General Pharmaceutical Council

# Northern Ireland Centre for Pharmacy learning and Development (NICPLD) Foundation Training Year (FTY) Programme accreditation step 3a event report, January 2025

# Contents

| Event summary and conclusions | |
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| **Provider** | Northern Ireland Centre for Pharmacy Learning and Development (NICPLD) |
| **Programme** | Foundation Training Year (FTY) programme |
| **Event type** | Accreditation (step 3a) |
| **Event date** | 8 – 9 January 2025 |
| **Approval period** | 2025/26 – 2030/31 |
| **Relevant requirements** | Standards for the initial education and training of pharmacists, January 2021 |
| **Outcome** | Approval with conditions<br>The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) and Council of the Pharmaceutical Society of Northern Ireland (PSNI) that the foundation training year programme for trainee pharmacists offered by NICPLD is accredited, subject to two conditions.<br>A step 3b event is not required.<br>Accreditation is recommended for a period of 6 years from 2025/26, with an interim event at the mid-way point. |
| **Conditions** | 1. NICPLD must set out the recruitment process that will be used for community and hospital placements for the 2026/27 training year onwards which will ensure a fair and equitable process and allow applicants to demonstrate their ability and suitability to be a trainee pharmacist. The plan must describe appropriate mechanisms for assessing each trainee's performance to justify selection decisions and the allocation of training places. This must be accompanied by a detailed project plan with relevant timelines which provides assurance that the new recruitment process will be developed and implemented for 2026/27 training year. Updates on key milestones must be provided to the GPhC for assurance that work is developing as planned. This is to meet criteria 1.1, 1.3 and 1.4.<br>2. NICPLD must clearly set out how trainee EDI data will be collected, analysed and incorporated into your programme review processes for the 2025/26 training year onwards. This must additionally include analysis of applicants' EDI data for the 2026/27 training year onwards. This is to meet criteria 1.2, 2.2, 2.3 and 2.4. |

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| | Evidence of how the conditions have been addressed must be sent to the GPhC, for approval by the accreditation team. This must be received by **31 March 2025**, with continuous updates provided for condition 1. |
| **Standing conditions** | The standing conditions of accreditation can be found **here**. |
| **Recommendations** | 1. That draft policies and procedures are prepared and submitted which set out a clear plan to demonstrate NICPLD's consideration of how it would manage the banking of training and transfer arrangements for trainees moving to or from the NI FTY training programme and FTY training in Great Britain. This will allow NICPLD to be prepared to accommodate legislative/policy changes expected to be made by the PSNI and GPhC which would permit trainees to move between GB and NI to undertake their FTY. Should these regulatory changes be made, appropriate policies and procedures will need to be in place. This relates to criterion 4.1.<br>2. That agreements with FTY placement providers are strengthened through the use of formal contracts. This would provide additional assurance of adherence to the NICPLD programme requirements and greater clarity to providers of their responsibilities. This relates to criteria 4.2 and 6.2. |
| **Minor amendments** | None required. |
| **GPhC Registrar[1] decision** | The Registrar reviewed the report and considered the accreditation team's recommendation.<br>The Registrar confirmed that NICPLD is accredited to provide a foundation training year (FTY) programme from the 2025/26 academic year, subject to all conditions being met satisfactorily. |
| **Key contacts (provider)** | Dr Heather Bell, Associate Postgraduate Pharmacy Dean<br>Lisa Smith, Postgraduate Pharmacy Dean |
| **Accreditation team** | Steve Howard, Independent Healthcare Consultant*<br>Parbir Jagpal (team member – academic), Associate Professor, Clinical Practice & Prescribing, School of Pharmacy, University of Birmingham<br>Charles Odiase (team member – pharmacist), Consultant Pharmacist Primary Care and Diabetes (Lead Clinical Pharmacist) Kings Langley and Longmeadow Surgeries, Hertfordshire UK<br>Laura Doyle (team member – pharmacist), Head of Undergraduate and Foundation Pharmacist, Health Education and Improvement Wales |

[1] Registrar or appointed delegate

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| | Dafydd Rizzo (team member – pharmacist newly qualified), Clinical Pharmacist, Cardiff and Vale University and Post-Registration Foundation Pharmacist<br><br>Liz Harlaar (team member – lay), Independent Business Consultant |
| **GPhC representative** | Philippa McSimpson*, Quality Assurance Manager (Education), General Pharmaceutical Council |
| **PSNI representative** | Emer Hopkins*, Head of Regulation Strategy and Education, Pharmaceutical Society of Northern Ireland |
| **Rapporteur** | Alex Ralston, Quality Assurance Officer (Education), General Pharmaceutical Council |
| **Observers** | Alex Lescaian, Policy Manager (Education), General Pharmaceutical Council<br><br>Lisa Gilbert, Specialist Foundation Training Advisor, General Pharmaceutical Council<br><br>Sarah Purdy, Specialist Foundation Training Advisor, General Pharmaceutical Council |

# Introduction

## Role of the GPhC

The General Pharmaceutical Council (GPhC) is the statutory regulator for pharmacists and pharmacy technicians in Great Britain 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.

GPhC education and training standards are published jointly with the pharmacy regulator in Northern Ireland, the Pharmaceutical Society of NI (PSNI) and the GPhC undertakes accreditation of pharmacy education in Northern Ireland on behalf of the PSNI.

Approval of foundation training programmes in Northern Ireland was previously undertaken by the Pharmaceutical Society of NI (PSNI). Article 8 of the **Pharmacy Order (Northern Ireland)** requires that prospective registrants must have satisfactorily completed a course of practical training as approved by the Council of the Pharmaceutical Society NI. For this event the accreditation process was undertaken by a GPhC accreditation team on behalf of the Pharmaceutical Society of NI, at its request. The event was

overseen by a representative from each of the respective pharmacy regulators. The GPhC accreditation team made a recommendation on approval to both the Registrar of the GPhC and the Council of the Pharmaceutical Society of NI.

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 and PSNI 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.

The Northern Ireland Centre for Pharmacy Learning and Development (NICPLD) is commissioned by the Department of Health (DoH) to act as the statutory education body (SEB) for pharmacy in Northern Ireland, which includes running the Foundation training year (FTY).

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 ('the provider') 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.

## Pre-event

In advance of the main event, a pre-event meeting took place via videoconference on 17 December 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.

[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.

## The event

The event took place virtually via videoconference on 8 – 9 January 2025 and comprised of a series of meetings between the GPhC accreditation team and representatives of the SEB. The accreditation team also met with a group of stakeholders.

## Declarations of interest

The following were declared but not consideded to be conflicts of interest:

Philippa McSimpson and Alex Ralston declared that they had worked with Lisa Smith, NICPLD Postgraduate Pharmacy Dean in her previous role at the GPhC as part of the Education team.

Steve Howard and Laura Doyle declared that they had previously worked with Lisa Smith, NICPLD Postgraduate Pharmacy Dean in her previous role at the GPhC in relation to the work of the Board of Assessors.

Dr Heather Bell, Associate Postgraduate Pharmacy Dean is a member of the GPhC Board of Assessors.

Laura Doyle declared that she was currently engaging with Dr Heather Bell, Associate Postgraduate Pharmacy Dean in monthly Statutory Education Body (SEB) meetings with regards to plans for the transfer of trainees between the four nations. The team agreed that Laura Doyle would recuse herself from questions relating to this matter.

Laura Doyle and Charles Odiase declared that they worked with one of the stakeholders who would be attending the stakeholder meeting.

# Schedule

### Day 1: 8 January 2025

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| **09:00 – 11:00** | Private meeting of the accreditation team, including break |
| **11:00 – 13:00** | **Welcome and introductions**<br>**Programme strategy and management**<br>• **Presentation from provider (maximum 30 minutes) covering:**<br>• **Questions and discussions**<br>This session focused on standards 1, 2, 3, and 4 |
| **13:00 – 14:00** | Lunch break and private meeting of the accreditation team |
| **14:00 – 16:00** | **Curriculum and assessment**<br>• **Presentation from provider (maximum 20 minutes) covering:**<br>• **Questions and discussion**<br>This session focused on standards 5, 6 and 8 as well as aspects of standard 2 and the Learning Outcomes |

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| **16:00 – 17:00** | Private meeting of accreditation team |

### Day 2: 9 January 2025

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| **09:00 – 09:15** | Private meeting of the accreditation team |
| **09:15 – 11:10** | **Trainee supervision, progression and sign-off**<br>• **Presentation from provider (maximum 20 minutes) covering:**<br>• **Questions and discussion**<br>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 – 12:30** | **Meeting with stakeholders**<br>• **Questions and discussion**<br>This session focused on standards 2, 4, 5, 6, 7 and 8. |
| **12:30 – 13:15** | Lunch Break |
| **13:15 – 14:00** | **Managing concerns and trainee fitness to practise**<br>• **Questions and discussion**<br>**Delivery of a transitional route to the 2011 standards (interim learning outcomes)**<br>• **Questions and discussion**<br>This session focused on aspects of standards 5 and 7 as well as aspects of standard 2. |
| **14:00 – 16:45** | Private meeting of the accreditation team |
| **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 |
|---|---|
| Mrs Lisa Smith* | Postgraduate Pharmacy Dean |
| Dr Heather Bell* | Associate Postgraduate Pharmacy Dean |
| Dr Fran Lloyd* | Associate Postgraduate Pharmacy Dean |
| Dr Laura O'Loan,* | Associate Postgraduate Pharmacy Dean |
| Mrs Louise Markey* | NICPLD Administrator |
| Mrs Wendy Evans* | Lead Pharmacist Foundation Training Year |
| Dr Catherine Shaw* | Lead Pharmacist Foundation Training Year |

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| Dr Andrea Shirley | Lead Pharmacist for eLearning and Foundation Training Year |
| Mrs Mairead Conlon* | Lead Pharmacist Foundation Training Year |
| Miss Anne-Marie Mullan* | Clerical Officer Foundation Training Year |
| Mr Daniel Young | Lead Pharmacist for eLearning |
| Mrs Bronagh White | Senior Lead for Experiential Learning (General Practice) |
| Mr Conan O'Rourke | Lead Pharmacist for Independent Prescribing |
| Mrs Paula Little | Lead Pharmacist for Independent Prescribing |
| Mrs Stephanie Smith | Lead Pharmacist for Independent Prescribing |
| Miss Miriam Gichuhi, | Lead Pharmacist for Independent Prescribing |
| **Stakeholders:** | |
| Professor Cathy Harrison | Chief Pharmacist, Dept of Health |
| Mr Canice Ward | Head of Medicines Regulatory Group, Department of Health |
| Professor Gavin Andrews | Head of School of Pharmacy, QUB |
| Professor Brendan Gilmore | Deputy Head of School of Pharmacy, QUB |
| Professor Paul McCarron | Head of School of Pharmacy, University of Ulster |
| Ms Johanne Barry | Senior Lecturer (Education) School of Pharmacy, QUB |
| Professor Lezley-Anne Hanna | Director of Education (Pharmacy), School of Pharmacy, QUB |
| Dr Aaron Courtenay | Director of Education, School of Pharmacy, University of Ulster |
| Dr Deborah Lowry | Associate Head of School of Pharmacy, University of Ulster |
| Mrs Ann McCorry | Head of Pharmacy and Medicines Management, Southern Trust |
| Ms Julia Tolan | Head of Pharmacy and Medicines Management, Northern Trust |
| Dr Anne Friel | Head of Pharmacy and Medicines Management, Western Trust |
| Professor Roisin O'Hare | Northern Ireland Lead Clinical Education Pharmacist, NI Universities Network/Cardiology Pharmacist,Southern Trust |
| Mrs Ennis Shields | Governance and Services Support Pharmacist, Community Pharmacy NI |
| Mrs Adrienne Clugston | Operations Manager, Ulster Chemist Association-NI |
| Ms Jayne Laughlin | Superintendent Pharmacist, Clear Pharmacy, Leadership & Coaching, Greenlight Campus |
| Mr Simon Harris | Green Light Partner, Head of Education, |
| Mrs Shauna McKeown | Head of student disability and wellbeing, QUB |
| Ms Mary Anderson | Patient partnership representative |
| Ms Siobhan Hussey | Patient partnership representative |
| Mr Conor McDonnell | Foundation Trainee Pharmacist |
| Ms Brooke Lawther-Brown | Foundation Trainee Pharmacist |
| Mr Matthew Currie | Newly qualified pharmacist |
| Ms Maria Carey | Newly qualified pharmacist |
| Mrs Lyn Stevenson | Healthcare Academy Trainer, Boots |
| Mr Cliff McElhinney | Pharmacist contractor, Urban Pharmacy |
| Ms Edel Mason | Pharmacist , Pharmacy Plus Portadown |
| Mr Sheelin McKeagney | Chair of Pharmacy Forum NI and Pharmacist contractor, McKeagneys Pharmacies |

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| Mrs Anne McAlister | Representation Manager, Northern Ireland, National Pharmacy Association |
| Mr Barry Keenan | Clinical Pharmacy Manager, South West Acute Hospital |
| Mrs Diane Holden | Lead Clinical Pharmacist for Unscheduled Care, (Emergency and Acute Medicine), Antrim Hospital |
| Mrs Glynis McMurtry | Head of Pharmacy, GP Federations |

## 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 were met (or would be met at the point of delivery.

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)

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|---|---|---|---|
| **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)

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| **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 ☐** |

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|---|---|---|---|
| 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)

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|---|---|---|---|
| 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)

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|---|---|---|---|
| **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**

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|---|---|---|---|
| **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 ✓** |

Information about the selection and admissions process for the 2025/26 recruitment cycle is available on the NICPLD website, which includes details about the recruitment process. NICPLD attended both universities in Northern Ireland and emailed information about the application process to all schools of pharmacy in Great Britain (GB) so that this can be passed on to interested applicants, as well as leading a webinar on the process. Application information is also freely available on the NICPLD website.

