National Pharmacy Association

Master forms

NVQ3 Diploma in Pharmacy Service Skills

NVQ3 Diploma in Pharmacy Service Skills

Master forms

This pack contains a template copy of all the forms you will need when building your portfolio. You can also access electronic copies of the forms on the member's section of the NPA website, under resources.

Note:
Please note the format of the template forms must not be altered; this is especially important when using the Activity Report forms as the witness and candidate signature and date must be present on all pages.

PORTFOLIO SUBMISSION FORM

You must complete this form and submit it each time you send your work for assessment. Please put this form at the top.

STUDENT NAME……...

STUDENT NUMBER……

Please indicate which Unit/s you are submitting

UNIT/S NUMBER SUBMITTED……

RESUB UNIT/S NUMBER SUBMITTED……

PORTFOLIO CHECK LIST

Please ensure that you have included the following paperwork

PERSONAL PROFILE FORM ☐

SUMMARY OF STUDENT'S ACHIEVEMENTS ☐

UNIT VERIFICATION FORM ☐

EVIDENCE INDEX SHEETS ☐

ACTIVITY REPORTS WITH EVIDENCE ☐

WITNESS INFORMATION LIST ☐

A COPY OF YOUR EXPERT WITNESS' CERTIFICATE ☐

MALPRACTICE AND PLAGIARISM DECLARATION ☐

PATIENT CONFIDENTIALITY FACT SHEET ☐

Malpractice and Plagiarism Declaration
NPA NVQ3 (QCF) Diploma in Pharmacy Services Skills

Unit number: _____ Unit title: _____

Candidate declaration

I confirm I have read and understood the NPA Malpractice and Plagiarism Policy. I confirm that the attached portfolio does not breach this policy and that:

- All attached work is a true reflection of the activities undertaken by myself
- All supporting documentation is authentic and relevant to the activities I have undertaken; no supporting documentation has been forged or altered in any way
- All work is my own and has been completed individually
- No aspects of the attached portfolio have been copied from another student or source and no collusion has taken place

Candidate name: _____ NPA student number: _____

Candidate signature: _____ Date: _____

Supervising Pharmacist declaration

I confirm I have read and understood the NPA Malpractice and Plagiarism Policy. I have reviewed my candidate's attached portfolio and can confirm that it does not breach this policy and that:

- I have witnessed the activity reports signed by myself and the accounts are a true reflection of the activity undertaken by my candidate
- I have reviewed the candidate's supporting documentation and can confirm it is authentic and relevant to the activities the candidate has undertaken; no supporting documentation has been forged or altered in any way
- All work is the candidate's own and has been completed individually
- No aspects of the attached portfolio have been copied from another student or source and no collusion has taken place

Supervising Pharmacist name: _____ GPhC number: _____

Supervising Pharmacist signature: _____ Date: _____

Patient Confidentiality

Please read the following information and ensure patient confidentiality.

Once you have read this leaflet please ensure it is signed and dated by both you and your supervising pharmacist.

What is Patient Confidentiality and why is it important?
As a member of the pharmacy team you will come across patient information during your working day. Any information you obtain about the patient **must** be kept confidential. Patients have a right to expect that you will keep all information about them private and may be reluctant to seek advice from you in the future if they have concerns that you will not maintain confidentiality.

As a member of the pharmacy team you have both a legal and ethical obligation to respect patient confidentiality. Even accidental disclosure of patient information constitutes a breach of confidentiality thus it is essential that we maintain confidentiality at all times.

What information must be kept confidential?
Anything you learn about the patient must be kept confidential. This includes all information about the patient's medication, medical history, treatment and care, as well as any other information that is not directly relevant to their medical history. Patient identifiable information includes their name, address, date of birth, NHS number and any other details which would allow identification of the patient either directly or indirectly.

How can I ensure I do not breach patient confidentiality?
All records, registers, prescriptions and any other confidential information must be securely stored and kept out of the sight and reach of members of the public or any other unauthorized person. Disposal of patient confidential information must be conducted in such a way as to ensure it is irretrievable by others; this may involve placing the information in a confidential bin or shredding the data.

