standards by using a coherent training strategy. The design and delivery of the foundation training year must ensure that trainee pharmacists practise safely and effectively

Criterion 5.1 is:	**Met ☐**	**Likely to be met ☐**	**Not met ✓**
Criterion 5.2 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**
Criterion 5.3 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**
Criterion 5.4 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**
Criterion 5.5 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**
Criterion 5.6 is:	**Met ☐**	**Likely to be met ☐**	**Not met ✓**
Criterion 5.7 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**
Criterion 5.8 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**
Criterion 5.9 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**
Criterion 5.10 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**

NHSE has training site requirements that set out the environments or sectors of practice where trainee pharmacists can be placed, and will be able to meet the required learning outcomes. All training sites participating in the programme must submit a training plan as set out as a requirement within the National Recruitment Scheme Terms of Participation. NHSE has developed a standard training plan template which is mandatory. Using the template, the training site must explain how the trainee pharmacist will achieve the learning hours, through the NHSE assessment strategy and the completion of 90 hours of supervised practice directly related to Independent prescribing, the sectors and environments that the trainee will work in, details of the DS and DPP and other key information that sets out how the trainee supervisor will be supported through the foundation year. The training plans must be uploaded to the e-portfolio. Regional teams will ensure that the portfolios are updated with the completed training plans. Guidance has been produced to support how assessment activities might be planned across rotations in the NHSE Programme Multisector Rotation Guide. This will be monitored through the submission of programme details by the employer to the NRS, and then subsequently in the Pharmacist Information Management System.

The team asked about the processes in place to review and monitor training plans to ensure that they will deliver all of the learning outcomes at the appropriate level. The provider explained that the training plans are a required element, though they are not reviewed individually. The provider noted that the purpose of the training plan is to ensure that there is appropriate supervision of the trainee in place and engagement with the Assessment Strategy. The team noted that training plans would not be submitted until the start of training, and wished to know how the provider would manage the risks

associated with this. The provider explained that there would be significant engagement and communication plans which would help explain the training plan and assessment strategy to supervisors so that they will be able to understand what is required. The team noted the processes and policies in place to ensure the suitability of training plans but agreed to set a **condition** that the provider must apply an additional layer of quality assurance, which could be in the form of a sampling process or similar, which would allow the provider to gain qualitative evidence that programme policies and processes are being adhered to as expected.

The team also asked for an update on progress with training course provision. The provider explained that NHSE was subject to strict commercial regulations, but that there was a normal procurement process in place and was progressing to timescales as expected. The team noted that NHSE was involved in two procurement exercises relating to training course provision and the E-portfolio and PIMS systems and encouraged NHSE to keep the GPhC updated on the outcome of these procurement exercises.

The team asked how in-year monitoring will take place via PIMS. The provider described how PIMS would link with the e-portfolio. These outputs would then feed into iterative cycles and regional boards so that localised information would be available, and sites where there are trainees that might need help, or where quality issues are indicated could be identified. The provider noted that this monitoring process would enable them to see if a trainee is also progressing too quickly, for example. The team was also told that there was a quality assurance process in place to ensure that training environments continued to be suitable and appropriate. It was noted that there was a Multi-professional quality framework administered in NHS regions. The provider would look at the criteria and engage with the site to explore any issues; if the training site was in breach of contract, NHSE could withdraw approval.

The team asked how the provider would ensure that all trainees are exposed to an appropriate breadth of patients, particularly those undertaking single-sector placements in 2025/26. The provider explained that the assessment strategy would set out the activities required and noted these activities have been suitable to provide an appropriate breadth of patients.

The team also wished to know how, when delivering multi-sector training programme or the sandwich training programme for University of Bradford students, the provider is able to ensure that the learning experience is progressive and increases in complexity through the year. The provider explained that the design of the assessment strategy ensures that complexities are built within. It was noted that there was no specific order that activities must be undertaken in, but an expectation that the trainee pharmacist will develop knowledge and skills as the year progresses. The provider highlighted that Bradford students undertake an LNA at the start of their second rotation which helps identify any gaps in training, and that the LNA would be developed to help prepare the trainee to become a prescriber. In terms of the 90 hours of learning in practice for prescribing, the provider noted that the timing of how and when the 90 hours takes place is not mandated. It was noted that there should be progression towards a full prescribing consultation, and that it is tested three times.

The e-portfolio enables trainees, the DS, DPP and NHSE regional pharmacy teams to monitor progression. Training plans must outline how local quality management ensures there are clear communication processes in place to ensure that supervisors can monitor the progression of their trainees. NHSE regional teams will monitor the progression of trainee pharmacists using the e-portfolio and PIMS. Support is provided by NHSE through induction events at the start of the programme, and then at key points throughout the programme. The trainee must complete an LNA at

the start of the programme, as well a learning plan. Trainees have progress reviews at weeks 13, 26, and 39. If there are concerns about the progress of trainees, supervisors are guided to contact NHSE. There is also guidance outlining the requirements for the DS and the DPP to communicate about the progress of trainee pharmacists. The DPP is responsible for updating the DS regularly on the trainee's progress, as well as escalating any concerns; the DPP must also confirm when all elements of the prescribing assessment are completed and the trainee is suitable for registration as a prescriber. The DS is responsible for raising any issues and concerns about the trainee's ability to prescribe to the DPP as soon as the issues arise.

