1. Welcome from the Registrar

On behalf of the General Pharmaceutical Council (GPhC), can I welcome you to your pre-registration training year.

The GPhC is the independent pharmacy regulator in Great Britain. Our role is to protect the health, safety and wellbeing of patients and people who use pharmacy services. We protect the public in two main ways – by registering competent professionals to practise pharmacy and by regulating the system for managing and delivering retail pharmacy services.

We are involved in the lives of pharmacists from the day they start their education and training. We set the education and training standards for pharmacy and accredit the MPharm and OSPAP courses that you undertake. We also assure the quality of pre-registration training, and set and run the final assessment that pre-registration trainees must pass to be able to apply to be registered as a pharmacist.

The purpose of this training year is for you to demonstrate that you have the skills, knowledge and character to practise to the standards expected of a pharmacist. You should take every opportunity to learn and gain experience through the year. Your pre-registration year is not just about assessments but about learning how to practise in a way that delivers the best outcomes for patients and members of the public.

Your tutor over the training year can help to guide you in these matters.

The GPhC has resources available on our website which you will want to take account of, including our Standards of conduct, ethics and performance, and four pieces of guidance covering patient confidentiality, consent, maintaining clear sexual boundaries and raising concerns.

I hope that you enjoy your training year. If you have any queries or feedback on the pre-registration scheme, please do contact us.

Best wishes

Duncan Rudkin
Chief Executive and Registrar
2. Standards of conduct, ethics and performance

2.1 As a student, you will be familiar with the GPhC’s code of conduct for students in schools of pharmacy. You will now be expected to be familiar with the GPhC’s Standards of conduct, ethics and performance. This is a core document against which your practice, and the practice of all registered pharmacy professionals in Great Britain, is assessed.

The public expects pharmacists to be competent and fit to practice pharmacy. We set standards which pharmacy professionals are expected to meet to become registered and to stay registered.

Demonstrating that you have upheld our standards is part of the registration process. Trainees spend at least 26 weeks working in a patient-facing role in a community or hospital pharmacy, and our standards should underpin your practice.

If you are not able to demonstrate that you have upheld these standards it could affect your eligibility to register - even if you are signed off by your tutor and pass the registration assessment.

2.2 The GPhC also issues guidance to expand on our standards and to support all pharmacy professionals to practise safely and effectively. Examples of four pieces of new guidance that were issued early in 2012 are:

- Guidance on consent
- Guidance on patient confidentiality
- Guidance on raising concerns
- Guidance on maintaining clear sexual boundaries
3. Becoming a pharmacist in Great Britain

3.1 Training options

There are two routes to becoming a pharmacist if you study in Great Britain:

3.1.1 If you take your pharmacy degree in Great Britain:

- 4-year accredited MPharm degree
- 1-year of Pre-registration training
- Registration Assessment (‘the exam’)
- Apply to register, including health and character checks
- Register as a Pharmacist

3.1.2 If you take your pharmacy degree outside Great Britain and the European Union:
3.1.3 The key features of pre-registration training are:

- it takes a minimum of 52 weeks (if done full time)
- a pre-registration trainee pharmacist (trainee) will train under the supervision of a pre-registration tutor
- you must be formally assessed - signed off - at least four times by your tutor
- you must pass the registration assessment (you can have only three attempts)
- there are restrictions on the time allowed to complete pre-registration training, as detailed in the GPhC Criteria for Registration as a Pharmacist.

3.1.4 To make sure that you have up to date knowledge and skills when you apply to register as a pharmacist, we place a time limit on passing pre-registration training. You must complete your initial pharmacy education and training successfully and apply to register with the GPhC within:

- eight years of the date you began your MPharm degree
- four years of the date you began your OSPAP postgraduate diploma

3.1.5 Limits may be extended if training has been interrupted or been completed part-time due to:
• documented, extended periods of illness
• maternity/paternity leave/pregnancy
• disability requirements
• serving in the Territorial Army

3.1.6 If you feel that your circumstances may meet the criteria above then please contact the GPhC.

3.1.7 Limits will not be extended to accommodate:

• part-time training for non-extenuating circumstances
• breaks in training for gap years
• breaks in training for other non-essential lifestyle reasons
• additional periods of study resulting from failing an MPharm degree or OSPAP
• additional periods of study resulting from negative tutor assessments during pre-registration training

This list is not exhaustive.
4. Planning your training year

A lot happens in your pre-reg year - see some of the key points in this useful infographic guide
Pre-registration Timeline

The timeline below indicates when forms are required to be sent to the GPhC. All forms sent must be originals unless indicated otherwise and trainees and tutors must retain a copy of all forms.

Stage 1
Application Form

Trainees must complete a Pre-registration application form and apply by the deadline in order to qualify for the summer or autumn assessment they wish to take – check the dates for this year.

Stage 2
Confirm Training Record

Check the details on your training record sent by the GPhC. Use the Change of training details form to update us with any changes to your dates, tutor or training site.

Stage 3
Progress Report 1

13 Weeks

Tutor and trainee to complete a Progress report. If the outcome is unsatisfactory the Progress report plus a copy of the Assessment summary form must be sent to the GPhC.

Stage 4
Progress Report 2

26 Weeks

Tutor and trainee to complete a Progress report. If the outcome is unsatisfactory the Progress report plus a copy of the Assessment summary form must be sent to the GPhC.

Stage 5
Progress Report 3

39 Weeks

Tutor and trainee to complete a Progress report. If the outcome is satisfactory the Progress report, Assessment summary and Registration assessment should be sent to the GPhC.

Stage 6
Registration Application

49 Weeks

Trainees to submit their Registration application including the Final declaration to allow GPhC to process and register as soon as possible.

Final Stage
Registration

52 Weeks

www.pharmacyregulation.org/preregmanual
4.1 The learning contract

Your tutor plays a key role in your training year. If you would like to find out more about their role, visit our tutor section here.

You enter into a learning contract with your tutor as part of your application to enter the pre-registration scheme, which summarises how your training year will be delivered and must include:

- your trainee details
- your tutor details
- details of where your training will take place
- how you will be supervised

The learning contract is now an integral part of the application for entry to the pre-registration scheme.

If your tutor changes during the training year, you will need to enter into a new learning contract. This forms part of the change of training details form that you must send to us so that we can review and approve the change. The change will only be recognised once we have received the form and approved the change.

4.2 Your pre-reg number

You will be allocated a unique pre-reg number, which is printed on your welcome letter. This is the reference number you should quote in any correspondence with us. Your training record is also included with your welcome letter.

If you find any errors on your training record, it is your responsibility to make sure that you highlight these to us.

Funding of pre-registration training

We do:

- Provide a training record as proof of your training arrangement, which should be passed to your employer as proof of training for submission to the CCG (for trainees in England), Local Health Board (for trainees in Wales) or NES (for trainees in Scotland), if applicable.
- Issue you a new training record -
  1. If your training site changes
  2. If your training needs to be extended.
We do not:

- Provide funding for pre-registration training
- Influence whether or not you are eligible for funding within any particular training arrangement or at any stage of training, and are therefore not able to advise whether funding will be provided
- Notify anyone else about your change of training arrangements, and the responsibility for informing funding providers lies with you and/or your employer
- Provide details on the training record of any agreed part-time training arrangements and the responsibility for informing funding employers lies with you and/or your employer.

4.3 Restrictions on training

To make sure there is an objective relationship between trainees and tutors, you must not train anywhere that you:

- have a significant financial interest in
- have a significant relationship with a director, owner or employee.

Significant relationships include:

- any family relationships, such as father, mother, aunt, uncle, cousin, etc.
- marriage/civil partnership
- girlfriend/boyfriend/partner
- financial dependency or commitment.

In a public sector placement (for example an NHS hospital trust) where there is clearly no commercial interest, we will consider applications from trainees wishing to train at a site where a family member or partner works. However, it is the responsibility of the training provider to ensure that training and assessment is managed by a third party to avoid any conflict of interest. Any operational issues that may arise as a result of such an arrangement must be managed by the training provider.

NB. It is the responsibility of the individual tutor to approve the competence of their trainee. Any abuse of this responsibility resulting from any family relationship will be deemed a fitness to practise issue for both the pharmacist and the trainee.

4.4 Deciding where and how to train

4.4.1 Most trainees will train in one sector for the full 52 weeks. But there is also the option to train in more than one sector.

4.4.2 If you decide to train in more than one sector, there are two main options:

- joint training, where a trainee trains for up to 26 weeks in a non patient-facing sector and for at least 26 weeks in a patient-facing hospital or community pharmacy
- split training, where a trainee trains in both hospital and community pharmacy.
Examples of training plans can include the following:

- the full 52 weeks in a single patient-facing sector
- split training plans, that include for example six (or perhaps nine) months in community pharmacy and six (or perhaps three) months in hospital pharmacy
- joint training plans, that include six (or perhaps nine) months in a patient-facing sector and six (or perhaps three) months in a non patient-facing sector
- integral training plans, where at least half of the week is in a patient-facing sector and the remainder covers other aspects of pharmacy practice, such as internet pharmacy services (as this would be classed as non patient-facing).

4.4.3 One university in Great Britain – Bradford – offers a five-year degree including two 26-week periods of training in different academic years. This is known as sandwich training - if you are on a sandwich course, you will have made this choice when you applied to Bradford as an undergraduate.

4.5 Full and part time training

4.5.1 Normally training is full-time, which means working between 35 and 45 hours per week.

4.5.2 Part-time training arrangements must be agreed with the GPhC in advance. Part-time means working at least 17.5 hours per week, over at least three days per week. This might be agreed prior to the start of training or result from a change in circumstances during the year.

Things to consider when deciding if a part-time training arrangement is right for you:

- Will you still be eligible to sit your chosen assessment? To enter the registration assessment, you will need to complete at least the equivalent of 39 weeks' full time training by the assessment entry date for any particular sitting.
- Can you meet the GPhC Criteria for initial education and training? Part-time training arrangements should be completed within the stipulated timeframes, and there is no additional time granted if you choose to train on a part-time basis.
- Will you have sufficient contact time with your tutor? You should ensure that the hours that you normally work each week overlap with your tutor for at least 4/5 of the time that you are working.
- Will the part-time arrangement impact on any other trainees? If changing to a part-time arrangement will overlap with another trainee, you should discuss with us whether the arrangement meets our requirements.

Your employer must also agree that their standard training plan can be adapted to accommodate this arrangement and still provide you with the opportunity to meet all of the performance standards.

4.6 Training outside Great Britain

4.6.1 Up to 13 of the 52 weeks may be undertaken in a pharmacy in another member state of the European Union. This placement must be continuous and must be completed between weeks 13 and 26 of training. The training outcomes for those 13 weeks must form part of the trainee’s training plan, and must be agreed with your tutor and the GPhC before you start your training year.
4.7 Training at another site in Great Britain

4.7.1 Without prior agreement with the GPhC, you may only train outside your main training organisation in one of two ways:

- five days in unlisted training sites (i.e. a site that is not approved for pre-registration training)
- four weeks in a listed training site

You can only do each of these things once in a training year without specifically agreeing it in advance via your training plan, or as part of your application to enter training.

4.8 Attendance requirements

4.8.1 If you exceed 40 days’ absence during your pre-registration year, for whatever reason, you must notify the GPhC, and a valid and documented reason must be given. This includes public holidays, sickness and annual leave. For part-time training arrangements, the 40 days applies to the whole training period.

4.8.2 If you are absent for more than 40 days, it may affect your eligibility to sit the registration assessment or to register on a particular date, as you may have to undertake additional training.

4.8.3 To be eligible to sit the registration assessment you must have been in training for at least 39 weeks by the assessment application entry deadline for that particular sitting. For part-time training arrangements, you must have been in training for the equivalent of 39 weeks of full-time training - for example, if your training will take 104 calendar weeks to complete, you will need to have been in training for at least 78 weeks by the assessment entry deadline.

Any significant periods of absence (except annual leave) exceeding five working days must be reported to the GPhC and must be accompanied by a valid and documented reason.

4.9 Starting dates

4.9.1 There are two fixed dates in the training year:

- date of the summer registration assessment, which is usually around the last Friday in June in the year after you began training
- date of the autumn registration assessment, which is usually around the last Friday in September in the year after you began training

4.9.2 Because you must have achieved a satisfactory assessment at 39 weeks to be eligible to enter the assessment, you must start your training before a specified date:

- if you want to sit the Summer assessment, you must start training between the first Monday in July and the third Friday in August
- if you want to sit the Autumn assessment, you must enter training between the third Monday
in August and the third Friday in November

4.9.3 Trainees cannot begin training before the first week in July or after the third Friday in November if they want to sit the assessment in the following calendar year.

**In 2014 this means:**

- training scheme opens: 30 June 2014
- start training: 30 June 2014 - 15 August 2014
- sit registration assessment: 26 June 2015

Or

- training scheme opens: 30 June 2014
- start training: 18 August 2014 - 14 November 2014
- sit registration assessment: 25 September 2015
4.9.4 If you have had a break in training and we have recognised any previous periods of pre-registration training, you should contact us for confirmation of your starting deadline for any particular assessment sitting.

4.9.5 If you have chosen to train on a part-time basis, your latest starting dates will be dependent on your individual training arrangement, and you should contact us for confirmation of the respective dates.