How can I ensure my course work does not breach patient confidentiality?
You must ensure that any patient identifiable information is disposed of to prevent it being seen or made available to others. What this means is any patient names, addresses or other patient identifiable information within your course work **must** be removed before sending your work to your marker/assessor. This may involve deleting the information by cutting off the relevant section of the label, prescription, or other document, and disposing of it by shredding or placing in a confidential waste bin.
Alternatively, you can cover the patient identifiable data before photocopying the document; this ensures there is no transfer of patient data onto the photocopy that you submit. Using corrective fluid to cover the patient details is **not** allowed as this can be removed to potentially reveal patient details. When writing about a particular patient does **not** refer to them by name or in any other way in which the person could be identified.

Next Steps:
Discuss patient confidentiality with your supervising pharmacist. Both you and your supervising pharmacist must then sign and date this form.

If you have any queries regarding patient confidentiality please do not hesitate to contact the NPA Members Services team.

Employee signature:

Supervising Pharmacist signature:

Date:

PERSONAL PROFILE FORM

Name of candidate:	**Student no:**
Candidate address:	**Email address:**
Pharmacy address: (including postcode) **Pharmacy telephone number:**	**NPA / account number:**
Summary of qualifications:	
Courses attended (dates):	
Brief employment history:	
Personal Interests:	
Current job description – with key responsibilities and tasks:	

Summary of student achievements

PHARMACY SERVICES LEVEL 3

Student Name:				Student number:			Start date:	
Unit	Title	Date achieved	Candidate signature	Assessor Signature			IV signature	SV signature
				Unit	Obs.	P.D		
1	Ensure your own actions reduce risks to health and safety							
2	Provide an effective and responsive pharmacy service							
3	Process pharmaceutical queries							
4	Reflect on and develop your practice							
5	Receive prescriptions from individuals							
6	Confirm prescription validity							
7	Assemble prescribed items							
8	Issue prescribed items							
9	Prepare extemporaneous medicine for individual use							

Summary of student achievements

PHARMACY SERVICES LEVEL 3

Student Name:				Student number:			Start date:	
Unit	**Title**	**Date achieved**	**Candidate signature**	**Assessor signature**			**IV signature**	**SV signature**
				Unit	**Obs.**	**P.D**		
10	Order pharmaceutical stock							
11	Receive pharmaceutical stock							
12	Maintain pharmaceutical stock							
13	Issue pharmaceutical stock							
14	Undertake an in-process accuracy check of assembled prescribed items prior to final accuracy check							
16	Assist in the sale of medicines and products			Initial to confirm MCA certificate seen:				
18	Provide advice on symptoms and the actions and uses of medicines			Initial to confirm MCA certificate seen:				
25	Process prescriptions for payment							

Evidence ref _____	**Activity Log**	Page ____of_____	Type of evidence ☐ Professional Discussion ☐ Witness Testimony ☐ Exp Witness Observation ☐ Simulation ☐ Oral/Written Questions	Pharmacy stamp

Unit	AC	Description of activity:	Date of activity:
		Supporting documentation attached: e.g. photographs, copies of prescriptions etc:	

I confirm that I witnessed the candidate undertaking the activity described above.
I confirm that the candidate has covered the units and assessment criteria mentioned above.
Additional comments:

Name of candidate: _____

Sign: _____ Date: _____

Name of Witness/
Expert Witness/Assessor: _____

Sign: _____ Date: _____

GPhC/PSNI Reg. No: _____

Activity Log – Continuation Sheet

Unit	AC	

I confirm that I witnessed the candidate undertaking the activity described above.
I confirm that the candidate has covered the units and assessment criteria mentioned above.
Additional comments:

