# Appendix 1: Option 1 – Community Pharmacy Single Sector Application Template

|  |  |
| --- | --- |
| **EoI Question** | **Response** |
| What type of bid are you submitting? | ~~Cross sector /~~ Community pharmacy |
| Number of trainees |  |
| Would you accept funding contributions for less trainees? | Yes / No |
| Employing organisation |  |
| Name of employing organisation |  |
| Address |  |
| Contact’s forename |  |
| Contact’s surname |  |
| Contact’s email |  |
| Contact’s telephone |  |
| Is your organisation on Oriel? | Yes / No |
| Demonstration of minimum criteria |  |
| Do you agree to pay the trainee at a minimum of AfC Annex 21 Band 4 pay or minimum wage/living wage as appropriate for age, whichever is greater? | Yes / No |
| Can you support payment of additional costs not covered by the training contribution (e.g. on costs, including pension, salary etc)? | Yes / No |
| How much time will the trainee be given out to attend college/complete distance learning **and** undertake assignments? | 1 day per week  1 day per week, plus 1 hour  1 day per week, plus 2 hours  1 day per week, plus 3 hours  1 day per week, plus 4 hours  1 day per week, plus more than 4 hours |
| Will the trainee have access to adequate IT and protected space to complete knowledge learning/assessments in all placements - to complete the training requirements throughout the 24-month training programme? | Yes / No  Provide details |
| Has an educational supervisor been identified, who is a registered pharmacist or pharmacy technician with a minimum of 24 months post qualification experience and capacity to support the trainee for duration of programme.  (The name of this individual must be provided before the trainee starts via a data collection form) | Yes / No |
| Can you confirm you have practice supervision capacity identified for the full 24-month period? | Yes / No |
| Supporting Information |  |
| Give an overview of how the work-based training delivered by you, the employer will meet the requirements of the GPhC IET standards for pharmacy technicians including final accuracy checking of items dispensed by others, person centred medicines optimisation, professionalism and leadership | **Please bullet point**  (Maximum of 1500 characters) |
| Provide a brief overview of the planned educational infrastructure within your organisation including details of relevant education and training experience of your staff and additional information that may support the learning experiences of your trainee/s. | (Maximum of 3000 characters) |

# Appendix 2: Option 2 – Cross-sector Partnerships Application Template

|  |  |
| --- | --- |
| **EoI Question** | **Response** |
| What type of bid are you submitting? | Cross sector / ~~Community pharmacy~~ |
| Number of trainees |  |
| Would you accept funding contributions for less trainees? | Yes / No |
| Employing organisation / System lead  If completing this form as part of a system-wide bid please provide the systems lead's details here (name, organisation, email address etc.) and include the employer details in the partnership section below. |  |
| Name of employing/system lead’s organisation |  |
| Address |  |
| Contact’s forename |  |
| Contact’s surname |  |
| Contact’s email |  |
| Contact’s telephone |  |
| Partnership organisation’s  For system-wide bids, please clearly identify the employer and their associated partners for each separate partnership below |  |
| Partner organisations - please list each of your partner organisations where the PTPT will spend a minimum of 12 weeks per year on a training placement |  |
| Demonstration of minimum criteria |  |
| Does your/each partnership include a community and/or hospital pharmacy? | Yes / No |
| Do you agree to pay the trainee at a minimum of AfC Annex 21 Band 4 pay or minimum wage/living wage as appropriate for age, whichever is greater? | Yes / No |
| Can you support payment of additional costs not covered by the training contribution (e.g. on costs, including pension, salary, etc)? | Yes / No |
| Who will pay the additional costs not covered by the training contribution? | Employer / Partner organisation / If Other, please specify |
| How much time will the trainee be given to attend college/complete distance learning **and** undertake assignments? | 1 day per week  1 day per week plus 1 hour  1 day per week plus 2 hours  1 day per week plus 3 hours  1 day per week plus 4 hours  1 day per week plus more than 4 hours |
| Will the trainee have access to adequate IT and protected space to complete knowledge learning/assessments in all placements – to complete the training requirements throughout the 24-month training programme? | Yes / No  Provide details |
| Has an educational supervisor been identified, who is a registered pharmacist or pharmacy technician with a minimum of 24 months’ post-qualification experience and capacity to support the trainee for duration of the programme?  (The name of this individual must be provided before the trainee starts, via a data collection form) | Yes / No |
| Can you confirm you have practice supervision capacity identified for the full 24-month period for **each placement**? | Yes / No |
| Does each placement have a registered pharmacy professional within their organisation? | Yes / No |
| What is your proposed placement model? | Split week  Rotation blocks  Other |
| Please provide brief details of the proposed placement model | (Maximum of 500 characters) |
| Select the different sectors in which the trainee will be placed | Ambulance service  Care homes  Community pharmacy  General Practice  Health and justice  Integrated care system  Mental health  Primary care networks  Secondary care  Other |
| Supporting Information |  |
| Give an overview of how the work-based training delivered by the employer and partnership sites will meet the requirements of the GPhC IET standards for pharmacy technicians, including final accuracy checking of items dispensed by others, person-centred medicines optimisation, professionalism and leadership | (Maximum of 2000 characters) |
| Provide a brief overview of the planned educational infrastructure within your partnership, including details of relevant education and training experience of your staff, and additional information that may support the learning experiences of your trainee/s. | (Maximum of 3000 characters) |