4.10 Tutoring requirements

4.10 You must have a designated tutor - your pre-registration tutor. The tutor bears overall responsibility for you during their training and for signing you off as satisfactory or unsatisfactory (whichever is the case).

4.10.2 During the training year, you may be supervised for agreed periods by another healthcare professional, such as a pharmacist other than the designated tutor, a pharmacy technician or nurse. These supervisors are practice supervisors.

4.10.3 Your designated tutor remains responsible for you at all times, even when you are being supervised by a practice supervisor. Your designated tutor must know who is supervising you.

4.10.4 In some cases, a trainee may take longer than 52 weeks to achieve competence in all of the performance standards. In these cases, a tutor is permitted to train two trainees for a maximum of 13 weeks, when the training of the two trainees overlaps. The 13 week overlap may also apply if a trainee started late in the previous year and needs to start in order to be eligible for the summer assessment, or it may also apply in the extenuating circumstances of a tutor suddenly becoming unavailable.

4.10.5 Tutors must be approved by the GPhC and satisfy assessment requirements if they are under investigation. To view our policy on suitability, click here.

4.10.6 Tutoring rights may be withdrawn if a tutor fails to act in accordance with the GPhC's Standards of Conduct Ethics and Performance.

4.11 Training site requirements

4.11.1 Trainees commit to a 52 week training plan at the training site, as stated on the application for entry to the pre-registration scheme form submitted to the GPhC. This application should have been sent by the advertised application deadlines before the start of the period of training.

4.11.2 The training programme must be agreed by the GPhC prior to the start of training, and the training site must have been approved for the full period of pre-registration training before you will be allowed to start your training. You can see a list of approved pre-registration training sites here.

4.12 Resources

4.12.1 The GPhC expects training sites to have up to date core texts for use by employees, including trainees. Increasingly, texts are available online or on CD-ROM.
These are split into two categories - A and B:

**Category A** - reference texts for the registration assessment in 2015 are:


You should use the current edition of the BNF for the first part of your training, and swap to use the next BNF when it is published in March. This is to ensure that you will be using the most up-to-date edition for the assessment.

You will only use the one BNFC for the whole training year and for the assessment.

**Category B** - Other important reference sources and practice guides:

- Standards of conduct, ethics and performance (GPhC, 2012)
- Guidance on consent (GPhC, 2012)
- Guidance on patient confidentiality (GPhC, 2012)
- Guidance on raising concerns (GPhC, 2012)
- Guidance on maintaining clear sexual boundaries (GPhC, 2012)
- Guidance on responsible pharmacists (GPhC 2010)
- Guidance on responding to complaints and concerns (GPhC 2010)
- Guidance on the provision of pharmacy services affected by religious and moral beliefs (GPhC 2010)
- Guidance on owners and superintendent pharmacists who employ responsible pharmacists (GPhC 2010)
- Trusted Medical Information and Support ([www.patient.co.uk](http://www.patient.co.uk))
- Introduction to Pharmaceutical Calculations (Rees et al)


- Medicines and Healthcare products Regulatory Agency [www.mhra.gov.uk](http://www.mhra.gov.uk)
- Medicines, Ethics and Practice, the Professional Guide for Pharmacists (Royal Pharmaceutical Society: [www.rpharms.com](http://www.rpharms.com))
- Minor illness or major disease?: The clinical pharmacist in the community (Stillman and Edwards)
- National Health Service Drug Tariff for England and Wales (NHS Business Services Authority, NHS Prescription Services on behalf of the Department of Health; [www.ppa.org.uk/ppa/edt_intro.htm](http://www.ppa.org.uk/ppa/edt_intro.htm))
- National Institute for Health and Care Excellence [http://www.nice.org.uk](http://www.nice.org.uk)
- Pharmacy law and ethics (Dale and Appelbe)
- Scottish Drug Tariff (online only; Information Services Division on behalf of the Primary and Community Care Directorate, Scottish Government; [http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff](http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff)

[www.pharmacyregulation.org/preregmanual](http://www.pharmacyregulation.org/preregmanual)
4.13 Changing sites

Before moving sites, you should ask your current tutor to complete the relevant section of the final declaration form.

4.13.1 Sometimes trainees need to change their training arrangements. If you do, there are three main options:

a. Within the same organisation

Circumstances at your named training site may have changed, which mean you need to relocate within the organisation. Provided that the same training programme is being followed at the other site, you can move to another approved training site once the arrangement has been agreed by the GPhC. You must notify us of this using the change of details form, incorporating a new learning contract that should also be completed. Pre-registration training sites can be located via the “search for” function on the website.

If this also involves a change of tutor, you must notify the GPhC of this on the change of details form and complete the learning contract section, as you and your tutor will be entering into a new learning contract.

b. To another organisation

Before choosing this option, you should consider that:

- you may have a contractual obligation to your employer for the full training period
- it could be considered as unprofessional conduct to revoke an agreement you have made with your employer
- resolving the issues you are encountering will equip you to manage similar challenges in future practise
- a change to another site will not necessarily mean an improvement in training - you should consider what you are expecting to result from the change, and check how your expectations are managed
- your new site must have current approval as a training site from the GPhC for the full training period
- the GPhC must approve the training arrangement prior to the change, and therefore you need to send us a change of training details form for approval before transferring to the new site
- your eligibility to sit the registration assessment for the first time may be affected. We only recognise 13-week blocks of satisfactory training, and your training at a new site will revert to the week following your last documented satisfactory progress review. The exception to this is the 39-week progress review, where your training will revert to week 27 to ensure that there is sufficient time to make a full and fair assessment of your competence. To make an application to register, you are required to complete at least 26 weeks' training at the new site, but you could meet the eligibility criteria to enter the new registration assessment if you have a documented satisfactory 39 week progress review
- all previous progress reports must be disclosed to your new tutor. You should be open and honest with the new site of the circumstances contributing to your need to move.
If you feel that a move to another organisation is your best training option, please contact us to discuss arrangements.

c.  Changing tutors

It may be necessary to change tutors for a number of reasons. A tutor could leave a pharmacy, or personal or professional differences could develop between a trainee and tutor.

If there is a change of tutor, please use a change of training details form, incorporating a new learning contract, to notify the GPhC. The new tutor must also meet GPhC requirements.

4.14 Recognition of Training

4.14.1 If you chose to change training placements or need to put your training “on hold” due to a period of absence and there is a chance that you may not be able to return to your current placement, we require you to complete a request to bank training form to allow us to recognise progress that has been achieved. This is also the process to follow if you do not have a satisfactory final declaration completed at the end of your pre-registration training and you are not able to stay on with your current training provider even if you have already made a satisfactory attempt at the registration assessment.

4.14.2 We only recognise training for transfer to an alternative training provider:

- that has been marked as satisfactory

- in 13-week blocks that have been assessed by your tutor using the GPhC Progress Report Form

- up to a maximum of 26 weeks to ensure that the new training provider has the opportunity to make a full and fair assessment of your competence to practise.

We are able to accept a satisfactory 39 week progress review from a previous training provider to meet the assessment entry criteria however you should ensure that you feel ready to attempt the assessment particularly if you have had a break in training or your reason for changing sites is related to competence.

4.14.3 If you do not have any satisfactory progress reports at all you would be expected to restart training from day 1. If your tutor considers that you have made sufficient progress to transfer from week 14 or week 27, then a repeat progress report for week 13 or 26 should be completed.

4.15 Non-patient facing sites

4.15.1 Training can be undertaken in non-patient facing sites as part of a joint placement for a maximum of 26 weeks and must form part of the 52-week training plan. Read more about deciding where and how to train.

4.15.2 Non-patient facing training sites could include:
• the pharmaceutical industry
• prison pharmacies
• primary care organisations or their equivalent
• internet pharmacies
• schools of pharmacy
• veterinary pharmacies

The list is not limited to these sectors of practice. An application for training in any other non-patient facing site should be made to the GPhC in advance of the training plan being agreed.

4.15.3 Training can be undertaken in a **variety of blocks of time across various sectors**.

4.15.4 Sites must be suitable to support a trainee and their training. Click the link for [more information on becoming a training site](http://www.pharmacyregulation.org/preregmanual).
5. Pre-registration tutors

5.1 Before your tutor begins, they should familiarise themselves with our Guidance on tutoring for pharmacists and pharmacy technicians. Tutors should do this even if they have previously trained a pre-registration pharmacist.

5.2 Your tutor must abide by the GPhC’s Standards of conduct, ethics and performance, and apply them in the context of being a tutor.

5.3 As a pharmacist, your tutor must undertake continuing professional development, some of which must be relevant to being a tutor. See the GPhC’s Standards for continuing professional development for further details.

5.4 Your tutor must have worked as a registered pharmacist for at least three years in the sector of practice in which they plan to tutor and they must satisfy the assessment requirements if they are under investigation by us.

5.5 You should have your own designated tutor.

5.6 If your tutor cannot work full time - at least 28 hours over four days per week - with you, the GPhC will consider the approval of more than one tutor (known as a joint tutoring arrangement). These agreements must be approved in advance and apply to all areas of practice. If you are training on a part-time basis, you should ensure that the hours that you normally work each week overlap with your tutor for at least 4/5 of the time that you are working.

5.7 If your tutor leaves the training site they must be replaced with another tutor (or a pharmacist who meets these requirements) and the GPhC must be notified within seven days.

5.8 Your tutor is expected to meet with you at least once per fortnight to ensure regular feedback is provided and complete formal progress reviews at weeks 13, 26 and 39, and a final declaration. The final declaration should be signed off at each progress review.

5.9 If your tutor has had active conditions or restrictions attached to their registration in the last 3 years, that have had a significant impact on them being able to carry out the full duties of a tutor, they may not be permitted to tutor for the term of those conditions or restrictions. Once notified of any conditions or restrictions, the GPhC will carry out an assessment to determine their suitability to act as a tutor. You should contact us in order to check if there will be an impact on your training.

5.10 The GPhC has developed guidance on tutoring. It will help you understand what you can expect from your tutor.
6. Starting your training

6.1 Developing a rapport between tutor and trainee

It is vital that you and your tutor establish a good relationship right from the outset. It is important to identify each others’ expectations, plan the training period ahead and clarify the trainee and tutor roles. An initial meeting should take place as soon as possible, preferably by the end of the first week, to prevent any misconceptions about your training.

It is also vital that you both maintain regular and frequent communication throughout the training. A weekly or fortnightly meeting to reflect on progress and review objectives is recommended. It is good practice to document and agree the key points discussed at these meetings for later referral.

6.2 Signing a learning contract form

6.2.1 At the start of a new training arrangement between you and your tutor, you must both commit fully to the training period. As confirmation of this commitment, we require a learning contract to be sent to us, signed by both of you, at the start of the training period. This is part of your application to enter pre-registration training form, or the change of training details form, where a change has occurred since the start of the training arrangement.

The GPhC needs this learning contract to validate registration assessment entries and registration applications. A copy of this contract should be kept in the trainee’s portfolio.

Download a copy of our standard learning contract

A different version may also be used by some employers. This is not a contract of employment, but an agreement of engagement and commitment by both parties, linked to the provision and receipt of training.

6.3 Assessing a baseline level of competence

6.3.1 At the beginning of a new placement, you and your tutor should discuss your current level of competence. This will help identify your learning and development needs and how they can be addressed at key points in your training. This should happen at the start of your pre-registration year, or if you have moved to another placement (whether this move was planned or not).

6.3.2 In order for you to be judged competent against any of the performance standards at this stage, you need evidence to support this e.g. a portfolio from previous work experience or from previous pre-registration training. The following table sets out what we mean by competent.

This table details the journey from graduate to independent professional practitioner:

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<th>Some trainees start here</th>
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<td>Aware of need to develop but if too 'conscious', may be very lacking in confidence</td>
<td>Able, but newly developed skills may require lots of thought and slow performance</td>
<td>Able, confident and up to speed, but danger of complacency - 'automatic pilot'</td>
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### 6.4 Developing an outline training plan

6.4.1 A structured training plan that shows how you will meet our performance standards must be sent to the GPhC as part of the approval of your training site.

You and your tutor should review this training plan together and produce a tailored outline of your training year to ensure that everything can be covered in the time available. Ideally, this should be a week-by-week plan which includes dates for the quarterly progress reviews, annual leave and training days. It should also give an indication of the area of practice that will be the focus of a given week, either on-or-off-site.

Whether a plan is provided by the employer or produced jointly at the start of the training period, it should provide sufficient scope of practice and appropriate supervision to achieve all of the performance standards, which should be mapped to the weekly activities.

### 6.5 Setting SMART objectives

6.5.1 Once your outline plan has been developed, it is important to set some short-term goals for the forthcoming weeks. These should ideally take the form of SMART objectives, which means:

- SPECIFIC to what you want to achieve
- MEASURABLE to enable you to quantify whether you have met the objective
- ACHIEVABLE with the resources available to you
- REALISTIC and relevant to what you need to achieve
- TIMED to give a target by when the objective should be achieved

Some examples of SMART learning objectives include:

“By the end of my fourth week in the dispensary, I aim to have completed a continuous log of 200 dispensed items without any errors”

“Whilst on my two-week hospital placement, I aim to take an accurate medication history from three different patients, under the supervision of a pharmacist, using the resources available”

“I plan to organise a health promotion event within the local community, on national No Smoking Day and aim to provide smoking cessation advice to at least 5 active smokers”

“By the end of this week, I aim to have learnt about five significant drug interactions and what recommendations, if any, I should make to the prescriber”
6.6 Demonstrating your knowledge

6.6.1 You are assessed in two ways. First, against the pre-registration performance standards so you can show that you can carry out specified tasks in a particular way. Second, you must sit the registration assessment to demonstrate your understanding of the registration assessment syllabus (which is relevant to working as a pharmacist), as well as your calculations ability.

These two assessment methods have been designed to complement each other and to give a full picture of your ability.

6.6.2 The theory behind assessment in the pre-registration year is broadly based on Miller’s triangle, which is used to describe levels of competence. It progresses upwards where every underlying step is the building block to the next level.

Level 1: The first level is ‘knows’ or demonstrating that you know something.

Level 2: The next level is applying your knowledge, to show that you know what it is for. So ‘knows how’ is tested in written examinations such as tests in MPharm or OSPAP courses.

Level 3: By this level, you should then be able to ‘show how’ something is done. This is often in a simulated environment such as a classroom.

Level 4: The last level in the process is when you have moved beyond showing how to doing. You are able to routinely do it in a reliable and safe manner in a real environment such as a pharmacy.

An example of this process is dispensing. As a pre-registration pharmacist, you will have already completed the first two stages. You will begin at level 3 able to ‘show how’ to dispense a prescription, but this may have been on a limited number of occasions in pharmacy practice classes or in an OSCE.

Your pre-registration year really focuses on this last step in the process, progressing from ‘shows
how’ to ‘does’ – from the classroom to the real world. Under supervision as a trainee, you will be expected to repeatedly, accurately and safely dispense in a pharmacy.

While the earlier steps are often based on logic and are easy to plan, this last step demands thorough analysis of how you can incorporate a skill into an everyday situation and remain able to reflect on it as a learning experience. The ‘does’ situations are real, time pressured and can be complex.
7. The performance standards

The performance standards are a list of 76 performance outcomes which must be signed off by your pre-registration tutor.

They are grouped into three units in this site

A. Personal effectiveness
B. Interpersonal skills
C. Medicines and health

7.1 Performance standards explained

The performance standards are a list of 76 performance outcomes which must be signed off by your pre-registration tutor.

The performance standards are grouped into three units addressing:

A. Personal effectiveness
B. Interpersonal skills
C. Medicines and health

The standards are statements of what the GPhC expects you to be able to do and how you should behave in order to register as a pharmacist. You must meet the standards consistently in order to be assessed as competent.

They contain notes to clarify the terminology or to explain the various situations or circumstances in which competence must be demonstrated.

7.2 Knowledge and assessment requirements

7.2.1 These describe specific experiences that you are expected to gain or specific methods of assessment to demonstrate competence in all of the performance standards.

They identify some of the sections of the registration assessment syllabus in relation to specific areas of the standards.

They list things in addition to the registration assessment syllabus that you are expected to know. These are integral to competent practice and should be assessed by observation in the workplace.

7.3 What does appropriate and appropriately mean?

7.3.1 The GPhC requires performance standards to be met in an appropriate way or appropriately. It
is the responsibility of your pre-registration tutor to use their professional judgement to decide whether a particular action or behaviour is acceptable.

If you fail to meet a standard to the satisfaction of your tutor, they should explain to you why the standard has not been met. If you don’t understand or agree with their evaluation, you should seek further information from your tutor.

7.4 Developing competence

Your competence should be developed by:

- agreeing development objectives
- gathering a portfolio of evidence to prove your competence
- developing an outline training plan
- agreeing your learning contract
- developing and monitoring competence
- facilitating your own development
- assessing competence and knowledge
- providing feedback and undertaking progress reviews
- meeting all of the GPhC’s pre-registration performance standards
- passing the GPhC’s registration assessment

7.5 Assess current competence

7.5.1 You are encouraged to make entries in a learning log of daily activities and significant events. This can later feed into a CPD entry on www.uptodate.org.uk or another reflective account that records evidence of competence against the relevant performance standards.

Satisfactorily performing any activity once is unlikely to be sufficient to prove competence. You must demonstrate it consistently, in a variety of circumstances, to the standard expected of a newly registered pharmacist.

7.5.2 It is the responsibility of your tutor to judge once the desired level of competence has been achieved. This should be evidence-based and not purely a subjective decision. This judgement should be supported by written and observed examples. If there is a conflicting opinion between you and your tutor on this judgement, practice examples should be used to clarify the decision.

Your tutor should also assess the knowledge that you will come to demonstrate in the registration assessment, as it is required for competent practice. This part of the ongoing monitoring of your performance should be done by open questioning such as:

- what would you have done if.....?
- what factors did you take into account when you decided to....?
- what else would be important if....?
- in what circumstances would you....?
- how would you....?
7.6 Once a performance standard has been achieved

Once a performance standard has been achieved to the level required of a newly registered pharmacist, it can be signed off by your tutor on the cumulative assessment summary.

No further evidence needs to be collected against these standards. But you will still be expected to demonstrate them in practice. Your tutor may, if justified, revoke a decision later in the training period, if your performance becomes impaired against any of the performance standards.

7.7 Feedback

7.7.1 Feedback gives you an indication of how you are progressing. It can be motivational to focus on where you have performed well. It can also be developmental - about what you need to achieve or something that needs improvement. It may be an area that needs you to take progressive ownership of tasks and decision-making processes.

As part of a constructive feedback process you should remember the following:

- you should lead the process, with your tutor seeking your views on your own performance before commenting
- use evidence like facts and observed examples, rather than hearsay or assumption
- give and receive feedback regularly - this prevents you being overwhelmed with lots in one go
- choose a suitable environment that allows honesty and openness in the discussion
- use appropriate verbal and non-verbal communication such as tone, pitch and body language
- be positive and act upon feedback as an aid to your personal development
- respect and seek your tutor’s opinion
- reflect on the potential consequences of the course of action that was taken and consider the possible outcome, whether better or worse, if an alternative course of action had been chosen
- identify and agree ways to improve your performance with an appropriate timeframe to reassess your performance in that particular area
- it is a two-way process - you should provide constructive feedback for your tutor and their development.

7.8 Managing problems

7.8.1 When issues occur in the workplace, it is important that you try to resolve these locally and in a timely manner. However difficult it may appear, the ability to recognise, manage and resolve underlying problems can be beneficial for you. It will help you develop the skills to manage the difficulties that are bound to arise during future practice.

If you feel a problem between you and your tutor is irreconcilable, you should first seek assistance in the workplace either from a more experienced colleague or a senior manager. If there is a pre-registration manager, they should be consulted to give guidance. In some organisations support is available from the regional or national pre-registration co-ordinators and it is important to keep them informed of any significant issues.
7.9 Recording progress

7.9.1 You should produce a portfolio of evidence throughout the training period which includes copies of all of your documentation and evidence to support your performance. You are recommended to use www.uptodate.org.uk the CPD plan and record format to prepare yourself for future practice.

The importance of keeping an up to date working portfolio should not be underestimated. For example, in the event of an unforeseen change in circumstances like a period of absence or relocation to a different training site, it will assist a seamless progression of training.

7.9.2 The GPhC does not stipulate the quantity of evidence required to meet the satisfactory level of competence. In the main it is the quality not quantity of the evidence that is of paramount importance. However, one piece of evidence would rarely be sufficient to demonstrate competence. Notable exceptions to this are things such as the first aid certificate to achieve performance standard C2.10.

7.9.3 One piece of evidence might demonstrate competence against several of the performance standards and it is expected that this will be documented in the written evidence.

You should ensure that you can justify, if challenged, why you consider the evidence demonstrates competence against any of the standards claimed. Your tutor should also provide guidance where the evidence clearly demonstrates competence against standards that you may not have considered.

Reporting progress to the GPhC

In addition to the regular discussions, the GPhC requires that you and your tutor carry out a formal progress review every 13 weeks. A progress report form must then be completed. Your assessment summary should also be updated to show how much progress you have made towards demonstrating the performance standards.

Progress must be assessed as satisfactory or unsatisfactory.

- You should devise an action plan for the next period of your training, based on any development needs identified in your progress report, the opportunities available in the training plan and the performance standards you have yet to address.
- If your progress reviews cannot be undertaken at, or near, the appropriate time, you should notify us. If the 39 week report cannot be undertaken then please contact us.
- For split, joint and sandwich placements, a final declaration must be submitted at the end of that placement, at 26 weeks. This will ensure that the GPhC is aware that the training at that site has been completed successfully. A new learning contract must be sent once the second six-month placement has commenced.
- Copies of all reports should be retained by you and your tutor as the GPhC may ask for these to be submitted at anytime.

If your progress report is unsatisfactory at the 13 or 26 week stage, it must be sent to the GPhC.

Your third and final progress report at the 39 week stage must be sent to the GPhC as it is a required part of the application to sit the registration assessment. If your report is marked as unsatisfactory there is further guidance in section 8.2.
7.10 Observed evidence

There are various forms that this can take and some examples are listed as follows:

7.10.1 Summative assessment

This is when you take a formal assessment at the end of a set activity. This should be planned in advance and assess learning by awarding marks or, in this context, where performance standards are signed off.

Examples could include:

- in-patient medication history taken in hospital
- demonstrating the use of inhalers or measuring and fitting hosiery
- preparations prepared extemporaneously including formula, calculation and procedures
- an accuracy log of dispensed or final checked medications

7.10.2 Formative assessment

This is when you take part in a reflective process, involving feedback assessing a set activity. It should be used as a platform for you to highlight good practice or areas for improvement.

Examples could include:

- counselling a patient who has come to the pharmacy to collect their prescription
- dealing with a request for an immediate supply of a prescription-only medication
- involvement in a heated discussion with other staff members, either as a participant or pacifier
- challenging a prescriber directly to change a prescription
- answering the telephone and managing the enquiry

7.10.3 Simulation

This is when you make an observation of a hypothetical situation. It could be based on an issue previously managed in practice, an OSCE or a role play within a study day setting.

Examples could include:

- case presentation or care plan based on actual or hypothetical problems
- patient counselling examples practised with other staff members
- one-to-one hypothetical discussion with the practice supervisor
- case studies within an online or paper-based training package

7.10.4 Written evidence

There are various forms that this can take and some examples are listed as follows:

CPD entry

Continuing professional development is an integral part of being a pharmacist, and a condition of registration. There is more information here.

You can use www.uptodate.org.uk to print off copies of your entries to share with your tutor or give
them permission to view them on the website.

**Witnessed accounts**

You can write an account of how you undertook a task or managed a situation. You can have this verified by a witness that was present at the time but does not have a responsibility for training or supervising your practice. This can also be in the form of patient feedback.

**Projects and assignments in the work place**

A classic example of this is that all trainees have to undertake an audit in order to meet performance standard A4.8.

Accredited certificates for internal and external learning events or a first aid certificate would fall within this category.

**Documented workplace assessments**

Examples could include:

- a sterile technique broth test
- dispensing accuracy logs
- use of clinical assessment tools as used by doctors in training or pharmacy diploma practitioners, such as mini-CEX, mini-PAT or mini-TAB
- anonymised copies of prescriptions and other patient related information.

These can be excellent examples for you to demonstrate where you have identified a clinical issue such as a drug interaction and subsequent endorsements can show how you resolved the issue.
8. The registration assessment (the exam)

8.1 Registration assessment explained

You must sit and pass the GPhC’s registration assessment to become a pharmacist. It ensures that all trainees have reached the same standard of ability, no matter where they have trained in Great Britain. This national examination is usually held on the last Friday in June and the last Friday in September.

8.2 Qualifying for the registration assessment

You can only be considered for entry to the registration assessment once you have achieved a 39 week progress report that is marked as satisfactory. If you are marked unsatisfactory at the 39 week point, an action plan, including SMART objectives, should be developed to address your shortfalls against the performance standards and you should identify a later date for re-assessment.

The judgement made at the 39 week progress review should be against the same principles as the previous reviews, based on the quality of your evidence and performance, rather than considered in the context of entry to the registration assessment. A more lenient assessment must not be made at this point purely to facilitate entry to the registration assessment.

8.3 Structure of the registration assessment

There are two papers and all of the questions in the assessment are of a multiple choice format.

You must score 70% across both papers, with minimum score of 70% in designated calculations style questions. Both papers are sat on a fixed day and there is a sitting in summer and autumn every year.

The papers are:

Paper 1 (morning paper): Closed Book (no reference material can be used)

- 90 questions in 90 minutes (1.5 hours)

Paper 2 (afternoon paper): Open Book (permitted reference sources may be used)

- 80 questions in 150 minutes (2.5 hours), including 20 designated calculations.

8.4 About the questions
Q: Who writes questions for the assessment?
A: The questions are written by a team of trained question writers who are practising pharmacists. Each question undergoes a 2-stage edit and review process before being considered for an assessment paper.

Q: How long does it take to prepare a paper?
A: 12 to 18 months. It is checked and edited right up to the moment it is printed to make sure it is current and accurate. This means that trainees are required to be up-to-date in their knowledge and understanding of all aspects of the Registration Assessment.

Q: How does the GPhC help candidates prepare for the assessment?
A: The GPhC has issued a sample paper, and in the future will issue examples of questions monthly.

We also provide advice in our spring and autumn pre-registration bulletins

Q: Are the questions in sample papers the same as questions in actual papers?
A: Yes, all the questions in sample papers have been used in actual papers.

Sometimes questions are amended to ensure that they are up to date, for instance to reflect changes in legislation.

We do not ask questions in the open book paper on subjects where there has been a change that makes the reference source now incorrect.

We check the paper about 6 weeks before the exam to ensure that this is the case. If something did change after the paper was printed, we would not include the question in the calculation of candidates' marks.

The closed book may well contain questions, which require candidates to know about recent changes in the law - therefore it is important that candidates keep abreast of changes that affect practice.

Q: There are questions on other organisations' websites - are they authentic?
A: The only questions we can guarantee as being authentic are the ones that are available on the GPhC website.

Please note that questions are the property of the GPhC.

The registration assessment regulations have been revised to make it clear that candidates can’t remove papers or questions from the assessment hall. Doing so is serious misconduct and, if proved, will result in a candidate being failed. To be clear, removing questions includes writing questions in open book reference sources, texting questions and posting them on social networking sites.

Q: What types of questions are used?
A: There are 4 types:

1. Simple completion
2. Classification
3. Multiple completion
Q: Who decides who has passed/failed the assessment?

A: An independent board of assessors composed of practising pharmacists working in community and hospital pharmacy and schools of pharmacy. Currently the board membership comprises 11 pharmacists and one non-pharmacist member.

Q: In the event of an unsuccessful attempt at the assessment, how are the candidate marks calculated?

A: You will receive a breakdown of percentages that will give you an indication of how you performed in each syllabus area. The different syllabus areas are not evenly weighted, and therefore simply averaging the percentages provided will not be a correct reflection of the overall percentage you actually achieved in the assessment.

8.5 Making a decision to sit the registration assessment

Am I fit to sit?

It’s really important that you only sit the registration assessment if you are fit to do so – you need to be ‘fit to sit’. If you are aware of anything that might affect your performance on the day, you should not sit the assessment - even if it is a painful decision to make.

‘Fit to sit’ means you don’t know of any reason why you would not do anything other than perform to the best of your ability on the day of the assessment.

If you think you might underperform - for any reason - you should withdraw and wait for another sitting. It means the sitting is not considered as long as you did not enter the assessment hall and you notify the GPhC within five working days of the sitting. You can check the registration assessment regulations to find out how and when to do this.

It is really important that you do not wait until receiving a fail notification before contacting the GPhC to tell us about anything that has affected your performance during the assessment that you were not aware of at the time you entered the assessment hall and declared yourself ‘fit to sit’.

If you do contact the GPhC after you have found out you’ve failed, then it is extremely unlikely that any of the following reasons will be accepted as mitigation to explain why:

- you were ill on the day
- you were ill in the run up to the sitting
- you had an accident in the run up to the sitting
- you had financial worries in the run up to the sitting
- you had personal/relationship problems
- you had to care for a relative in the run up to the sitting
- you were not adequately supported by your tutor
- you had difficulty finding the venue, arrived flustered and were flustered in the sitting

This list is not exhaustive.

It is really important that you only sit the registration assessment if you are fully ‘fit to sit’.

Q: What should I do if I don’t feel ready to sit the assessment?

A: You shouldn’t sit it and should enter for a later sitting.
This is especially true if you have been advised against sitting by a healthcare professional – every year candidates do this and make unsuccessful appeals when they fail. You can withdraw at any point before the sitting and, if you do, the sitting won’t count toward your overall number of attempts.

The only time that you will not be able to enter for a later sitting is if you are coming to the end of the eight- or four-year limit outlined in section 3.1.4. You should contact the GPhC for further clarification if you are unable to sit due to ill health.

Q: What happens if I start the assessment and then experience adverse circumstances during the sitting which significantly affect my performance?

A: If the attempt has been significantly affected, you can request that your attempt is nullified in accordance with the registration assessment regulations applicable for the sitting. The decision to grant the nullification will be made by the board of assessors based on your request and without any knowledge of your marks.

It is unacceptable to report adverse circumstances that affected your performance after receipt of your results, especially in the event of a fail.

Q: What happens if I think I have underperformed on the day but want my performance to be considered?

A: If something unexpected happens on the day that means there is a change to your ‘fit to sit’ status during the course of the assessment, you can request that your attempt is nullified in accordance with the registration assessment regulations applicable for the sitting as above.

Q: Can I appeal against a fail?

A: You can appeal against your fail result as detailed in the registration assessment regulations. This allows you to have your result reconsidered by the Registrar, not to have your papers re-marked. The Registrar will not accept as grounds for an appeal any exceptional circumstances which could have formed the basis of a request for nullification, or any circumstances that were known about before you sat the assessment, when you declared yourself “fit to sit”.

Therefore, you can only appeal on the basis that new information/circumstances have come to light since you sat the assessment, that would have affected your performance on the day that you were not aware of at the time.

8.6 Registration assessment venues

You will be allocated to an assessment venue within two hours travelling time of your pre-reg training site.

Information detailing which national assessment centre has been allocated to a named trainee will be sent from the GPhC. This does not mean that you have been entered into the assessment. It is your responsibility to submit the necessary entry documents once you meet all of the eligibility criteria. The deadline for entries is six weeks before the date of the registration assessment as stated in the regulations.

Centre allocations are generally distributed before the end of April for trainees that may be eligible for the summer assessment and in August for those that may be eligible for the autumn assessment.

The allocation is based on the original training dates submitted. If for whatever reason the GPhC
have not been informed of changes to these dates, an allocation letter may erroneously be sent out to trainees.

There are further details of the requirements for entry submission on our website and will include a satisfactory 39 week progress report, a completed entry form, payment and a certified photograph.

8.7 Registration assessment syllabus

The questions in the registration assessment are based on the registration assessment syllabus. Any changes to the syllabus will be made at least six months before a sitting.

8.8 Registration assessment regulations

The registration assessment is governed by the registration assessment regulations. The definitive version of the regulations for a particular year is issued six months before a sitting.

8.9 Applications for entry to the registration assessment

Download the assessment entry form here.

You must ensure that you enclose ALL of the required supporting documentation listed on the assessment entry form, and complete the form correctly. If you do not follow this guidance, your application will not be processed and you will not be able to sit the assessment.

Please remember to follow GPhC regulations and make sure you get official proof of postage which is tracked, when you send us your documents. We do not provide confirmation of receipt either by telephone or email. Documents will only be validated once they have been processed.
Example questions

Types of multiple choice questions used in the registration assessment

There are 4 different styles of MCQ used in the registration assessment. The numbers of each style of MCQ are the same in each sitting as described below.

Closed book paper

<table>
<thead>
<tr>
<th>Style of MCQ</th>
<th>Number of questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 1 Simple completion</td>
<td>26</td>
</tr>
<tr>
<td>Section 2 Classification</td>
<td>21</td>
</tr>
<tr>
<td>Section 3 Multiple completion</td>
<td>24</td>
</tr>
<tr>
<td>Section 4 Assertion-reasoning</td>
<td>19</td>
</tr>
</tbody>
</table>

Open book paper

<table>
<thead>
<tr>
<th>Style of MCQ</th>
<th>Number of questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 1 Simple completion</td>
<td>20</td>
</tr>
<tr>
<td>Section 2 Classification</td>
<td>12</td>
</tr>
<tr>
<td>Section 3 Multiple completion</td>
<td>16</td>
</tr>
<tr>
<td>Section 4 Assertion-reasoning</td>
<td>12</td>
</tr>
<tr>
<td>Calculations mainly simple completion</td>
<td>20</td>
</tr>
</tbody>
</table>

Trainees are advised to use the sample paper and the practice sets to become familiar with the styles of MCQ used in the assessment prior to sitting an assessment found on the GPhC website.
Practice Assessment Questions

To aid preparation for the 2014 sittings of the registration assessment, 3 sets of practice questions were released:

- 10 questions November 2013
- 10 questions January 2014
- 10 questions March 2014

These questions are illustrative of the standard required in the Registration Assessment sittings in 2014.

Please find them in the Useful documents section
9. What does this all mean in practice?

A: Training

- Getting started
- Feedback
- Managing problems
- Changing site or tutor
- Recording progress
- Entering the registration assessment
- Attendance requirements

B: Registration Assessment

- Information about the registration assessment
- Syllabus
- Reference sources
- Assessment regulations
- Example questions
- Applications for entry to the registration assessment

C: Applying to register

9.1 Final declaration

Your tutor will make a final assessment regarding your competence and whether or not you are fit to join the register by using a final declaration form. This form overrides all other progress reports and when it is signed off, the GPhC knows that the tutor has deemed you ready to start work as a newly qualified pharmacist.

Your final declaration form should be completed by your tutor. This form should also be used to sign off a trainee at the 26-week stage where they are part of a joint/split programme, and/or they transfer to a new training site.

If your tutor is absent at the time it needs to be completed, a previously agreed arrangement for another pharmacist to complete this should be made by the tutor and a covering letter should be provided to the GPhC.

If your tutor is unable to sign the final declaration because further development is required, your case should be discussed with the GPhC pre-registration team.

Tutors and trainees are always encouraged to document any performance issues that have arisen throughout the year as well as related meetings held or actions taken to improve performance. If the performance standards have not all been met due to problems or slow progress and an extension to training is deemed necessary, it is hoped that this has been identified and discussed before entry to the registration assessment, and the GPhC has been notified of the proposed finish date via a change of training details form.

Training can continue at the site, funded at the discretion of the employer if appropriate, for the length of time deemed necessary to achieve the required standard. This needs to take into account the eight-year limit from entry into the MPharm, or four years for OSPAP qualifications.
Where an employer is unable to extend the training period and the trainee has to relocate, a minimum period of six months in the new placement is usually required.

Trainees in industry and academia must also complete the final declaration form, and it must include sign-off from tutors in both sectors of practice.

9.2 Registration

There are more details about registration here and an application form and accompanying guidance will be posted here towards the end of the training year.

Your application must be completed and sent with all of the correct supporting documents. All applications must be received at least three weeks before the date you wish to register.

If your application is incorrect, incomplete or does not have the required documentation, it will be delayed until the correct documentation is received and processed.

You cannot register until you have completed your training.

Please prepare your documents in good time as some must be certified by a solicitor or notary.

To be eligible to apply to join the register, trainees must at least have:

- completed all 52 weeks of training and achieved all of the performance standards
- demonstrated their competence to their tutor (final assessment from 49 weeks onwards)
- attempted the registration assessment (although the results may not yet be known)
- first entered the MPharm course within the last eight years or in the case of OSPAP qualifications within the past four years.

Registration occurs on the first and 15th day of every month. Once a completed application has been assessed as meeting all of the GPhC requirements, the applicant will be entered onto the register at the next registration date. At this point a unique GPhC registration number will be issued.

Registration will be valid for one calendar year.

A registration number must be received before practice is permitted.

You cannot and must not work until you have been registered and must have proof you have been registered before starting work as a pharmacist.

If you begin work without being registered with the GPhC, you are committing an offence, even if you have passed pre-registration training and the registration assessment.

You can search the GPhC Register here
Performance standards

The performance standards are a list of 76 performance outcomes which must be signed off on the assessment summary form by your pre-registration tutor.

They are grouped into three units:

A. Personal effectiveness
B. Interpersonal skills
C. Medicines & health

A. Personal effectiveness

These standards encompass aspects of performance and behaviour that underpin effective professional activity. They can be applied to any situation. Conduct must be consistent with ethical behaviour expected by the GPhC, and trainees must:

- have due regard for accepted standards of behaviour both within and beyond professional practice
- promote and safeguard the interests of the public
- justify public trust in the pharmacist’s knowledge, ability and judgement
- promote the good standing of the profession
- avoid any act or omission which would impair confidence in the profession

A.1 Manage self

Trainees must at all times demonstrate a level of self-awareness, responsibility and self-management that will enable effective practice both independently and within teams or groups.

As a trainee you must show that you:

A1.1 Behave in a manner consistent with membership of the profession

A1.2 Manage your time effectively*

* This will include time at work and using time outside work for personal and professional development. It will include prioritising tasks, planning, timekeeping and management of interruptions.

A1.3 Recognise your personal and professional limitations and refer appropriately*

* In this context, appropriately means referral when necessary, to the correct person, in a suitable manner

A1.4 Respond with willingness and flexibility to new situations and to change

A1.5 Remain composed and personally effective* in all situations**
* This may, in extreme circumstances, include removing self from situation in order to maintain self-control and to minimise risk to patients

** Situations will include challenging behaviour from colleagues or clients, periods of heavy workload and times of stress

A1.6 Make decisions which demonstrate clear and logical thought

A1.7 Take responsibility for, and accept outcomes of, your own decisions

A1.8 Amend your behaviour, when necessary, based on evaluation of your performance by yourself or others

Knowledge requirements

The knowledge represented by Section 1 Part I of the registration assessment syllabus is needed to underpin these standards.