The NHSE Assessment Strategy sets out a mandated set of assessment activities that must be completed by trainee pharmacists during their foundation training year. This includes the requirements that must be met so that the trainee can be signed off. The assessment activities are designed so that the trainee must provide multiple, triangulated pieces of evidence against each learning outcome so that the DS can determine whether each learning outcome is demonstrated at the required level of Miller's Triangle. The strategy provides guidance for the DS on how to assess that each learning outcome has been met. For the 90 hours of learning in practice for prescribing activity, the DPP must conduct sufficient direct supervision and assessment of the trainee as well as collecting evidence from other supervisors where agreed so that they can make an informed decision relating to the trainee's prescribing capability. The DPP must undertake a 'Final Prescribing Development Review' which includes a meeting between the trainee, DS and DPP which is documented and uploaded to the e-portfolio, confirmation of the satisfactory completion of Prescribing Assessment Activities and confirmation that the 90 hours has been completed. In terms of the e-portfolio, the DS can see which pieces of evidence are matched to which learning outcome and can be signed off at any time. It is also possible for the DS to 'un-sign' the outcome if necessary. All assessments within the assessment strategy are formative, which then help the supervisor to decide if the learning outcomes have been met at the appropriate level of competence. At the end of the training year, the DS must complete a final declaration that the trainee has required all elements of the programme and is suitable to join the register as a pharmacist independent prescriber or pharmacist (if following the interim learning outcomes).

The final sign-off by the DS consists of confirmation that all learning outcomes have been satisfactorily signed off; confirmation from the DPP that they have determined satisfactory outcomes for the Prescribing Assessment activities and the 90 hours, confirmation that the required duration of training has been completed and a final declaration that the trainee had completed all required elements of their foundation training and is suitable to enter the register as a pharmacist independent prescriber (or a pharmacist if the trainee is following the FTP Programme on the interim learning outcomes/OSPAP track). The team asked about the process by which a change of training site or DS/DPP would be approved. The provider explained that this would be through the established change of supervisor process currently in place. In terms of sign-off, the incoming DS or DPP would take the responsibility for the final sign-off of the trainee pharmacist. The team agreed that a **condition** be set that the provider must submit a clear process to define the agreed mechanisms for sign-off by the designated supervisor and designated prescribing practitioner to reflect the range of models that may be in place for the foundation year, as this was not yet clear.

NHSE does not conduct fitness to practise (FTP) hearings or act as an appeal body where concerns are raised as a matter of trainee conduct. Where concerns are raised with regards to the capability of the trainee, these will be addressed and supported through educational intervention and support. If the fitness to practise concern relates to conduct, the employer is responsible for notifying the GPhC of

any fitness to practise concerns for consideration by the regulator when trainees make an application to join the register. The Employer or training provider should also notify NHSE of any FTP matters relating to capability so that additional support can be provided, as well as of any FTP issues that are notified to the GPhC. The Employer must also notify NHSE of any FTP matters which result in or are followed by the termination of the trainee's contract/placement. The trainee must declare in the NRS application process that they are suitable to practise as a pharmacist against a series of FTP questions, as well as complete declarations relating to FTP at the point of application to the GPhC register.

The team wished to know about the process in place for reporting FTP sanctions (other than warnings) to the GPhC. The provider explained that if the FTP was a capability issue then NHSE would be responsible for responding to this. The focus would be on providing support to trainees to help demonstrate the learning outcomes. If the FTP issue concerns conduct, then the employer would use existing mechanisms to report to the GPhC. NHSE would have no involvement in conduct issues. It was noted that FTP processes would be discussed with all of the SEBs outside of the accreditation process so that processes such as reporting can be clarified and issues such as dual reporting can be avoided.

The provider also confirmed that the final declaration process would ensure that a trainee would not be signed off if there was a fitness to practise conduct issue outstanding, as this would be put in front of the regulator.

The team asked about the process in place for trainees to raise concerns about their DS and/or DPP with NHSE. The provider explained that at the induction, regional leads will highlight the routes that trainees can follow. It was noted that there were a number of different routes, including raising concerns with the employer or the Education and Training Lead. Trainees are also aware that they can escalate concerns if they cannot resolve them earlier in the process. The team was told that in this instance, NHSE would investigate this, perhaps through a conversation with the training site, so that matters can be resolved informally. If the trainee was not satisfied with NHSE, they can contact the NHSE Multi-Professional Quality Team. It was also noted that Facilitators work with trainees on a day to day basis. The team asked what would happen in the scenario that a trainee is removed from a site. The provider noted that a process was already in place for this, though acknowledged that governance was not yet in place for community pharmacy. If a trainee is removed from a site, the NHSE regional pharmacy team will support the trainee. It was noted that there was no guarantee that a new training site could be found for the trainee, but they would be supported as much as possible. The provider explained that if a trainee starts at a new site, a new training plan is required and the incoming designated supervisor would then assess what was needed, including whether the trainee would require a new induction.

NHSE and the GPhC have a Memorandum of Understanding (MOU) which sets out how information is shared with regards to the Foundation Training Pharmacist programme. Any issues relating to the programme will be raised proactively with the GPhC in a timely manner.

The team noted the plans for the multi-sector training programme to be implemented from 2026/27 and asked the external stakeholders for their views. The stakeholders reported that there were some operational challenges such as ascertaining who owns the trainee, but the principle of the move to cross sector training is the right one. The stakeholders commented that there might need to be more engagement with GP primary care networks as plans are developed and noted that it was important that operational elements are considered, though the stakeholders observed that NHSE was doing this. The stakeholders also noted that there were challenges about the implementation of the new

programme from 2025/26, such as the risk of regional disparity, or DPP Capacity and sustainability which needed to be considered.

The team was satisfied that eight out of ten criteria in this standard relating to Foundation Year Design and Delivery will be **met**. Criterion 5.1 relating to quality assurance of programme policies and procedures is **not met** and subject to a condition (see condition 2). Criterion 5.6 relating to the sign-off of the trainee pharmacist by the designated supervisor and designated prescribing practitioner is also **not met** and is subject to a condition (see condition 3).