Trainee Pharmacists in Northern Ireland (NI) applying to the 2025/26 foundation training year (FTY) must undertake the NICPLD FTY programme via three training pathways. Pathway 1 is for students graduating against the 2021 standards who must complete a multi-sector pathway which will consist of a 6-month hospital pharmacy placement and a 6-month community pharmacy placement and will include mandatory practice activities (MPAs) and prescribing practice activities (PPAs). Pathway 2 is for students graduating against the 2011 standards or students who have undertaken the Overseas Assessment Programme (OSPAP) who will complete a multi-sector pathway consisting of a 6-month hospital pharmacy placement and a 6-month community pharmacy placement and will include MPAs and interim practice activities (IPAs). Pathway 3 is for students graduating against the 2011 standards or completing the OSPAP who will undertake a 12-month community pharmacy placement (consisting of 2 x 6-month placements in different community pharmacies) and will include MPAs and IPAs. For the 2025/26 training year, the majority of trainee pharmacists on the scheme will be following pathway 1.

Once an applicant has obtained the required placements, they then apply to NICPLD to join the NICPLD FTY programme. Applicants must also apply separately to join the student register of the Pharmaceutical Society of Northern Ireland (PSNI). The process is set out in the Application guide for the NICPLD FTY 2025/26.

For the 2025/26 process, NICPLD approved community pharmacy training sites and placed them on a live list on the NICPLD website. Applicants then chose placements from the list and applied directly to

the relevant pharmacy. Each community pharmacy employer used their own recruitment process, supported by the Ulster Chemist Association (UCA-NI) who have produced a selection and recruitment pack which recommends assessing against the Trainee Pharmacist-Professional Attributes Framework (PAF).

Hospital placements were assigned through a centralised recruitment process which took account of the performance of applicants in Multiple Mini interviews (MMIs) against the PAF. Applicants were able to access the HSCNI (Health and Social Care Northern Ireland) Foundation Training Year booklet on the NICPLD website which provides information about the process. Reasonable adjustments were accommodated, with interviews taking place in a venue with accessibility features. For the 2025/26 cycle, applicants who met the essential criteria were invited to interview which could be self-booked. Applicants were given a briefing on arrival as to how the MMIs would work.

The accreditation team ('the team') asked about the recruitment process for hospital placements and how recruitment decisions are fair and consisted with a single interviewer at each MMI station. NICPLD ('the provider') explained that all interviewers were trained, with 2 people nominated by each hospital trust in Northern Ireland. The provider noted that the interviewers involved had to have undertaken Trust recruitment training. It was noted that the MMIs are linked to the professional attributes framework and that there are behavioural and situational questions. The provider explained that interviewers worked together in pairs to calibrate what they were looking for. In terms of the interview itself, each trainee meets 5 interviewers. The interviewer is passive during the interview so that the trainee is marked against what they say. The provider noted that the marking was standard set using a modified Angoff approach. A score of 0 meant a fail, a score of 3 was a pass, a score of 5 was excellent. The provider indicated that a similar MMI process was planned as part of the 2026/27 application process.

The team was told that for the 25/26 cycle, interviews were held face to face, but with an allowance for a virtual interview if necessary. The team asked how the provider ensured fairness and consistency of approach for face to face and virtual interviews. The provider explained that there were three applicants unable to attend in person, so virtual interviews were held for these applicants. The same questions and same interviewers were used. The provider observed that 10% of applicants to the programme studied in schools of pharmacy in Great Britain (GB) and wanted to train in Northern Ireland; with that in mind, the provider wants to ensure that the process will not discriminate against those who train in GB countries, so will ensure that the questions are not Northern Ireland specific, such as getting a GB pharmacist to review the questions and ensure that MMIs are also applicable.

The team also asked how community pharmacy placement providers are guided and supported to ensure equality, diversity and fairness is built into their recruitment process. The provider noted that there was valuable support from the Ulster Chemist Association (UCA-NI) who were also taking part in the 2026/27 Task and finish group looking at the forthcoming 2026/27 recruitment process, as well as providing traditional support for the foundation training year, such as producing a recruitment pack and step by step guide for community pharmacies to use during their recruitment of trainees. The provider observed that this was not widely used as many of the pharmacies will have had their own recruitment processes.

The provider explained that a matching process took place in November 2024 to ensure that all applicants for 2025/26 have the required two placements. NICPLD checked the list of FTY placement holders against the students graduating from the Northern Ireland Universities to ensure that each

student graduating to the 2021 standards had been offered the appropriate pathway and would have a placement in which they could access a prescribing environment. The provider noted that any students applying from GB universities were also contacted to check that they were on the correct pathway. NICPLD will open an application process in January 2025 for students holding placement offers to formally apply for a place on the 2025/26 NICPLD FTY programme. The student must make a series of declarations about the fitness to become a pharmacist as part of the process, including their conduct, behaviour, cautions and criminal convictions. Students are offered a conditional place on the FTY programme which is confirmed once the student joins the student register of the PSNI and graduates from the appropriate MPharm programme; the PSNI verifies the qualification of the student.

The team asked about how information about the programme was shared with applicants from GB schools of pharmacy. The provider noted that it identified the appropriate contact point in each GB School of pharmacy so that information about the NICPLD FTY could be shared and disseminated by the respective contacts; this information is also available on the NICPLD website which is open access for FTY applicants. For the 2026/27 recruitment cycle, NICPLD will follow up with the other schools of pharmacy to confirm they have received the information.

For the 2026/27 recruitment cycle, the Department of Health (DOH) convened a Task and Finish group to review the selection process used for the 2025/26 programme and make recommendations for the process for the 2026/27 cycle, with particular reference to the introduction of a joint recruitment process to enable selection and admissions to the FTY programme in 2026/27 in keeping with the requirements of Standard 1. The group was established in September 2024 and meets every two weeks.

The team asked for an update on the work of the Task and Finish group in terms of both recruitment cycles. The provider explained that the group has reviewed the 2025/26 cycle to see what could be learned from this, such as the benefits of doing the MMIs online or face to face and how to make the process more accessible. The provider commented that plans for the 2026/27 cycle were not finalised and noted that the group had reviewed a number of options for how the recruitment process should be managed, opting for a joint recruitment process (for hospital and community pharmacy) which would be managed by NICPLD. It was noted that there was engagement with employers and Human resources to ensure that the process would work, including legal advice regarding the process around individual employers not conducting their own interviews and selecting their own candidates. In terms of information for applicants in the 2026/27 recruitment cycle currently under development, the Task and Finish group is reviewing the communications involved and will develop an applicant guide and an employer/supervisor guide to outline the process to all those involved.

The provider, reflecting on discussions during the event, commented that the selection process for the 2025/26 FTY did not fully meet Standard 1, and noted that a key part of the work of the Task and Finish group was to address this in the implementation of a single recruitment process for 2026/27. The provider explained that a gap analysis had been carried out on the 2025/26 recruitment cycle which indicated where the 2021 standards were not fully met, such as different application processes being used for each sector, no central portal for tracking applicants and a lack of data from community pharmacy to allow for robust equality, diversity and inclusion data analysis.

The provider further outlined the plans for the 2026/27 cycle, confirming that MMIs would be retained as they have been used for a number of years. The provider explained that at the outset of the Task and Finish group, NICPLD needed to explain to the key stakeholders why there needed to be

changes, and acknowledged that the community pharmacy sector still have some concerns over the proposed new process such as the allocation of a trainee to a community pharmacy who have not themselves been involved in the interview process (as in the current process). A number of the stakeholders confirmed to the team that they were actively participants in the Task and Finish group. Community Pharmacy stakeholders reiterated their concerns over how the new process would work but also commented that NICPLD were very receptive to feedback and comments on this.

In terms of how applicants would use the new system, the provider explained that there would be a portal on the NICPLD website, similar to the ORIEL portal used by the other Statutory Education Bodies (SEBs). It was noted that all placements will be on the portal and that employers will have a template to follow so that they provide the same information. There would be a map of Northern Ireland which would show where the placements are. The provider summarised current progress on the development of the portal, noting that the portal would be ready for review in mid-February 2025. It was noted that, as with systems such as Oriel, the process would enable the applicants to preference their placements. New MMI scenarios would also be built which would apply to both the hospital and community pharmacy sectors with mapping to PAF; it was planned that these would run virtually, building on the experience of Queens University Belfast (QUB) in virtual selection of candidates onto their MPharm programme. It was planned, for example, that parallel rooms would be running at the same time, during the MMIs with live monitoring of the interview and scoring, which would also be standard set and quality assured. The MMIs would then enable a ranked list to be generated which would then be combined with the student preferencing. NICPLD indicated that the InPlace software would be used to manage this. The provider clarified that the students would be employed by the respective employers taking part, as there was no single lead employer such as the case in the GB countries. NICPLD explained that the plan was for the application process to take place in June 2025, aligning with the application process for ORIEL for the other SEBs in England, Wales and Scotland.

NICPLD confirmed that there was also a workstream in place to monitor data and feedback about the process. For employers, there would be an approval stage to check that the placement site is suitable, and that the placement requirements would be clear to the employer when they signed up to the process. Reasonable adjustment and special circumstance procedures would also be built into the application process with guidance for applicants on these procedures.

The team asked how the proposed process would manage a higher demand for community placement. The provider explained that based on the current hospital placement capacity, only 100 students can be in hospital placement at any one time, so the placements would have to be split so that half of the cohort would be undertaking their six-month hospital placement (including the prescribing activities) whilst the other half were undertaking the community placement.

The team noted that the provider's risk register flagged the recruitment for the 2026/27 cycle as high risk. The provider explained that it was important to establish a single process that would incorporate both hospital and community pharmacy. The provider also highlighted that there were likely to be more applicants than training year spaces available in 2026/27; NICPLD anticipated around 250 applicants but noted that there would only be 200 places on the scheme. The provider recognised the need for a new process to ensure that this situation can be managed where not all applicants applying for a place in Northern Ireland may be successful and may need to apply to one of the other GB countries. The provider highlighted that students would be advised to also apply for trainee places in Oriel.

The team asked about the process for managing any applicants who do not meet the selection criteria. The provider explained that so far, all applicants to date have met the criteria and noted that the applicant guide will be very clear about the application criteria. The provider confirmed that if applicants fall short, there will be feedback. The team asked about what would happen if a candidate only secured one 6-month placement. The provider commented that this was unlikely to occur as there will be a single recruitment model from 2026/27. The provider acknowledged that there had been a risk of this for the 2025/26 recruitment cycle, but that it had been assessed in November 2024 through a meeting with representatives from both hospital and community, noting that there was a Pathway 3 option for students who might just want to undertake their placement in community. A matching process had also been undertaken to resolve any such issues.

