**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:**  |  |