

**Pre-registration Trainee Pharmacy Technician (PTPT)**  
**Rotation objective & Study planning record – COMMUNITY PHARMACY:**

PTPT and Practice Supervisor to complete 'pre-rotation checklist', 'trainees expectations' & 'rotation expectations' and sign 4 weeks prior to rotation starting.  
Copy to be emailed to PTPT, EPD, TPD and ES for info

Rotation/Sector:

PTPT name:		Rotational practice supervisor (PS) name:	
PTPT Contact details:		Rotational practice supervisor (PS) contact details:	

**Pre rotation Checklist:**

	Details (where applicable)	PTPT signature and date:	PS signature and date:
Working hours: Work base:			
Annual leave dates during rotation already booked:			
College day:			
Protected study time of 3hrs/week	Day:  Time:		
Location of PTPT/area able to travel:			
What knowledge units is PTPT currently covering? What outstanding evidence's do they need to obtain?			
Statutory and mandatory training certificates seen?	Yes No – PTPT to email copy to PS		
Additional statutory and mandatory training requirements for rotation:			
Smartcard activated? (if relevant)	Yes – Smartcard number: No – PS send email to EPD to request smartcard		
IT equipment and logins required for rotation:	Laptop: Email: Other:		
Surgery access requested? (if required)			

<b>Mid rotation review date:</b>			
<b>End of rotation review date:</b>			

**Trainee's expectations**

<b>List below any concerns that you have about this rotation</b>
<b>What are you looking forward to most about this rotation?</b>
<b>Do you have any previous experience/qualifications in this area/sector of pharmacy?</b>
<b>List any reasonable adjustment requests to help you achieve this rotation: (e.g. non latex gloves)</b>

**Rotation expectations:**

<b><u>Expectation of rotation discussed with PTPT:</u></b>	<b>PTPT signature and date:</b>	<b>PS signature and date:</b>
<ul style="list-style-type: none"><li>• 14 hours of supervised activity with a pharmacy professional.</li><li>• Mid rotation review booked in prior to rotation start.</li><li>• End of rotation review booked in prior to rotation end.</li><li>• Minimum of 1 weekly 15min catch up between PTPT and PS.</li><li>• Timetable emailed to PTPT 1 week prior to rotation start.</li><li>• Any concerns raised by PTPT discussed with PS prior to rotation start.</li><li>• Any adjustments required by PTPT discussed with PS prior to rotation start.</li><li>• Communication expectation as per PTPT welcome pack.</li></ul>		
<b>Any additional comments regarding expectations from PTPT:</b>		
<b>Any additional comments regarding expectations from PS:</b>		
<b>Actions agreed to be taken forward and by whom:</b>		

**End of first week checklist: Signed copy to be emailed to PTPT, ES, EPD and TPD.**

	<b>PTPT signature and date:</b>	<b>PS signature and date:</b>
<b>Initial meeting with PS</b>		
<b>Relevant IT equipment provided</b>		
<b>Relevant logins provided</b>		
<b>Copy of rota shared with PTPT and ES</b>		
<b>Location/travel expectations of whole rotation discussed.</b>		
<b>Outstanding actions completed?</b>		

**Rotation learning outcomes:**

Rotational Learning Outcomes	Activities	Ecordia Tasks	GPhC Standards	PS Signature and Date
Gain an awareness of the individual role of each members of the dispensary team, (assistants, technicians, junior and senior pharmacists) and their contribution to the service provided.	Shadow pharmacy assistants and pharmacy technicians working in the dispensary.		15, 23, 24, 49, 50,	
Gain a working knowledge of the IT and other systems in the dispensary.	Undertake training on the pharmacy system.		9, 15, 26, 31, 33, 35, 53	
Be aware of the different types of prescription that are dispensed in community pharmacy and how they are handled.	Gain experience in dispensing: FP10's, Private prescriptions, Veterinary prescriptions Repeat dispensing	Unit 5: Task 1, complete a reflective account on providing a pharmacy service	9, 14, 15, 24, 26, 27, 33, 34, 35, 36, 37, 41, 46, 53	
Be able to competently deal with telephone queries in the dispensary	Train and gain confidence in customer services.	Unit 5: Task 1, complete a reflective account on providing a pharmacy service	1, 3, 4, 5, 6, 7, 8, 9, 13, 14, 15, 17, 26, 31, 34, 35, 50, 53	
Understand the to follow procedures agreed for dealing with prescriptions that cannot be dispensed in full at the time they are requested, with special consideration on the communication between patient and healthcare staff.	Develop awareness of unusual or high cost medicines that may not be stocked/limited stock held. Be responsible for covering to-follows.		13, 14, 15, 17, 26, 27, 33, 35, 53	