The team noted the plans for the new recruitment process from 2026/27 as well as the challenges that had been faced in operating the process in 2025/26. The team therefore agreed that a **condition** be set that the recruitment process that will be used for community and hospital placements for the 2026/27 training year onwards must ensure a fair and equitable process and allow applicants to demonstrate their ability and suitability to be a trainee pharmacist. The provider must set out on the plan the appropriate mechanisms that will be used to assess each trainee's performance to justify selection decisions and allocation of training places. The provide must also set out a detailed project plan with relevant timelines which provides assurance that the new recruitment process will be developed and implemented for the 2026/27 training year, with updates on key milestones provide to the GPhC. This is to meet criteria **1.1, 1.3** and **1.4.**

As part of the submission, it was stated that NICPLD collects equality monitoring data at the point of application and is used for equality monitoring purposes within NICPLD. This includes data on areas such as age, disability, gender, racial or ethnic group, religious beliefs and pollical opinion (Northern Ireland community background). The data is compared with census data and PSNI data to ensure that the process does not discriminate against applicants and monitors any changes in the profile of the trainee to identify any issues. The team acknowledged the challenges highlighted by the provider in terms of collecting EDI Data for the 2025/26 recruitment cycle given that there were separate processes in respect of the community pharmacy placement and the hospital pharmacy placement. The team therefore agreed to set a **condition** that NICPLD must set out how trainee EDI data will be collected, analysed and incorporated into programme review processes for the 2025/26 training year onwards, as well as including analysis of applicants EDI data for the 2026/27 training year onwards. This is to meet criteria **1.2, 2.2, 2.3** and **2.4.**

The team agreed that criteria **1.1, 1.3** and **1.4** are **not met** and are subject to a condition (see **Condition 1**); the team also agreed that criterion **1.2** is **not met** and is also subject to a condition (see **Condition 2**).

## 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**

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|---|---|---|---|
| **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 ✓** |

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|---|---|---|---|
| **Criterion 2.5 is:** | **Met ✓** | **Likely to be met ☐** | **Not met ☐** |
| **Criterion 2.6 is:** | **Met ✓** | **Likely to be met ☐** | **Not met ☐** |

The submission confirmed that NICPLD has been based at Queen's University Belfast (QUB) since 1996. QUB has an Equality, Diversity and Inclusion (EDI) policy that promotes equality of opportunity and to developing an environment that values and celebrates the diversity of its staff. QUB is also registered with the Equality Commission for Northern Ireland, and QUB monitor the diversity of the student body, workforce and applicants for employment in accordance with Section 75 of the Northern Ireland Act 1998. The University's policies comply fully with all NI legislation relating to equality and discrimination including that all applicants, students and staff are treated fairly on the grounds of in respect of age, disability, gender (including transgender), sexual orientation, Racial or ethnic group, marital or civil partnership status, dependants, religious belief and political opinion (NI community background). Therefore, as staff of QUB, all NICPLD staff must undertake mandatory EDI training. Additionally, NICPLD staff must complete all four parts of the NICPLD e-learning course on Equality, Diversity and Inclusion. These parts include Introduction to EDI, Cultural competence and avoiding microaggressions, Neurodivergence awareness and LGBTQIA+ and gender identity awareness.

The NICPLD FTY programme has been developed to ensure that the principles of EDI are embedded and followed within the programme, and incorporated into guidance on selection and admission, course design and delivery, Reasonable adjustments and other key elements. All trainees, Educational Supervisors (ESs), and Designated Prescribing Practitioners (DPPs) must complete all four parts of the NICPLD e-learning EDI course. External providers contracted to help deliver elements of the FTY programme such as support for the Registration Assessment or first aid training must also confirm that they adhere to the principles of EDI in terms of the content they deliver on behalf of NICPLD.

Employers must sign an employer declaration to confirm they are providing a safe working and training environment for trainees and provide any equipment required to support the trainee to fulfil their duties.

The venue used by NICPLD for face-to-face delivery of training is also compliant with equality legislation and is accessible.

In terms of course delivery, NICPLD use a variety of approaches such as face-to-face, synchronous and asynchronous webinars and other online learning. Teaching content is reviewed so that it promotes inclusivity by using a range of diverse case studies from patients with various ethnic backgrounds and skin tones. EDI is a standing item on the agenda of the trainee voice meetings.

NICPLD has a procedure for exceptional circumstances for trainees unable to complete tasks within the required timeframe. Claims are considered on a case-by-case basis by an NICPLD FTY Lead Pharmacist. If required, the trainee requiring additional support (TRAS) procedure may be enacted. A maximum of 4 weeks extension for exceptional circumstances is permitted, but if the request exceeds this, the trainee must complete a temporary withdrawal form so that the trainee and ES can understand the implications of the absence. There is also a procedure for reasonable adjustments (RAs). Applicants must complete a health declaration form on application to NICPLD which will then be reviewed by the FTY team. Should any adjustments be identified, the applicant will be contacted to discuss further and to identify the area in which the RA may be required, such as in the workplace, or in relation to academic study. Where necessary, a trainee can be referred to occupational health. If an RA is approved, the FTY admissions lead will notify all FTY lead pharmacists and employers so that the adjustment can be embedded in the workplace. This will be monitored as part of regular support calls

from the FTY lead pharmacists. The NICPLD team are also able to access support resources from the QUB Accessible Learning support team. Most of the FTY lead pharmacists are also trained Mental Health First Aiders and can provide mental health support and guidance. Trainees have access to support resources through the FTY hub, including a 'New to Northern Ireland checklist', Self-care advice and other support resources.

The team asked how NICPLD ensure that trainees are matched to training sites that have the facilities to accommodate any reasonable adjustments that may be needed. The provider explained that NICPLD does not have any input into where the trainees apply, so trainees are encouraged to apply where reasonable adjustments will be supported. The provider noted that at the point of application to the NICPLD FTY programme, trainees are asked to highlight any reasonable adjustments that may be required so that NICPLD can look into this and share with the employer to see if the RA can be accommodated. The provider also noted that the FTY admissions lead can check that reasonable adjustments are being implemented at one of the time points that they check in with the trainee and employer; if necessary, the trainee could be moved to another placement, though the provider commented that this situation had not arisen to date. The team noted that this did place onus on the trainee in respect of reasonable adjustment issues if they arose. The provider confirmed that in terms of the formal learning elements, if reasonable adjustments were communicated to them, these would be communicated to other external training partners such as Green Light Campus (GLC) or St John Ambulance (SJA). The provider also highlighted that they had used a robust tracker to monitor this.

The team explored the reasonable adjustment process with the external stakeholders and how this is communicated to them. The stakeholders reported that it was clear who they needed to get in touch with at NICPLD should any issues arise, with the stakeholders providing some examples of recent trainees who had needed some form of adjustment or support, such as adjustments in the interview process to visits from the NICPLD FTY team to discuss issues with the relevant trainee and Educational Supervisor.

Trainee pharmacists applying to NICPLD provide equality data in relation to section 75 of the Northern Ireland Act 1998. The data is triangulated with statistics from the 2021 census data and the most recent quality data from the PSNI pharmacist register to provide evidence of fairness and ensure NICPLD policies are not discriminating against any group of individuals. Completion data is also recorded and monitored by NICPLD. A review is carried out with regards to the characteristics of the trainees who have required additional support or trainees who have not completed so that key themes can be identified, and actions taken where required. The provider commented that due to the small number of trainees who fail the Registration Assessment, it is difficult to identify meaningful trends, but the characteristics of those who fail are reviewed after every sitting of the exam. The provider anticipates that as data is aggregated from year to year, more sophisticated analysis of the data will be possible.

The team acknowledged the challenges highlighted by the provider in terms of collecting EDI data for the 2025/26 recruitment cycle in particular given that there were separate application processes in respect of the community pharmacy placement and the hospital pharmacy placement. The team therefore agreed to set a **condition** that NICPLD must set out how trainee EDI data will be collected, analysed and incorporated into programme review processes for the 2025/26 training year onwards, as well as including analysis of applicants EDI data for the 2026/27 training year onwards. This is to meet criteria **1.2, 2.2, 2.3** and **2.4.**

The team explored how the provider was assured that membership of the stakeholder groups was appropriately diverse and representative. The provider explained that in terms of the annual stakeholder events, the people attending were self-nominating, though the aim of these groups was to try and seek a range of representative views. It was noted that there was engagement with patients through the PPG; trainee voice representation was also sought from current trainees, as well as input from newly qualified pharmacists. The team noted that there was an increasingly diverse population in Northern Ireland and asked what actions were taken to make sure minorities are represented in such groups. The provider explained that they actively encourage trainees from minority backgrounds to take part in the trainee voice, with a view to encouraging the trainee voice to be as diverse as possible, but noted that other events are open access to those interested in attending.

As part of the FTY, trainees must complete the NICPLD e-learning which includes content focussed on elements such as The Human Rights Act 1998, as well as the nine pieces of legislation that make up the anti-discrimination laws in Northern Ireland. Training at NICPLD development days includes content that required the trainees to revisit key pharmacy legislation as well as case studies representing diverse communities. Trainees are also encouraged to work with patients from different backgrounds and cultures so that they can apply their EDI learning to their professional practice and develop a better understanding of people from different backgrounds and cultures.

The team was satisfied that three of the six criteria relating to equality, diversity and fairness will be **met**. The team agreed that criteria **2.2, 2.3** and **2.4 are not met** and are subject to a condition (see **Condition 2**).

## Standard 3: Resources and capacity

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

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|---|---|---|---|
| **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 ☐** |

The Department of Health (DoH) has commissioned NICPLD to act as the Statutory Education Body (SEB) for pharmacy in Northern Ireland. DoH has a renewable service level agreement with QUB to host NICPLD at the University. The DoH has tasked NICPLD with the quality management of the FTY programme.

NICPLD has an annual business planning schedule with the DoH. As part of this, NICPLD forecasts the predicted costs in the final quarter for the upcoming year. The DoH subsequently provides NICPLD with an annual commission andNICPLD then produce a business plan outlining the work to be carried out in the upcoming year. In terms of management of the budget, there are quarterly governance meetings between NICPLD and the DoH. The Northern Ireland Committee for Pharmacy Education and Training meets in January and June to also review the delivery of the commissioning plan, as well as discussing issues such as workforce development and education and foundation training.

NICPLD proactively manages and documents any risks and mitigations, noting that each major workstream has a dedicated risk register, such as the FTY risk register. Low and moderate risks are managed within the respective workstreams, higher risks are managed by NICPLD's senior

management team. If high risks are identified, they are shared with the DoH and the Head of Pharmacy at QUB. The risk register is updated each month. The team noted that the current MPharm intake into the Northern Ireland Schools of Pharmacy exceeds 200 students, so explored the engagement that NICPLD has with the Schools of Pharmacy to predict trainee numbers to help inform the annual business planning schedule. The provider confirmed that for 2025/26 and 2026/27 the DoH would fund 200 FTY places. This number is based on the workforce survey carried out in 2020. The provider noted that a new workforce survey has just taken place, but that the outcome of this is not yet known. The Chief Pharmaceutical Officer (CPO) also confirmed that the approved funding is for 200 students, based on a review of the workforce and noted that this is kept under review. The provider explained that the funding is recurrent. In respect of student numbers entering the MPharm, the provider explained that the respective Universities made their own decisions in respect of entry numbers, but commented that pharmacy students in Northern Ireland would be advised to apply to both Oriel schemes in GB (NHS England, HEIW and NES) as well as NICPLD to access a wider range of placement places.

The team asked how a situation would be managed where the number of required extensions to training exceed the contingency budget set aside for this purpose. The provider noted that the FTY in Northern Ireland, historically, had high completion rates with low numbers of trainees who need extensions. It was noted that the DoH has set aside a contingency of 16% based on numbers of 200, but the provider anticipated that this was unlikely to be needed.

Staffing for the NICPLD FTY is stable and robust comprising of a dedicated team of IT programmers who work on enhancing the digital processes required by the programme alongside a team of FTY Lead pharmacists and dedicated clerical support. Where required, flexible staffing within NICPLD means that personnel from other workstreams can provide support where necessary; NICPLD has particular expertise in supporting learners to become independent prescribers having delivered a certificate in Independent Prescribing since 2006. In terms of the FTY programme, staffing includes the Associate Postgraduate Pharmacy Dean with responsibility for 4 Lead Pharmacists for FTY, a clerical officer and Senior Systems analyst. A further Lead pharmacist will be recruited in 2024/25; it is expected that this position will be filled by March 2025. This will mean each Lead Pharmacist will be responsible for around 40 trainees. In addition to NICPLD FTY staff, there is also support from external companies such as Green Light Campus and St John Ambulance in terms of the delivery of specific training to FTY trainees; external tutors are also contracted to deliver certain aspects of the programme. Employers and supervisors must provide a series of declarations within the online application process when a student applies to NICPLD FTY which provide further assurance about the training environment and staffing provision.

Trainees in the 2025/26 FTY year will have two Educational Supervisors (ES) and a Designated Prescribing Practitioner (DPP). The team asked for an update on the Educational Supervisor and Designated Prescribing Practitioner capacity for the 2025/26 training year. The provider explained that there were no capacity concerns in the Community pharmacy sector. For hospital pharmacy NICPLD is working closely with the respective Heads of Pharmacy and Medicines Management in each trust to manage supervisory capacity. The provider highlighted that the hospital pharmacy sector has received additional funding to support the delivery of FTY from 2025/26 onwards.

The team asked for an update on the recruitment to the planned additional pharmacist posts in the hospital trusts. The provider explained that some positions, including a mixture of Band 8a and Band 7 positions had been recruited across some of the trusts with recruitment planned over coming months for other trusts. It was noted that funding had been allocated from January to March, with

recurrent funding from April 2025. It was noted that job descriptions had been put together and that these had been reviewed by NICPLD.

A number of NICPLD Standard Operating Procedures (SOP) are in place to support the approval and monitoring of training sites. General requirements for a community pharmacy FTY placement include the requirement for the pharmacy to be registered with the Pharmaceutical Society NI (PSNI); that the pharmacy meets the PSNI Pharmacy Standards 2010; that it can nominate a named Educational Supervisor (ES) who will be available to complete the annual mandatory ES training, and that the pharmacy will provide NICPLD with assurances by completing the FTY Employer declarations and that NICPLD have not been made aware of any issue or investigation concerning the training site that might make it an unsuitable for FTY. For the hospital pharmacy environment, similar requirements are in place such as the requirement that the placement takes place in a HSCNI Hospital; that the hospital can nominate a named ES(s) and DPP to meet the person specification and that they will undertake the mandatory ES and DPP training, that the Head of Pharmacy and Medicines Management or delegate at each trust will complete the FTY Employer declarations and, as with community pharmacy, that NICPLD have not been made aware of any issues/investigations that the training site might be an unsuitable training environment for FTY. In addition to the placements, the NICPLD formal learning programme is delivered both in person and virtually through development days; all premises used for this training are suitable learning environments.

The team asked for further details about the NICPLD FTY framework in respect of facilities, equipment and learning resources for training, and how the provider was assured that these are appropriate at each site. The provider explained that the training environment is discussed in the FTY framework and noted that when employers are making declarations as part of the application process, they are confirming that these environments are appropriate, including having appropriate supervision arrangements. The provider noted that this would also be highlighted as part of the ES and DPP accreditation (training). The provider commented that PSNI premise standards from 2010 had been used, but that the guidance for this had recently been removed, but confirmed that it was the responsibility of the employer to provide the equipment.

The team asked about the processes in place for dealing with issues raised by trainees about site suitability during the training year. The provider highlighted that there was an extensive process in place where trainees can raise concerns, and that these processes were outlined to trainees in their induction, as well as managing their expectations as to the process. The provider reiterated that there were FTY support calls where the one of the FTY Lead pharmacists would speak to trainees 4 times a year as part of regular support calls and would ask about the site. If an issue was raised, the employer or responsible individual would be contacted to ask for their reflection, such as whether the site could be modified to meet requirements. An action plan would be put in place which could be modified on an ongoing basis. During any such issue being raised, the training site would be red flagged, but the provider emphasised that they would work to achieve a positive outcome. The red flag would be removed once the situation is resolved.

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**

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| **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 ☐** |

The Department of Health (DoH) has commissioned NICPLD to act as the Statutory Education Body (SEB) for pharmacy in Northern Ireland. DoH has a renewable Service Level Agreement (SLA) with Queens University Belfast (QUB) to host NICPLD at the University. The DoH has tasked NICPLD with the quality management of the FTY programme. NICPLD work collaboratively with employers, Educational Supervisors, DPPs, the trainees and other stakeholders (including patient representatives) to manage and develop the Northern Ireland FTY programme.

The team asked for clarification on the role of the Pharmacy Workforce Review board (PWR). The team was told that the PWR meets quarterly, and is the overarching governance board for workforce developments to which the task and finish group established to review the selection and admissions procedures and the Short Life Working Group (IET SLWG) both report to. There is representation on this board from a wide variety of stakeholders, such as the two NI Universities, the employers and NICPLD. The PWR is chaired by the Chief Pharmaceutical Officer.

NICPLD has a quality management strategy which is updated each year with regards to the FTY. This strategy comprises components such as the selection and admission of trainees, approval of training sites, curriculum and assessment strategy and monitoring. As part of the strategy there are a series of SOPs in place that ensure the quality management of the programme, such as training site approval, approval of Educational Supervisors and DPPs, and other key elements such as Reasonable adjustments, fitness to practise and the final trainee sign off.

The team asked how often the quality management strategy and associated SOPs would be reviewed. The provider explained that these SOPs formalised existing practices and noted that these are also reviewed in preparation for an external audit in March 2025 and we already identified room for improvement in terms of the review of SOPs.

The provider noted that all SOPs are reviewed in July of each year with recommendations then sent to the senior management and the external auditors to approve.

All training providers must complete an employer declaration confirming that they will ensure a safe working and training environment for the named trainee; that they will ensure provision of any equipment required by the trainee to fulfil their duties; that the training provider will ensure valid Access NI certification and undertake employment history and reference checks of the named trainee, as well as carry out correct right to work checks. The training provider must also ensure that they follow all Northern Ireland anti-discrimination legislation. The purpose of these declarations is to ensure that all training providers understand their role and responsibilities in the delivery of the training year.

All ESs and DPPs must also complete declarations electronically which confirm their roles and responsibilities. The ES confirms that they will act as a role model and mentor and provide professional support and guidance to the trainee pharmacist, that they will be responsible for

assessment and coordination of the supervision of the trainee; that they will raise any concerns regarding the trainee's progress with NICPLD, that they have the capacity to supervise the trainee (or multiple trainee pharmacists if this is the case), and within the hospital placement, they confirm that they will liaise and communicate with the DPP with regards to the progress of the trainee, and that they have read, understood and agree to the requirements set out in the FTY foundation training year framework.

The DPP is asked to confirm a similar declaration, including that they will provide support and guidance to the trainee during the 90 hours Prescribing practice period (PPP), that they will coordinate supervision of this period, and enable the development of the trainee pharmacist's competence through the completion of prescribing practice activities; that they will assess evidence, oversee and monitor the progress of the trainee during the PPP, and liaise with the ES with regards to the trainee's progress. The DPP must also confirm that they will assess the trainee pharmacist's competence and make an appropriate declaration to support their registration if the competence has been demonstrated.

In term of external training partners, their responsibilities are outlined in the procurement of their services, which set out NICPLD's specifications. External tutors must sign formal QUB contracts which also outline the commitment of any tutor in advance.

Trainee pharmacists must sign a learning contract which outlines what is expected of those involved in the training, namely the trainee, the ES and DPP and NICPLD in relation to the completion of the foundation year. The contract must be signed by all parties. The roles and responsibilities of all parties are outlined in the respective handbooks.

The team **recommended** that agreements with FTY placement providers are strengthened through the use of formal contracts. This would provide additional assurance of adherence to the NICPLD programme requirements and greater clarity to providers of their responsibilities. This relates to criteria **4.2** and **6.2.**

NICPLD collaborates with a wide variety of stakeholders as part of the management of the FTY, including both national and local stakeholders. At a national level, this includes work with the other SEBs in Great Britain, the PSNI, the universities in Northern Ireland, Pharmacy Schools Council, as well a number of groups such as the UK Initial Education Training (IET) Advisory Group, the Education Reform Implementation group (ERIG), which has now become Department of Health Initial Education and Training Short Life Working Group (IET SLWG). This group has oversight of the establishment of the foundation training year and all experiential learning in the MPharm in both Northern Ireland Schools of Pharmacy. Locally, NICPLD is involved with ongoing stakeholder events with hospital pharmacy and community pharmacy in Northern Ireland. Additionally, there is an FTY annual stakeholder review group which helps NICPLD reflect on the performance of the previous cohort and review proposals for the next cohort. Trainee Voice is a committee made up of the trainee pharmacists and is a formal mechanism through which the NICPLD team liaise with the cohort of trainees. NICPLD also has a Patient Partnership Group (PPG) which is a formal mechanism for NICPLD to incorporate patient and public views into the design and delivery of the FTY. The team was told that this group was established in 2021, focusing on pharmacy and meeting three times a year, with at least one of the meetings focusing on the FTY in particular. The stakeholders reported that patients felt that they have had clear information from NICPLD about the FTY programme in terms of how it is supervised and appraised. Patient representatives observed that there was a close working

relationship between NICPLD and the employers and strong support mechanisms in place for all involved in the FTY programme.

The team asked the stakeholders about any elements of the new programme running in 2025/26 that they were unsure about. Community pharmacy stakeholders noted that there was some concern about the readiness for trainees for practise on day 1, but reflected that they were not as used to having students for a split programme. These stakeholders also had some concerns over the reduction of the minimum hours of supervision for the ES from 30 to 18 hours per week. Hospital stakeholders reflected that the split model of placements was more common in that environment, but also commented that there was still some uncertainty with regards to the training demands on the ES. The stakeholders agreed that the changes to the FTY did present an opportunity for change and improvement and reiterated that they have been able to share concerns and questions with NICPLD throughout the process.

NICPLD collect feedback from trainee pharmacists in a number of ways such as from mid-year and end of year programme evaluations, Development Day evaluations, direct feedback through e-mail and telephone and Trainee Voice feedback. Feedback from the mid-year and end of year programme evaluations is collected and sent to the FTY Lead Pharmacists for consideration. This feeds into the annual programme review which is undertaken by the FTY team. Should urgent issues arise, these are dealt with as soon as possible, whilst other issues are addressed as part of the annual programme review. The team was told that the summary data from the Development Day feedback and mandatory e-learning is reviewed at the annual programme review, though the feedback for the Development Days is also reviewed monthly after each day. The provider gave the example of feedback that led to the FTY team refocusing the sessions with Green Light Campus so that there was more focus on CRA exam style questions which was favourably received by trainees. In addition to the more formal reviews of feedback, the provider highlighted that they review feedback on a weekly basis and can update the programme quickly if required.

The team also asked about the annual programme review and how the process works. The provider explained that the annual review process takes place each December where the FTY team review all of the data relating to the previous cohort, such as the mid-year and end of year evaluations, the e-learning feedback and evaluations from the Development Days. The FTY team consider if any changes are required and if so, these changes are presented to the stakeholder groups for review in February and March, asking them to review any proposed changes. Once any changes have been finalised, documents and training materials are updated accordingly. The provider explained that if any changes were deemed important to the success of the current cohort, then the changes would be made immediately such as the implication of a recent change in practice; Trainee pharmacists are alerted through a range of communications such as e-mail, the FTY Hub and social media.

The team asked how the provider captured trainee feedback on the respective host organisations, as well as the ESs and DPP, and how this information is used to inform the quality monitoring process. The provider explained that at the end of the FTY, all trainee pharmacists much complete an evaluation of their respective ES (and the DPP from 2025/26) which helps NICPLD review how the supervision has gone. It was noted that this feedback is shared directly with the ES. The provider commented that to date, feedback on supervision experiences has been positive, but highlighted that if anything in the feedback was concerning, then NICPLD would investigate; the provider considered that if there was an issue with the appropriateness of a supervisor, for example, it would be likely that the issue would be picked up earlier in the FTY through other feedback and communication mechanisms. The provider clarified that the feedback provided to the ES is not anonymised as it is

given on a one-to-one basis, but did note that this would be slightly different in the future where an individual may receive feedback on more than one supervisory role as a supervisor may act as both ES and DPP. The team commented that the provider should consider the balance between the value of one to one feedback to the Educational Supervisor against the benefits from anonymised feedback as the FTY programme continues to grow; the provider may wish to consider running anonymised surveys to capture information that might not be available in one to one surveys. NICPLD outlined that they intended to continue with the existing feedback process as this was a mature and well developed process and NICPLD did not share the panel's view that anonymity was required.

The team noted that the GPhC and the PSNI are making policy changes that will allow for more flexibility for trainees in undertaking their education and training across the four UK countries. With this in mind, the team explored what the application process might look like for a trainee who has undertaken part of their training in GB and would like to transfer to Northern Ireland to complete the programme. The provider explained that the four UK SEBs were working together on a policy to address this (assuming the progression of the GPhC and PSNI policy changes). It was noted that a trainee wishing to transfer would need to have been through a quality assured selection and admission process. The trainee would apply to NICPLD, who would check that they meet the requirements of the scheme. NICPLD would check if there were training sites and funding available. Information would be sought from the trainee and the original SEB to inform NICPLD as to how much training had been completed, which would enable NICPLD to carry out a gap analysis and map against the NICPLD programme. The provider explained that a bespoke training process would be put in place and then the trainee would start in the workplace. The team noted the ongoing work across the 4 SEBs and made a recommendation that draft policies and procedures are prepared and submitted which set out a clear plan to demonstrate NICPLD's consideration of how it would manage the banking of training and transfer arrangements for trainees moving to or from the NI FTY training programme and FTY training in Great Britain. This will allow NICPLD to be prepared to accommodate legislative/policy changes expected to be made by the PSNI and GPhC which would permit trainees to move between GB and NI to undertake their FTY. Should these regulatory changes be made, appropriate policies and procedures will need to be in place. This relates to criterion **4.1**.

The team was satisfied that all criteria in Standard 4 relating to managing, developing and evaluating the foundation year will be **met**.

## 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**

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|---|---|---|---|
| **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 ☐** |

Trainee Pharmacists who have graduated to the 2021 standards will complete the NICPLD FTY programme following Pathway 1 which includes a six-month community pharmacy placement and a six month hospital pharmacy placement which will incorporate a period of prescribing practice. In addition to the placements, trainees must complete the NICPLD formal learning programme. All practice activities have been mapped to the 55 GPhC Learning outcomes to ensure that trainee pharmacists will achieve the learning outcomes at the required level of competence.

For 2025/26, NICPLD has developed training plans which outline the components that the trainee must complete in each sector to meet the learning outcomes. This plan takes into account that the order in which trainees undertake their placements (and therefore complete the period of prescribing practice period (PPP), which can only be done in hospital pharmacy) will vary, but ensures that the curriculum builds complexity progressively throughout the FTY. Trainees must complete 13-week individualised action plans relating to their day-to day work in the respective workplace, which must be agreed with the Educational Supervisor (ES) so that the required Mandatory Practice Activities (MPAs) and Prescribing Practice Activities (PPAs) are completed. There is also a training plan designed for the PPP which covers the requirements of the 90 hours. The training plans are explained and outlined to trainees at their induction and to the Educational Supervisors (ESs) and the Designated Prescribing Practitioner (DPP) at their accreditation (training) sessions.

For trainees undertaking pathway 2, the training plan will vary according to which sector of practice the trainee begins their placement in, whereas for Pathway 3, trainees will complete their placement in the community pharmacy sector throughout the FTY period. As with Pathway 1, trainees on these pathways must complete 13 week action plans relating to their day-to-day workplace environment.

The team asked about the quality assurance mechanisms in place that provide assurance that the trainee's action plans are appropriate and being adhered to. The provider noted that there was a specific SOP that is used with regards to the evaluation of trainees and also highlighted that the FTY Lead Pharmacists will review the portfolio of the trainee and check that it aligns with the action plans.

The team asked about the activities undertaken by trainee pharmacists in the PPP and how they are recorded in the e-portfolio. The provider explained that the trainee must complete 5 Prescribing Practice Activities (PPAs) which also specify how many times the trainee must demonstrate it. PPA 1, PPA 2, and PPA 4 will be assessed once. PPA 3 and PPA 5 will be assessed for **three** separate patients. All 5 PPAs are mandatory. The trainee and DPP must complete the relevant templates and upload to the portfolio. The provider explained that PPA5 must be mapped to LO37 (3 pieces of evidence). Other PPAs may be mapped across the other 54 learning outcomes as appropriate. The trainee pharmacist must also complete the online log.

Training site approval is an annual process, and the same principles apply whether the site is community or hospital. Approval is for the specific training year. Each community pharmacy training site much be a registered pharmacy with the PSNI and meet the required PSNI standards. Most hospital pharmacy training sites will also be registered with the PSNI, but if not, they must be within a Health and Social Care Hospital Trust and meet the standards of relevant inspectorates such as the

Medicines Regulatory Group or the Regulation and Quality Improvement Authority. For 2025/26, employers for all training sites must make declarations that their respective premises meet the training site requirements set out in the Foundation Training Year Framework. These declarations are confirmed by the employer through the online NICPLD approval system and are reviewed by the FTY team; the training site must be approved before the trainee pharmacist is given a conditional offer of a training place. If NICPLD becomes aware of any issues or concerns about the training site, this will be considered through the Dealing with concerns pathway.

The team explored what would happen if a training site is deemed as unsuitable part way through the training year. The provider reiterated that if there was a concern about a site, it would be dealt with through the dealing with concerns pathway. Whilst any potential concern was being dealt with, the site would be red flagged until the concern had been resolved. The FTY team would continue to check in with the trainee, and noted that if there was a significant concern, then the site would not be approved. The team asked about the process for appeals by a training site. The provider acknowledged that there was currently no process for an appeal in this scenario, but reflected that a process could be added in to the relevant SOP. The provider clarified that if the training site was withdrawn, and therefore the money supporting the trainee was also withdrawn, and the trainee indicated that they wanted to stay on, then if the trainee wished to continue in the FTY programme they would need to move. The provider also highlighted the regulations of the PSNI that training must be in an approved site by an approved supervisor. The team was told that the provider had not encountered a scenario where there was a notice of withdrawal, and commented that if this was to occur there would be some advance notice, but in practical terms, the provider would put in place a plan to support the trainee pharmacist to move to another site. The provider would also contact BSO (Business service organisation) to ensure that the training grant to the site would be stopped. The provider highlighted that there is some contingency in the system with regards to available Educational Supervisors, so if a change was required, this could be done quickly.

The FTY framework also sets out the requirements of the trainee pharmacist during the programme, such as how they must conduct themselves professionally at all times; as with the employers, the trainee must declare this at the point of application to the FTY programme. They must update the declaration if there is a change to their fitness to practise status during the programme. Trainee pharmacists are reminded of the professional standards of conduct, ethics and performance of Pharmacists in Northern Ireland at their induction. The provider emphasised that trainee pharmacists are reminded of the importance of professionalism throughout the year.

For the 2025/26 FTY onwards, the majority of trainee pharmacists will undertake a multi-sector placement that will expose them to an increased breadth of patients across hospital and community sectors, as well as a range of training environments. The individualised training plan, agreed by the trainee and the ESs and DPP, should ensure that that trainee pharmacists are exposed to a breadth of patients and a range of training environments. This is also highlighted during the trainee pharmacist induction and the supervisor accreditation sessions.

Trainee pharmacists are expected to progress in developing competence and are encouraged to adopt the ‘observe-practise-do’ model which helps the progression of competence as the trainee encounters patients of increasing complexity. Each practice activity within the FTY has a scope that outlines the level of complexity at which the activity must be demonstrated. Each activity has a recording template that must be completed which documents the trainee’s evidencing of the activity at the required level of complexity. This is then assessed by the ES/DPP. The team explored how the programme progresses and increases in complexity from the 6 month stage to month 12. The

provider explained that progression is discussed with the ES, DPP at their accreditation and also discussed with trainee pharmacists at their induction session. It was noted that there are appraisal points at Weeks 13, 26, 39 and 50 weeks, and that scores must improve across the activities to demonstrate progress. Additionally, during the PPP, the DPP will meet on 4 occasions with the trainee pharmacist as outlined in the PPP training plan so that progress can be reviewed. In respect of the transition from training site 1 to training site 2 at the end of the first six-month period, the ES must complete an online transition form, which highlights the progress of the trainee pharmacist and areas for the trainee to develop. This form is also used should the trainee move sites outside of the normal 26 week period. It was clarified that the new ES can see the outcome of previous appraisals.

The team asked about how the provider would ensure that the programme would increase in complexity for those trainees where they will need to undertake their prescribing in the first six-month placement. The provider explained that lots of other learning outcomes have other elements of prescribing in them and the trainee pharmacist would be expected to continue to develop their prescribing competence in the second placement. The team commented that it will review feedback from trainees and supervisors at the interim event in terms of whether there is any significant outcome in respect of trainees undertaking their PPP in the first six month placement compared to trainees undertaking it in the second placement.

The team asked about how trainees would be prepared to adapt to sectors not covered in the FTY programme such as General Practice (GP) or Primary care. The provider explained that it was not yet possible to offer placements in GP surgeries for trainee pharmacists, as Northern Ireland legislation does not yet permit GP placements, but commented that the Head of GP pharmacy had already been thinking about how this might work once the legislation has been changed, and that there had been early conversations about this. The provider also pointed out that NICPLD run a suite of Post-registration programmes, which, from 2026, will offer support for all new registrant prescribers. The provider highlighted that the majority of current independent prescribers in Northern Ireland who are part of the GP workforce have been trained by NICPLD.

The ES and trainee pharmacist should meet every 2 weeks during the supervisor support meeting; the ES should keep an informal log of these meetings to record the compliance, using a template on the FTY hub. These meetings can be used to track progress against the 13 week plan as well as discussing evidence that the trainee can upload to the e-portfolio. These meetings also offer the opportunity for the supervisor to provide formative feedback to the trainee.

The team explored situations where a trainee's lack of progress has been identified and the actions and support that would be put in place to manage the situation. The provider reiterated that trainees were monitored actively by FTY Leads, incorporating the 4 support calls at regular time points throughout the FTY. Prior to the support call, the FTY Lead will review the trainee pharmacist's portfolio to look at the standard of the submission so far; if the standard is not sufficient, then this would be discussed with the trainee pharmacist and the ES, and they could be signposted to guidance on the FTY hub. The provider noted that portfolios are moderated on an ongoing basis and that appraisals, which incorporate a scoring system and narrative, are verified as they come in at the regular 13 week touchpoints; if there are any discrepancies, the FTY Lead will get in touch with the ES to discuss further. Where it is identified that the trainee requires support, there is an SOP to support this process (TRAS). The provider emphasised that the NICPLD programme was designed to identify students needing help early and that there was a range of support and contact points that were available for both trainee pharmacists and supervisors if required, such as the frequent development

days where an FTY Lead will be involved in facilitating the session, and will also be available afterwards should trainees need to raise queries.

Trainee pharmacists must complete practice activities to achieve the learning outcomes, which are assessed by the ES and the DPP. The 13-week appraisal allows the ES to review the ongoing progress of the trainee. In terms of the final sign off process for the FTY, the ES must submit completion reports at 26 weeks and 52 weeks. The 26-week completion report will be completed by the ES at the first training site which will relate to the training period completed, including progress against the training plan and competence demonstrated via the MPAs (or IPAs if on Pathway 2/3), and appraisals completed between weeks 1-26. The ES must declare that the trainee has demonstrated safe and effective patient care at all times. At week 52, the ES at the second training site submits a similar report assessing weeks 27-52 as well as whether the trainee pharmacist is suitable for joining the PSNI pharmacist register. The DPP must also submit a PPP completion report which will relate to the hours of PPP completed and the progress of the trainee and the competencies achieved. The DPP must declare that the trainee has demonstrated safe and effective patient care at all times and has demonstrated competence in prescribing and suitable for annotation as an Independent Prescriber (IP) once the trainee joins the PSNI pharmacist register. For trainees on pathway 1, the ES at the hospital site must not complete the completion report until the DPP has completed the PPP report confirming that the trainee's competence in prescribing.

At the end of the 52-week period, the NICPLD FTY programme board will meet to confirm that a trainee pharmacist has achieved all of the required learning outcomes and have met all of the requirements of the NICPLD FTY Programme.

The team asked how the provider ensures that the ESs are applying the same minimum passing standard. The provider explained that this is monitored through a specific SOP by the FTY Lead pharmacists. It was noted that Educational Supervisors must be 3 years qualified and have sufficient experience of supervision, as well as undertaking the NICPLD training for supervisors. The provider also noted that at least 10% of the content of each eportfolios isreviewed to ensure the same standard.

NICPLD have a Dealing with Concerns pathway that is used for managing concerns raised during the FTY. Once a concern is received, it is reviewed by the relevant NICPLD staff. If the concern relates to the behaviour or capability of the trainee pharmacist, then this will be addressed through the TRAS procedure, which may require further review by the Educational Review Panel. If the concern relates to a trainee pharmacist's fitness to practise (FTP), then this is dealt with through the relevant SOP. If the concern relates to the supervisor (ES or DPP), then it is addressed through an SOP focused on concerns regarding supervisors. In this situation, feedback is immediately provided and an improvement plan established and monitored. Should the issues be ongoing, this may affect whether they can continue in a supervisory role. If the issue is related to a Supervisors' FTP, NICPLD expect that employers would use their own procedures for dealing with fitness to practise.

In addition to these routes, there are also procedures that can be followed should there be instances of bullying or harassment, as well as a procedure in the event that a complaint is made about NICPLD staff.

Trainee pharmacists must declare their fitness to practise at the point of application to the NICPLD FTY programme and this must be updated should the status change during the FTY. Conduct related FTP issues should be managed by the employer through the contract of employment. All outcomes from FTP actions (except for warnings or where no action was taken) must be reported to NICPLD,

which in turn will share the information with the PSNI. The trainee pharmacist is responsible for disclosing any FTP outcomes to the PSNI during the registration process.