Name of candidate: _____

Sign:_____ Date: _____

Name of Witness/
Expert Witness/Assessor:_____

Sign:_____ Date: _____

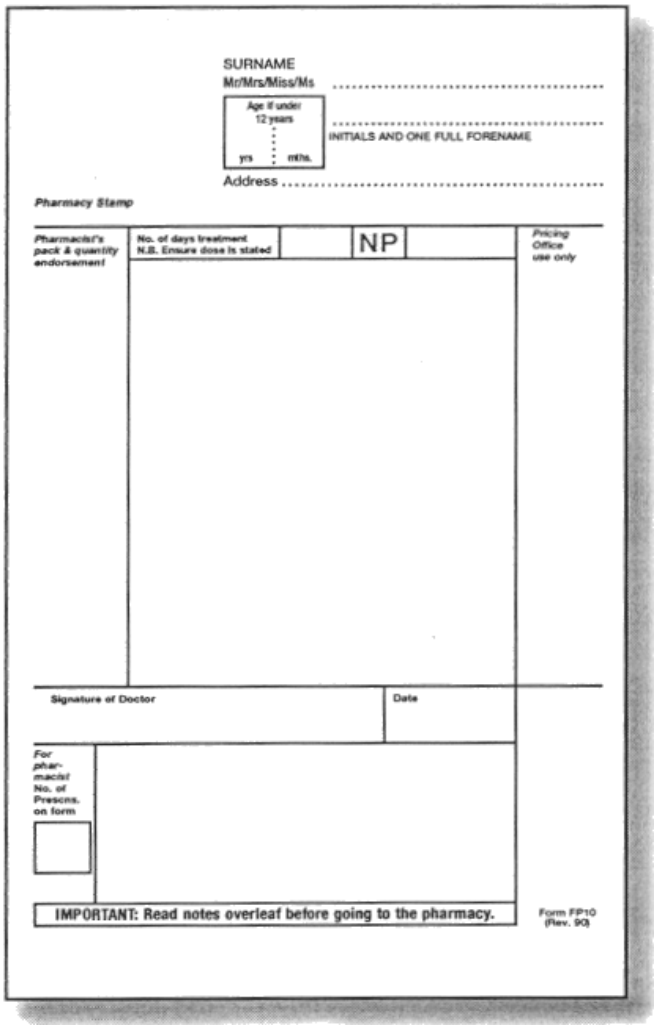
GPhC/PSNI Reg. No: _____

WITNESS INFORMATION LIST

I the undersigned have read the supervisor's guide and understand the process. I have witnessed the candidate in action and have signed the witness testimonies to verify this.

Name & GPhC/PSNI No	Job title and work telephone number	Signature	Involvement with candidate	Expert Witness Y/N

COPY OF PRESCRIPTION



SURNAME
Mr/Mrs/Miss/Ms .....
Age if under 12 years
yrs mths.
INITIALS AND ONE FULL FORENAME
Address .....
Pharmacy Stamp
Pharmacist's pack & quantity endorsement
No. of days treatment N.B. Ensure dose is stated
NP
Pricing Office use only
Signature of Doctor
Date
For pharmacist No. of Prescns. on form
IMPORTANT: Read notes overleaf before going to the pharmacy.
Form FP10 (Rev. 90)

I declare that this is a true copy of the prescription and this prescription has not been used by any other students:

Candidate signature: _____

Pharmacist/Expert Witness name: _____ Date: _____

Pharmacist/Expert Witness signature: _____ Date: _____

GPhC/PSNI No.: _____

Unit 1 Evidence Index: Ensure your own actions reduce risk to health & safety

Evidence ref and description	Evidence type*	Learning outcome 1				Learning outcome 2		Learning outcome 3				
		1.1	1.2	1.3	1.4	2.1	2.2	3.1	3.2	3.3	3.4	3.5
Number of assessment criteria claimed	Your quantity / Minimum no.	2	2	2	1	2	2	2	2	2	1	2

* Evidence Type WT=Witness Testimony O=Observation PD=Professional Discussion Q=Questioning S=Simulation

Candidate signature: _____ Date: _____ Internal Verifier name: _____

Assessor signature: _____ Date: _____ IV signature and date: _____

Unit 2 Evidence Index: Provide an effective and responsive pharmacy service

Evidence ref and description	Evidence type *	Learning outcome 1				Learning outcome 2			Learning outcome 3				Learning outcome 4					Learning outcome 5				Learning outcome 6			
		1.1	1.2	1.3	1.4	2.1	2.2	2.3	3.1	3.2	3.2	3.4	4.1	4.2	4.3	4.4	4.5	5.1	5.2	5.3	5.4	6.1	6.2	6.3	6.4
Number of assessment criteria claimed	Your quantity / Minimum no.	2	2	2	2	2	2	2	2	2	2	2	2	1	1	1	1	1	2	2	2	2	1	1	1

* Evidence Type WT=Witness Testimony O=Observation PD=Professional Discussion Q=Questioning S=Simulation

Candidate signature: _____ Date: _____ Internal Verifier name: _____

Assessor signature: _____ Date: _____ IV signature and date: _____

Unit 3 Evidence Index: Process Pharmaceutical Queries

Evidence ref and description	Evidence type *	Learning outcome 1							Learning outcome 2					Learning outcome 3				Learning outcome 4		Learning outcome 5		
		1.1	1.2	1.3	1.4	1.5	1.6	1.7	2.1	2.2	2.3	2.4	2.5	3.1	3.2	3.3	3.4	4.1	4.2	5.1	5.2	5.3
Number of assessment criteria claimed	Your quantity / Minimum no.	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	1	2	2	1	2