# Appendix 3 – Evaluation Criteria

## Evaluation criteria for community pharmacy single-sector bids

Criteria with a Pass/Fail weighting must achieve a pass to be considered. Any criteria receiving a No response is a Fail which will result in that application being rejected.

There are four criteria that will be used to identify the strength of the applications to provide a comparative score. See table below for weighting for these questions.

|  |  |
| --- | --- |
| Evaluation Criteria | Weighting |
|  | Pass / Fail |
| Trainee will be paid a minimum of national wage/living wage or equivalent of NHS agenda for change annex 21, Band 4, whichever is greater | 10% |
| Employer able to pay additional costs not covered by the training contribution (e.g. on costs, including pension, salary etc) | Pass / Fail |
| Trainee will be released for 1 day a week (min 7 ½ hours) to attend college/complete knowledge learning | Pass / Fail |
| Trainee will be given dedicated time to complete assessments in addition to 1 day per week to attend college/complete lessons | 10% |
| Trainee will have access to adequate IT and protected space to complete knowledge learning/assessments in all placements - to complete the training requirements throughout the 24-month training programme | Pass / Fail |
| Educational supervisor identified, who is a registered pharmacist or pharmacy technician with a minimum of 24 months post qualification experience and capacity to support the trainee for duration of programme. | Pass / Fail |
| Practice supervision capacity identified for 24-month period | Pass / Fail |
| Evidence of how the work-based training delivered by the employer will met the requirements of the GPhC IET standards for pharmacy technicians including final accuracy checking of items dispensed by others, person centred medicines optimisation, professionalism and leadership | 40% |
| Provide a brief overview of the planned educational infrastructure including details of relevant education and training experience and additional information that may support learning experiences for the trainee/s. | 40% |

Yes = Pass / No = Fail

## Evaluation criteria for cross-sector partnerships

Criteria with a Pass/Fail weighting must achieve a pass to be considered. Any criteria receiving a No response is a Fail, which will result in that application being rejected.

There are four criteria that will be used to identify the strength of the applications to provide a comparative score. See the table below for weighting for these questions.

|  |  |
| --- | --- |
| Evaluation Criteria | Weighting |
| Does your partnership include a community and/or hospital pharmacy partnership? | Pass / Fail |
| Trainee will be paid a minimum of national wage/living wage or equivalent of NHS agenda for change annex 21, Band 4, whichever is greater | 5% |
| Employer able to pay additional costs not covered by the training contribution (e.g. on costs, including pension, salary etc) | Pass / Fail |
| Will the trainee be released for 1 day a week to attend college/complete knowledge learning? | Pass / Fail |
| Trainee will be given dedicated time to complete assessments in addition to 1 day per week to attend college/complete lessons | 5% |
| Trainee will have access to adequate IT and protected space to complete knowledge learning/assessments in all placements - to complete the training requirements throughout the 24-month training programme | Pass / Fail |
| Educational supervisor identified, who is a registered pharmacist or pharmacy technician with a minimum of 24 months post qualification experience and capacity to support the trainee for duration of programme. | Pass / Fail |
| Practice supervision capacity identified for 24-month period for **each placement**? (The lead contact details must be provided when the trainee starts). | Pass / Fail |
| Does each placement have a registered pharmacy professional within their organisation? | 10% |
| Proposed placement model and brief | 20% |
| Evidence of how the work-based training delivered by the employer and partnership sites will meet the requirements of GPhC IET standards for pharmacy technicians including final accuracy checking of items dispensed by others, person centred medicines optimisation, professionalism and leadership | 30% |
| Provide a brief overview of the planned educational infrastructure including details of relevant education and training experience across the partnership and additional information that may support learning experiences for the trainee/s. | 30% |

Yes = Pass / No = Fail