# Appendix 8: Form B - Management plan setting

*Document agreed SMART goals and objectives, i.e:*

*Specific*

*Measurable*

*Achievable*

*Relevant*

*Time-framed*

*Use work-based assessments as appropriate, e.g. mini-CEX*

*Agree clear timeframe*

*Identify date for review*

*Has the trainee got adequate support?*

|  |  |
| --- | --- |
| Form B: | Management Plan – Working Document |
|  | This is a working document between the ES and their trainee that will be revisited and updated as actions are completed over time. It is important that both the trainee and the ES sign the management plan when it is created and at each subsequent review.  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Identified area of concern | SMART objectives | How will I address them?(action & resources) | Date set to achieve goal | Date completed |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of next review:………………** | ***Circle as appropriate*** | **Refer to Occupational Health:** Yes/No | **Involve:** Chief Pharmacist / Senior Pharmacy Management / HEE Pharmacy Team / Other  |

**Signed: …………………………… Signed: ……………………………….. Signed: ……………………………….**

**Trainee Educational/Designated Supervisor (tutor) Educational Programme Director (or equivalent)**

**Form B continued: Management Plan Review**

**Review Number……….. Date of Review:**

**Main points discussed (Summary of progress with agreed goals/objectives):**

**Management plan updated: Yes/No**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of next review:………………** | ***Circle as appropriate*** | **Refer to Occupational Health:** Yes/No | **Involve:** Chief Pharmacist / Senior Pharmacy Management / HEE Pharmacy Team / Other  |

**Signed: ……………… Signed: ……………………………….. Signed: ……………………………….**

**Trainee Educational/Designated Supervisor (tutor) Educational Programme Director (or equivalent**