* Evidence Type WT=Witness Testimony O=Observation PD=Professional Discussion Q=Questioning S=Simulation

Candidate signature: _____ Date: _____ Internal Verifier name: _____

Assessor signature: _____ Date: _____ IV signature and date: _____

Unit 4 Evidence Index: Reflect on and develop your practice

Evidence ref and description	Evidence type *	Learning outcome 1		Learning outcome 2			Learning outcome 3				Learning outcome 4				Learning outcome 5		
		1.1	1.2	2.1	2.2	2.3	3.1	3.2	3.3	3.4	4.1	4.2	4.3	4.4	5.1	5.2	5.3
Number of assessment criteria claimed	Your quantity / Minimum no.	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2

* Evidence Type WT=Witness Testimony O=Observation PD=Professional Discussion Q=Questioning S=Simulation

Candidate signature: _____ Date: _____ Internal Verifier name: _____

Assessor signature: _____ Date: _____ IV signature and date: _____

Unit 5 Evidence Index: Receive prescriptions from individuals

Evidence ref and description	Evidence type *	Learning outcome 1								Learning outcome 2		Learning outcome 3					Learning outcome 4			Learning outcome 5	
		1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	2.1	2.2	3.1	3.2	3.3	3.4	3.5	4.1	4.2	4.3	5.1	5.2
Number of assessment criteria claimed	Your quantity / Minimum no.	2	2	2	2	2	1	2	1	1	2	2	2	1	1	2	2	2	1	2	1

* Evidence Type WT=Witness Testimony O=Observation PD=Professional Discussion Q=Questioning S=Simulation

Candidate signature: _____ Date: _____ Internal Verifier name: _____

Assessor signature: _____ Date: _____ IV signature and date: _____

Unit 6 Evidence Index: Confirm prescription validity

Evidence ref and description	Evidence type *	Learning outcome 1					Learning outcome 2					Learning outcome 3			Learning outcome 4					Learning outcome 5		
		1.1	1.2	1.3	1.4	1.5	2.1	2.2	2.3	2.4	2.5	3.1	3.2	3.3	4.1	4.2	4.3	4.4	4.5	5.1	5.2	5.3
Number of assessment criteria claimed	Your quantity / Minimum no.	2	2	2	2	2	2	2	2	2	2	1	2	2	2	2	2	2	2	2	2	2

* Evidence Type WT=Witness Testimony O=Observation PD=Professional Discussion Q=Questioning S=Simulation

Candidate signature: _____ Date: _____ Internal Verifier name: _____

Assessor signature: _____ Date: _____ IV signature and date: _____

Unit 7 Evidence Index: Assemble prescribed items

Evidence ref and description	Evidence type *	Learning outcome 1							Learning outcome 2							Learning outcome 3				Learning outcome 4	
		1.1	1.2	1.3	1.4	1.5	1.6	1.7	2.1	2.2	2.3	2.4	2.5	2.6	2.7	3.1	3.2	3.3	3.4	4.1	4.2
Number of assessment criteria claimed	Your quantity / Minimum no.	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2

* Evidence Type WT=Witness Testimony O=Observation PD=Professional Discussion Q=Questioning S=Simulation

Candidate signature: _____ Date: _____ Internal Verifier name: _____

Assessor signature: _____ Date: _____ IV signature and date: _____

Unit 8 Evidence Index: Issue prescribed items

Evidence ref and description	Evidence type *	Learning outcome 1				Learning outcome 2						Learning outcome 3				Learning outcome 4			
		1.1	1.2	1.3	1.4	2.1	2.2	2.3	2.4	2.5	2.6	3.1	3.2	3.3	3.4	4.1	4.2	4.3	4.4
Number of assessment criteria claimed	Your quantity / Minimum no.	2	2	2	2	2	2	2	2	2	2	2	2	2	2	1	2	2	2

* Evidence Type WT=Witness Testimony O=Observation PD=Professional Discussion Q=Questioning S=Simulation

Candidate signature: _____ Date: _____ Internal Verifier name: _____

Assessor signature: _____ Date: _____ IV signature and date: _____

Unit 9 Evidence Index: Prepare extemporaneous medicines for individual use

Evidence ref and description	Evidence type *	Learning outcome 1			Learning outcome 2				Learning outcome 3					Learning outcome 4			
		1.1	1.2	1.3	2.1	2.2	2.3	2.4	3.1	3.2	3.3	3.4	3.5	4.1	4.2	4.3	4.4
Number of assessment criteria claimed	Your quantity / Minimum no.	2	1	1	1	2	2	2	2	2	2	2	2	2	2	2	1