Be able to correctly dispense and endorse a variety of prescriptions including unlicensed, private, CDs, and substance dependency prescriptions.	Competently dispense and endorse items using the log sheets for 500 items (see error guidance).	Unit 8:  Task 2: Dispensing and in-process checking accuracy log	14, 15, 22, 23, 25, 26, 27, 29, 35, 36, 37, 38, 41, 45, 46, 51, 53	
Understand the causes and consequences of dispensing errors and be able to identify report and reflect on any errors made.	Record all dispensing errors made on a reflective error form and write an evidence about the error. Discuss major errors or trends in errors with your dispensary practice supervisor.	Unit 3:  Task 3 reflective account on an error	14, 15, 16, 18, 20, 21, 22, 23, 24, 25, 26, 27, 45	
Describe the various compliance aids including patient information leaflets (PILs) and blister packs that are available in the dispensary.	Dispense a blister pack.		26, 27, 35, 36, 37, 38,	
Be able to receive prescriptions and gain further experience of customer services and financial transactions.	Receive a minimum of 5 outpatient prescriptions.		3, 4, 6, 7, 8, 9, 13, 14, 15, 17, 26, 50, 53	
Be able to validate and assess prescriptions to confirm items have been prescribed as intended for the individual prescriptions using appropriate reference sources and confirming legal requirements.	Complete 3 reflective accounts and two expert witnesses		13, 14, 15, 17, 26, 27, 29, 35, 42,	
Be able to issue prescribed items to waiting outpatients, counselling within limitations of your role and referring when necessary.	Issue a minimum of 5 outpatient prescriptions.		5, 8, 9, 13, 14, 15, 39, 42,	
Be able to deliver pharmacy services for the benefit of individuals	Shadow staff undertaking over the counter sales.  Assist in the sale of an over the counter product.	Unit 5:	1, 3, 4, 5, 6, 7, 8, 9, 13,	

		Task 1, complete a reflective account on an OTC sale	14, 15, 17, 26, 27, 42,	
Be able to effectively deal with complaints following SOP's and refer appropriately.	Complete 1 reflective account and 3 expert witnesses	Unit 5: Task 2, complete 3 reflective accounts on dealing with complaints	13, 14, 15, 16, 17, 19, 20, 21, 22, 25	
Understand the role of the pharmacy technician in the health promotion services provided (Flu jabs, Travel clinic, Smoking cessation and blood pressure monitoring)	Shadowing pharmacists and awareness of services		10, 11, 15, 24, 50	
Be able to order, receive and store medicines legally, accurately and safely.	Competently order items of stock from two separate suppliers.  Carry out stock checks for a week  Competently receive and put away two wholesale orders including a fridge item and Controlled Drug.		14, 15, 17, 18, 26, 27, 33, 35, 37, 38, 53	
To appreciate the legislation around waste management.	Dispose competently of unwanted medicines		14, 14, 15, 18, 26, 43, 48	
Understand the procedures for handling a drug alert/product recall.	Undertake at least one drug alert/product recall		14, 15, 16, 17, 18, 26, 27, 33, 35, 43, 53	
To comply with the policy and procedures for ensuring the accountability and security of drugs in transit and the functions and	Appropriately package medication for delivery		15, 18, 26, 27, 33, 35, 37, 48	

responsibilities of drivers who transport medicines including controlled drugs.				
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<b><i>Personal development</i></b>	<p>After completing college lesson on models of reflection write a reflective account applying a model.</p> <p>After completing your first 3 months at your base site write a reflective account on the feedback you received from your PS.</p> <p>Write an account on your employers' whistleblowing policy.</p> <p>Write an account that assesses the importance of continuing professional development for pharmacy technicians.</p> <p>Complete your first appraisal with your ES and submit to Ecordia.</p>	<p>Unit 3:</p> <p>Task 1 – model of reflection x 1</p> <p>Task 2 – reflective account on feedback x 1</p> <p>Task 4 – Whistleblowing</p> <p>Task 5 – CPD</p> <p>Task 7 – submit 3 month appraisal</p>	<p>23, 24, 25, 53</p>	<b><i>ES to sign off</i></b>
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**Timetable for rotation (including AL & Training Dates)**

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Week 1</b>					
<b>Week 2</b>					
<b>Week 3</b>					
<b>Week 4</b>					
<b>Week 5</b>					
<b>Week 6</b>					
<b>Week 7</b>					
<b>Week 8</b>					
<b>Week 9</b>					
<b>Week 10</b>					
<b>Week 11</b>					
<b>Week 12</b>					
<b>Week 13</b>					

**Mid rotation review: Signed copy to be emailed to PTPT, ES, EPD & TPD**

**MID ROTATION REVIEW:**

MEETING DATE \_\_\_\_\_

*FEEDBACK ON PROGRESS (from initial meeting)*

**Achievements/positive feedback (PS)**

**Areas for development – constructive (PS)**

**Achievements/what has gone well? (PTPT)**

**Areas for development/what hasn't gone well? (PTPT)**

Mid rotation objectives (SMART)	Deadline	Review date	Signed and dated

Signed: \_\_\_\_\_ Pre-registration Pharmacy Technician Trainee

Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Rotational Practice Supervisor/ Rotational Line Manager

Date: \_\_\_\_\_

**End of rotation review: Signed copy to be emailed to PTPT, ES, EPD & TPD**

**END OF ROTATION REVIEW**

MEETING DATE \_\_\_\_\_

FEEDBACK ON PROGRESS *(from mid rotation meeting)*

Achievements/positive feedback (PS)	Areas for development – constructive (PS)
Achievements/what has gone well? (PTPT)	Areas for development/what hasn't gone well? (PTPT)

**END of ROTATION DISCUSSION**

*This should be completed as a 1:1 **confidential** discussion between the PS and PTPT*

**Rotational Practice Supervisor feedback** *(please adhere to developmental feedback model)*

Action required? Y  N

Refer to EPD? Y  N

PTPT feedback

Signed: \_\_\_\_\_ PTPT

Signed: \_\_\_\_\_ Rotational Practice Supervisor