Change of foundation training details

**Use this form if there is a change to your training placement, your designated supervisor, an extension to your training period, or all three. Send it to us as soon as you know about the change.**

**Complete section one, and then any of the following sections relevant to your training changes. Finally, complete a new learning contract with your designated supervisor and document this in section five.**

**You can complete this form electronically using MS Word. Save it as a PDF and then sign it using Adobe Acrobat. Activate the ‘Fill & Sign’ functionality by clicking on the pen icon in the Adobe toolbar, so that you can complete the form using the text, checkbox and signature options. You can** [**find out more about using Fill & Sign on the Adobe website**](https://helpx.adobe.com/uk/acrobat/using/fill-and-sign.html)**.**

**You can also print this form, fill it in by hand, and send us a PDF scanned copy.**

**Once you have completed this form,: send a single, scanned PDF copy to** [prereg@pharmacyregulation.org](mailto:prereg@pharmacyregulation.org)**. We cannot accept several individual PDF pages so please make sure you send us all the scanned pages in one single PDF document.**

**When we receive your form, we will process the information you have given us, and will make the changes within 28 days of receiving it. If we do not have all the information we need, we will contact you using the details you have given us through myGPhC. This may mean it takes longer to make the changes. You can find out more about what information we hold, how we look after it and how we use it** [in our privacy policy on our main website](https://www.pharmacyregulation.org/privacy-policy)**, and on myGPhC.**

## Your details

|  |  |  |
| --- | --- | --- |
| 1.1 | Name |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1.2 | Foundation training number | 4 |  |  |  |  |  |  |
|

|  |  |  |
| --- | --- | --- |
| 1.3 | Email address |  |

|  |  |  |
| --- | --- | --- |
| 1.4 | Name of training programme and address of training site  (if this has changed, put the previous details) |  |

|  |  |  |
| --- | --- | --- |
| 1.5 | GPhC premises registration or training site number |  |

## Change of training site

**Fill in this section if you are changing your training site. Otherwise, please go to section 3.**

**Part A: previous training**

**2.1** **List any foundation training you have started to date.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Start date** | **End date** | **Training programme name and address** | **Designated supervisor ’s name** | **Reason for leaving** |
|  |  |  |  |  |

**Part B: new training arrangements**

|  |  |  |
| --- | --- | --- |
| 2.2 | Name of programme or site, and address  of new training site |  |

|  |  |  |
| --- | --- | --- |
| 2.3 | GPhC premises registration number **or** training site number |  |

* 1. **Is this new placement at a site that is part of the same company that some or all of your previous training was with?**

**Yes**   **No**

1. If ‘No’, please tick to conﬁrm that:

I understand that if I move to a new company to train, I will be starting my training from day one unless I have ‘banked’ any of my previous satisfactory training

I will fully disclose the reason I left my previous training site(s) and any matters relating to my ﬁtness to practise to my new designated supervisor

I understand my new designated supervisor will complete a training needs analysis based on my previous training

I understand that trainees starting from 2021 will be assessed against a different set of learning outcomes to those who started prior to 2021 and that by moving sites, my training programme may need to be adapted to ensure that I have demonstrated all of the 2021 learning outcomes to the level expected of a newly registered pharmacist

**2.5 Is this new placement at a site which is approved for training?**

**Important:** You cannot start your new programme or placement at a site unless it is approved for training for the whole of your training period. Use the GPhC register of training sites and programmes to check that your new site or programme is currently approved, and when this approval expires. If it is not confirmed for the entire period that you want to train there, contact us.

I confirm that that site or programme named above is approved to provide training for the whole of period I intend to train there

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2.6 | Your start date at the new site |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2.7 | Training site approval expiry date |  |  |  |  |  |  |  |

**2.8** **Are you an owner, director, or a majority shareholder of any of the establishments named on this form?**

**Yes**   **No**

**2.9** **Are you related to a director, or do you have a relationship with a director or employee of the pharmacy where you want to train?**

**Yes**   **No**

**Important:** You cannot train at a site where you have a business interest or a relationship with a director or employee. Please see section 2.9 of the foundation training manual for more information.

## Change of designated supervisor

**If you are changing any of your designated supervisors (including as part of changing your training site), fill in this section with the details of the changes in your supervision.**

**Part A: your current designated supervisor details**

**First supervisor**

|  |  |  |
| --- | --- | --- |
| 3.1 | Designated supervisor ’s full name |  |

* 1. **Will this person continue to be your designated supervisor after the change?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

**Yes**   **No**

**If no, when will they stop? (DDMMYY)**

**Additional supervisors**

|  |  |  |
| --- | --- | --- |
| 3.4 | Second designated supervisor ’s full name |  |

* 1. **Will this person continue to be your designated supervisor after the change?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

**Yes**   **No**

**If no, when will they stop? (DDMMYY)**

|  |  |  |
| --- | --- | --- |
| 3.6 | Third designated supervisor ’s full name |  |

* 1. **Will this person continue to be your designated supervisor after the change?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

**Yes**   **No**

**If no, when will they stop? (DDMMYY)**

**Part B: New designated supervisors**

* 1. **Will you have any new designated supervisors as part of this change?**

**Yes**   **No**

**If yes, please give their details below so we can update your training record.**

|  |  |  |
| --- | --- | --- |
| 3.9 | Designated supervisor ’s full name |  |

|  |  |  |
| --- | --- | --- |
| 3.10 | Designated supervisor’s GPhC registration number |  |

|  |  |  |
| --- | --- | --- |
| 3.11 | Designated supervisor’s email address |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 3.12 | Date of change |  |  |  |  |  |  |

**Important:** Your proposed designated supervisor must meet the GPhC designated supervisor suitability policy. You should check and confirm the answers to the statements below. Please see section 2.18 of the foundation training manual for more information.