* Evidence Type WT=Witness Testimony O=Observation PD=Professional Discussion Q=Questioning S=Simulation

Candidate signature: _____ Date: _____ Internal Verifier name: _____

Assessor signature: _____ Date: _____ IV signature and date: _____

Unit 10 Evidence Index: Order pharmaceutical stock

Evidence ref and description	Evidence type *	Learning outcome 1				Learning outcome 2		Learning outcome 3			Learning outcome 4			Learning outcome 5			Learning outcome 6	
		1.1	1.2	1.3	1.4	2.1	2.2	3.1	3.2	3.3	4.1	4.2	4.3	5.1	5.2	5.3	6.1	6.2
Number of assessment criteria claimed	Your quantity / Minimum no.	2	2	2	1	1	1	1	2	1	2	2	2	2	1	2	1	2

* Evidence Type WT=Witness Testimony O=Observation PD=Professional Discussion Q=Questioning S=Simulation

Candidate signature: _____ Date: _____ Internal Verifier name: _____

Assessor signature: _____ Date: _____ IV signature and date: _____

Unit 11 Evidence Index: Receive pharmaceutical stock

Evidence ref and description	Evidence type *	Learning outcome 1					Learning outcome 2				Learning outcome 3			Learning outcome 4						Learning outcome 5				Learning outcome 6	
		1.1	1.2	1.3	1.4	1.5	2.1	2.2	2.3	2.4	3.1	3.2	3.3	4.1	4.2	4.3	4.4	4.5	4.6	5.1	5.2	5.3	5.4	6.1	6.2
Number of assessment criteria claimed	Your quantity / Minimum no.	2	1	2	2	2	2	2	2	1	1	2	2	1	1	1	1	2	1	1	1	2	2	2	2

* Evidence Type WT=Witness Testimony O=Observation PD=Professional Discussion Q=Questioning S=Simulation

Candidate signature: _____ Date: _____ Internal Verifier name: _____

Assessor signature: _____ Date: _____ IV signature and date: _____

Unit 12 Evidence Index: Maintain pharmaceutical stock

Evidence ref and description	Evidence tType *	Learning outcome 1		Learning outcome 2					Learning outcome 3					Learning outcome 4			Learning outcome 5		
		1.1	1.2	2.1	2.2	2.3	2.4	2.5	3.1	3.2	3.3	3.4	3.5	4.1	4.2	4.3	5.1	5.2	5.3
Number of assessment criteria claimed	Your quantity / Minimum no.	2	1	2	2	2	2	1	2	1	1	1	1	1	2	1	2	2	1

* Evidence Type WT=Witness Testimony O=Observation PD=Professional Discussion Q=Questioning S=Simulation

Candidate signature: _____ Date: _____ Internal Verifier name: _____

Assessor signature: _____ Date: _____ IV signature and date: _____

Unit 13 Evidence Index: Issue pharmaceutical stock

Evidence Ref & Description	Evidence type *	Learning outcome 1									Learning outcome 2			Learning outcome 3					Learning outcome 4						Learning outcome 5	
		1.1	1.2	1.3					1.4	1.5	2.1	2.2	2.3	3.1	3.2	3.3	3.4	3.5	4.1	4.2	4.3	4.4	4.5	4.6	5.1	5.2
				a	b	c	d	e																		
Number of assessment criteria claimed	Your quantity / Minimum no.	1	2	2	2	2	2	2	1	1	2	2	2	2	2	2	2	1	2	1	1	1	1	1	2	2

* Evidence Type WT=Witness Testimony O=Observation PD=Professional Discussion Q=Questioning S=Simulation

Candidate signature: _____ Date: _____ Internal Verifier name: _____

Assessor signature: _____ Date: _____ IV signature and date: _____

Unit 14 Evidence Index: Undertake an in-process accuracy check of assembled prescribed items prior to the final accuracy check

