# Appendix 8: Form B – Management plan

#### Working document

This is a working document between the ES / DS 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 / DS sign the management plan when it is created and at each subsequent review.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Identified area of concern | SMART objectives SpecificMeasurableAchievableRelevantTime-framedUse work-based assessments as appropriate, e.g. mini-CEX | How will I address them?(action & resources) | Date set to achieve goal | Date completed |
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| --- | --- | --- |
| **Date of next review:** **………………** | **Refer to Occupational Health (circle as appropriate):** Yes/No | **Involve (circle as appropriate):** Chief Pharmacist / Senior Pharmacy Management / NHS England Workforce, Training and Education Pharmacy Team / Other  |

**Signed: …………………………… Trainee**

**Signed: …………………………… Educational / Designated Supervisor (tutor)**

**Signed: …………………………… Educational Programme Director (or equivalent)**

**Form B continues overleaf**

**Form B (Continued)**

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

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

**Management plan updated: Yes/No**

|  |  |  |
| --- | --- | --- |
| **Date of next review:** **………………** | **Refer to Occupational Health (circle as appropriate):** Yes/No | **Involve (circle as appropriate):** Chief Pharmacist / Senior Pharmacy Management / NHS England Workforce, Training and Education Pharmacy Team / Other  |

**Signed: …………………………… Trainee**

**Signed: …………………………… Educational / Designated Supervisor (tutor)**

**Signed: …………………………… Educational Programme Director (or equivalent)**