The team asked for further detail on how an FTP issue would be managed. The provider gave an example of where a trainee had been dismissed by an employer which led to NICPLD undertaking an investigation involving a panel of members not involved with the issue. The trainee was temporarily suspended pending a medical intervention. Once the trainee had received relevant medical help, they were able to move into a new training site environment supported by the FTY Lead. The team also queried how NICPLD was assured that employers would manage FTP concerns consistently. The provider noted that there was an agreement with the PSNI in respect of FTP that it is the responsibility of the employer that they are responsible for FTP. Employers are made aware that NICPLD will provide support for trainees who may be going through such processes, such as through the TRAS process. Stakeholders reported that they were aware that FTP is an employer's responsibility and how to manage issues such performance improvement and developing appropriate action plans. The stakeholders also noted that it was clear in the framework when they should contact NICPLD, providing recent examples where they had needed to get in touch with the FTY Lead.

The provider reiterated that in terms of notifying the PSNI of FTP sanctions, the employer should notify NICPLD, who will then notify PSNI. A trainee pharmacist with an outstanding FTP concern will not be signed off by NICPLD even if all other criteria are met. The team was told that there had not been an instance of this happening to date, and noted that the close relationship between NICPLD and the PSNI would mean that any such issue would be known about before it might come up at the NICPLD programme board. The provider pointed out that the PSNI cannot investigate trainee pharmacists, and can only investigate once the trainee has registered as a pharmacist, but it was noted that there is a declaration that trainees have to make when joining the register which is reviewed; information about the nature of the concern can be taken into account by the Registrar.

NICPLD confirmed that they have regular meetings with the PSNI over matters relating to the FTY in Northern Ireland, which enable NICPLD to raise issues proactively.

The team was satisfied that all criteria in Standard 5 relating to Foundation Year Design and Delivery will be **met.**

## 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**

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|---|---|---|---|
| **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 NICPLD curriculum and assessment strategies set out the plans for assessment and how they are monitored for the FTY programme. There is an assessment blueprint for each learning outcome to support the trainee pharmacist and supervisors in terms of what is required to meet each competence at the required level of competence.

Trainee pharmacists must demonstrate their competence against the learning outcomes. Trainees will undertake specific practice activities that will be assessed in the workplace. The trainee pharmacist must evidence how they meet the required competencies at the appropriate level by mapping the evidences to the learning outcomes within the NICPLD FTY e-portfolio system.

The assessment strategies used in the NICPLD FTY programme have been developed in collaboration with stakeholders from both hospital and community pharmacy. The team asked about how stakeholders had been involved in the development of the assessments and assessment strategy. The provider explained that the assessment strategy was built on the experience of previous cohorts, and previously used assessment methods. Giving the example of the required PPAs for trainees on pathway 1, the provider noted that originally, there were 7-8 PPAs that needed to be undertaken but that these had been combined following feedback from stakeholders. The provider reiterated that, as with other stakeholder engagement, this was an annual process; the provider noted that the 2025/26 FTY would be reviewed to see if, for example, the requirement to collect 3 pieces of evidence at the 'Does' level of competence works well.

All ESs and DPPs must undertake supervisor accreditation before the start of the foundation training year;  this training outlines the roles of each in the assessment of the trainee pharmacist, such as the provision of formative feedback, carrying out summative assessment of practice activities, the use of the e-portfolio and the completion reports.

The team also asked about the agreements in place with external training providers and what contingencies there might be if these training providers break their agreements. The provider explained that securing external training providers was carried out through a tendering exercise run by Queen's University Belfast (QUB). The provider noted that through the tender process, the external training providers must set out how they will meet NICPLD's requirements. The provider noted that if the external training provider was unable to fulfil the contract then there would be a second place contractor who could be used.

The team was told that a variety of assessment methods are used during the FTY such as reflective accounts, patient/colleague feedback forms, mini-clinical evaluation exercises, case-based discussions and direct observation of practical skills.  Assessments may be diagnostic, formative or summative. Diagnostic activities include the self-assessment tool in the e-portfolio that the trainee uses to reflect on their progress meeting the learning outcomes; formative assessments include mock assessments for the Registration Assessment or feedback from supervisors in fortnightly progress meetings which help support the trainee pharmacist to develop competence. Summative assessments include the mandatory practice activities as well as the 13 weekly appraisals. NICPLD describe the practice activities that must be completed in terms of the complexity at which they must be demonstrated

(the 'descriptor' and 'scope' of the activity). Assessment standards are monitored and reviewed by the FTY Lead Pharmacists through ongoing monitoring of the submission of evidence to trainee pharmacist e-portfolios by both the trainee pharmacist and the respective supervisors. When the trainee pharmacist has completed a practice activity, this is recorded via a specified recording template which is then uploaded to the trainee's e-Portfolio and mapped to the relevant learning outcomes. The templates are specific to the practice activity and designed to capture all relevant information, which in turn helps to ensure that the assessment process is fair and consistent for all trainee pharmacists. The templates are then assessed according to an assessment rubric which sets out the clear and consistent standard for the practice activity. This can then be reviewed by the ES and/or the DPP, as well as the FTY Lead Pharmacist.

Patient safety is assessed at each 13-week appraisal point as well as in terms of the evidence used to demonstrate completion of the practice activities. The FTY framework makes clear to trainee pharmacists that they must be professional at all times and only carry out tasks at which they are competent or are learning under supervision to be competent in, so as not to compromise patient safety; Trainees are required to declare at the point of application that they will abide by this. The employer is also asked to declare this assurance that the trainee will not be permitted to carry out tasks for which they are not competent. Trainee pharmacists should receive formative feedback on patient safety as part of the practice activities; when completing a practice activity recording template, the trainee pharmacist is confirming that they have demonstrated safe and effective patient care; if the submitted evidence does not demonstrate this then the evidence cannot be accepted.

The team asked about the process if a patient safety issue is identified. The provider explained that if the issue was a one-off event, it would be categorised using the Health and Social Care Regional impact table to classify the seriousness. The categories for this are 'insignificant', 'minor', 'moderate', 'major' or 'catastrophic'. The provider noted that, to date, they have not encountered such one-off incidents, though the ES might raise general concerns, such as accuracy or if certain skills were not as developed as might be expected. In this instance, the provider would look at the TRAS matrix to determine how best to support the trainee and would look to put in place a TRAS action plan incorporating SMART objectives so that the trainees can improve their competency. In the event that there was a one-off issue that was classified as catastrophic, for example, this would need to be managed through a fitness to practise basis or through the TRAS procedure. The trainee would be monitored on an ongoing basis.

The team also noted that in the required completion reports (submitted at week 26 and week 52), the ES and the DPP are asked to confirm that the trainee pharmacist has 'demonstrated safe and effective patient care at all times during the relevant training period'. The team asked what would happen in the scenario that a trainee makes an error that has, or may, cause patient harm, whether this would mean that the trainee pharmacist could not then be signed off. The provider acknowledged that this scenario had not been considered, and recognised that the FTY is a training year. The provider considered that for such a scenario, they would look at the training issue to determine if the trainee pharmacist had learnt from the error and improved, and if so, whether the ES would then be satisfied that they could be signed off. The provider noted that it was important that trainees are not held to a standard that registered pharmacists would not be held to. In terms of the wording of the completion reports and final sign off, the provider indicated that it would review and consider the wording in the final declaration with regards to patient safety.

In terms of the NICPLD formal learning programme, assessment includes exam-style questions and mock assessments, as well as assessments that are part of the required e-learning courses. Trainees

are monitored across the assessments and additional support offered where the trainee does not meet the required pass marks. If an area of difficulty is identified as affecting the whole cohort, additional support such as development days might be arranged by NICPLD as required.

NICPLD is able to monitor assessments through various systems and interactions such as using the ePortfolio tracker to monitor the overall progress of the trainee in terms of evidencing the learning outcomes. The ePortfolio tracker also enables the trainee pharmacist, the ESs, the DPP and NICPLD FTY Lead Pharmacists to track the progress of the trainee pharmacist. Appraisal submissions are also reviewed at the four appraisal time points.

The assessment of trainee pharmacists is monitored by the supervisors (ESs and DPPs). In the workplace, the ESs and DPP will have access to records relating to the trainee such as the appraisal, portfolio and ePortfolio tracker. The ESs should keep a log of supervisor support meetings to provide evidence of engagement. The ESs and the DPP can review the evidence submitted to the portfolio to assess whether they meet the appropriate learning outcomes. For 2025/26, a PPP log will be introduced to the FTY hub so that the trainee pharmacist, DPP and ES can monitor the progress of the trainee through their prescribing practice period. The FTY Lead will also consider how the relevant activities have been assessed by the ES and DPP to ensure that they have been assessed appropriately.

A completion report cannot be submitted by the ES if the trainee has not consistently demonstrated safe and effective patient care. The GPhC and PSNI Registration Assessment also provides assurance regarding the ability of the trainee pharmacist to practice safely and effectively; the provider noted that trainees who do not pass the CRA are supported by NICPLD in terms of access to learning resources.

Assessment feedback is a key part of the FTY programme with an expectation that supervisors provide regular feedback to trainee pharmacists through opportunities such as the Supervisor support meetings which are held every two weeks. All those involved in supervising and assessing the trainee should deliver feedback on the performance of the trainee pharmacist to the ES or DPP as appropriate. The FTY Lead Pharmacists will also provide feedback to the trainee pharmacist during the support calls. Trainees are also introduced to the importance of reflection on practice which is discussed at the first development day induction session. The curriculum and assessment strategy for the FTY programme also require that feedback from a range of people involved in assessing the trainee pharmacist be incorporated, such as from the ES and the DPP. A number of the mandatory practice activities require the trainee pharmacist to also seek feedback from other healthcare professionals and patients.

The FTY Framework sets out the skills and training required by those undertaking the role of ES or DPP before they can undertake supervision of the trainee pharmacist. The ESs and DPPs must confirm that they have completed the required elements of the accreditation (training) at least 7 days before the start date of the trainee pharmacist. NICPLD provide a three-stage approach to training of the ES and DPP, including an onboarding stage where the ES and DPP must complete a series of NICPLD e-learning courses. The second stage is where they must participate in annual accreditation training which will focus on the role and responsibilities relating to the assessment of the trainee pharmacist as well as training on other elements such as the use of the e-Portfolio. The third stage is where ESs and DPPs must complete a three-yearly refresher training where they must retake key NICPLD e-learning courses to refresh their knowledge.

The team asked about what would happen if the ES and/or DPP had not completed training within the required timeframe. The provider explained that this scenario should not happen as the accreditation of ESs and DPPs is run in May-June, and consists of videos, pre-recorded material, and e-learning; completion of these can be tracked by the provider. Where the training has not been completed, NICPLD would contact the relevant ES/DPP to chase this up; if required, an extension might be given (if, for example, the supervisor was away on annual leave). Similarly, if needed, NICPLD can arrange bespoke 1:1 sessions to be delivered such as in a situation where there is an unexpected change in training circumstances for a trainee pharmacist and a new supervisor may require training. The provider reiterated that there was additional capacity in the system in terms of the numbers of available accredited ESs.

The team recommended that agreements with FTY placement providers are strengthened through the use of formal contracts. This would provide additional assurance of adherence to the NICPLD programme requirements and greater clarity to providers of their responsibilities. This relates to criteria **4.2** and **6.2.**

The team was satisfied that all criteria in Standard 6 relating to Assessment will be **met.**

## 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 ☐** |

NICPLD provide a range of guidance and information to the trainee pharmacist to support them through the foundation training year and achieve the learning outcomes. Support is also provided to the ES and DPP to undertake their role. NICPLD staff are also supported to deliver the FTY programme. During their FTY programme, trainee pharmacists have access to a range of pharmacy professionals who are able to act as role models and mentors such as the Educational Supervisor and the Designated Prescribing Practitioner. The trainee will also interact with other colleagues within the

workplace who may also act as Practice Supervisor. In addition to the experiences on placement, trainees will have interaction with the NICPLD FTY Lead Pharmacists.

In terms of induction to the programme, in the first four weeks, trainee pharmacists attend two face-to- face workshops that provide an introduction to the FTY programme, which include an overview of the programme, what is required of the trainee pharmacist, how to use the ePortfolio and the resources that are available to the trainee during the training year. The trainee will also be able to meet their assigned FTY Lead Pharmacist. During the sessions, trainees are encouraged to engage with their peers. Trainee pharmacists who did not study at Queens University Belfast (QUB) or Ulster University (UU) are invited to attend a special webinar session which includes information on working and living in Northern Ireland.