Evidence ref and description	Evidence type *	Learning outcome 1		Learning outcome 2							Learning outcome 3				L.O 4	Learning outcome 5							Learning outcome 6	
		1.1	1.2	2.1	2.2	2.3	2.4	2.5	2.6	2.7	3.1	3.2	3.3	3.4	4.1	5.1	5.2	5.3	5.4	5.5	5.6	5.7	6.1	6.2
Number of assessment criteria claimed	Your quantity / minimum no.	1	1	2	2	2	2	2	2	2	2	2	2	1	2	2	2	2	2	2	1	1	2	2

* Evidence Type WT=Witness Testimony O=Observation PD=Professional Discussion Q=Questioning S=Simulation

Candidate signature: _____ Date: _____ Internal Verifier name: _____

Assessor signature: _____ Date: _____ IV signature and date: _____

Unit 16 Evidence Index: Assist in the sale of medicines and products

Evidence ref and description	Evidence type *	Learning outcome 1		Learning outcome 2				Learning outcome 3		Learning outcome 4				Learning outcome 5		
		1.1	1.2	2.1	2.2	2.3	2.4	3.1	3.2	4.1	4.2	4.3	4.4	5.1	5.2	5.3
Number of assessment criteria claimed	Your quantity / Minimum no.	2	2	2	2	2	2	2	2	2	2	2	2	1	1	1

* Evidence Type WT=Witness Testimony O=Observation PD=Professional Discussion Q=Questioning S=Simulation

Candidate signature: _____ Date: _____ Internal Verifier name: _____

Assessor signature: _____ Date: _____ IV signature and date: _____

Unit 18 Evidence Index: Provide advice on symptoms and the actions and uses of medicines

Evidence ref and description	Evidence type *	Learning outcome 1						Learning outcome 2					Learning outcome 3					Learning outcome 4	
		1.1	1.2	1.3	1.4	1.5	1.6	2.1	2.2	2.3	2.4	2.5	3.1	3.2	3.3	3.4	3.5	4.1	4.2
Number of assessment criteria claimed	Your quantity / Minimum no.	2	2	2	2	2	2	2	2	2	2	2	1	2	2	2	2	2	2

* Evidence Type WT=Witness Testimony O=Observation PD=Professional Discussion Q=Questioning S=Simulation

Candidate signature: _____ Date: _____ Internal Verifier name: _____

Assessor signature: _____ Date: _____ IV signature and date: _____

Unit 25 Evidence Index: Process prescriptions for payment

Evidence ref and description	Evidence type *	Learning outcome 1						Learning outcome 2			Learning outcome 3	
		1.1	1.2	1.3	1.4	1.5	1.6	2.1	2.2	2.3	3.1	3.2
Number of assessment criteria claimed	Your quantity / Minimum no.	2	2	2	2	2	2	2	2	2	1	1

* Evidence Type WT=Witness Testimony O=Observation PD=Professional Discussion Q=Questioning S=Simulation

Candidate signature: _____ Date: _____ Internal Verifier name: _____

Assessor signature: _____ Date: _____ IV signature and date: _____

UNIT ASSESSMENT AND VERIFICATION DECLARATION

N/SVQ Title: NPA NVQ3 (QCF) Diploma in Pharmacy Services Skills

Unit No: _____ **Unit Title:** _____

Candidate Declaration:

I confirm that the evidence listed for this unit is authentic and a true representation of my own work.

Candidate Name:

Candidate Enrolment number:

Candidate signature: _____ Date: _____

Assessor declaration:

I confirm that this candidate has achieved all the requirements of this unit with the evidence listed. (Where there is more than one assessor, the co-ordinating assessor for the unit should sign this declaration.)

Assessment was conducted under the specified conditions and context, and is valid, authentic, reliable, current and sufficient.

Competence has been demonstrated in all the elements of this unit through agreed assessment procedures.

Assessor name: _____

Assessor signature: _____ Date: _____

Internal Verifier declaration:
This section to be left blank if sampling of this unit did not take place.

I have internally verified the assessment work on this unit in the following ways (please tick):

- ❑ Sampling candidate and assessment evidence
- ❑ Observation of assessment practice
- ❑ Discussion with candidate
- ❑ Other – please state:

I confirm that the candidate's sampled work meets the standards specified for this unit and may be presented for external verification and/or certification.

- ❑ Not sampled

Internal Verifier name: _____

Internal Verifier signature: _____ Date: _____

Expert Witness Observation Planning Record

Student name: _____ **Student number:** _____

Expert Witness name: _____

Planned date for observation: _____

Planned activity for observation and preparation required:

Units and Learning Outcomes/Assessment Criteria identified to cover during activity:

Professional Development Department
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