Standard 6: Assessment

Everyone involved must demonstrate that they have a coherent assessment strategy which assesses the required skills, knowledge, understanding and behaviours to meet the learning outcomes in part 1 of these standards. The assessment strategy must assess whether a trainee pharmacist's practice is safe

Criterion 6.1 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**
Criterion 6.2 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**
Criterion 6.3 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**
Criterion 6.4 is:	**Met ☐**	**Likely to be met ☐**	**Not met ✓**
Criterion 6.5 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**
Criterion 6.6 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**
Criterion 6.7 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**
Criterion 6.8 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**
Criterion 6.9 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**
Criterion 6.10 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**
Criterion 6.11 is:	**Met ☐**	**Likely to be met ☐**	**Not met ✓**

The NHSE assessment strategy has been designed in collaboration with representatives of the Pharmacy Schools Council and other external stakeholders. Assessment activities within the strategy are designed so that once they are complete, they will provide multiple pieces of evidence against the required learning outcomes at the appropriate level of competence. Prescribing assessment activities must also be demonstrated to a satisfactory standard assessed by the DPP. The majority of the activities are practice-based activities that require the trainee to engage in the activities of a pharmacist in a real-life setting, whilst under appropriate clinical supervision. Formative assessment activities lead to the summative decision making of the DS as to when each learning outcome can be signed off. Supervised learning events (SLEs) as assessment tools to complete activities of the assessment strategy within are carried out on a regular basis to help trainees have the time to reflect and learn from feedback from supervisors to improve their practice.

NHSE have a Trainee Pharmacist Programme Assessment Strategy that all training sites must follow. The roles and responsibilities of those involved in the assessment of trainees such as the designated supervisor (DS) and designated prescribing practitioner (DPP) are made clear in guidance documents. The NHSE FTPP learning agreement template sets out the roles and responsibilities of all parties involved in the trainee's development and assessment. The learning agreement must be signed at the

commencement of the programme and uploaded to the e-portfolio. A new learning agreement is required should the supervisor change.

The Assessment strategy is monitored, quality assured and developed through the National Training and Assessment Management Group which oversee the assessment strategy, e-portfolio and learning materials. Data from the e-portfolio and PIMS allow the group to review the progression of each cohort and provide NHSE with additional assurance to the triangulation of the training plan, assessment strategy and e-portfolio. This approach ensures consistency across all trainees.

All training sites must develop a training plan which outlines how the trainee pharmacist will meet the learning outcomes and complete the programme. The plan will include how the programme will be quality managed in terms of the design of the programme and communication between supervisors. The e-portfolio will support the monitoring and recording of assessment such as enabling supervisors to see how much evidence has been supplied against each criteria. The team asked about the information provided to supervisors and trainees with regards to how often they should meet to review performance against the training plan. The provider highlighted that a number of touchpoints were embedded such as the initial meeting, and then interim progress reviews at 13, 26 and 39 weeks before sign off. It was noted that there was flexibility for more meetings, such as where there might be a need, and recognition from the trainee and supervisors, and that functionality had been built into the e-portfolio to ensure flexibility in matters such as this.

Information is provided in the NHSE FTPP Assessment Activities and Tools guide to support Supervisors and trainees in respect of understanding the purpose, process and outcomes of assessment, the assessment criteria and what happens if a patient safety issue arises. NHSE will provide an induction and check-point online events at key points throughout the programme which support supervisors and trainees with the assessment strategy. The team asked about how the standard required for assessment is communicated to trainees and those carrying out assessment. The provider explained that expectations around this are clearly set out within the documentation of the Assessment Strategy and associated guide, and also re-iterated at induction for trainees and engagement/induction events for supervisors.. The focus of induction is on what the trainees will experience, how assessments will work, and how trainees can raise concerns. It was also noted that training materials for supervisors on aspects such as how supervised learning events will work are also made available and were also helpful for trainees.

The trainee pharmacist, DS and DPP must have an initial meeting at the start of the programme to agree on the trainee's nominated prescribing area in which they wish to demonstrate their development against the prescribing learning activities. This includes identifying any learning needs for the trainee and developing a learning plan to address them. The trainee and their supervisors should meet regularly during the programme and document and record the meetings on the e-portfolio. Regular and timely feedback should be provided so that the trainee can reflect on their practice. These opportunities are built into the assessment strategy and e-portfolio. From 2026/27, all trainees will undertake a cross-sector rotation, so each rotation site must have a DS in place. The team asked how feedback from members of the pharmacy team, peers and patients is collected and considered in the assessment of the trainee's performance. The provider explained that within the e-portfolio there is a patient satisfaction questionnaire. Trainees are able to generate QR codes which allow patients to feedback on the trainees performance.

Clinical Supervision at training sites must be in place at all times as set out in training site requirements. This includes the requirements that all trainees have clear supervision in place to

ensure the trainee is working safely. Where the trainee has a multi-sector training placement in another organisation, there must be another DS or DPP at this site to ensure that there is supervision in place. In terms of the 90 hours of prescribing activity, the DPP is not required to directly supervise the trainee for the entirety of the hours but must ensure that there is appropriate clinical supervision in place at all times to ensure patient safety and ensure that the trainee is undertaking suitable activities demonstrating their prescribing capability. Training sites must provide supervision by individuals that fulfil person specifications such as knowledge, skills/experience, behaviours, training and meeting the requirements of the regulator(s). Supervisors must also have training in how the programme works including the assessment strategy, the roles of the DS and DPP and have generic skills and knowledge that enables them to assess the trainee in practice and provide feedback. The supervisor details must be uploaded onto PIMS so that the supervisor(s) can be given access to the trainee's e-portfolio. NHSE regional teams will provide support for both trainees and supervisors, as well as enabling access to resources such as e-learning packages.