The FTY framework sets out guidance to ensure that the workload of the trainee will be appropriate and realistic. The trainee pharmacist will work full time (35-40 hours per week) throughout the 52 week period. The trainee pharmacist and ES agree individualised 13 week action plans based on the FTY training plan for the sector which set out how the workload will be managed. This will include supervisor support meetings which should happen on a fortnightly basis, as well as 4 support calls from the FTY Lead Pharmacist during the year. The FTY Lead Pharmacist assigned to the trainee pharmacist can be contacted at any time via phone or e-mail should support or guidance be required. Where the trainee pharmacist indicates a requirement for a reasonable adjustment at the point of application, the FTY team review this and follow up to determine where the support may be needed, such as in the workplace or through the formal learning programme, or both; the FTY lead pharmacist will work with the respective employers to ensure that necessary reasonable adjustments are implemented.

Trainee pharmacists are required to have 4 hours protected development time per week to support their progression on the FTY. The time could be used by the trainee to write up recording templates to support the evidencing of learning outcomes. The FTY Lead Pharmacist will check during the support calls that the trainee is getting the protected time.

There are clear procedures in place for the trainee pharmacist, ES and DPP to raise concerns, such as through the FTY hub online, via e-mail, as part of the appraisal meetings or in the support calls with the FTY Lead Pharmacist, who can be contacted directly. The FTY team also hold a weekly drop in clinic. Examples of concerns include inadequate support, lack of professionalism or concerns about supervision/training site. Where a concern is raised, NICPLD will log it and then review with the aim of identifying follow up actions within 20 working days, or if as part of the TRAS procedure, 10 days. NICPLD and the PSNI have a memorandum of understanding that enables the sharing of concerns between each organisation. The team was told that in addition to the formal mechanisms for capturing concerns, feedback from trainees was also captured through the Trainee Voice forum as well as through informal contact from trainee pharmacists which might come from e-mail or telephone.

If trainee pharmacists have concerns relating to the supervision of the ES and DPP, they are encouraged to raise these with NICPLD; trainees can also feedback on the role of their ES and DPP through the end of FTY evaluation. If the trainee's progress remains unsatisfactory, it will be referred to the Educational Review Panel, who will review the trainee pharmacist's performance and make recommendations for remedial action. If an extension is required, it was noted that there is a contingency budget for extensions for each cohort. If the trainee continues to show insufficient progress, the ERP may recommend that the trainee pharmacist is released from the FTY programme.

Trainee pharmacists with health concerns should raise this with their respective employers; should it impact on the foundation training year, NICPLD will follow appropriate procedures, namely the Trainee pharmacists requiring additional support (TRAS) and the Educational Review Panel (ERP).

The team asked for further details about the criteria that the ERP will use to determine whether a trainee can get an extension to training. The provider described the composition of the ERP, which included the Dean, Associate PG Dean, a lay person, a registrant and one FTY Lead pharmacist. The ERP will review all of the evidence and consider any mitigating circumstances. The trainee pharmacist is invited to attend the ERP and can ask questions and/or provide extenuating circumstances. The ERP will look at the options and decide how long the extension might be. The team was told that the trainee was responsible for finding another site to host the extension period. The provider noted that there is contingency money within the NICPLD budget to support this, though it was also noted that currently only one trainee can be hosted at a time as set out in Northern Ireland legislation. The provider explained that this scenario has arisen, but to date, the trainee has always managed to find another site. The provider confirmed that NICPLD would check that the new site would support the trainee. The provider also noted that where possible, they would try to find another site within a reasonable travel distance. The provider reiterated that NICPLD maintains an up to date spreadsheet with regards to ESs and highlighted that there is currently spare capacity in terms of the number of available ESs. The team commented that the provider should consider the scalability of this provision. The team also commented that whilst the extension rate is very low now, this may well increase as the new standards are embedded, and may require a more formalised process.

The team asked about the training that FTY Lead Pharmacists receive to help them to manage contact with trainees who may be struggling with wellbeing or have other welfare issues. The provider highlighted that NICPLD staff must complete a number of E-learning courses that focus particularly on support for understanding cultural differences. The provider also confirmed that a number of staff are trained as Mental Health first aiders. It was also noted that NICPLD have a 'New to NI' checklist for trainee pharmacists who did not obtain their undergraduate degrees in Northern Ireland, with links to information about support networks. The provider highlighted the ability of the trainees to access external support through the Inspire Hub, particularly with regards to mental health. The team commented that the provider should ensure that supervision arrangements incorporate awareness of elements of cultural competence and possible welfare needs.

The team asked about the support available to trainee pharmacists after the Registration Assessment results are released. The provider explained that prior to the exam, a webinar is run which gives the trainees information about the examination, such as a demonstration of the Surpass system, and information about the venues in which the exam will take place. Trainees are also signposted to the GPhC website. It was noted that the results from the exam are released by the PSNI to trainees via e-mail. The provider noted that NICPLD were made aware of the trainees who were unsuccessful on the day; the FTY Pharmacist Leads are available on results day if the trainee wishes to make contact. The provider waits 24 hours from notification of results to the trainee pharmacist before information is sent out to trainees; there are resources for trainees failing at the first sitting. It was noted that where a trainee fails for a second time, in Northern Ireland, currently trainees must complete a further 6 months in practice. This is made clear to trainees in their webinar. It was also noted that the fourth support call from the FTY Leads is focused on the exam. NICPLD also confirmed that on the day of the exam, two leads attend the two venues used for the exam sitting, which enables them to ensure that trainees are calm. The team commented that the support offered around preparation for the Registration Assessment, as well as the aftercare, was an area of good practice.

The team asked about the guidance provided on the proportion of hours that should be under the direct supervision of the DPP. The provider explained that the DPP should carry out a minimum of 45 hours direct supervision. It was noted that the NICPLD standalone IP course requires a minimum of 20 hours but there was consideration of aligning it with the FTY. The provider commented that the rationale for the 45 hours was so that the trainees can gain good experience of prescribing; also, the 45 hours would give the DPP confidence that the trainee can meet the prescribing competencies. The provider noted that the log tracks the time spent by the trainee with the DPP and shows as green once the trainee has completed 45 hours with the DPP.

The ES and DPP are able to access key resources from the FTY Hub throughout the training year to support the supervision of the trainee pharmacist. A trainee may be supervised by other qualified healthcare professionals (the Practice Supervisor) during the programme. The PS may be a pharmacist or they may be from a different healthcare profession. It is the responsibility of the ES and/or the DPP to ensure that any PS supervising the trainee pharmacist are appropriately experienced, that they are capable of the task and also meet the supervisor person specification. There is no mandatory training for qualified healthcare professionals who may be acting as practice supervisors for the FTY programme; the responsibility for ensuring that these individuals have the appropriate skills and attributes lie with the ES and DPP.

The ES and DPP are employed by the organisation responsible for employing the trainee pharmacist. The Employer must declare to NICPLD that the ES and/or DPP will be given sufficient protected time to act as supervisor withing their normal job role. For hospital pharmacy, the DoH has recently invested in new posts to build and ensure sufficient supervisory capacity. The ES and the DPP must also complete annual accreditation training to act as supervisors during the FTY programme. This training includes mandatory e-learning provided by NICPLD, including EDI, workplace training and the role of a DPP. The DPP e-learning course has been specifically developed by the NICPLD Independent Prescribing team to specifically support DPPs within the FTY and was reviewed by a hospital stakeholder group. The ES and DPP must also attend a live webinar. There are optional recorded lectures that the ES and DPP may access which focus on mentor development.

The ES and DPP will also have access to a FTY Lead Pharmacist who can provide support and guidance through the process. NICPLD produce a number of handbooks with guidance for the ES and DPP. NICPLD encourage those undertaking a supervisory role to undertake a learning needs analysis of their role and develop a personal development plan. In addition to support from FTY Lead pharmacists, the provider has established an annual ES telegram group which enables ESs to communicate with each other as part of a peer support network.

The NICPLD team is led by the Postgraduate Pharmacy Dean, who line manages the Associate Postgraduate Pharmacy Dean responsible for the FTY programme, who in turn line manages the FTY Lead Pharmacists. NICPLD clerical staff are line managed by the NICPLD Administrator. The NICLD FTY programme team meet weekly to review all issues relating to the programme. New NICPLD FTY Lead Pharmacists are mentored by an experienced Lead Pharmacist in terms of operational and practical support. Staff in the NICPLD FTY team engage in annual personal development review and are encouraged to identify opportunities for further professional development. Roles within the FTY team are rotated so that each Lead pharmacist is given ownership of an area which then enables them to develop specific expertise in that area. NICPLD staff are encouraged to attend relevant teaching and learning courses that are available through Queen's University staff training and development; they

are also able to attend training provided by external providers such as mental health first aid training delivered by St John Ambulance.

External tutors contracted to deliver elements of the formal learning programme have a designated FTY Lead as their point of contact. As part of the tender process, the external provider confirms they have the capacity to deliver the required learning for NICPLD. Pharmacists/external tutors involved with leading the formal learning development Days will meet with the FTY Lead pharmacists to plan the content and ensure that they meet the needs of the curriculum.

The team was satisfied that all criteria in Standard 7 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**

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|---|---|---|---|
| **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 ☐** |

The NICPLD Foundation training year is a 52-week programme. For 2025/26, The programme also includes the requirement for the trainee pharmacist on Pathway 1 to complete 90 hours of supervised practice related to prescribing as part of the prescribing practice period (PPP).

NICPLD has developed training plans that outline what must be completed during the 52 week programme. The training plans vary according to the pathway and sector in which the trainee pharmacist begins their training. The trainee pharmacist must develop 4 individualised 13-week plans during the training year and agree them with the respective Educational Supervisor (ES). Trainees on Pathway 1 will undertake their 90 hours PPP during their hospital placement. NICPLD recommends that the PPP is finished 4-6 weeks before the trainee is scheduled to complete their hospital placement as this allows flexibility should the DPP decide that the trainee pharmacist require additional support or training. During the PPP, the trainee pharmacist must evidence the time they have spent developing their prescribing competence under the supervision of the DPP through the completion of the PPP log. Trainee Pharmacists are monitored by the FTY Lead Pharmacists throughout the 52 week programme to ensure that the trainee pharmacist is progressing according to the relevant training plan.

Currently, trainee pharmacists in Northern Ireland are unable to complete a foundation training year in general practice because it is not permitted in Northern Ireland legislation, though it is anticipated that legislative change will make this possible for the 2027/28 foundation training year. It is also noted that it is also not currently possible to offer a 12-month community pharmacy training year for students graduating to the 2021 standards as prescribing services have not yet been embedded in the community pharmacy service delivery.

The team was satisfied that all criteria in Standard 8 relating to The Foundation Training year will be **met.**

## 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**

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|---|---|---|---|
| **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 ☐** |

NICPLD has a series of standard operating procedures that set out how the foundation training year should be supervised and monitored. Trainee pharmacists are monitored in a number of different ways such as tracking attendance at development days, use of exam-style questions on Moodle, the performance of the trainee in the mock assessments, the completion of mandatory e-learning and their progress towards completing their mandatory practice activities (MPAs) and prescribing Practice activities (PPAs) or Interim Practice Activities (IPAs) if on Pathway 2/3.

The FTY Lead Pharmacist assigned to the trainee pharmacist will monitor all aspects of the FTY such as attendance, performance in the formal learning activities and progress within the workplace. For example, if the trainee pharmacist does not achieve a 70% pass mark in the mock assessments, the FTY Lead pharmacist will discuss this as part of the final support call. NICPLD use an online tracker to check the trainee's progress through required activities such as completion of the e-learning or progress completing the e-portfolio to meet the learning outcomes.

Trainee Pharmacists are also monitored at their appraisals in weeks 13, 26, 39 and 50. The appraisal enables the ES (and the DPP if during the hospital placement) to monitor the progress of the trainee's overall performance and development. The FTY Lead Pharmacist then reviews the appraisals to determine if any further action may be required, such as when the trainee is assessed as not achieving sufficient progress. As part of the appraisal, the ES assesses the trainee in terms of safe and effective care, Professional responsibility, Application of knowledge, Attitude, Communication with patients, colleagues and other healthcare professionals and Authority and Leadership. These are assessed using a score and grading system ranging from 5 – No Progress to 1 – Excellent. At the end of foundation training, it is expected that the trainee pharmacist should be scoring 1 or 2 in each category to ensure they can complete the programme successfully. The appraisal also enables the ES to review the progress of the trainee in providing evident that they have met the learning outcomes. It is expected that the minimum percentage of total evidence required increases by 25% from one appraisal point to the next. MPAs, PPAs and IPAs (where applicable) are also reviewed against the individualised plans

agreed with the trainee pharmacist. Once the appraisal is submitted, it is reviewed by the FTY Lead pharmacist who will assess the scores and commentary to track the progress of the trainee. If progress is satisfactory, the FTY Lead pharmacist will approve the appraisal; if not, the trainee and the ES will be contacted to resolve the relevant issues. The NICPLD FTY programme team have a series of e-mails that are sent to the ES/DPP or the trainee pharmacist which are triggered by certain criteria such as evidence awaiting verification or when progress with MPAs, PPAs (or IPAs) are not clear/ the trainee is not progressing.

