**Foundation Training Year: Designated supervisor meeting**

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| **Trainee pharmacist:** |  | | |
| **Designated supervisor:** |  | | |
| **Date of meeting:** |  | **Stage of training  (in weeks)** |  |
| ***Outline of meeting discussion***  *e.g. what activities has the trainee been undertaking within their current placement/rotation? Note what has gone well and areas for development since the last meeting.* | | | |
| ***Progress with learning outcomes and assessment activities*** | | | |
| ***Personal Development Plan (PDP) progress***  *Review PDP plan and agree on next steps* | | | |
| ***Agreed action points with trainee (using SMART objectives)*** | | | |
| ***Designated supervisor comments*** | | | |
| **Date of next meeting:** |  | | |