In addition, trainees must show that they have a working knowledge of, and can apply, the following:

- management of change
- principles of decision-making
- principles of effective time management
- principles of long and short term planning
- principles of stress management
- team roles (generic)

A.2 Manage work

Trainees must at all times work efficiently and effectively, and within legal and ethical constraints.

As a trainee you must show that you:

A2.1 Carry out tasks effectively*

* Effectively in this context means correctly, in an organised manner, with sufficient attention to detail and at a pace appropriate to the level of business. It includes prioritisation and completion of tasks within agreed deadlines

A2.2 Approach tasks and situations in accordance with the law and with the GPhC standards of conduct, ethics and performance

A2.3 Follow work systems correctly*

* Work systems include your own working practices, standard operating procedures, Sale of Medicines protocol, your organisation’s systems and security procedures

A2.4 Use resources* effectively

* Resources include colleagues, other healthcare workers, workspace, equipment/material and both text-based and electronic references

Knowledge requirements
The knowledge represented by section 1 parts I & II of the registration assessment syllabus is needed to underpin these standards.

In addition, trainees must show that they have a working knowledge of, and can apply, the following:

- principles of effective delegation
- principles of effective time management
- principles of long and short term planning
- principles of objective setting
- sale of Medicines protocol in your pharmacy
- roles of healthcare professionals
- use of information technology

A.3 Manage problems

Trainees must demonstrate that they can handle a wide variety of problems, whether by resolving them themselves or by contributing to their resolution.

As a trainee you must show that you:

A3.1 Recognise and define actual or potential problems*

* Problems include difficulties, minor and serious, needing resolution

A3.2 Identify workable options to resolve the problem

A3.3 Select the best solution, based on sound analysis* and appropriate evidence

* Sound analysis will include:

- exploring the strengths and weaknesses of options
- considering barriers to resolving the problem
- discussion with others

A3.4 Suggest and, if appropriate, implement solutions to problems

A3.5 Evaluate the outcome of the solution after implementation, and if necessary redefine the problem. See section A3.1.

Assessment requirements

In order to demonstrate these behaviours, it will be essential that trainees are given sufficient opportunity to deal with problems themselves.

Knowledge requirements

Trainees must show that they have a working knowledge of, and can apply, the following:

- principles of effective negotiation
- problem solving techniques and processes
- team roles (generic)
A.4 Demonstrate a commitment to quality

Products and services should be delivered of the highest standard by ensuring quality. The prime concern must be the welfare of the patient and other members of the public.

As a trainee you must show that you:

A4.1 Work to an acceptable standard* when preparing products and delivering services

* As defined by GPhC Standards of conduct, ethics and performance, with patients' needs paramount

A4.2 Check your own work effectively

A4.3 Minimise error by others through effective supervision

A4.4 Identify and rectify your own and others' mistakes promptly and effectively

A4.5 Minimise health and safety risks to yourself and others

A4.6 Base your actions, advice and decisions on evidence*

* Rather than assumption, anecdote or hearsay

A4.7 Obtain and process the evidence you need to meet A4.6*

* By the effective gathering, review, evaluation and application of research evidence

A4.8 Have successfully carried out a small, planned audit assignment

Knowledge requirements

The knowledge represented by Section 1 Parts I & II of the registration assessment syllabus is needed to underpin these standards.

In addition, trainees must show that they have a working knowledge of, and can apply, the following:

- local health and safety standards and procedures
- principles of data and literature evaluation
- use of information sources
- use of information technology
- principles of audit

A.5 Demonstrate ongoing learning & development

Trainees must provide evidence that they are continually developing professional competence by applying what has been learned from daily activities and incidents and from formal learning opportunities.

As a trainee you must show that you:

A5.1 Identify and prioritise your own learning and development needs, based on self
reflection/evaluation and on feedback from others

A5.2 Develop your own plans to meet identified needs, using SMART learning objectives

Plans should include a variety of learning activities, such as:

- using reference sources
- undertaking distance or IT learning packages
- work shadowing [observation of others at work]
- discussion with tutor or colleagues in and outside the pharmacy
- attending local practice forum meetings
- giving talks/presentations
- attending events e.g. courses, seminars, conferences
- BPSA

A5.3 Make full use of learning and development opportunities*

* Opportunities will arise from the activities listed in A5.2 and from daily activities (e.g. dealing with new tasks and situations, handling problems)

A5.4 Evaluate whether your learning objectives have been met

A5.5 Identify your further learning needs

A5.6 Record your own learning and development process and outcomes

A5.7 Apply learning to practice

Knowledge requirements

Knowledge represented by the whole of the registration assessment syllabus is needed to underpin these standards.

In addition, trainees must show that they have a working knowledge of, and can apply, the following:

- The learning cycle and styles
- How to keep meaningful CPD records
- Principles of evaluating learning
  - SMART objectives
- Providers of learning activities for pharmacists
- Use of information sources
B. Interpersonal skills

These standards encompass aspects of performance and behaviour that involve any interaction with others. Trainees must demonstrate their ability to communicate at all levels and to work with others in the pharmacy and healthcare team. In so doing, it will demonstrate possession of the core characteristics of an empathic healthcare professional:

- seeing and understanding things from the perspective of others, especially patients
- communicating effectively
- working with people from other disciplines

B.1 Communicate effectively

Trainees must demonstrate communication skills that promote the provision of a quality service.

As a trainee you must show that you:

B1.1 Communicate effectively* in English

* Effectively here means that you are sufficiently competent in English to understand and be understood in writing, on the telephone and in person

B1.2 Behave in a polite and helpful manner

B1.3 Sensitively approach people who need or who may need assistance

B1.4 Elicit all relevant information by the use of appropriate questions

B1.5 Listen effectively to the whole message*

* This includes spoken word, body language and tone of voice

B1.6 Respect and observe confidentiality

B1.7 Act appropriately in response to spoken and unspoken needs of others*

* Others will include people with special needs and those from different backgrounds and with different lifestyles

B1.8 Behave in a manner which instills confidence

B1.9 Behave assertively

B1.10 Use appropriate body language

B1.11 Provide information and advice appropriate to the needs of the recipient(s)*

* Recipients must include individuals, groups and those with particular needs, e.g. people with diabetes, asthma etc.

B1.12 Handle conflict* appropriately**

* This will include taking action to prevent conflict wherever possible
**Evidence must cover conflict arising from complaints, aggressive behaviour and from disagreements with or amongst colleagues**

**Assessment requirements**

Trainees must meet the performance indicators for any person or group with whom they have contact. In particular:

- general medical practitioners and other prescribers e.g. dentists, vets and opticians
- senior hospital doctors
- doctors in training
- nurses
- medical support staff
- officials e.g. GPhC inspectors, police, environmental health inspectors
- patients, carers and patients’ representatives
- colleagues including managers
- members of the public

**Knowledge requirements**

The knowledge represented by Sections 2 and 3 of the registration assessment syllabus is needed to underpin standard B1.11.

In addition, trainees must show that they have a working knowledge of, and can apply, the following:

- principles of effective oral communication including body language
- principles of assertive behaviour
- principles of conflict resolution
- roles of healthcare professionals
- how to question effectively
- how to produce reports and other written material so that it is clear and logical to the reader
- Equal Opportunities legislation

**B.2 Work effectively with others**

Trainees must contribute positively to any team or group they are associated with, so that targets and goals are achieved. They must develop and demonstrate skills involved in the management and/or supervision of others. This recognises the inclusion of these responsibilities in the roles of the majority of pharmacists.

**As a trainee you must show that you:**

B2.1 Acknowledge the ideas and opinions of others* and act on them when appropriate

* Others must include junior and senior colleagues and external contacts

B2.2 Present your own ideas and opinions appropriately when speaking and in writing

B2.3 Meet commitments* made to others within agreed deadlines

* This will include giving clear explanations if commitments cannot be met
B2.4 Give constructive feedback* to others based on accurate evaluation of their performance
* This must include both positive and negative feedback

B2.5 Secure help from others when necessary in an appropriate manner

B2.6 Assist others when necessary

B2.7 Delegate tasks appropriately*
* When necessary and in a manner conducive to teamworking

B2.8 Supervise others in an appropriate manner to ensure that agreed outcomes are achieved

B2.9 Use your knowledge and skills effectively when helping others learn

**Assessment requirements**

Evidence should include proof that trainees are sufficiently skilled in the management/supervision of others to be an effective pharmacist on qualification.

Therefore it is essential that opportunities are provided to develop and demonstrate basic supervisory/management skills.

**Knowledge requirements**

As a trainee you must show that you have a working knowledge of, and can apply, the following:

- how to structure learning
- the learning cycle and styles
- principles of effective coaching
- principles of effective feedback
- how to influence others
- principles of effective negotiation
- principles of presenting information orally in an effective way
- principles of setting objectives
- roles of other staff members
- roles undertaken by pharmacists
- team roles (generic)
C. Medicines and Health

These standards encompass aspects of performance and behaviour that are specific to pharmacy practice and trainees must demonstrate their ability to provide an effective pharmaceutical service.

Development of the following characteristics will underpin the role as a provider of pharmaceutical care:

- identifying health needs and understanding the opportunities for health promotion as well as treatment and care
- working with patients and carers to manage their medicines and ensure that they can play an active part in the decisions and choices affecting their treatment or care
- understanding and utilising the whole health and social care system for the benefit of patients

Experience or awareness of all the following is required for this unit to be achieved:

- the pharmacist’s role in both community and hospital
- the way the healthcare system operates for patients in community and hospital
- supply of medicines from both community and hospital
- provision of advice about medicines and health
- use of patient medication records and histories
- working with local formularies and prescribing guidelines
- use of the full range of reference sources as specified by the GPhC
- use of a full range of dispensary equipment

C.1 Manage the dispensing process

Trainees must be able to provide an effective service for the supply of prescribed medicines, dressings and appliances. The ability to deliver such a service should be demonstrated by undertaking dispensing and by the effective management of dispensing undertaken by others.

As a trainee you must show that you:

C1.1 Correctly* receive prescriptions into the pharmacy

* Correctly includes following protocols, correct charging and exemption procedures, providing necessary information

C1.2 Check the prescription is valid*

* Valid means legible, accurate, complete and complying with legal requirements, not fraudulent

C1.3 Assess the prescription for safety and clinical appropriateness. This will include:

- appropriateness according to patient's condition, if known
- meeting the patient's need with view to minimising waste
- dosage within therapeutic range
- appropriate dosage form
- appropriate route of administration
- appropriateness according to patient's parameters (age, weight, etc) and previous
medication
- compatibility with other medication, if known
- consistency with formularies, clinical guidelines and protocols, if known
- possible side effects
- risk of adverse drug reactions
- potential for non-compliance, inappropriate use or misuse by patient
- any other contra-indications

C1.4 Resolve any identified problems* appropriately

*This will include any problem arising from C1.2, C1.3 or stock availability

C1.5 Perform calculations* correctly

* Calculations must include all of the following:

- formulation for creams and ointments, complex solutions and suspensions, IV formulations including cytotoxics, parenteral nutrition and infusions
- doses and dosing schedules
- dose adjustment in paediatrics, in particular conditions e.g. renal failure, IV dosing
- quantity to supply
- loading dose/steady state calculations
- calculations for syringe pumps and drivers, infusion pumps and nutrition pumps

C1.6 Assemble* the prescription correctly

* This includes packaging and producing computer-generated labels

C1.7 Supply* extemporaneously prepared products according to the correct formula

* Both by preparing and by ordering from a specialist manufacturing unit

C1.8 Correctly issue dispensed item(s) to patient or representative, with appropriate information and advice.

C1.9 Ensure stock is managed* correctly

* This will include ordering, checking on delivery and dealing with discrepancies, stock rotation, dealing with recalls and returned items, storage and disposal

C1.10 Respond appropriately to requests* to dispense prescription-only items without a prescription**

* Requests from patients or their representatives and from prescribers

** It is a legal requirement that a pharmacist has interviewed the patient and makes the decision to supply. In order to meet this criterion, you should, with the patient's consent, listen to the interview, dispense the product and make the entry in the register (with checking by the pharmacist)

C1.11 Correctly process necessary documentation*

* This includes endorsing in hospital and community, filing, stock control and completion of PMRs, CD records and prescription register

C1.12 Effectively check prescriptions dispensed by others

Assessment requirements
Evidence provided for assessment should include:

- proof of dealing with both private and NHS prescriptions.
- proof from a wide variety of prescriptions, including those for:
  - controlled drugs (including when prescribed on forms allowing instalments)
  - borderline substances
  - disallowed items
  - hosiery
  - stoma products
  - dressings
  - cytotoxic agents

NB if 'real' prescriptions are not available, simulations based on prescriptions obtained from elsewhere should be used.

Knowledge requirements

Most of the knowledge represented by the whole registration assessment syllabus is needed to underpin these standards.

In addition, trainees must demonstrate a working knowledge of:

- principles of effective written communication
- meaning and principles of seamless care
- use of information sources

C.2 Provide additional clinical and pharmaceutical services

Trainees must demonstrate the application of up-to-date clinical and pharmaceutical knowledge.

It must be used effectively in the following areas:

- the management of prescribed medicines, long term conditions and common ailments
- the promotion and support of healthy lifestyles
- the provision of advice and support to patients and other healthcare professionals

Competence in this element underpins the ability to manage medicines and provide pharmaceutical care.