The team asked about the process that will be used to ensure that DSs, DPPs and others involved in the assessment of trainees will have the appropriate skills, experience and training to carry out assessment. The provider explained that there was a person specification for roles such as the DS and DPP, as well as learning agreements, setting out the roles and responsibilities, and generic training sessions for supervisors with regards to the e-portfolio and assessment. It was noted that the provider did not mandate training, but that the supervisor must complete a declaration of compliance that they meet all requirements of supervisors as set out by NHS England, including that they are familiar with the assessment strategy. The provider also reiterated that the quality approach is one of assurance, setting clear standards and requirements for supervisors and requiring declaration by each supervisor via the PIMS system that these requirements are met and maintained. Details of all supervisors are not directly reviewed at the point they are provided, but where quality issues are detected through the data monitoring approach for all training sites, part of the intervention of NHSE in relation to a training site would include a review of the credentials of all supervisors. The team agreed that the suitability of supervisors in meeting the requirements for the role and the training of supervisors and others involved in assessment was not yet clear. Therefore, the team set a **condition** that the provider must apply an additional layer of quality assurance, which could be in the form of a sampling process that will enable NHSE to gain qualitative evidence that the programme policies and processes in relation to suitability and training of supervisors is being adhered to as expected.

The team was told that assessments are fit for purpose, robust, valid and reliable. It was noted that physical and clinical skills do not have to be demonstrated in the context of the nominated prescribing area, but that it was important that trainees demonstrated these and built up a set of core skills. The team also asked how the provider was assured that the assessment plan will ensure that all trainees will be assessed appropriately at the 'Does' level of competence. The provider explained that the assessment strategy was designed to have activities that would need the trainee to develop multiple pieces of evidence. Additionally, guidance is provided to the DS with regards to the criteria and must follow the descriptors for assessment and refer back to Miller's Triangle to determine if the learning outcome can be met. The team asked about how the provider would ensure that the DS and DPP are applying the passing standard consistently. The provider explained that the Assessment Strategy and associated guidance clearly set out descriptors for determining that each activity is demonstrated to a satisfactory standard that aligns with safe and effective professional practice, and this is supported by requiring the use of validated assessment scales within the mandated Supervised Learning Event (SLE) assessment tools. Additional training materials relating to effective assessment including video guides

are currently available to support use of the Interim Assessment Strategy and will be updated for the 2025/26 FTP programme. In addition, they would use outcome-based data from the e-portfolio for assurance that completed assessments have been demonstrated at the appropriate level..

The team noted that trainees must undertake three SLEs each for six observed clinical activities, with an additional five observed clinical activities relating to prescribing. The team asked how the provider determined that these are sufficient to ensure that the trainee has met the required standard and is practising safely. The provider explained that this had been reached through broad expert consensus and commented that the activities were a continuation of activities that were likely to have been undertaken during the four years of the MPharm, as a result of the way in which Miller's Triangle is woven into MPharm teaching. It was commented that the partnership and collegiality between the Schools of Pharmacy and NHSE had helped develop a roadmap from the MPharm into the Foundation year, and that it was things such as this that helped NHSE determine how many activities were required. The provider clarified that no number of pieces of evidence was specified to be triangulated against each learning outcome and that it was up to the qualitative judgment of the supervisor.

The team asked about what happens if a patient safety issue arises during an observation in practice. The provider explained that if the situation occurred in an SLE, then it might need to be stopped and that it would be up to the DS to decide on the severity. The provider stressed that it was important for the trainee to learn from such situations. It was noted that guidance on this was not yet written, though the provider wished to be careful about being too prescriptive, whilst also highlighting that where serious harm might occur, the activity should stop.

The team noted that the e-portfolio system allows the supervisor to 'un-sign' a learning outcome if required. The team wished to know about the circumstances in which this might occur. The provider explained that in developing the e-portfolio, there was an aim to not make the system restrictive, and to allow flexibility for the unpredictable to happen, such as a requirement to delete evidence if needed. The provider outlined a scenario in which outcomes might be 'unsigned,' such as where a new DS reviews the portfolio and determines that additional learning for some outcomes is required.

The team wished to know more about the process for developing the pass criteria in collaboration with stakeholders. The provider explained that the pass criteria are related to the overall assessment strategy, as well as to the GPhC standards. Professional activities are designed to allow the trainee to demonstrate safe practice whilst meeting the learning outcomes. The provider explained that each activity within the assessment strategy must be demonstrated at a satisfactory level that aligns with safe and effective practice in order to 'pass'. For the observed clinical activities, the determination of 'satisfactory' aligning with safe and effective practice is supported by mandated use of Supervised Learning Event assessment tools, which include validated assessment scales for the supervisor to use in their decision making. Additionally, each GPhC learning outcome must be signed off by the Designated Supervisor at the stated level of Miller's Triangle. Detailed guidance is provided to supervisors within the Assessment Strategy and associated guide as to how this will be determined by the supervisor, drawing on their professional expertise and judgement. The provider noted that stakeholders gave clear guidance to NHSE that professional activities needed to be undertaken repeatedly.

The team asked about how the provider ensures trainees are reflecting effectively on their practice. The provider highlighted that for every single piece of evidence, the trainee must reflect on it, which can then be scrutinised and reviewed by the DS. Reflection is also incorporated into the induction timetable. It was noted that trainees would increasingly be more used to reflection, given that it is

more widely used in undergraduate study. It was noted that the focus is not teaching people how to do things, but giving them the opportunity to develop skills in practice.

The team was satisfied that nine out of eleven criteria in this standard relating to Assessment will be **met**. Criterion 6.4 and Criterion 6.11 relating to quality assurance of programme policies and procedures and the suitability of supervisors in meeting the requirements for the role and the training of supervisors and others involved in assessment are **not met** and are subject to a condition (see condition 2).