The team noted the quantitative checks within the appraisal criteria, but asked about the checks undertaken on the qualitative elements such as whether the sign off has been appropriate at the right level. The provider explained that the FTY Lead Pharmacist reviews a trainee's portfolio before a support call so that they are aware of what has been assessed. It was noted that rubric is provided so that the trainee knows the standard of assessment . The provider stressed that evidence must be authentic, current and valid; it was noted that the templates are designed to ensure a good quality of evidence and ensure that the rationale for the learning outcomes is clear. The support call discussion would be captured so that it was clear if the evidence was not meeting the requirements. The provider confirmed that there is an overall review of all elements of the programme at the end of the year to ensure that all requirements for programme completion are satisfied before the NICPLD Programme Board.

Each trainee pharmacist will have a minimum of two Educational Supervisors (ES). The ES is responsible for the oversight of the trainee pharmacist's progression during their respective placements. The ES must be approved by NICPLD. The process for approval of an ES starts with the Employer nominating a pharmacist to act as the ES for the trainee. NICPLD will request key information such as the name of the ES, their professional registration number and their e-mail address. The ES will be contacted by email to provide key assurances about their suitability to undertake the role as well as set out their responsibilities during the programme. This includes confirming their registration status and experience, employment status and confirmation that they will be able to actively supervise the trainee. The ES must also confirm that they have no ongoing FTP issues, that they will complete the required NICPLD ES accreditation training. In terms of their responsibilities, the ES is also asked to confirm that they will act as a role model and mentor giving suitable professional support and guidance to the trainee; that they will be responsible for the assessment and coordination of the supervision of the trainee and that they will ensure a timely handover to any new ES in a multi-sector placement arrangement. If the ES is based in the hospital pharmacy, they must also confirm that they will liaise and communicate with the DPP regarding the trainee's performance. Finally, the ES must confirm that they have read, understood and agree to all requirements outlined in the NICPLD FTY Framework.

A similar process is followed where the trainee pharmacist requires a DPP (Pathway 1). As with the ES, the DPP must provide a series of confirmations to NICPLD with regards to the supervision of the trainee pharmacist, including that they are a registered healthcare professional in GB or Northern Irelandand is also an independent prescriber; that they have active prescribing competence applicable to the nominated prescribing areas in which they will be supervising; that they have appropriate patient-facing clinical and diagnostic skills and are capable of assessing these skills and that they have supported or supervised the development of other healthcare professionals. In terms of responsibilities, they must confirm that they will support the trainee pharmacist during the 90 hour PPP and confirm that they will be responsible for co-ordinating the supervision of the trainee during the PPP and ensure that they oversee and monitor the progress of the trainee in accordance with the

PPP training plan. The DPP must also confirm that they will assess the prescribing competence of the trainee pharmacist and will make an appropriate declaration to support their registration as a prescriber.

The ES and DPP declarations will be reviewed by the NICPLD FTY team; where the ES and DPP meet the criteria set out in the confirmation e-mails, they will be approved; the approval will then be recorded on the Supervisor approval tracker system. All ESs and DPPs will be invited to the relevant accreditation training; once the training is complete, this will also be recorded on the tracker. The ES and DPP must complete this training annually prior to the trainee starting their FTY programme.

NICPLD sets out guidance for instances where the ES or DPP may be absent and for how this should be managed. This is to ensure that appropriate action is taken in the event that the supervisor is absent beyond permissible limits so that the continuity of the trainee's supervision can be made. The team asked for further details about how a change of ES or DPP during the training year is managed. The provider explained they work closely with the employers' organisation in such instances. The FTY Lead Pharmacist assigned to the relevant trainee pharmacist would try to identify a new ES. Once this had been done, accreditation training for the ES would need to be completed. The FTY Lead pharmacist will get in touch with the ES to check if they have any further questions after the e-learning has been completed. The NICPLD Clerical Officer then sends out the required declarations to the employer and the new ES to complete, and then a start date for the trainee is agreed. The provider noted that there would be regular contact between the FTY Lead, the ES and the trainee pharmacist in the early weeks to ensure that the new arrangements are working. The provider confirmed that the process would be the same for a change in DPP.

The team asked how the provider would manage an unsuitable trainee supervisor. The provider explained that if a supervisor had a fitness to practise issue, then they would have to be removed as the trainee's supervisor and then the employer would need to nominate a new person. It was noted that this was easier to arrange in the hospital environment and more challenging in the community environment as it would be likely that the trainee would need to move to another site. The provider reiterated that the outgoing ES would complete a transition form giving details of what has been covered and then submit this to NICPLD to be reviewed by the FTY Lead; the form will then be passed on to the new ES.

Other qualified healthcare professionals may be nominated by the ES or DPP to act as a Practice Supervisor (PS). The PS may supervise the trainee in the absence of the ES and DPP and provide feedback to the trainee and the ES/DPP as appropriate, but it is the responsibility of the ES and DPP to ensure that they only delegate tasks to appropriately qualified individuals. NICPLD have set out specifications for this role. The team asked about the guidance and support available for PSs who are from other healthcare professions so that they are clear about the requirements for an FTY pharmacist. It was noted that PSs are provided with a checklist that enables them to undertake a learning needs assessment in relation to their role. The provider noted that practice supervisors are used extensively, especially in the hospital sector and post foundation training. The provider reiterated that it was up to the ES and the DPP to designate the PS and that the ES/DPP must make sure that they fulfil the requirements. It was also noted that the onus was on the ES and DPP to make sure information about the role of the PS is available. It was noted that PSs are not involved in checking the learning outcomes achieved by a trainee, nor are they involved in an appraisal sign off. If the PS has verified an MPA/PPA/IPA template, this must be approved by the ES/DPP against the relevant learning outcome mapping.

Trainee pharmacists must prioritise patient safety and must only carry out tasks at which they are competent or are leaning under supervision to be competent. The ESs must ensure that the trainee is delivering safe and effective patient care and that patient safety is not compromised. During the PPP, the DPP is responsible for supervising the trainee during this period; the DPP must supervise the trainee directly for at least 45 hours of the 90 hours so that they can make an informed decision about the competence of the trainee whilst also taking into account patient safety. In the respective completion reports submitted by the ESs and DPP, they must verify that the trainee pharmacist "has demonstrated safe and effective patient care at all times during the FTY".

There are clear processes used to identify, manage, review and support trainees who may need additional support during the FTY; these are outlined in the Trainee pharmacists requiring additional support (TRAS) and Educational Review Panel (ERP). This process is designed to identify early intervention of any concerns or issues to support trainees whilst setting out a structured review process for how such concerns will be dealt with.

Where a concern is received by the FTY Lead Pharmacist, a support meeting is organised with the trainee pharmacist and the ES/DPP within 10 working days. The FTY Lead uses the TRAS assessment matrix to assess the issue and determine the actions that should happen, using the Red, Amber, Green (RAG) rating system. A TRAS action plan will then be developed at the end of the support meeting, setting out what specific actions need to occur, as well as review dates. If the trainee's progress is still not satisfactory, the NICPLD Associate Postgraduate Pharmacy Dean will recommend that an Educational Review Panel be formed to review the case and decide upon further action. Outcomes may include that the trainee is making satisfactory progress, to additional training time being required, to instances where the trainee pharmacist has made insufficient progress and must be released from the programme. There is an appeal process in place which the trainee may use to appeal an ERP decision.

There is a clear process for the final sign off at the end of the FTY. This includes the submission of the Completion report following the first placement at week 26, the submission of the second completion report at week 52. The DPP must also submit the PPP completion report once the trainee has completed the 90-hour prescribing practice period. The NICPLD programme Board then meets at the end of the FTY training year to determine if the trainee pharmacist has met all required criteria. At the Board, trainees will either be classified as 'Completed' in which case they are confirmed as having successfully completed the FTY year and are signed off or 'Not Completed' , which means that further evidence is required to demonstrate the completion of the programme. The FTY Lead Pharmacist will follow up with any trainees who have not been signed off to outline what is required. Once the programme board has ratified its decisions, these are communicated to the PSNI.

The team noted that the wording of the requirements for the supervisor role and the Guidance for Supervisors states that the supervisor must declare the trainee as competent. The team asked how the provider will ensure that it is clear to supervisors that they must assess the trainee's performance and make a professional judgement and only declare the trainee competent if they have met the learning outcomes and requirements of the programme. The provider noted that the tracker system will ensure that trainees meet the learning outcomes as it must be 100% completed. The provider acknowledged that they may need to review the 'at all times' wording in the statement ("has demonstrated safe and effective patient care at all times during the FTY"). The provider also explained that the sign off process is described as part of the ES accreditation training.

The team also asked for clarification as to who is responsible for ratification of the final sign offs. The provider confirmed that the NICPLD FTY Programme Board was responsible for ratification of the final sign offs. The provider described the sign off process at the programme board in more detail, highlighting that trainees are reviewed to ensure that they have completed so that there was confidence that evidence brought to the programme board is good. If issues are highlighted prior to the meeting of the Programme Board, then this would be looked at in detail; if the trainee was not ready for sign off, they would not be presented to the board and would instead be referred to the Education Review Panel to follow procedure and determine if the trainee needed an extension.

## Transition period

From 2025/26, and for an initial period of three years, the NICPLD FTY programme will be delivered through three different pathways which depend on the route of entry. Pathway 1 is for students who will graduate from the MPharm degree having met the 2021 IETP standards; this means that they are eligible to register as prescribers once they have successfully completed the foundation training year.

Students graduating from the MPharm against the 2011 standards, or completing the OSPAP may undertake a multisector pathway (Pathway 2) with six months in community pharmacy and six months in hospital pharmacy respectively, and they will be required to evidence 54 interim learning outcomes. These students may also opt for a uni-sector placement in community pharmacy (Pathway 3) which is for 12 months, which will also require them to evidence 54 interim learning outcomes.

All trainee pharmacists graduating to the 2011 standards have been informed during the selection and admissions process of the pathways that are available to them. At the point of application, the student pharmacists are asked to confirm which IET standards they are graduating against, which determines their FTY pathway; this will be clearly noted in the NICPLD FTY administrative database. If there are any queries, NICPLD will check with the relevant school of pharmacy to confirm which standards the student will be graduating against.

The FTY lead pharmacist will be aware of the specific FTY pathway for each trainee pharmacist that they are responsible for and will ensure that all communications with the respective trainee pharmacist, ES and DPP reflect this. As with Pathway 1 students, there will be 4 support calls for trainees on these pathways that present additional opportunities to ensure that trainees are on the correct pathway.

Trainee pharmacists undertaking either Pathway 2 or 3 will have an additional induction session with an FTY Lead Pharmacist to outline the specific requirements of their pathways. Similarly, the FTY Lead Pharmacist will also hold an additional session with the trainee's ESs to ensure that they are also aware of the specific requirements relating to trainees on either pathway 2 or 3. NICPLD has developed a specific handbook for Pathways 2 and 3.

NICPLD will confirm with PSNI the pathway details for each trainee pharmacist on the FTY and specify the standards to which the trainee has graduated to. The information will be confirmed with the PSNI following the ratification of the trainee's completion by the NICPLD programme board.

The team asked how NICPLD will ensure that all employers are aware of which trainees they will be receiving. The provider explained that for the 2025/26 programme, there are only a small number of trainee pharmacists undertaking pathways 2 and 3 and noted that the respective employers would be

made aware of which pathway the trainee is on. This would be further supplemented by the FTY Lead pharmacist, who would check that the correct evidence is submitted. Separate handbooks for the pathways have also been produced. The provider also confirmed that NICPLD's administrative systems would differentiate between trainees on the respective pathways, and that this will be clear when communicated to the PSNI. For the 2026/27 programme, the pathways will still be available should there be any students who graduate to the 2011 standards or the OSPAP.

The team also asked about the support available for supervisors who have trainees working to different standards. The provider confirmed that the accreditation training for the supervisors will be very similar for all of the pathways, though for supervisors with Pathway 2/3 trainees, the training would be slightly different as there is no requirement for a DPP or for prescribing practice. The provider confirmed that there would be two separate accreditations for those ESs dealing with separate pathways and reiterated that there was monitoring in place to track this; for example, if an ES was supervising a trainee from pathway 1 and a trainee from pathway 2, they would need to attend both training sessions.

## 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). |
| **Likely to be met** | The progress to date, and any plans that have been set out, provide confidence that this criterion/learning outcome is likely to be met by the step 3b event. However, the accreditation team does not have assurance after reviewing the available evidence that it is met at this point (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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