As a trainee you must show that you:

C2.1 Provide considered and correct answers to queries, founded on research-based evidence*

* Evidence sources will include clinical textbooks, journals and pharmaceutical company information (whether paper based or electronic)

C2.2 Pro-actively* assist patients** to obtain maximum benefit from their treatment

* This will include identifying opportunities to assist, providing information, positive reinforcement, reassurance, testing understanding and encouraging recipient to ask questions
C2.3 Identify and take action to minimise risk to patients from their treatment

C2.4 Actively provide information and advice to healthcare professionals

C2.5 Construct medication histories* using a range of sources
  * These must include basic and comprehensive histories

C2.6 Use medication histories correctly*
  * Access existing information, record new information and apply the information

C2.7 Recognise possible adverse drug reactions, evaluate risks and take action* accordingly
  * This may include advising and informing patient or representative, discussion with colleagues and reporting in accordance with local and national protocols

C2.8 Provide appropriate information and advice on the management of minor and common ailments*
  * Information and advice must incorporate both appropriate self-medication and appropriate non-drug actions

C2.9 Effectively use opportunities* to promote and support healthy lifestyles and prevent disease
  * With individual patients and at formal events such as presentations to patient or public groups

C2.10 Demonstrate awareness* of emergency first aid
  * By successfully completing a training course from a recognised provider e.g. St John Ambulance (refer to special guidance on the following pages)

C2.11 Refer, or direct the person, to a more suitable source* of help or information, when necessary
  * For example: support groups, GP, hospital A&E dept

**Assessment requirements**

Evidence provided for assessment should include:

- proof of provision of pharmaceutical services in both community and hospital practice;
- proof of provision of advice or supply of non-prescribed medicines for a wide range of conditions, including those affecting:
  - the respiratory tract
  - the gastro-intestinal tract
  - the oropharynx
  - the skin
  - the ear(s)
  - the eye(s)
  - musculoskeletal, connective and neurological tissue
  - women
  - babies and children
  - elderly patients
  - patients with long term health management needs

**Knowledge requirements**
Most of the knowledge needed to underpin these standards is in the registration assessment syllabus. In addition, trainees must show that they have a working knowledge of, and can apply, the following:

- compliance aids - availability and use
- use of inhalers and other devices
- dispensing for residential and nursing homes
- emergency first aid
- government healthcare priorities
- local healthcare priorities
- patient information leaflets
- how to evaluate literature and data
- referral agencies in emergency or for provision of further advice
- roles of healthcare professionals
- sale of medicines protocol in your pharmacy
- techniques for effective questioning
- use of information sources

C2.10 Special guidance on first aid

The public's expectation is that a pharmacist will be able to assist if an accident or emergency occurs in the vicinity of the pharmacy or in the pharmacy itself; also, that a pharmacist is an appropriate person to telephone for advice in emergency situations.

The GPhC wants to make sure that all new pharmacists are ready for this role should it be required of them. However, most employers have a policy of designating certain members of staff as first-aiders to handle all health emergency situations which may not be the pharmacist.

Pharmacists can take professional indemnity insurance to cover for first aid activities.

This standard can be met by attending a first aid course by a recognised provider such as St John’s Ambulance. Alternatively it may be appropriate for a registered first-aider at the training site to train and assess the Pre-registration trainee(s).

The course or training should teach you how to assess and identify the nature of emergency situations and after this, the appropriate action you should take including referral where appropriate.

As a minimum, training should cover the following conditions:

- obstruction to airways
- CPR
- shock
- electric shock
- overdoses and poisoning
- a seizure
- hypoglycaemia or hyperglycaemia
- loss of consciousness
- severe bleeding
- burns and scalds
- head injuries and concussion
- severe pain in head, chest or abdomen
- allergic reactions

In addition, training for situations that require first aid but are not normally life threatening as a minimum should include:
- minor allergic reactions
- foreign bodies or chemicals in the eye
- mild shock
- minor burns and scalds
- injuries to bones, muscles, joints
- minor bleeding
Registration assessment syllabus

The registration assessment checks you have the prerequisite knowledge and understanding required for effective professional practice. In the assessment you will be required to demonstrate your knowledge and understanding by analysing and evaluating practice-based problems. The knowledge is examinable in its own right, irrespective of whether, at the time of taking the assessment, you have had an opportunity to undertake activities that are supported by the knowledge.

Section 1 - Professional and Legal Practice

This section contains all the examinable knowledge elements underpinning the legal and professional practice of pharmacy.

Part I Professional Practice of Pharmacy

Part II Legal Aspects of Providing a Pharmaceutical Service

Section 2 - Clinical and Pharmaceutical Practice

This section contains all the examinable knowledge elements underpinning the clinical and pharmaceutical aspects of pharmacy practice.

Part I Clinical Practice

Part II Pharmaceutical Aspects of Practice

Section 3 - Systems and Procedures

This section contains all the examinable knowledge elements underpinning the systems and procedural aspects of pharmacy practice.

Reference Sources for the Assessment

Please refer to the list of required and suggested reference sources for pre-registration pharmacist training, many of which will support your learning and preparation for the assessment.
Professional and legal practice

Part I - Professional Practice of Pharmacy

TOPIC LEARNING OUTCOMES

a) Conduct, Ethics and Performance

You must be able to demonstrate a knowledge of and be able to interpret and apply, the Standards of conduct, ethics and performance, including:

- the concepts of ethical decision-making, liability, accountability, professional responsibility, protecting patient safety and whistle-blowing
- dealing with vulnerable people
- equality, fairness and diversity
- the standards of good professional practice required to be a pharmacist

b) Confidentiality and consent

You must be able to demonstrate a knowledge and understanding of the relevant regulatory standards, statutory legislation and interpretations of law that pertain to:

- the maintenance of confidentiality and obtaining consent to disclosure, including requests under the Freedom of Information Act
- information governance of data kept on computer and in other recording systems
- obtaining consent for all professional services

Read our guidance on confidentiality and on consent here

c) Clinical governance

You must be able to demonstrate a knowledge and understanding of:

- the purpose and principles of clinical governance
- the application of clinical governance in pharmacy practice
- the application of risk management and root cause analysis to identify the reasons for medication errors
- the systems in place to minimise medication errors including patient safety incident reporting

d) Continuing Professional Development (CPD)

You must be able to demonstrate a knowledge and understanding of:

- continuing professional development
- the regulatory system for undertaking, recording and reviewing professional development

e) Principles of audit

You must be able to demonstrate a knowledge and understanding of:

- the purpose and process of audit and its application in improving practice
f) Roles and training requirements for pharmacy professionals and support staff

You must be able to demonstrate a knowledge and understanding of:

- the roles commonly undertaken by pharmacy professionals and pharmacy support staff

g) Roles of the multidisciplinary team

You must be able to demonstrate an understanding of:

- the roles commonly undertaken by other healthcare professionals
- how pharmacists can contribute to multidisciplinary teams

**Part II - Legal aspects of providing a pharmaceutical service**

**TOPIC LEARNING OUTCOMES**

a) Sale and supply of medicines

You must be able to demonstrate a knowledge and understanding of:

- the principles underpinning the sale and supply of medicines and controlled drugs from pharmacies
- the implications and liability attached to the supply of licensed, "off-label" or unlicensed medicines
- the principles underpinning the sale and supply of poisons, chemical reagents and denatured alcohols from pharmacies
- the requirements for the labelling and packaging of all the above substances
- the requirements for the supply of supplementary information for all the above substances, eg PILs or anticoagulant cards
- the requirements for dealing with medicines returned to the pharmacy

b) Conditions for operating a registered pharmacy

You must be able to demonstrate a knowledge and understanding of:

- the requirement to register a pharmacy
- the meaning and application of the role of the Responsible Pharmacist
- the role of the superintendent pharmacist

c) Health Policy in Pharmacy

You must be able to demonstrate a knowledge and understanding of:

- aspects of NHS legislation of relevance to pharmacy
- the broad implications of the differences between the devolved Government’s (England, Scotland and Wales) health policies of practical relevance to pharmacy practitioners

d) Health and safety

You must be able to demonstrate an understanding of:

- the employer and employee's legal responsibilities for the health and safety of themselves
and others, including employees, customers and patients
  • the principles of risk assessment and management

e) Environmental protection

You must be able to demonstrate an understanding of:

  • statutory legislation that pertains to the safe disposal of special and controlled waste from
    the pharmacy

f) Consumer protection

You must be able to demonstrate an understanding of:

  • statutory legislation that pertains to the protection of consumers of pharmacy related
    products and services
Clinical and pharmaceutical practice

Part I - Clinical Practice

TOPIC LEARNING OUTCOMES

a) Evidence-based practice

You must be able to demonstrate knowledge and understanding of:

- the principles of obtaining and applying evidence to inform and enhance practice

b) Action and uses of drugs

You must be able to demonstrate a knowledge and understanding of:

- the mechanism of action, administration, absorption, distribution, metabolism and excretion of commonly prescribed and purchased licensed medicines
- the principle uses of these medicines
- the appropriate duration of drug treatment
- the correct dosages and dose adjustments for patients with particular needs because of their age or condition

c) Non-prescription remedies

You must be able to demonstrate knowledge and understanding of:

- the actions and licensed uses of medicinal products available without prescription that are commonly used to treat minor ailments

d) Differentiating minor illness from more serious disease

You must be able to identify and to demonstrate knowledge and understanding of:

- the symptoms of conditions that require referral to a medical or other healthcare practitioner
- conditions not requiring referral and how they may appropriately be treated by non-prescription medicines, by short-term action that does not involve medication or by lifestyle change

e) Adverse effects of medicines (see also section 3 item e)

You must be able to demonstrate a knowledge and understanding of:

- the recognised adverse effects of commonly prescribed and purchased medicines
- the reasons for treatment failures and common adverse drug reactions including those resulting from co-morbidities and variances in pharmacogenetics

f) Contra-indications

You must be able to demonstrate a knowledge and understanding of:
• the circumstances in which commonly prescribed and purchased licensed medicines are contra-indicated

g) Drug interactions

You must be able to demonstrate knowledge and understanding of:

• the principal interactions that can occur between medicines, prescribed and purchased, and between these medicines and foods or other substances

h) Counselling requirements

You must be able to identify and demonstrate knowledge and understanding of:

• circumstances or situations in which patients or other clients require information
• the importance of instructing patients in the safe and effective use of their medicines and devices
• the nature of that information and the most appropriate way to provide it to the individual

TOPIC LEARNING OUTCOMES

i) Optimising patients’ drug therapy

You must be able to demonstrate knowledge and understanding of:

• the purpose and principles of medicines management and pharmaceutical care

j) Interpretation of test results

You must be able to interpret, and to demonstrate knowledge and understanding of:

• the normal ranges for blood pressure and key blood components
• the normal ranges for key parameters of bodily function
• the normal ranges for therapeutic blood levels of commonly used drugs with a narrow therapeutic index
• the implications of figures outside these ranges
• the selection of appropriate diagnostic or physiological testing techniques to inform clinical decision making

k) Health promotion and disease prevention

You must be able to demonstrate a knowledge and understanding of:

• the concepts of health promotion and health education
• health improvement programmes based on national and local health priorities and parameters
• the social, environmental, lifestyle and dietary factors that influence health
• the stages of behavioural change as a tool to support health promotion and help the pharmacist make interventions appropriate to the individual
• actions the pharmacist and pharmacy support staff can take to promote health and prevent disease
• the appropriate diagnostic or physiological testing techniques to promote health

Part II - Pharmaceutical Aspects of Practice
TOPIC LEARNING OUTCOMES

a) Calculation
You must be able to:

- perform accurately all types of calculations relating to pharmacy practice*

*see assessment guidance notes

b) Dilution
You must be able to demonstrate an understanding of:

- the correct procedures for the dilution of solid, semi-solid and liquid dosage forms, including selection of the correct diluent

c) Formulation and preparation
You must be able to demonstrate an understanding of:

- development of suitable formulae for preparing sterile and non-sterile products in community and hospital practice
- procedures for the preparation of sterile and non-sterile products

d) Good dispensing practice
You must be able to demonstrate an understanding of:

- the principles and practices involved in ensuring an accurate and efficient dispensing process

e) Special handling requirements
You must be able to demonstrate an understanding of:

- the additional precautions necessary when preparing and dispensing cytotoxic and other products requiring health and safety precautions, including COSHH assessment

f) Stability of dispensed preparations
You must be able to demonstrate an understanding of:

- the factors affecting the stability of medicinal products (including those dispensed extemporaneously) and the impact of these factors on storage and labelling
Systems and procedures

TOPIC LEARNING OUTCOMES

a) NHS funding for pharmacy services

You must be able to demonstrate knowledge and understanding of:

- the purpose of the Drug Tariff
- the situations in which prescription charges apply
- the procedure for calculating the correct charges for prescriptions

b) Prescribing guidelines, data and formularies

You must be able to demonstrate an understanding of:

- the purpose of prescribing guidelines and of data from pricing authorities including the right to access confidential data
- the purpose and use of local and national formularies
- the sources of evidence used in the development of prescribing guidelines, data and formularies
- NHS limited list
- borderline substances list

c) Operating procedures in primary and secondary care

You must be able to demonstrate an understanding of:

- the reasons for standardising operating procedures in hospital and community pharmacies
- the main areas covered by such procedures/protocols
- the roles and remits under SOPs e.g. accountable officers

d) Quality assurance of stock

You must be able to demonstrate an understanding of:

- the principles of and methods for assuring the quality of pharmacy products, materials and pharmaceutical devices supplied to and from the pharmacy
- the actions to be taken when manufacturers recall products
- the procedures in place to deal with counterfeit stock
- procedures and precautions for handling unlicensed medicines, named-patient medicines and imported products
- record keeping

e) Responding to adverse drug reactions

You must be able to demonstrate an understanding of:

- the correct actions to take in response to a client reporting an adverse drug reaction, including the national reporting scheme and including local arrangements
f) Dealing with complaints

You must be able to demonstrate an understanding of:

- the principles of the NHS complaint procedure with reference to complaints about pharmaceutical services
- error management and associated complaints, and the national systems in place to deal with them
Guidance on tutoring, and tutor development resource

The GPhC has recently launched guidance on tutoring for pharmacists and pharmacy technicians. The guidance provides examples of how to meet key obligations in relation to the standards of conduct, ethics and performance. It also explains the key aspects of a tutor’s role including being a professional role model, assessing a trainee’s performance and providing feedback.