Standard 7: Support and development for trainee pharmacists and everyone involved in the delivery of the foundation training year

Trainee pharmacists must be supported in all learning and training environments to develop as learners and professionals during their initial education and training

Everyone involved in the delivery of the foundation training year should be supported to develop in their professional role

Support for student pharmacists			
Criterion 7.1 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**
Criterion 7.2 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**
Criterion 7.3 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**
Criterion 7.4 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**
Support for everyone involved in the delivery of the MPharm degree			
Criterion 7.5 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**
Criterion 7.6 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**
Criterion 7.7 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**
Criterion 7.8 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**

Support for Trainee pharmacists comes from both employers and NHSE. As part of the NRS Terms of Participation, Employers agree to abide by the NHSE HEE Quality Framework which includes training and support. NHSE also has guidance for trainees on the support available throughout the FTP programme. Information about the implementation and delivery of the FTPP for 2025/26 is available on the NHS England website and includes information relating to the supervision and assessment in the programme, the person specifications for the roles of the DS and the DPP, training site requirements and information relating to the 2025/26 core training offer provided by NHSE.

Trainee Pharmacists receive an induction to the programme which is delivered by regional NHSE teams. As part of the NHSE HEE Quality Framework, supervisors must be appropriately supported with allocated time to undertake their roles and supervision of trainees. The training plan sets out how trainees will be supported to complete formative and summative assessments to meet the requirements of the programme. NHSE will provide access to trainee pharmacist Learning e-resources which is a curated range of digital learning material that will be helpful to trainees.

The team asked about the feedback that has been received from employers, particularly the Community Pharmacy sector, as to whether the trainee's planned workload will be appropriate and realistic. The provider explained that there had been positive feedback from employers with regards

to the development of the assessment strategy, and in particular that there was a realistic and sensible number of activities to be completed. It was noted that data suggests that the amount of evidence being submitted to the e-portfolio supports this conclusion. The provider noted that there were detailed conversations ongoing with employers in terms of moving to managed SLEs.

The team also wished to know about the guidance given to employers with regards the amount of 'time to learn' that should be provided to each trainee. The provider noted that the training plan sets out that there must be protected time for trainees, but that there are no plans to define the number of hours. The provider commented that trainees will flag issues should they find that they are not being given the appropriate time. It was also noted that trainees are told about what to expect during the training year in their induction session. The team noted that this would be revisited at the interim visit.

In addition to the trainee pharmacist support guide, trainees may also access NHSE Professional Support and wellbeing resources, as well as being able to access the regional NHSE workforce, training and Education team, who have dedicated foundation pharmacist training leads. Furthermore, employers are responsible for supporting trainee pharmacists' general welfare during the foundation training year. The team wished to know more about support available to trainees in relation to mental health. The provider explained that there is a trainee referral process in place, as well as support from the workplace. If an issue is raised to NHSE, it will be triaged. The provider highlighted that they were working closely with employers so that they can support trainees in the workplace. It was noted that support may be at regional level, and that support may also involve signposting to external sources. It was also noted that NHSE were bringing Pharmacist Support into the process.

The team asked about what culturally specific support would be provided for trainee pharmacists. The provider explained that there was multi-professional expertise for all England Healthcare programmes which can be drawn upon. It was noted that NHSE had a broad holistic approach to the diversity of trainees, and would share different activities in each region. The provider also noted that it was mindful of days that training sessions are held on so as to avoid religious observances. The team noted the range of general welfare and mental health support on offer to trainee pharmacists. The team commented that the provider may also wish to consider further how they ensure culturally sensitive care to meet the general welfare needs of all trainees, including those from ethnic minority backgrounds.

The team asked about the support available to trainees following the release of GPhC registration assessment results. The provider explained that there was support in place to outline next steps for trainees. There are drop ins arranged on results day at the regional level. Supervisors and trainees can come and speak to the regional team on a one-to-one basis if required. Trainees are made aware of this through regular contact with the regional team, and from good luck messages in the lead up to results day. Trainee pharmacists are able to access pharmacy professionals who are able to act as role models and mentors during the foundation training pharmacist programme, such as their respective Designated supervisors and Designated prescribing practitioners. The DS and DPP are provided with training which includes the elements of being positive role models and providing professional support and guidance to trainee pharmacists. Trainees will also have access to NHSE staff within each region who will act as positive role models and be able to provide professional support. There will also be signposting to forums and networks local to their employment which will be given in the regional induction.

Employers must outline clear processes that can be used by trainee pharmacists to raise concerns. Information about raising concerns will also be part of the induction information given by NHSE. The NHSE trainee support guide also outlines the process for raising concerns directly to NHSE England, with information on the different types of concerns that might be raised. Trainees will also be asked to complete the National Education and Training Survey (NETS) to feedback any concerns relating to the programme. NETS asks trainees to provide feedback on what worked well during their placement and what could be improved and also includes specific questions relating to raising concerns in the workforce. The results of the survey can be accessed by regional pharmacy teams. The team asked how concerns raised about an employer through NETS would be actioned. The provider explained that NETS is just one tool that is available. The provider explained while NETS cannot identify issues in real time, as it takes place after the completion of the programme, it can collect useful information on themes.

The team was told that regional teams will provide support for trainees and supervisors through induction events at regional level, which will enable face-to-face interaction. There would also be end of year events, with events taking place in the middle of the foundation year more likely to be virtual. The provider noted that there would be support for the e-portfolio available through recorded webinars and drop-in sessions, which are sometimes run outside of normal hours to enable people to attend at a convenient time.

The team explored how non-pharmacist DPPs would be supported so that they are clear on the requirements for a trainee pharmacist. The team was told that the provider expected to have a range of DPPs from different backgrounds involved in the programme and highlighted that the assessment strategy had been designed with this in mind, so that the content and guidance is as multi-professional as possible. The provider commented that any issues with poorly performing supervisors or host sites would be addressed through established processes in place. As an example, there might be informal support first, such as conversations with the chief pharmacist at a training site. If required, there could then be quality visits undertaken within the region so that the provider can speak to as wide a range of people as possible.

Employers must ensure that supervisors can easily access resources to support their physical and mental health and wellbeing, as well as ensuring that supervisors are appropriately supported in terms of the time required for the supervision of the trainee pharmacists. Employers must also ensure that those members of staff undertaking supervision roles are appropriately trained to undertake the required role, as well as ensure they are up to date with the curriculum of the learners they are supervising.

The team agreed that all criteria in this standard relating to Support and development for trainee pharmacists and everyone involved in the delivery of the foundation training year will be **met.**

Standard 8: The foundation training year

The foundation training year must focus on the professional practice of pharmacists and must contribute to the delivery of the learning outcomes

Criterion 8.1 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**
Criterion 8.2 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**
Criterion 8.3 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**

Criterion 8.4 is:	Met ☐	Likely to be met ☐	Not met ✓

NHSE is responsible for securing continuous improvement in the quality of education and training that is provided for healthcare workers. Quality Standards are expected of clinical learning environments which are incorporated into the terms and conditions of contracting for any training site wishing to employ a trainee pharmacist.

The training plan submitted by the employer to the e-portfolio outlines how the trainee pharmacist will achieve the learning outcomes, complete all required activities in the assessment strategy and complete at least 90 hours of supervised practice directly related to independent prescribing. The trainee must complete 52 weeks of training. The trainee must also record the number of prescribing hours undertaken within the e-portfolio.

Training site requirements outline the environments or sectors of practice where the foundation trainee pharmacists may be placed. It is a mandatory requirement that the trainee pharmacist must have access to a registered pharmacy dispensary. There is current support for employers and rotation providers for the development of multi sector rotations. From 2026/27, all trainees will be required to undertake at least one rotation of 13 weeks (or longer) in another sector of practice.

Each NHSE Regional Team will be responsible for checking that the trainee pharmacist is registered on and using the e-portfolio. The regional team must also ensure that the details of the respective supervisors are also recorded correctly on the e-portfolio and that all training sites have submitted a training plan.

The team agreed that it was not yet clear how the provider would quality assure aspects such as the suitability of training plans. Therefore, the team agreed to set a **condition** that the provider should apply an additional layer of quality assurance which could be in the form of a sampling process or similar that allows the provider to gain qualitative evidence that the programme policies and processes are being adhered to.

The team agreed that the three criteria in this standard relating to the Foundation Year will be **met.** The team agreed that criterion 8.4 is **not met** and is subject to a condition.

Standard 9: Foundation training year supervision

Trainee pharmacists must be supervised by a designated supervisor and a designated prescribing practitioner during the foundation training year to help them meet the learning outcomes

Criterion 9.1 is:	Met ☐	Likely to be met ☐	Not met ✓
Criterion 9.2 is:	Met ☐	Likely to be met ☐	Not met ✓
Criterion 9.3 is:	Met ☐	Likely to be met ☐	Not met ✓
Criterion 9.4 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 9.5 is:	Met ☐	Likely to be met ☐	Not met ✓
Criterion 9.6 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 9.7 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 9.8 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 9.9 is:	Met ☐	Likely to be met ☐	Not met ✓

The sign-off process for the trainee pharmacist consists of confirmation from the DS that all learning outcomes have been satisfactorily signed off, confirmation from the DPP that all prescribing elements (including 90 hours of learning in practice) have been completed, confirmation that the required duration of training has been completed and a final declaration that the trainee has met all of these requirements and is suitable to join the register as a pharmacist independent prescriber or pharmacist (if following the interim learning outcomes). Other systems used to help lead up the final declaration include the Terms of Participation, which set out the requirements for the employer to meet, such as the training plan, learning agreement and assessment strategy. The e-portfolio helps the trainee pharmacist, DS, DPP, Education Programme Director and NHSE monitor the progress of a trainee. PIMS also enables NHSE to monitor the progress of the trainee pharmacist cohort such as reporting on the completion of progress reviews and learning outcome sign off.

All Trainee pharmacists must have a designated supervisor (DS) who is responsible for coordinating the supervision of the trainee, monitoring their progress and the final sign-off and declaration. The DS must meet the NHSE person specification for the role. Core specification requirements for all supervisors (both DS and DPP) include requirements such as undertaking the training required for the role, ensuring that they can assess, monitor and sign-off the trainee, and provide effective feedback. Additional specifications for the DS include the requirement for the DS to have been a registered pharmacist for at least 3 years, have no current fitness to practise issues, or be under sanctions or conditions, and be currently practicing, with relevant experience in the sector of practice in which they wish to supervise. Additional requirements for the DPP include the requirement to be a registered healthcare practitioner who is an independent prescriber, who must also have good standing with their professional regulator, practise in line with the competency framework for all prescribers and be an active prescriber in a patient-facing role, with appropriate knowledge and experience relevant to the trainee's nominated prescribing area.

NHSE has developed key principles for the role of the DS. These include the principles that all trainees must have a clear supervision plan which meets the quality requirement of the foundation training year and that there is always appropriate clinical or practice supervision of the trainee to ensure they are working safely. The DS may supervise more than one trainee pharmacist. The DS must be given appropriate time within their work to be able to support the requirements to supervise trainees. Where the trainee has a multi-sector rotation, another named DS or the DPP must be at the rotational site. The DS may choose to delegate the supervision to another suitably experienced practice supervisor, who must ensure that the trainee only carries out tasks that they are competent to do so. The practice supervisor may also be able to supervise and assess some of the assessment activities. The DS retains responsibility for the sign-off of learning outcomes.

The team noted that for multi-sector training programmes, there would be more than one designated supervisor. The team wished to know how the final sign-off process would work and which DS would have the final authority to sign off the trainee pharmacist. The provider commented that where there was more than one DS, any of the DSs could sign off a specific learning outcome during training, but the DS at the primary site is responsible for the final sign-off and completion of the final declaration, which will be informed by assessment and sign-off by the DS at the rotational site and the DPP in relation to prescribing activities. It was noted that there was functionality within the e-portfolio to enable any DS to sign off a trainee if required. The team also asked if there would be more than one DPP in a multi-sector programme. The provider indicated that they still stress testing the changes in

relation to the requirements for DPPs, so have not yet explored this scenario. The provider did confirm that the arrangements for more than one DS would apply to students on the University of Bradford Sandwich programme.

The DPP is responsible for overseeing the prescribing assessment activities and assessing whether the trainee pharmacist has demonstrated completion of these activities to a satisfactory standard. The DPP must also determine whether the RPS prescribing competencies have been met, and that the trainee had undertaken at least 90 hours of learning focused on prescribing capabilities. The DPP must update the DS regularly on the progress of the trainee. The DPP is not required to supervise the trainee for the entire 90 hours, but they must ensure that appropriate clinical supervision is in place in order to ensure patient safety. The trainee must have sufficient opportunity to demonstrate their prescribing capabilities repeatedly and reliably.

The team asked about the process in place to review a prospective DPPs skills, experience and training to ensure that they meet the requirements of the role. The provider explained that the DS and DPP must submit their details to PIMS which includes a self-declaration that they comply with all requirements relating to knowledge, skills and experience set out in the NHS England supervisor specification. The team asked how the provider would ensure that other healthcare professionals involved in assessment are appropriately trained, qualified and competent to assess a trainee's competence. The provider explained that all supervisors are treated in the same way and that the core specification for the role of DS and DPP is generic, such as including the requirement for any supervisor to be a registered professional.

The team agreed that it was not yet clear how the provider would quality assure aspects such as the suitability of supervisors in meeting the requirements for the role. Therefore, the team agreed to set a **condition** that the provider should apply an additional layer of quality assurance which could be in the form of a sampling process or similar that allows the provider to gain qualitative evidence that the programme policies and processes are being adhered to.

The team asked whether any guidance will be given to the DS and DPP with regards to the minimum time that should be spent supervising the trainee directly. The provider explained that this would not be specified and was reflective of a broader NHSE qualitative approach which focused on supervisors ensuring that they undertake sufficient supervision to make decisions on the trainee's progress. The provider also confirmed that there would be no specific number of trainees that the DS or DPP can supervise at the same time, but it is already set out in the training plan that the supervisors must have sufficient time to be able to carry out the role.

The team noted the range of prescribing assessment activities which require physical and clinical examination skills to be evidenced and signed off by the DPP. The team noted that the DPP person specification does not explicitly state the requirement for DPPs to have the ability to assess patient-facing clinical and diagnostic skills, although the team agreed that it could be assumed as part of the nature of the role as had been set out. The provider may, however, wish to revisit the person specification to ensure clarity of the requirements for the DPP role to placement sites and prospective DPPs.

Trainee pharmacists and their supervisors must sign the learning agreement at the start of the programme which sets out the roles and responsibilities of each party. This also includes the requirement for regular developmental and documented meetings throughout the programme, such as during fixed progress review points at 13, 26 and 39 weeks, respectively. The employers must also make clear in the training plan their local quality management systems for delivering the programme,

such as supervision and trainee monitoring arrangements. All documented meetings must be recorded on the e-portfolio. Other meetings such as for rotational supervisors to meet can also be recorded on the e-portfolio, which can then be reviewed by the DS. The DPP must also hold required meetings with the trainee to discuss the prescribing learning needs analysis, the learning agreement and a prescribing development plan. There should be regular review of progress and assessments mapped to the learning outcomes and a final prescribing development review at the end of the prescribing practice time.

Where there are concerns about the progression of a trainee or the demonstration of learning outcomes, an action plan must be generated and documented within the e-portfolio. There is guidance for supervisors for contacting NHSE where there are concerns about trainee pharmacist progress. The DPP must regularly update the DS on the trainee's progress and escalate any concerns regarding the trainee's progression in practice in relation to prescribing as soon as they arise. The DS must also raise issues and concerns about a trainee's ability to prescribe to the DPP as soon as they arise. NHSE regional teams will also monitor the progression of the trainee cohort using the e-portfolio and PIMS, which will be reviewed by the Regional Foundation Trainee Pharmacist Board.

The team asked about the process if a training site were to raise an issue with a trainee's performance. The provider explained that there was a trainee support process which they would be referred to, which might include meetings with regional facilitators, or might involve discussions with the employer and supervisor. The team also asked about what happens if a training site removed a trainee due to lack of progress. The provider explained that they would try to avoid this, if at all possible, through early intervention and action plans, but if there was an issue that could not be solved then it would be dealt with at regional level. The provider noted that NHSE had a policy that the removal of the learner was a last resort which applied to all training sites wherever commissioned. It was noted that if the trainee was in breach of the contract of employment, the trainee site can remove them.

