Confidential

PROGRESS REPORT



PHARMACIST WORKING UNDER SUPERVISION

After the completion of the require period of WORKING under the direct personal supervision of a pharmacist in a Community or Institutional (Hospital) Pharmacy

Tick for the correct number of hours worked under supervision								
40 hours	200	400						
40 110015	hours	hours						

	Surname/last name								
Name of the pharmacist (in full)	First names (in full)								
	Title				Initials (first names)				
Registration number									
ID and/or P-number									
	Name of approved pharmacy								
Name and address of the	Postal Address								
approved pharmacy where the									
hours of practise will be					Postal code				
completed									
	Physical Address								
						Street	code		
Date of assessment			/		/	2	0		
Name of the supervising	Surname/last name			-	•	-		-	
pharmacist	First names (in full)								
	Title				Initia	als (fir	st nar	mes)	

SECTION 1: APPRAISAL OF PERFORMANCE CRITERIA

Pharmacist under supervision's Personal and Professional Development Report - After the completion of the required period practise in a Community or Institutional (Hospital) Pharmacy

	PERFORMANCE CRITERIA	Evidence indicates that the Pharmacist has no experience	Evidence indicates that the pharmacist requires further training or experience to reach the required standard	Evidence demonstrates that the Pharmacist consistently achieves the required standard with little or no intervention
The	Pharmacist demonstrates the ability to -			
1	Communicate verbal and written information in an appropriate manner	0	1	3
2	Work effectively within the structure of the pharmacy	0	1	3
3	Apply accepted standards of professional and practice competence	0	1	3
4	apply the code of ethics in pharmacy practice	0	1	3
5	Demonstrates commitment to quality of pharmaceutical care of the patient	0	1	3
6	Establish and maintain good professional relationships	0	1	3
7	Demonstrates competence in the provision of information on medicines and health matters	0	1	3
8	Recognise personal limitations and accept assistance where necessary	0	1	3
9	Perform functions in the pharmacy in an organised and thorough manner	0	1	3
10	Identify problems or potential problems and take the appropriate corrective action to solve these problems	0	1	3
11	Handle stressful situations professionally	0	1	3
12	Make decisions which demonstrate the ability to think clearly and logically	0	1	3
13	Approach tasks and situations with due regard to legal implications	0	1	3
14	Use equipment required for the task in hand effectively	0	1	3
15	Always maintain the safety of the working area so that the health and safety of colleagues and the public is not compromised	0	1	3
16	Improve competence by using feedback on performance	0	1	3
17	Accept responsibility for self-development and demonstrate achievement of targets	0	1	3
19	Undertake continuing professional development	0	1	3

SECTION 2: OVERALL IMPRESSION

Pharmacist under supervision's Personal and Professional Development Report - After the completion of the required period of practise in a Community or Institutional (Hospital) Pharmacy

This section describes the overall performance of the pharmacist for this appraisal period. The supervising pharmacist performing the assessment is required to tick the appropriate box indicating the evaluation of overall performance of the pharmacist for this period.

LEVELS OF PERFORMANCE									
Below the required standard		Meets the required standards with supervision:		Meets the required standards:		Merit:			
 The pharmacist fails to display code of ethics in pharmacy practice to a minimum acceptable level 		 The pharmacist displays an acceptable level of professional conduct 		 The pharmacist is responsible and displays professional 		 The pharmacist Displays professional conduct with 			
 The pharmacists fail to maintain the safety of the working area, or 		with considerable guidance and supervision. Much improvement is		conduct with a minimum amount of supervision and		distinction and consistently.			
 The pharmacist fails to act on constructive guidance and counselling. 	narmacist fails to act required to demonstrate		consistently achieves acceptable levels of competence						

SECTION 4: GENERAL COMMENTS

Pharmacist under supervision's Personal and Professional Development Report - After the completion of the required period of practise in a Community or Institutional (Hospital) Pharmacy

Comments of Responsible Pharmacist					

Comments of the supervising Pharmacist						

Comments of Pharmacist working under supervision						

	State here the number of hours worked under supervision										
	From Date: To Date: Total number of hours										
Signatures											
			Signa	tures							
	Signature of the supervising pharmacist			Date	1	1	2	0			
	Signature of the Responsible Pharmacist			Date	1	/	2	0			
Signature of the pharmacist working under supervision			Date	1	/	2	0				
						•					