Guidance on tutoring for pharmacists and pharmacy technicians is in the Useful documents section

The tutor development resource is currently being revised and will be relaunched shortly.

This resource aims to help you become a pre-registration tutor, carrying out the role effectively and supporting others involved in training. It is for those new to the tutoring role, practice supervisors involved in assessing performance and also existing tutors who are completing continuing professional development (CPD) linked to the tutoring role.

The pre-registration manual website contains generic information about the pre-registration scheme. All other information is available on www.pharmacyregulation.org
Pre-registration tutor development

AIM: To help evaluate tutoring abilities and prepare for the training period ahead

OBJECTIVES:

- summarise what you have learned from previous experience
- recognise your strengths and development needs as a tutor
- produce a plan to address your development needs

Tutor competencies

Tutors are expected to develop themselves in four broad areas:

- being a role model
- being a people manager
- being a trainer and coach
- being an assessor

These competencies are described below and can be viewed as an optional field on www.uptodate.org.uk.

PT1 Being a role model
a. working to high professional and ethical standards
b. maintaining a patient-centred focus
c. maintaining a broad perspective - keeping abreast of professional and wider healthcare issues
d. reflecting on performance and undertaking professional development
e. managing time and prioritising

PT2 Being a people manager
a. communicating at all levels
b. treating all team members with respect
c. engendering common purpose amongst the work team
d. utilising the skills and knowledge of others

PT3 Being a trainer and coach
a. supporting and advising others in their development
b. empowering others to take responsibility for their own learning
c. setting objectives with learners and planning training
d. creating and using coaching opportunities
e. taking account of learners’ needs and learning styles  
f. encouraging self appraisal  
g. providing feedback  

**PT4 Being an assessor**  
a. providing learners with opportunities to demonstrate their competence  
b. assessing diverse sources of evidence  
c. reviewing progress  

The following activities will help you develop as a tutor:  

- Activity A1 Self-assessment  
- Activity A2 Assessment by colleagues  
- Activity A3 Assessment by a previous trainee  
- Activity A4 Collation of ratings  
- Activity A5 Review of tutoring or training experience  
- Activity A6 Tutor development plan  
- Activity A7 Review of development plan  

**Activity A1 - Self-assessment**  
Assess your own level of skill, in relation to training others, against these competencies.  

**Activity A2 - Assessment by colleagues**  
Ask some colleagues to do the same. This should ideally be done by more than one person who has previously seen you interacting with a trainee or other staff member for whom you have had a developmental responsibility.  

**Activity A3 - Assessment by a previous trainee**  
Ask someone you have previously trained to consider your performance against these statements.  

**Activity A4 - Collation of ratings from others**  
Review the feedback that you receive from others and compare it with your own self assessment.  

Areas that are consistently highlighted or areas where your perception of your skills is greater than the perception of others represent areas for inclusion in your development plan.  

The following activities allow you to consider the tutoring role in the context of your own CPD.  

**Activity A5 - Review of your previous tutoring (or training) experience**  
Reflect on your previous experience as a tutor or trainer for trainees or other staff members by considering:  

- what went well?  
- what did not go so well?  
- what will you aim to do differently in future?  
- what do you need to do, to be able to achieve this?
**Activity A6 - Tutor development plan**

Complete a development plan for your individual learning needs identified in A4 and A5 either via your CPD profile or by considering:

- what development needs have you identified?
- what actions will you take to meet these needs?
- what do you hope to learn?
- how will this change the way you tutor?

**Activity A7 - Review of development plan**

If you made a development plan relating to tutoring last year, this should now be reviewed. If you are a tutor for the first time this year, think in general terms about how your skills in developing others have progressed either by reviewing previous entries in your CPD profile or by considering a tutoring related development need identified via CPD or a previous self assessment:

- what action did you take to address this need?
- what was the outcome and how have your skills developed as a result?
- has this need been highlighted again this time?
- what more do you need to do to further develop this area?
Planning and getting started

**AIM:** To provide a framework for the period ahead and to encourage open communication between you and your trainee from the outset

**Objectives**

- become familiar with the key components of the training programme
- discuss with your trainee your respective roles, expectations and concerns
- develop an outline plan for the training year
- complete a learning contract with your trainee

It is important that you start the training period with a structure in mind (for example your GPhC approved training plan) and an initial conversation with your trainee should take place ideally in their first week.

Your guide to planning and getting started is covered by the following activities:

- B1 Getting to know the training requirements
- B2 Preparation for discussion with your trainee
- B3 Developing an outline plan
- B4 Signing a learning contract

**Activity B1 - Getting to know the pre-registration training requirements**

Review your organisation’s pre-registration training plan and look through the list of the GPhC’s performance standards to identify a training strategy that will allow the trainee to achieve the skills and knowledge required whilst training at your specific training site.

This strategy could include: guidance, coaching and experience at your pharmacy; learning resources e.g. books or interactive packs; training or experience away from your pharmacy e.g. study events, visits to other pharmacies, visits to GP surgeries and hospital departments. Look at the registration assessment syllabus and ensure that these areas are also considered.

**Activity B2 - Preparation for discussion with your trainee on your role, their role, expectations and concerns**

Both you and your trainee should consider and discuss the following:

- what do you see as the tutor’s role?
- what do you see as the trainee’s role?
- how will the tutor contribute to make the year successful?
- how will the trainee contribute to make the year successful?
- where is the trainee’s role within the rest of your pharmacy team?
- what help will your trainee need to integrate into the pharmacy team?
- how can the other members of the pharmacy team help the trainee?
- how can the trainee help the other members of the pharmacy team?
- what are your concerns about the year?
- what do you hope to get from the year?
- are there any issues to discuss at the outset?
Activity B3 - Developing an outline plan

Review the training plan that was submitted when the site was approved for the provision of pre-registration training and adapt this to structure the training period ahead to the needs of your particular trainee. It is recommended that this is done as a week by week plan.

Fitting in everything that needs to be covered will require careful planning and flexibility to allow for changes in circumstances.

It is up to you and your trainee to decide which areas they will tackle first, and when to plan for events such as:

- progress reports and review dates
- placement in another sector (e.g. cross sector experience)
- placements in other departments or branches
- visits to other professional areas, e.g. G.P. practice
- projects etc.
- training workshops
- where and with whom time will be spent
- holidays (both yours and your trainee’s)

You will need to take into account any training or experience elsewhere already planned for your trainee, for example if your organisation’s training plan is for six months only, or as part of a joint scheme. In addition you will need to consider any prior experience that your trainee has. This prior experience is covered later in section C1.

Activity B3 - Sample excerpt from an outline plan

Example:

<table>
<thead>
<tr>
<th>Week commencing</th>
<th>Week No</th>
<th>Activity/place of work/event</th>
<th>Others involved in the training</th>
<th>Standards to be achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>26 September</td>
<td>12</td>
<td>NHS &amp; private prescriptions</td>
<td>Dispensary manager and team</td>
<td>A2.3, C1.9, C1.11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OTC – Hayfever</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>BNF chapter on asthma</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prepare for first review</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 October</td>
<td>13</td>
<td>Basic endorsing, observe month end CDs, undertake first review</td>
<td>Dispensary manager</td>
<td>A2.1, A2.3, B1.4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>External study day 2 - “Response to Symptoms”</td>
<td>Tutor Regional training team</td>
<td></td>
</tr>
</tbody>
</table>

Activity B4 - Signing a learning contract

Submit the original copy of a learning contract to the GPhC signed jointly by the tutor and trainee. If a version other than the GPhC one is used, it must at least incorporate all of the areas covered in the GPhC version.

The GPhC must have this to enable them to validate registration assessment entries and Registration applications.

PLEASE NOTE - the learning contract is in addition to, not instead of, any contract of employment between the trainee and the employer.
Helping your trainee to learn and develop

AIM: To aid you to help your trainee develop the necessary skills and knowledge to be an independent professional practitioner

OBJECTIVES:

- Discuss your trainee’s current competence in relation to the performance standards and Registration assessment syllabus
- Agree your trainee’s development objectives for the first part of their training period

Your guide to helping your trainee to learn and develop is covered by the following activities:

- C1 Initial discussion of trainee competence and prior experience
- C2 Agreeing the trainee’s development objectives

Activity C1 - Initial discussion of trainee’s competence and prior experience

For each of the performance standards, agree with your trainee what they believe to be their current level of competence, based on relevant prior experience and supported by evidence.

Consider:

- which areas of the performance standards your trainee believes they are competent in or have knowledge in and what evidence have you seen that supports this?
- is there enough evidence?
- in what areas does your trainee seem to need the most development? How will this affect the outline plan (B3)?
- have you identified any areas where your trainee may need training away from the workplace and how will they access this training?

Activity C2 - Agreeing the trainee’s development objectives

Devise and agree a set of short term SMART learning objectives to cover the next month of training. Review after the month has passed and a revised or new set of SMART objectives should be agreed.

- SPECIFIC to what you want to achieve
- MEASURABLE to enable you to quantify whether you have met the objective
- ACHIEVABLE with the resources available to you
- REALISTIC and relevant to what you need to achieve
- TIMED to give a target for achieving the object
Assessing and recording competence

AIM: To help you or another person assess your trainee effectively across all the training requirements

OBJECTIVES:

- Identify whether you need to take any action to ensure you are an effective assessor of your trainee’s competence
- Identify how to record the dates when your trainee is assessed as competent in each of the performance standards

Assessment of your trainee needs to be ongoing throughout the pre-registration year.

An assessment summary form is available as a cumulative list to use throughout the year.

Generally, at the time of the first progress report, few areas will have been ‘signed off’. Your trainee is likely to have been assessed as competent in progressively more areas at the subsequent progress reports.

Your guide to assessing and recording competence is covered by the following activities:

D1 Assessing competence

D2 Recording assessments and achievements

Activity D1 - Assessing competence

Refer to the development plan on your CPD profile or activity A6 and consider whether there is anything specific you need to do to ensure that you are able to assess your trainee’s competence effectively.

Review the samples of evidence on the next page and describe the strengths and areas for improvement for each. Compare your answers with the suggestions provided to improve the quality of the evidence you request.

Name of trainee: A Person

Date: 20/02/11

“Took in a prescription for erythromycin tablets. I checked the prescription to ensure that it was legal. It was.

From the PMR I noted that the patient had been prescribed theophylline tablets for the past 6 months and there could be an interaction between theophylline and erythromycin. The prescription for the antibiotic had been written by a locum doctor. I rang the doctor to explain the problem. He asked me to recommend an alternative. I said I would call him back. I then looked in the BNF and spoke to the pharmacist. When we had discussed the interaction and agreed an alternative antibiotic, I called the doctor.

I should have been more prepared when I called the doctor for the first time. It would have been better if I had thought of an alternative drug beforehand. In future, I must remember to put myself in the doctor’s position and think of any questions that I would ask the pharmacist.”

Which aspects of the performance standards does this provide evidence for?
Performance Standards C1.2, C1.3

Name of trainee: A Person

Date: 20/02/11

“I set up a Health Promotion for ‘National No Smoking Day’ in the pharmacy waiting area. I needed to arrange for a qualified member of staff to man the stand. As well as the product display, I needed to ensure that there were a number of leaflets available to give to interested people. It was also important for other healthcare professionals in the area to be aware of the health promotion.

I ordered a number of ‘Giving Up Smoking’ leaflets. Before the day, I ensured that all healthcare staff had received further training on Nicotine Replacement Therapy and any advice that should be given to people who wished to stop smoking. I wrote to all the offices in the area, telling them that we would be supporting ‘National No Smoking Day’ and I contacted all the doctor’s surgeries and occupational health centres. During the day I had 112 queries about ‘Giving up Smoking’.

The day went well. One of the staff told me that I’d done a very good job and one of the local GPs was also impressed.”

Which aspects of the performance standards does this provide evidence for?

Compare your analysis with our suggestions:

A.