The DS is responsible for the sign-off of learning outcomes during the foundation training year. The learning outcomes can be signed off at any point, though it is likely that the review points at 13, 26 and 39 weeks will be common points at which progress against the learning outcomes is reviewed. If the trainee has a 13 week or more rotational placement, there must be a DS at the rotational site. The DS at the primary site is responsible for the final sign-off and completion of the final declaration, which will be informed by assessment and sign-off by the DS at the rotational site and the DPP in relation to prescribing activities. In 2025/26, there may be situations where a supervisor acts as both the DS and the DPP. In this scenario, the training site must ensure that more than one person involved in the process of assessing the trainee pharmacist which leads to the final sign-off. The DS would need to record the other individuals who are involved in the assessment of the trainee on the e-portfolio.

The team asked how sign-off where the DS and DPP are the same person will be managed and quality assured. The provider explained that this scenario would only occur in 2025/26 and was very unlikely to be the case. From 2026/27, there will always be two supervisors as multi-sector placements are introduced for all trainees. For 2025/26, where there is a single supervisor acting as both DS and DPP, NHSE will make contact with them to ensure they are aware that an additional person must be involved in the assessment of the trainee. The provider noted that as information regarding the provision in 2025/26 is gathered, this will enable them to identify any training sites with single supervisors. The team agreed that it was not yet clear how the sign-off process would work with the range of models that may be in place so a **condition** was set that required the provider to submit a

clear process to define the agreed mechanisms for sign-off by the Designated Supervisor (DS) and the Designated Prescribing Practitioner (DPP) which will reflect the range of models that may be in place.

The team wished to know how a disagreement between the DS and DPP regarding the suitability of the trainee to practise or prescribe would be managed. The provider clarified that the role of the two supervisors is distinct, so that the DPP, for example, is focused on the prescribing elements of the training year. The provider confirmed that it was the responsibility of the DS to see where the learning outcomes are demonstrated. It was noted that they are not making decisions on the same things, so, for example, it is the DPP's decision as to whether the trainee pharmacist has the required competence to be an independent prescriber, and this decision cannot be overridden by the DS. The final declaration means that the DS must accept the decision of the DPP. The team was also told that confirmation that the trainee has completed the 52 weeks (including the 90 hours of learning in practice) will be part of the final declaration and ratification process. The provider confirmed that the ratification process is automated within the e-portfolio but requires positive declarations, such as the various checkpoints and the final declaration.

The team was satisfied that four out of nine criteria in this standard relating to Foundation Training Year Supervision will be **met**. Criteria 9.2, 9.3 and 9.5 relating to the quality assurance of programme policies and procedures and the suitability of supervisors in meeting the requirements for the role and are **not met** and are subject to a condition (see condition 2). Criteria 9.1 and 9.9 relating to relating to the sign-off of the trainee pharmacist by the designated supervisor and designated prescribing practitioner is also **not met** and is subject to a condition (see condition 3).

Transition period

The NRS processes applications from pharmacy undergraduates in year three of their respective MPharm degrees, OSPAP students and applicants who have already graduated when the application process starts, or who are graduating from their respective MPharm degrees on the interim learning outcomes. The NRS enables these categories of students to be filtered, with OSPAPs and students on the interim learning outcomes being flagged to employers at the point of allocation so that the employers are fully aware that the students must be signed off against the interim learning outcomes.

NHSE will utilise the Pharmacy Information Management System (PIMS) to collect the details from the NRS and ensure that trainees graduating from the 2011 standards are clearly highlighted. This will also filter through to the e-portfolio that will require students to only evidence interim learning outcomes.

Applicant details and routes of entry are checked against the nominee lists for MPharm courses and OSPAPs provided by respective Schools of Pharmacy. For any applicants who are already MPharm/OSPAP graduates at the point of application, the applicant must upload a copy of their graduation certificate with their application. For any applicants who are still studying according to the

interim learning outcomes, and who started their MPharm course before 2021, their details would be cross-checked with their school of pharmacy. All employers who wish to be accepted onto the NRS must agree to provider trainees with an appropriate programme that matches their exit qualification which is laid out in the NRS Terms of Participation.

The team asked how employers would be supported if they have trainees on both sets of standards. The provider explained that there were two variants of the assessment strategy and e-portfolio to reflect the full and interim learning outcomes. This information would be communicated to the sites and also to the Regional level, so it can be understood where this is happening. The provider expected that around 10% of trainees will be on the interim learning outcomes stream, which would also include a variation in the assessment strategy to reflect the different requirements. It was noted that in terms of the training plan, NHSE would work directly with respective sites on a case-by-case basis.

The team also asked about the communication plan for both trainees and stakeholders to help them understand how the transition period will operate. The provider explained that there would be a multilayered approach in this respect, with national information provided via usual routes, as well as being communicated clearly to the training site. The provider commented that for OSPAPs, the transition arrangements may last longer than those for MPharm students. The team was told that there were quality assurance mechanisms in place to ensure that trainees are assigned to the correct programme and to ensure that accurate information regarding the trainee's route will be provided to the GPhC at the sign-off stage. The provider highlighted that the two variants will differentiate between students, and confirmed that the final sign-off and declaration from the Designated supervisor will look different, which will then be provided to the regulator.

The external stakeholders reported that information about how the programme would be delivered against two different sets of standards was clear and that it was important that it was managed internally to avoid confusion. It was also noted that the main difference between the programmes was the introduction of the prescribing elements.

Decision descriptors

Decision	Descriptor
Met	The accreditation team is assured after reviewing the available evidence that this criterion/learning outcome is met (or will be met at the point of delivery).
Not met	The accreditation team does not have assurance after reviewing the available evidence that this criterion or learning outcome is met. The evidence presented does not demonstrate sufficient progress towards meeting this criterion/outcome. Any plans presented either do not appear realistic or achievable or they lack detail or sufficient clarity to provide confidence that it will be met by the step 3b event without remedial measures (condition/s).

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