**Handover review form between DPPs**

This form is for users of the Bradford Sandwich Course. The purpose of this form is to allow for one DPP to give another DPP an update on the Foundation Trainee Pharmacists progress, in the event that there is more than one DPP or there is a change in DPP. If you would like to provide feedback on any of the prescribing forms used, please do so using this link: <https://forms.office.com/e/iw3RNrYApY>.

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| --- | --- |
| Full name of current DPP |  |
| Professional regulator of current DPP |  |
| Professional registration number of current DPP |  |
| Date of review |  |
| Period/Rotation review form covering |  |
| Nominated prescribing area |  |
| Outline for the plan for the prescribing training and progression |  |
| Progress with prescribing activities: | |
| * History Taking | * On track * Exceeding expectations * Requires development   Number of satisfactory SLEs: |
| * Physical and Clinical Examination Skills | * On track * Exceeding expectations * Requires development   Number of satisfactory SLEs: |
| * Prescribing Consultation | * On track * Exceeding expectations * Requires development   Number of satisfactory SLEs: |
| * Prescription Writing | * On track * Exceeding expectations * Requires development   Number of satisfactory SLEs: |
| * Number of prescribing hours |  |
| Personal Development Plan progress |  |
| Recommendations for incoming DPP |  |
| Last meeting with Trainee  *(signpost to meeting date)* |  |
| Are you happy to be contacted in the future to discuss the trainee? | Yes / No  If Yes, please provide email address |
| DS been informed? | Yes/Not yet |
| DPP comments |  |
| DPP signature and date |  |
| DS comments |  |
| DS signature and date |  |