Positive:

• reflection by the trainee identified a learning need and suggested action for improvement

Areas for improvement:

• more specific information relating to personal checking process for legality
• mechanism of drug interaction and possible consequences if unmanaged to be considered
• options for management including suitable alternatives with reference to type of infection
• consider if this provides evidence for other performance standards
• several learning opportunities not identified by the trainee within the evidence
• greater input from the supervising pharmacist first before calling the doctor

Overall, a good opportunity was not fully used to demonstrate evidence of competence.

What would this trainee do when they become a pharmacist and there is no other pharmacist to refer to?

B.

Positive:

• detail about planning the event

Areas for improvement:

• further detail about actual event e.g. the nature of some of the queries
• evaluation and recommendations for managing similar future events
• reference to the relevant performance standards where competence has been achieved
• identified learning points e.g. from queries presented that the trainee couldn’t answer or where they would like to know more
• supporting evidence for the positive feedback received

Overall, being a substantial piece of work, the event could have provided a wealth of evidence but the trainee has given little evidence to the assessor.

**Activity D2 - Recording assessments and achievement**

**Portfolio of evidence**

Trainees may choose how they produce a portfolio of evidence to demonstrate their competence against the performance standards. They will be provided with a username and password and can utilise the on-line CPD format or they may choose alternative electronic or paper based evidence forms either self developed or from their training provider.

**Assessment Summary**

You must make an entry on the trainee’s assessment summary once you consider a particular Performance Standard to have been demonstrated in a sufficient range of circumstances to the standard expected of a newly registered pharmacist. This is part of the formal three monthly progress review and you will need to submit a copy of the cumulative record to the GPhC with each progress report that is requested.
Providing feedback and reviewing progress

AIM: To enable you to plan and undertake reviews of your trainee’s progress and to develop an action plan following each review

OBJECTIVES:

- Identify whether you need to take any action to ensure that you are effective at providing feedback to your trainee
- Plan and undertake three progress reviews with your trainee and keep the GPhC informed
- Develop your own action plan after each review

You need to complete a review of your trainee’s progress after each 13 week period and keep a record of this. Your trainee’s progress must be assessed as satisfactory or unsatisfactory. All unsatisfactory reports should be sent to the GPhC. Satisfactory reports should be retained by the tutor and the trainee. The GPhC may ask to see these reports at any time. The third progress report that is undertaken at 39 weeks forms part of the application to sit the registration assessment.

Your guide to providing feedback and reviewing progress is covered by the following activities:

- E1 Providing feedback
- E2 Preparation for review and progress report
- E3 Tutor’s action plan
- E4 Trainee’s action plan

Activity E1 needs to be undertaken early in the training period.

Activity E1 - Providing feedback

Refer to the development plan on your CPD profile at www.uptodate.org.uk or activity A6 and consider whether there is anything specific you need to do to ensure you can provide feedback effectively.

Agree a plan for review sessions with your trainee considering:

- frequency and timing of regular informal sessions
- location of sessions
- how the outcome of the session will be recorded for future reference
- dates for formal progress reviews and completion of paperwork for GPhC
- any other issues to be reviewed at this stage

Activity E2- Preparation for review and progress reports

- reflect on your trainee’s progress by considering:
  - where your trainee has made good progress?
  - more specifically which performance standards have they progressed with?
  - which have sufficient evidence to satisfy you that your trainee is competent?
  - which have insufficient evidence (but sufficient training has been provided)?
  - which require more training or experience before being assessed?
  - with regards to the registration assessment syllabus, where does your trainee need to improve their knowledge further?
  - how have you contributed to your trainee’s success?
  - where could you have contributed more to your trainee’s development?
• are there any other issues?

**Activity E3 - Tutor’s action plan following progress reports or informal reviews**

Review and update the development plan on your CPD profile at [www.uptodate.org.uk](http://www.uptodate.org.uk) or [activity A6](http://www.pharmacyregulation.org/preregmanual)
by considering:

- what has gone well so far and how have I contributed to this success?
- what has not gone so well and how I have contributed to this?
- what actions do I need to take now and by when?
- what will I do differently from now onwards?

**Activity E4 - Trainee’s action plan**

Agree and document an action plan with your trainee for the next period of training including [SMART objectives](http://www.pharmacyregulation.org/preregmanual) Confirm any help available from yourself or others that they will need in order to achieve it.
Troubleshooting

AIM: To help you identify strategies for dealing with problems that may arise during your trainee’s training period

OBJECTIVES:

- Identify who you can turn to for advice and guidance
- Develop strategies to follow in the event of problems arising

Your guide to troubleshooting is covered by the following activity:

Activity F1 - Some troubleshooting case scenarios

Consider the issues in the following five scenarios using the STAR approach below.

Compare your answers with the suggested action plans for the scenarios.

For all problems, big or small, we suggest using a STAR approach:

Specify the exact nature of the problem to your trainee, relating it to the performance standards and any facts that are available

Talk it through to establish each of your views and discuss possible causes as soon as possible

Agree an action plan, including a review date

Review the situation at the agreed time

Scenarios

1. By week 13, your trainee has shown great promise in relation to their ability to work accurately, including when under pressure: so far they can be relied upon when given any task to complete it well and within the time available. You therefore do not doubt their potential to become a good pharmacist technically speaking but other members of your staff have increasingly been complaining to you that they are difficult to work with.

You speak to them about these concerns expressed by your staff (whose judgement you trust) and they maintain that the problem lies with the staff: “they have not liked me from the word go and have got it in for me”.

How are you going to deal with this?

2. By 26 weeks, you are concerned that your trainee is still making too many mistakes in the dispensary and in their provision of advice to patients. You have brought errors to their attention as they have occurred, but they have been unable to provide any explanation for them. However, until now, their behaviour otherwise has demonstrated that they have a sufficiently professional attitude.

At the 26 week progress report you highlight clearly your concerns about these mistakes but the trainee disagrees that any appreciable problem exists: “Everyone makes mistakes!” Over the following few weeks, there is no improvement at all.

What action will you take?
3. By 39 weeks, your trainee proves that they are able to consistently meet all of the performance standards. You therefore record their progress as ‘good’ on the 39 week progress report to the GPhC. However, they subsequently exhibit lapses in their personal appearance, the accuracy of their work and their reliability.

How do you deal with this?

4. You are the tutor of a trainee who undertook their first six months pre-registration training elsewhere. Although you have endeavoured to cover everything necessary with your trainee, towards the end of the six month period at your training site (after they have passed the Registration Assessment) you realise that they will not have had the opportunity to demonstrate all the performance standards, especially unit C.

What action are you going to take?

**Answers/Advice**

**Scenario 1**

Knowing that your trainee disagrees that there is a problem on their part, before going any further you should:

- obtain facts arising out of incidents to substantiate the other staff’s claims
- observe their interactions with others closely (but discreetly) for a period
- question staff they have worked with who have not made complaints (if any exist!)

If after this it is clear that there is a problem, proceed to try and resolve it using the STAR approach.

**SPECIFY** which of the performance standards they are not meeting.

**TALK** it through to find out if they now, in view of the facts you have collected, acknowledge any responsibility for the problem. Also try to establish their view as to what the cause is.

**AGREE** an action plan. This may be:

- setting them tasks to undertake with others so that you can obtain feedback from them about their ‘team’ performance
- setting a review date

**REVIEW** with the trainee the quality of their working relations with colleagues during the set tasks. If there has been an improvement, praise and encourage them to continue the progress.

If problems remain, start again! In the worst case scenario, the trainee may need to move to a new placement as sometimes it is simply the group dynamics which do not work and a fresh place can make all the difference.

**But remember to keep an open mind:** it could be that it is the other staff who are the problem. Perhaps they weren’t clear enough beforehand about the role of a trainee and perhaps they made them feel like an outsider and put them on the defensive. Bear in mind also that a ‘raw’ recruit can feel very threatened by those around being experienced, knowledgeable and already an established team.

**Scenario 2**

**SPECIFY** which of the performance standards they are not meeting. Make sure you have kept a log of their errors to refer to as evidence.
**TALK** it through to find out if they now acknowledge the problem and can give a reason for it.

**AGREE** an action plan:

- continue to document their mistakes as they occur but from now on get them to sign the record at the time. This will highlight how much of a problem really exists and may in itself cause them to be more careful
- instruct them to devise a self-checking procedure to follow all the time (go through this with them once prepared). Initially they will need to refer to it but it should become more automatic as time goes on
- set a review date

**REVIEW** - discuss your findings from the records you have been keeping. If there is still cause for concern, try to be even more specific about the exact nature of their mistakes and ask the trainee to try very hard to identify a reason for them. Explain that the problem will be easier to resolve if the reason is known.

If this situation does not resolve, inform the GPhC so that a new action plan can be devised.

**Scenario 3**

**SPECIFY** the performance standards they have now fallen short on.

**TALK** it through to try to find out why this backward step has occurred. Have they some personal reason? If so, it may be that talking identifies a way you can help, for example by giving some time off or referring them to a counsellor or other expert.

If there appears to be no particular personal reason for the ‘slide’, then their professionalism is called into question. The trainee may have let their concentration/commitment slip once they thought they had ‘passed’ all of the standards. Explain that a satisfactory progress report does not preclude a change in assessment now, nor will past performance guarantee their registration.

**AGREE** an action plan:

- clearly define what needs to improve
- explain the ramifications of their poor performance in terms of not registering if an improvement is not forthcoming
- inform the GPhC of the problem
- set a review date of one month

**REVIEW** - If there has not been sufficient improvement, it is likely that discussions with the GPhC will be needed. An extension to training will be likely and it may have to occur at a new placement.

**Scenario 4**

**DO NOT** sign your trainee’s ‘Final declaration by tutor’ and other registration documents!

**SPECIFY** clearly which performance standards the trainee will not have completed.

**TALK** these through with your trainee (and inform the GPhC of the situation).

Explain to your trainee that you are not yet in a position to sign their final declaration and they will require an extension to their training (this may be at the same premises or not, depending on whether you can/wish to retain them).

**AGREE** an action plan involving:
· where they will undertake the extra training
· how long the extension will probably need to be
· the areas in which they still need to demonstrate competence

* The extension to training will be for a provisional period of time, based on the ground that needs to be made up. If the trainee remains with you, it is up to you as the tutor to assess how much time will be needed to complete all of the performance standards. A review at a set time into the extension will be needed to establish whether plans should be altered. It should be noted that extensions at the same training site can be for short periods of time e.g. 4-6 weeks.

Moving to a new training site will need to be for a minimum of 6 months. Keep the trainee fully informed of any developments as and when they happen.

**REVIEW** at the end of the original training period so that everyone is clear about what needs to be done and again one month later if the trainee remains at your training site.
Reflection and evaluation

AIM: To help you to reflect on, and learn from, the successes and challenges in tutoring your trainee

OBJECTIVES:

- Review your experience as a tutor at the end of the training period
- Review your initial development plan from the beginning of this period

Your guide to reflection and evaluation is covered by the following activities:

- G1 Review of the training period
- G2 Review of your initial development action plan

Feedback from your trainee and colleagues at this stage should also be sought perhaps by repeating activities A2 and A3

Activity G1 - Review of the training period

Reflect on your experience as a tutor during this training period, concentrating on your overall experience and feelings about tutoring your trainee. Review and update the development plan on your CPD profile at www.uptodate.org.uk or activity A6 by considering:

Do this either as an entry on your CPD profile at www.uptodate.org.uk or by considering:

- what went well during this training period?
- what did not go so well?
- what will you do differently with a future trainee?

Activity G2 - Review of your initial development plan

Reflect on the development plan that you wrote at the start of the training period (either on your CPD profile or via activity A6 by considering:

- the development needs you identified at the beginning of this year
- the actions you took to meet these needs
- the outcomes and how your skills have developed as a result
- what more, if anything, you need to do to further develop these areas

Feedback to the GPhC

We hope that you enjoyed this pre-registration training period and found this resource useful. Please help the GPhC to continue to develop and improve these resources by providing us with feedback when requested and contributing your opinions by responding to future GPhC consultations.

You can also contact us here

Thank you.
Forms

For further information on where to send your completed forms, please view the corresponding FAQ on the GPhC website.

- [Learning Contract](#)
- [Assessment Summary](#)
- [Progress Report](#)
- [Change of Training Details](#)
- [Final Declaration](#)
- [Pre-registration Application Form 2014](#)
- [Registration assessment](#)
Useful documents

Pre-reg bulletins
Pre registration trainee pharmacists receive two bulletins in their training year. It contains information that will be useful in the months to come. This includes advice on your training plan, progress reports and also information about the assessment.

Pre-reg Bulletin Autumn 2013
Pre-reg Bulletin Spring 2014

Practice questions

Practice questions Set 1 Nov 2013 [PDF 348.85 KB]
Practice questions Set 1 Nov 2013 - Answers and Guidance [PDF 285.31 KB]
Registration Assessments 2014 Practice Set 2 issued January 2014 [PDF 296.22 KB]
Registration Assessments 2014 Practice Set 2 issued January 2014 - Answers and Guidance [PDF 155.84 KB]
Registration Assessments 2014 Practice Set 3 issued March 2014 [PDF 325.22 KB]
Registration Assessments 2014 Practice Set 3 issued March 2014 - Answers and Guidance [PDF 151.7 KB]

Guidance

Guidance on tutoring for pharmacists and pharmacy technicians [PDF 291.78 KB]