**3.13** **Has your designated supervisor been a registered pharmacist for at least three years?**

**Yes**   **No**

**3.14 Is your designated supervisor currently under investigation by the GPhC?**

**Yes**   **No**

**If you have a second new designated supervisor, please enter their details below**

|  |  |  |
| --- | --- | --- |
| 3.15 | Designated supervisor ’s full name |  |

|  |  |  |
| --- | --- | --- |
| 3.16 | Designated supervisor’s GPhC registration number |  |

|  |  |  |
| --- | --- | --- |
| 3.17 | Designated supervisor ’s email address |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 3.18 | Date of change |  |  |  |  |  |  |  |

**3.19** **Has your designated supervisor been a registered pharmacist for at least three years?**

**Yes**   **No**

**3.20 Is your designated supervisor currently under investigation by the GPhC?**

**Yes**   **No**

**If you have a third new designated supervisor, please enter their details below**

|  |  |  |
| --- | --- | --- |
| 3.21 | Designated supervisor ’s full name |  |

|  |  |  |
| --- | --- | --- |
| 3.22 | Designated supervisor’s GPhC registration number |  |

|  |  |  |
| --- | --- | --- |
| 3.23 | Designated supervisor ’s email address |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 3.24 | Date of change |  |  |  |  |  |  |  |

**3.25** **Has your designated supervisor been a registered pharmacist for at least three years?**

**Yes**   **No**

**3.26 Is your designated supervisor currently under investigation by the GPhC?**

**Yes**   **No**

## Extension of training

**If you are extending your training, include the new details in this section. Make sure you have checked that your training site is approved for the extended period of your training.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 4.1 | New training end date |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| 4.2 | Reason for extension |  |

## Learning contract

**Complete a new learning contract as part of your new training arrangement. You must complete this section.**

This is an agreement between the designated supervisor(s) and trainee. It covers the key aspects of working together. It clarifies what is expected in preparation for, and during, foundation training. It should be discussed and signed by all parties.

|  |  |  |  |
| --- | --- | --- | --- |
| I, | (trainees name) |  | and |

|  |  |  |  |
| --- | --- | --- | --- |
| I, | (designated supervisor name) |  | and |

|  |  |  |  |
| --- | --- | --- | --- |
| I, | (second designated supervisor name) |  | and |

|  |  |  |
| --- | --- | --- |
| I, | (third designated supervisor name if applicable) |  |

will act in line with the GPhC’s standards for pharmacy professionals.Wemake the following commitments to each other. We:

* will follow the GPhC foundation training scheme requirements, as explained in the GPhC's foundation training manual, and understand the GPhC's expectations of a designated supervisor as described in the GPhC’s guidance for foundation training supervisors
* understand the [interim learning outcomes](https://www.pharmacyregulation.org/education/pharmacist-pre-registration-training-scheme/foundation-training-year?utm_campaign=foundation-year-page&utm_source=mailchimp&utm_medium=email) required by the GPhC to complete foundation training and meet the criteria for registration as a pharmacist.
* understand that there is an expectation for contact time between trainee and designated supervisor(s) of at least 28 hours over four days each week
* will carry out GPhC formal progress reviews at weeks 13, and 26 using the progress report form and submit these to the GPhC when progress is assessed to be unsatisfactory, and at week 39 and at the end of training, via myGPhC
* will carry out regular progress reviews that are conducted in a professional manner, and are open and honest, to provide meaningful feedback to both trainee and designated supervisor. These reviews will be supportive and encourage learning
* will discuss and resolve any concerns at an early stage. If we cannot resolve a concern, or if the problem is outside the scope of our learning relationship, we will escalate as appropriate
* expect the training to be self-directed, with mutually agreed time dedicated to study and reflection on learning that will be documented in a portfolio for joint review
* will ensure that all practice is supervised appropriately, and is respectful of the skills and knowledge of all team members, whose feedback should also be considered
* will encourage a proactive approach to seeking answers and solving problems, with clearly defined boundaries related to the stage of learning to make sure patient safety is maintained
* understand the designated supervisor suitability policy and be aware that we must make alternative supervision arrangements if this is not met
* will work to a training plan that is provided by the designated supervisor and agreed before training starts, and that:
* provides a structure to meet all the GPhC’s required interim learning outcomes
* includes targets and objectives to define practical competence at any particular stage
* includes access to off-site learning opportunities such as study days, training events and multidisciplinary working
* schedules GPhC formal progress reviews
* is reviewed jointly, adapted and agreed at the start of the training period and after each formal review to target individual learning needs
* confirm that we have all seen and shared a copy of the training plan
* will complete a training needs analysis to support the transition between training placements and/or designated supervisors and jointly develop an agreed SMART action plan to enable progression with the interim learning outcomes
* understand that where there is more than one named designated supervisor that each supervisor has a shared responsibility for supervision, progress reviews and assessment which must be effectively and regularly communicated (please see sections 2.4 and 2.18 of the foundation training manual)

|  |  |
| --- | --- |
| Signed (trainee): |  |

|  |  |
| --- | --- |
| Signed (designated supervisor): |  |

|  |  |
| --- | --- |
| Signed (second designated supervisor): |  |

|  |  |
| --- | --- |
| Signed (third designated supervisor): |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date |  |  |  |  |  |  |  |

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Clicking on the ‘Draw’ icon and use your mouse to draw your signature (much as you would when accepting a package delivery), or

Clicking on the ‘Image’ icon (first you will need to take a photograph of your signature and save it to your PC) and then select the image you have saved of your signature.

**Please note that we will not accept typed signatures.**