

Accredited Checking Pharmacy Technician (ACPT) Programme

Learning Contract

Candidate name:

Work-base:

This contract details the agreement between the candidate and the educational supervisor. It should be signed and dated by each party at the start of the ACPT programme.

Part 1: Undertaking of the educational supervisor

I, (educational supervisor's name) make the following commitments to you,

(candidate's name) for the duration of the accredited checking pharmacy technician programme at this work-base.

l will

- Meet regularly with you to provide support and guidance
- Ensure you complete your pre-course activities
- Discuss documentation of checking processes with you
- Support and encourage you to set times for your work-based activities
- Discuss clinical assessment requirements prior to the final checking of a dispensed item
- Discuss health and safety issues
- Discuss time management so that you can complete other commitments
- Discuss when you need to refer to a pharmacist or a more experienced pharmacy technician and the limits of your authority
- Provide a copy of the standard operating procedures
- Discuss a time line with you to ensure completion within 3-12 months of workshop date
- Encourage your CPD
- Treat you in a manner to facilitate your learning. This will include
 - giving you the opportunity to contribute and put forward your ideas
 - being approachable and providing help when asked or referring you to a more appropriate source of help
 - agreeing targets with you and adapting plans as required.
- Welcome feedback from you regarding all aspects of the ACPT programme.

Educational supervisor signature:	Date:
Candidate signature:	Date:



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Candidate name:

Work-base:

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Part 2: Undertaking of the candidate

I, (candidate's name) make the following commitments to you, (educational supervisor's name) for the duration of the ACPT programme.

I will

- Meet regularly with you to discuss my progress
- Take responsibility for my own learning and development
- Undertake the pre-course work
- Engage in CPD
- Adhere to work-base SOPs and policies
- Respect and be prepared to learn from colleagues at all levels
- Be a reliable and trustworthy member of the pharmacy team
- Receive feedback and use it to help me develop further
- Provide honest and constructive feedback about the ACPT programme and highlight any problems encountered
- Agree to work within the limitations and remit of my own ability
- Refer to you for guidance
- Meet deadlines

Educational supervisor signature:	Date:
Candidate signature:	Date:



Accredited Checking Pharmacy Technician (ACPT) Programme

Learning Contract

Candidate name:

Educational supervisor:

Learning provider: NICPLD

This contract details the agreement between the technician, the educational supervisor and the learning provider. It should be signed and dated by each party at the start of the ACPT programme

Part 3: Undertaking of the learning provider

NICPLD, the learning provider, make the following commitments to the candidate and educational supervisor named at the top of this page for the duration of the ACPT programme at this work-base.

NICPLD will:

- Promote the ACPT programme through advertising in the NICPLD brochure and online at the NICPLD website
- Process approved applications for candidates and educational supervisors
- Provide training by experts in the field of accredited checking
- Maintain copies of candidate's progress throughout the programme
- Support the educational supervisors and candidates, when required, with the ACPT final appraisal by facilitating this at NICPLD
- Support individuals who fail to meet the criteria and offer guidance
- Provide guidance to educational supervisors and candidates regarding queries throughout the programme
- Issue a certificate of accreditation when candidate successfully meets the required criteria
- Oversee the reaccreditation process
- Maintain a database of all trainee and qualified accredited checking pharmacy technicians in N. Ireland
- Review and update the regional programme on a yearly basis.

Candidate signature:	Date:
Educational supervisor signature:	Date:
Learning provider signature:	Date: