

# Introduction to Revalidation – non-GPhC accredited

Your Accuracy Checking Dispensing Assistant's certificate from Buttercups will be valid for two years. At the end of that period you should have your qualification revalidated to demonstrate your continued competence.

To revalidate with Buttercups Training you must keep an on-going log of any final accuracy checking errors you make during this period. Any error that is made must then be reflected upon and recorded using the CPD cycle. You must also ensure that you are maintaining your competence by checking for a minimum of 8 hours per month.

In order to help you revalidate we have devised the following workbook for you to record all your evidence over this two year period. The relevant pages can then be submitted to Buttercups as you approach the expiry of your current certificate.

The revalidation paperwork must be signed by your **Practice Supervisor** who may be a GP, pharmacist or an Accuracy Checking Pharmacy Technician (ACPT), who works alongside you in your checking role and are qualified to complete final accuracy checks in the same area. The Practice Supervisor must record their GMC/GPhC registration number on the paperwork.

This workbook is used to revalidate dispensing assistants to carry out the final accuracy check of dispensed items that have been clinically approved prior to the dispensing process. It does not encompass aseptic dispensing, self-checking of own dispensing or pre-packing. The process is also dependent upon standard operating procedures being in place.

We are also able to revalidate if you have had a break in your checking for any reason or if you have changed your workplace. In each of these circumstances there is a protocol to follow to ensure continued competence at completing the accuracy check. More information on this is given in the Frequently Asked Questions in the next section.



# Checking Logs

If you have not checked for a minimum of 8 hours per month due to your circumstances such as sickness, maternity or a different job role, then you will need to complete a checking log to cover the months in your revalidation workbook when you have recorded less than 8 hours checking. Please note that if you fall below the 8 hours per month on another occasion, then an additional checking log will also need to be provided for this other occasion.

The checking log should consist of a number of items, each checked item must be double checked by a GP, pharmacist or qualified accuracy checker and must be recorded in the log.

The checking log should demonstrate your continued competency in checking so it must be completed without any serious errors or less serious errors as per guidance on page 3. If an error occurs during the log, then the items must be restarted and all logs (including both successful and unsuccessful attempts) should be submitted at the point of revalidation.

The number of items in the log will depend on the period of time that has elapsed since you last checked over 8 hours per month, see table 1 below.

| Period of time that has elapsed since you last checked | Number of items to record in checking log |
|--|---|
| Up to 6 months   | 100 items                                 |
| 6-12 months  | 200 items                                 |
| 13-24 months   | 500 items                                 |

Table 1

Use the form available in appendix RA1 at the back of this pack if you need to complete a checking log. Please photocopy the page as many times as required before using it. The pages should then be fastened together to make a portfolio which will need to be submitted to Buttercups Training as part of the revalidation process.

## Frequently Asked Questions

### What if I have changed working environment during my 2 years?

If you change jobs or you are moved to a different location within the same company it is possible that the checking SOP will have changed. It is also possible that the type of prescriptions or the drugs you are checking will be different.

If the SOP or checking environment has changed then you will need to familiarise yourself with the new procedures and location. To do this we will ask for a 200 item checking log to demonstrate when you have had your work double checked by another qualified accuracy checker, GP or pharmacist

Again, use the form in Appendix RA1 at the back of this pack to record the items that have been double checked. Please photocopy the page as many times as required before using it. The pages should then be fastened together to make a portfolio which will need to be submitted to Buttercups as part of the revalidation process.

### What if your certificate has already expired?

If your certificate has already expired then you will need to complete a checking log in addition to the normal revalidation process. You will also need to complete a second application form to cover the additional months from the time your certificate expired to the present.

Again, use the form in Appendix RA1 at the back of this pack to record the items that have been double checked. Please photocopy the page as many times as required before using it. The pages should then be fastened together to make a portfolio which will need to be submitted to Buttercups as part of the revalidation process.

The time elapsed since your certificate expired will determine the amount of items required in your checking log. If it is within 2 years of the expiry date stated on your certificate then consult the table 2 below to see how many items you will need to record in your checking log to be able to revalidate.

Once a period of greater than 2 years from the expiry date on your certificate has elapsed you will need to complete the qualification from the beginning, the framework no longer allows you to be revalidated.

| Time since certificate expired | Number of items in checking log |
|--------------------------------|---------------------------------|
| Up to 6 months                 | 100 items                       |
| 6-12 months                    | 200 items                       |
| 13-24 months                   | 500 items                       |
| Over 24 months                 | N/A                             |

Table 2

### What if I make an error when completing an additional checking log?

No serious or less serious errors are permitted on the log of items. If an error occurs, then you must reflect on this error on appendix RA2.

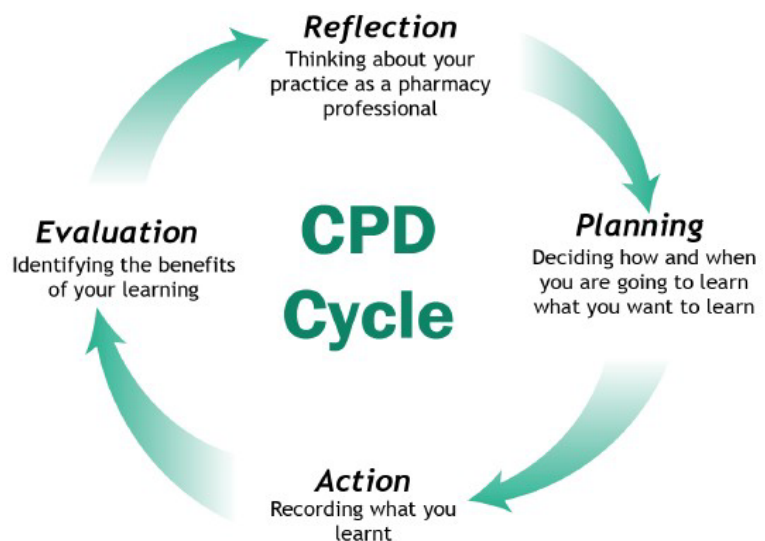
After this period of reflection restart the checking log from the beginning and submit both logs for revalidation. If you subsequently make a second serious error, then please contact Buttercups Training for further advice.

# Continued Professional Development

## What is continuing Professional Development (CPD)?

Continuing Professional Development is defined as everything that you learn which makes you better at doing your job. It is seen as a four stage process involving reflection on practice, planning, action and evaluation.

Some CPD will start at the reflection stage when you will have decided you have a learning need, these would be considered "Planned CPD". Other CPD may be as a result of something that just occurred but you learnt from it, called "Unplanned CPD".



We have provided space in the workbook each month to record the CPD topics that you have completed. Note there is no need to write your full CPD entry in the workbook, you can use your company CPD forms or the Buttercups forms in Appendix RA4 for Unplanned CPD and Appendix RA5 for Planned CPD. Just remember to photocopy the template before you use it!

Within your CPD, we will expect to see that the entries are related to your pharmacy practice. Therefore, now that you are accuracy checking you will need to make entries that reflect this responsibility. One of the best ways to do this is to create a CPD entry when you have made an error...nothing could be more relevant to your learning or your practice!

## Do I need to submit Continuing Professional Development (CPD) Records?

It is required to keep 4 CPD records per year for your role to show you are keeping up to date. Two of these should be planned learning and two should be unplanned learning. Any CPD records which reflect on a checking error will need to be submitted to Buttercups Training as part of the revalidation process.

You must be able to provide evidence of CPD on request, otherwise your application for revalidation will be referred.

# Peer Discussion

## What is a Peer Discussion?

A peer discussion is a great way to discuss your practice and help you to gain insight which may lead to changes or improvements. The peer discussion should be with someone who understands your role and they can be face to face or over the phone. You may also take part in a group peer discussion.

They should not be seen as feedback, rather a means to explore what we do and why we do it. Is there a better way to deal with a task or situation, do others perceive us in a different way, can we learn from our peer(s) or can they learn from us.

To provide evidence for your portfolio we would ask that you participate in a **peer discussion which is based on a topic related to accuracy checking**. For example you could discuss with a colleague or your dispensary team the near miss log, or you may wish to discuss what happened if you have made a dispensing error.

Your discussion should then be written up using the template form in Appendix RA6, which is based on the GPhC requirements for peer discussion.

**Should you need any further advice on any revalidation issues then please contact us here at Buttercups on 0115 937 4936 or email [checkingqueries@buttercups.co.uk](mailto:checkingqueries@buttercups.co.uk)**

# Revalidation Log

for Accuracy Checking Dispensing Assistants

|   |        |       |
|---|--------|-------|
| <b>Month 1</b>  | Month: | year: |
| Number of hours checking completed this month:  |        |       |
| Number of checking errors that you have made this month:  |        |       |
| <i>Please record any errors on the log in appendix RA2 and write an unplanned CPD entry based on your Learning. This CPD entry will need to be printed off and returned to Buttercups when you submit your revalidation application</i> |        |       |
| Please write here the name(s) of any CPD entries you have made this month   |        |       |

|  |          |
|--|----------|
| Have you changed your work environment this month?   | Yes / No |
| Does your new work environment have a different SOP or different speciality?   | Yes / No |
| <p><b>If you answered yes to BOTH of these questions:</b></p> <ul style="list-style-type: none"> <li>You will need to complete a 200 item checking log detailing the items which have been second checked. Please record this using the form provided in appendix RA1. (See FAQ section at the start of booklet for more details)</li> <li>Please sign here to indicate you have read the new SOP .....</li> </ul> |          |

|  |  |
|--|--|
| Accuracy Checking Assistant's Name:                        |  |
| Signature<br><i>I confirm this information is accurate</i> |  |
| Date:  |  |

|  |  |
|--|--|
| Your Practice Supervisor's name:   |  |
| Practice Supervisor's Signature<br><i>I confirm this information is accurate</i> |  |
| Date:  |  |
| GMC/GPhC Registration Number:  |  |

# Revalidation Log

## for Accuracy Checking Dispensing Assistants

|   |        |       |
|---|--------|-------|
| <b>Month 2</b>  | Month: | year: |
| Number of hours checking completed this month:  |        |       |
| Number of checking errors that you have made this month:  |        |       |
| <i>Please record any errors on the log in appendix RA2 and write an unplanned CPD entry based on your Learning. This CPD entry will need to be printed off and returned to Buttercups when you submit your revalidation application</i> |        |       |
| Please write here the name(s) of any CPD entries you have made this month   |        |       |

|   |          |
|---|----------|
| Have you changed your work environment this month?  | Yes / No |
| Does your new work environment have a different SOP or different speciality?  | Yes / No |
| <b>If you answered yes to BOTH of these questions:</b> <ul style="list-style-type: none"> <li>You will need to complete a 200 item checking log detailing the items which have been second checked. Please record this using the form provided in appendix RA1. (See FAQ section at the start of booklet for more details)</li> <li>Please sign here to indicate you have read the new SOP .....</li> </ul> |          |

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| Accuracy Checking Assistant's Name:                        |  |
| Signature<br><i>I confirm this information is accurate</i> |  |
| Date:  |  |

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| Your Practice Supervisor's name:   |  |
| Practice Supervisor's Signature<br><i>I confirm this information is accurate</i> |  |
| Date:  |  |
| GMC/GPhC Registration Number:  |  |

# Revalidation Log

## for Accuracy Checking Dispensing Assistants

|   |        |       |
|---|--------|-------|
| <b>Month 3</b>  | Month: | year: |
| Number of hours checking completed this month:  |        |       |
| Number of checking errors that you have made this month:  |        |       |
| <i>Please record any errors on the log in appendix RA2 and write an unplanned CPD entry based on your Learning. This CPD entry will need to be printed off and returned to Buttercups when you submit your revalidation application</i> |        |       |
| Please write here the name(s) of any CPD entries you have made this month   |        |       |

|   |          |
|---|----------|
| Have you changed your work environment this month?  | Yes / No |
| Does your new work environment have a different SOP or different speciality?  | Yes / No |
| <b>If you answered yes to BOTH of these questions:</b> <ul style="list-style-type: none"> <li>You will need to complete a 200 item checking log detailing the items which have been second checked. Please record this using the form provided in appendix RA1. (See FAQ section at the start of booklet for more details)</li> <li>Please sign here to indicate you have read the new SOP .....</li> </ul> |          |

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| Accuracy Checking Assistant's Name:                        |  |
| Signature<br><i>I confirm this information is accurate</i> |  |
| Date:  |  |

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| Your Practice Supervisor's name:   |  |
| Practice Supervisor's Signature<br><i>I confirm this information is accurate</i> |  |
| Date:  |  |
| GMC/GPhC Registration Number:  |  |



# Revalidation Log

## for Accuracy Checking Dispensing Assistants

|   |        |       |
|---|--------|-------|
| <b>Month 4</b>  | Month: | year: |
| Number of hours checking completed this month:  |        |       |
| Number of checking errors that you have made this month:  |        |       |
| <i>Please record any errors on the log in appendix RA2 and write an unplanned CPD entry based on your Learning. This CPD entry will need to be printed off and returned to Buttercups when you submit your revalidation application</i> |        |       |
| Please write here the name(s) of any CPD entries you have made this month   |        |       |

|   |          |
|---|----------|
| Have you changed your work environment this month?  | Yes / No |
| Does your new work environment have a different SOP or different speciality?  | Yes / No |
| <b>If you answered yes to BOTH of these questions:</b> <ul style="list-style-type: none"> <li>You will need to complete a 200 item checking log detailing the items which have been second checked. Please record this using the form provided in appendix RA1. (See FAQ section at the start of booklet for more details)</li> <li>Please sign here to indicate you have read the new SOP .....</li> </ul> |          |

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| Accuracy Checking Assistant's Name:                        |  |
| Signature<br><i>I confirm this information is accurate</i> |  |
| Date:  |  |

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| Your Practice Supervisor's name:   |  |
| Practice Supervisor's Signature<br><i>I confirm this information is accurate</i> |  |
| Date:  |  |
| GMC/GPhC Registration Number:  |  |

# Revalidation Log

## for Accuracy Checking Dispensing Assistants

|   |        |       |
|---|--------|-------|
| <b>Month 5</b>  | Month: | year: |
| Number of hours checking completed this month:  |        |       |
| Number of checking errors that you have made this month:  |        |       |
| <i>Please record any errors on the log in appendix RA2 and write an unplanned CPD entry based on your Learning. This CPD entry will need to be printed off and returned to Buttercups when you submit your revalidation application</i> |        |       |
| Please write here the name(s) of any CPD entries you have made this month   |        |       |

|   |          |
|---|----------|
| Have you changed your work environment this month?  | Yes / No |
| Does your new work environment have a different SOP or different speciality?  | Yes / No |
| <b>If you answered yes to BOTH of these questions:</b> <ul style="list-style-type: none"> <li>You will need to complete a 200 item checking log detailing the items which have been second checked. Please record this using the form provided in appendix RA1. (See FAQ section at the start of booklet for more details)</li> <li>Please sign here to indicate you have read the new SOP .....</li> </ul> |          |

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| Accuracy Checking Assistant's Name:                        |  |
| Signature<br><i>I confirm this information is accurate</i> |  |
| Date:  |  |

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|--|--|
| Your Practice Supervisor's name:   |  |
| Practice Supervisor's Signature<br><i>I confirm this information is accurate</i> |  |
| Date:  |  |
| GMC/GPhC Registration Number:  |  |

# Revalidation Log

## for Accuracy Checking Dispensing Assistants

|   |        |       |
|---|--------|-------|
| <b>Month 6</b>  | Month: | year: |
| Number of hours checking completed this month:  |        |       |
| Number of checking errors that you have made this month:  |        |       |
| <i>Please record any errors on the log in appendix RA2 and write an unplanned CPD entry based on your Learning. This CPD entry will need to be printed off and returned to Buttercups when you submit your revalidation application</i> |        |       |
| Please write here the name(s) of any CPD entries you have made this month   |        |       |

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|---|----------|
| Have you changed your work environment this month?  | Yes / No |
| Does your new work environment have a different SOP or different speciality?  | Yes / No |
| <b>If you answered yes to BOTH of these questions:</b> <ul style="list-style-type: none"> <li>You will need to complete a 200 item checking log detailing the items which have been second checked. Please record this using the form provided in appendix RA1. (See FAQ section at the start of booklet for more details)</li> <li>Please sign here to indicate you have read the new SOP .....</li> </ul> |          |

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| Accuracy Checking Assistant's Name:                        |  |
| Signature<br><i>I confirm this information is accurate</i> |  |
| Date:  |  |

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| Your Practice Supervisor's name:   |  |
| Practice Supervisor's Signature<br><i>I confirm this information is accurate</i> |  |
| Date:  |  |
| GMC/GPhC Registration Number:  |  |

# Revalidation Log

## for Accuracy Checking Dispensing Assistants

|   |        |       |
|---|--------|-------|
| <b>Month 7</b>  | Month: | year: |
| Number of hours checking completed this month:  |        |       |
| Number of checking errors that you have made this month:  |        |       |
| <i>Please record any errors on the log in appendix RA2 and write an unplanned CPD entry based on your Learning. This CPD entry will need to be printed off and returned to Buttercups when you submit your revalidation application</i> |        |       |
| Please write here the name(s) of any CPD entries you have made this month   |        |       |

|   |          |
|---|----------|
| Have you changed your work environment this month?  | Yes / No |
| Does your new work environment have a different SOP or different speciality?  | Yes / No |
| <b>If you answered yes to BOTH of these questions:</b> <ul style="list-style-type: none"> <li>You will need to complete a 200 item checking log detailing the items which have been second checked. Please record this using the form provided in appendix RA1. (See FAQ section at the start of booklet for more details)</li> <li>Please sign here to indicate you have read the new SOP .....</li> </ul> |          |

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| Accuracy Checking Assistant's Name:                        |  |
| Signature<br><i>I confirm this information is accurate</i> |  |
| Date:  |  |

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| Your Practice Supervisor's name:   |  |
| Practice Supervisor's Signature<br><i>I confirm this information is accurate</i> |  |
| Date:  |  |
| GMC/GPhC Registration Number:  |  |

# Revalidation Log

for Accuracy Checking Dispensing Assistants

|   |        |       |
|---|--------|-------|
| <b>Month 8</b>  | Month: | year: |
| Number of hours checking completed this month:  |        |       |
| Number of checking errors that you have made this month:  |        |       |
| <i>Please record any errors on the log in appendix RA2 and write an unplanned CPD entry based on your Learning. This CPD entry will need to be printed off and returned to Buttercups when you submit your revalidation application</i> |        |       |
| Please write here the name(s) of any CPD entries you have made this month   |        |       |

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|--|----------|
| Have you changed your work environment this month?   | Yes / No |
| Does your new work environment have a different SOP or different speciality?   | Yes / No |
| <p><b>If you answered yes to BOTH of these questions:</b></p> <ul style="list-style-type: none"> <li>You will need to complete a 200 item checking log detailing the items which have been second checked. Please record this using the form provided in appendix RA1. (See FAQ section at the start of booklet for more details)</li> <li>Please sign here to indicate you have read the new SOP .....</li> </ul> |          |

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| Accuracy Checking Assistant's Name:                        |  |
| Signature<br><i>I confirm this information is accurate</i> |  |
| Date:  |  |

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| Your Practice Supervisor's name:   |  |
| Practice Supervisor's Signature<br><i>I confirm this information is accurate</i> |  |
| Date:  |  |
| GMC/GPhC Registration Number:  |  |

# Revalidation Log

## for Accuracy Checking Dispensing Assistants

|   |        |       |
|---|--------|-------|
| <b>Month 9</b>  | Month: | year: |
| Number of hours checking completed this month:  |        |       |
| Number of checking errors that you have made this month:  |        |       |
| <i>Please record any errors on the log in appendix RA2 and write an unplanned CPD entry based on your Learning. This CPD entry will need to be printed off and returned to Buttercups when you submit your revalidation application</i> |        |       |
| Please write here the name(s) of any CPD entries you have made this month   |        |       |

|   |          |
|---|----------|
| Have you changed your work environment this month?  | Yes / No |
| Does your new work environment have a different SOP or different speciality?  | Yes / No |
| <b>If you answered yes to BOTH of these questions:</b> <ul style="list-style-type: none"> <li>You will need to complete a 200 item checking log detailing the items which have been second checked. Please record this using the form provided in appendix RA1. (See FAQ section at the start of booklet for more details)</li> <li>Please sign here to indicate you have read the new SOP .....</li> </ul> |          |

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| Accuracy Checking Assistant's Name:                        |  |
| Signature<br><i>I confirm this information is accurate</i> |  |
| Date:  |  |

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|--|--|
| Your Practice Supervisor's name:   |  |
| Practice Supervisor's Signature<br><i>I confirm this information is accurate</i> |  |
| Date:  |  |
| GMC/GPhC Registration Number:  |  |

# Revalidation Log

## for Accuracy Checking Dispensing Assistants

|   |        |       |
|---|--------|-------|
| <b>Month 10</b>   | Month: | year: |
| Number of hours checking completed this month:  |        |       |
| Number of checking errors that you have made this month:  |        |       |
| <i>Please record any errors on the log in appendix RA2 and write an unplanned CPD entry based on your Learning. This CPD entry will need to be printed off and returned to Buttercups when you submit your revalidation application</i> |        |       |
| Please write here the name(s) of any CPD entries you have made this month   |        |       |

|   |          |
|---|----------|
| Have you changed your work environment this month?  | Yes / No |
| Does your new work environment have a different SOP or different speciality?  | Yes / No |
| <b>If you answered yes to BOTH of these questions:</b> <ul style="list-style-type: none"> <li>You will need to complete a 200 item checking log detailing the items which have been second checked. Please record this using the form provided in appendix RA1. (See FAQ section at the start of booklet for more details)</li> <li>Please sign here to indicate you have read the new SOP .....</li> </ul> |          |

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| Accuracy Checking Assistant's Name:                        |  |
| Signature<br><i>I confirm this information is accurate</i> |  |
| Date:  |  |

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|--|--|
| Your Practice Supervisor's name:   |  |
| Practice Supervisor's Signature<br><i>I confirm this information is accurate</i> |  |
| Date:  |  |
| GMC/GPhC Registration Number:  |  |

# Revalidation Log

## for Accuracy Checking Dispensing Assistants

|   |        |       |
|---|--------|-------|
| <b>Month 11</b>   | Month: | year: |
| Number of hours checking completed this month:  |        |       |
| Number of checking errors that you have made this month:  |        |       |
| <i>Please record any errors on the log in appendix RA2 and write an unplanned CPD entry based on your Learning. This CPD entry will need to be printed off and returned to Buttercups when you submit your revalidation application</i> |        |       |
| Please write here the name(s) of any CPD entries you have made this month   |        |       |

|   |          |
|---|----------|
| Have you changed your work environment this month?  | Yes / No |
| Does your new work environment have a different SOP or different speciality?  | Yes / No |
| <b>If you answered yes to BOTH of these questions:</b> <ul style="list-style-type: none"> <li>You will need to complete a 200 item checking log detailing the items which have been second checked. Please record this using the form provided in appendix RA1. (See FAQ section at the start of booklet for more details)</li> <li>Please sign here to indicate you have read the new SOP .....</li> </ul> |          |

|  |  |
|--|--|
| Accuracy Checking Assistant's Name:                        |  |
| Signature<br><i>I confirm this information is accurate</i> |  |
| Date:  |  |

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|--|--|
| Your Practice Supervisor's name:   |  |
| Practice Supervisor's Signature<br><i>I confirm this information is accurate</i> |  |
| Date:  |  |
| GMC/GPhC Registration Number:  |  |



# Revalidation Log

## for Accuracy Checking Dispensing Assistants

|   |        |       |
|---|--------|-------|
| <b>Month 12</b>   | Month: | year: |
| Number of hours checking completed this month:  |        |       |
| Number of checking errors that you have made this month:  |        |       |
| <i>Please record any errors on the log in appendix RA2 and write an unplanned CPD entry based on your Learning. This CPD entry will need to be printed off and returned to Buttercups when you submit your revalidation application</i> |        |       |
| Please write here the name(s) of any CPD entries you have made this month   |        |       |

|   |          |
|---|----------|
| Have you changed your work environment this month?  | Yes / No |
| Does your new work environment have a different SOP or different speciality?  | Yes / No |
| <b>If you answered yes to BOTH of these questions:</b> <ul style="list-style-type: none"> <li>You will need to complete a 200 item checking log detailing the items which have been second checked. Please record this using the form provided in appendix RA1. (See FAQ section at the start of booklet for more details)</li> <li>Please sign here to indicate you have read the new SOP .....</li> </ul> |          |

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|--|--|
| Accuracy Checking Assistant's Name:                        |  |
| Signature<br><i>I confirm this information is accurate</i> |  |
| Date:  |  |

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|--|--|
| Your Practice Supervisor's name:   |  |
| Practice Supervisor's Signature<br><i>I confirm this information is accurate</i> |  |
| Date:  |  |
| GMC/GPhC Registration Number:  |  |

# Revalidation Log

for Accuracy Checking Dispensing Assistants

|   |        |       |
|---|--------|-------|
| <b>Month 13</b>   | Month: | year: |
| Number of hours checking completed this month:  |        |       |
| Number of checking errors that you have made this month:  |        |       |
| <i>Please record any errors on the log in appendix RA2 and write an unplanned CPD entry based on your Learning. This CPD entry will need to be printed off and returned to Buttercups when you submit your revalidation application</i> |        |       |
| Please write here the name(s) of any CPD entries you have made this month   |        |       |

|  |          |
|--|----------|
| Have you changed your work environment this month?   | Yes / No |
| Does your new work environment have a different SOP or different speciality?   | Yes / No |
| <p><b>If you answered yes to BOTH of these questions:</b></p> <ul style="list-style-type: none"> <li>You will need to complete a 200 item checking log detailing the items which have been second checked. Please record this using the form provided in appendix RA1. (See FAQ section at the start of booklet for more details)</li> <li>Please sign here to indicate you have read the new SOP .....</li> </ul> |          |

|  |  |
|--|--|
| Accuracy Checking Assistant's Name:                        |  |
| Signature<br><i>I confirm this information is accurate</i> |  |
| Date:  |  |

|  |  |
|--|--|
| Your Practice Supervisor's name:   |  |
| Practice Supervisor's Signature<br><i>I confirm this information is accurate</i> |  |
| Date:  |  |
| GMC/GPhC Registration Number:  |  |

# Revalidation Log

## for Accuracy Checking Dispensing Assistants

|   |        |       |
|---|--------|-------|
| <b>Month 14</b>   | Month: | year: |
| Number of hours checking completed this month:  |        |       |
| Number of checking errors that you have made this month:  |        |       |
| <i>Please record any errors on the log in appendix RA2 and write an unplanned CPD entry based on your Learning. This CPD entry will need to be printed off and returned to Buttercups when you submit your revalidation application</i> |        |       |
| Please write here the name(s) of any CPD entries you have made this month   |        |       |

|   |          |
|---|----------|
| Have you changed your work environment this month?  | Yes / No |
| Does your new work environment have a different SOP or different speciality?  | Yes / No |
| <b>If you answered yes to BOTH of these questions:</b> <ul style="list-style-type: none"> <li>You will need to complete a 200 item checking log detailing the items which have been second checked. Please record this using the form provided in appendix RA1. (See FAQ section at the start of booklet for more details)</li> <li>Please sign here to indicate you have read the new SOP .....</li> </ul> |          |

|  |  |
|--|--|
| Accuracy Checking Assistant's Name:                        |  |
| Signature<br><i>I confirm this information is accurate</i> |  |
| Date:  |  |

|  |  |
|--|--|
| Your Practice Supervisor's name:   |  |
| Practice Supervisor's Signature<br><i>I confirm this information is accurate</i> |  |
| Date:  |  |
| GMC/GPhC Registration Number:  |  |

# Revalidation Log

for Accuracy Checking Dispensing Assistants

|   |        |       |
|---|--------|-------|
| <b>Month 15</b>   | Month: | year: |
| Number of hours checking completed this month:  |        |       |
| Number of checking errors that you have made this month:  |        |       |
| <i>Please record any errors on the log in appendix RA2 and write an unplanned CPD entry based on your Learning. This CPD entry will need to be printed off and returned to Buttercups when you submit your revalidation application</i> |        |       |
| Please write here the name(s) of any CPD entries you have made this month   |        |       |

|  |          |
|--|----------|
| Have you changed your work environment this month?   | Yes / No |
| Does your new work environment have a different SOP or different speciality?   | Yes / No |
| <p><b>If you answered yes to BOTH of these questions:</b></p> <ul style="list-style-type: none"> <li>You will need to complete a 200 item checking log detailing the items which have been second checked. Please record this using the form provided in appendix RA1. (See FAQ section at the start of booklet for more details)</li> <li>Please sign here to indicate you have read the new SOP .....</li> </ul> |          |

|  |  |
|--|--|
| Accuracy Checking Assistant's Name:                        |  |
| Signature<br><i>I confirm this information is accurate</i> |  |
| Date:  |  |

|  |  |
|--|--|
| Your Practice Supervisor's name:   |  |
| Practice Supervisor's Signature<br><i>I confirm this information is accurate</i> |  |
| Date:  |  |
| GMC/GPhC Registration Number:  |  |

# Revalidation Log

## for Accuracy Checking Dispensing Assistants

|   |        |       |
|---|--------|-------|
| <b>Month 16</b>   | Month: | year: |
| Number of hours checking completed this month:  |        |       |
| Number of checking errors that you have made this month:  |        |       |
| <i>Please record any errors on the log in appendix RA2 and write an unplanned CPD entry based on your Learning. This CPD entry will need to be printed off and returned to Buttercups when you submit your revalidation application</i> |        |       |
| Please write here the name(s) of any CPD entries you have made this month   |        |       |

|   |          |
|---|----------|
| Have you changed your work environment this month?  | Yes / No |
| Does your new work environment have a different SOP or different speciality?  | Yes / No |
| <b>If you answered yes to BOTH of these questions:</b> <ul style="list-style-type: none"> <li>You will need to complete a 200 item checking log detailing the items which have been second checked. Please record this using the form provided in appendix RA1. (See FAQ section at the start of booklet for more details)</li> <li>Please sign here to indicate you have read the new SOP .....</li> </ul> |          |

|  |  |
|--|--|
| Accuracy Checking Assistant's Name:                        |  |
| Signature<br><i>I confirm this information is accurate</i> |  |
| Date:  |  |

|  |  |
|--|--|
| Your Practice Supervisor's name:   |  |
| Practice Supervisor's Signature<br><i>I confirm this information is accurate</i> |  |
| Date:  |  |
| GMC/GPhC Registration Number:  |  |

# Revalidation Log

for Accuracy Checking Dispensing Assistants

|   |        |       |
|---|--------|-------|
| <b>Month 17</b>   | Month: | year: |
| Number of hours checking completed this month:  |        |       |
| Number of checking errors that you have made this month:  |        |       |
| <i>Please record any errors on the log in appendix RA2 and write an unplanned CPD entry based on your Learning. This CPD entry will need to be printed off and returned to Buttercups when you submit your revalidation application</i> |        |       |
| Please write here the name(s) of any CPD entries you have made this month   |        |       |

|  |          |
|--|----------|
| Have you changed your work environment this month?   | Yes / No |
| Does your new work environment have a different SOP or different speciality?   | Yes / No |
| <p><b>If you answered yes to BOTH of these questions:</b></p> <ul style="list-style-type: none"> <li>You will need to complete a 200 item checking log detailing the items which have been second checked. Please record this using the form provided in appendix RA1. (See FAQ section at the start of booklet for more details)</li> <li>Please sign here to indicate you have read the new SOP .....</li> </ul> |          |

|  |  |
|--|--|
| Accuracy Checking Assistant's Name:                        |  |
| Signature<br><i>I confirm this information is accurate</i> |  |
| Date:  |  |

|  |  |
|--|--|
| Your Practice Supervisor's name:   |  |
| Practice Supervisor's Signature<br><i>I confirm this information is accurate</i> |  |
| Date:  |  |
| GMC/GPhC Registration Number:  |  |

# Revalidation Log

## for Accuracy Checking Dispensing Assistants

|   |        |       |
|---|--------|-------|
| <b>Month 18</b>   | Month: | year: |
| Number of hours checking completed this month:  |        |       |
| Number of checking errors that you have made this month:  |        |       |
| <i>Please record any errors on the log in appendix RA2 and write an unplanned CPD entry based on your Learning. This CPD entry will need to be printed off and returned to Buttercups when you submit your revalidation application</i> |        |       |
| Please write here the name(s) of any CPD entries you have made this month   |        |       |

|   |          |
|---|----------|
| Have you changed your work environment this month?  | Yes / No |
| Does your new work environment have a different SOP or different speciality?  | Yes / No |
| <b>If you answered yes to BOTH of these questions:</b> <ul style="list-style-type: none"> <li>You will need to complete a 200 item checking log detailing the items which have been second checked. Please record this using the form provided in appendix RA1. (See FAQ section at the start of booklet for more details)</li> <li>Please sign here to indicate you have read the new SOP .....</li> </ul> |          |

|  |  |
|--|--|
| Accuracy Checking Assistant's Name:                        |  |
| Signature<br><i>I confirm this information is accurate</i> |  |
| Date:  |  |

|  |  |
|--|--|
| Your Practice Supervisor's name:   |  |
| Practice Supervisor's Signature<br><i>I confirm this information is accurate</i> |  |
| Date:  |  |
| GMC/GPhC Registration Number:  |  |

# Revalidation Log

## for Accuracy Checking Dispensing Assistants

|   |        |       |
|---|--------|-------|
| <b>Month 19</b>   | Month: | year: |
| Number of hours checking completed this month:  |        |       |
| Number of checking errors that you have made this month:  |        |       |
| <i>Please record any errors on the log in appendix RA2 and write an unplanned CPD entry based on your Learning. This CPD entry will need to be printed off and returned to Buttercups when you submit your revalidation application</i> |        |       |
| Please write here the name(s) of any CPD entries you have made this month   |        |       |

|   |          |
|---|----------|
| Have you changed your work environment this month?  | Yes / No |
| Does your new work environment have a different SOP or different speciality?  | Yes / No |
| <b>If you answered yes to BOTH of these questions:</b> <ul style="list-style-type: none"> <li>You will need to complete a 200 item checking log detailing the items which have been second checked. Please record this using the form provided in appendix RA1. (See FAQ section at the start of booklet for more details)</li> <li>Please sign here to indicate you have read the new SOP .....</li> </ul> |          |

|  |  |
|--|--|
| Accuracy Checking Assistant's Name:                        |  |
| Signature<br><i>I confirm this information is accurate</i> |  |
| Date:  |  |

|  |  |
|--|--|
| Your Practice Supervisor's name:   |  |
| Practice Supervisor's Signature<br><i>I confirm this information is accurate</i> |  |
| Date:  |  |
| GMC/GPhC Registration Number:  |  |



# Revalidation Log

for Accuracy Checking Dispensing Assistants

|   |        |       |
|---|--------|-------|
| <b>Month 20</b>   | Month: | year: |
| Number of hours checking completed this month:  |        |       |
| Number of checking errors that you have made this month:  |        |       |
| <i>Please record any errors on the log in appendix RA2 and write an unplanned CPD entry based on your Learning. This CPD entry will need to be printed off and returned to Buttercups when you submit your revalidation application</i> |        |       |
| Please write here the name(s) of any CPD entries you have made this month   |        |       |

|  |          |
|--|----------|
| Have you changed your work environment this month?   | Yes / No |
| Does your new work environment have a different SOP or different speciality?   | Yes / No |
| <p><b>If you answered yes to BOTH of these questions:</b></p> <ul style="list-style-type: none"> <li>You will need to complete a 200 item checking log detailing the items which have been second checked. Please record this using the form provided in appendix RA1. (See FAQ section at the start of booklet for more details)</li> <li>Please sign here to indicate you have read the new SOP .....</li> </ul> |          |

|  |  |
|--|--|
| Accuracy Checking Assistant's Name:                        |  |
| Signature<br><i>I confirm this information is accurate</i> |  |
| Date:  |  |

|  |  |
|--|--|
| Your Practice Supervisor's name:   |  |
| Practice Supervisor's Signature<br><i>I confirm this information is accurate</i> |  |
| Date:  |  |
| GMC/GPhC Registration Number:  |  |

# Revalidation Log

## for Accuracy Checking Dispensing Assistants

|   |        |       |
|---|--------|-------|
| <b>Month 21</b>   | Month: | year: |
| Number of hours checking completed this month:  |        |       |
| Number of checking errors that you have made this month:  |        |       |
| <i>Please record any errors on the log in appendix RA2 and write an unplanned CPD entry based on your Learning. This CPD entry will need to be printed off and returned to Buttercups when you submit your revalidation application</i> |        |       |
| Please write here the name(s) of any CPD entries you have made this month   |        |       |

|   |          |
|---|----------|
| Have you changed your work environment this month?  | Yes / No |
| Does your new work environment have a different SOP or different speciality?  | Yes / No |
| <b>If you answered yes to BOTH of these questions:</b> <ul style="list-style-type: none"> <li>You will need to complete a 200 item checking log detailing the items which have been second checked. Please record this using the form provided in appendix RA1. (See FAQ section at the start of booklet for more details)</li> <li>Please sign here to indicate you have read the new SOP .....</li> </ul> |          |

|  |  |
|--|--|
| Accuracy Checking Assistant's Name:                        |  |
| Signature<br><i>I confirm this information is accurate</i> |  |
| Date:  |  |

|  |  |
|--|--|
| Your Practice Supervisor's name:   |  |
| Practice Supervisor's Signature<br><i>I confirm this information is accurate</i> |  |
| Date:  |  |
| GMC/GPhC Registration Number:  |  |

# Revalidation Log

## for Accuracy Checking Dispensing Assistants

|   |        |       |
|---|--------|-------|
| <b>Month 22</b>   | Month: | year: |
| Number of hours checking completed this month:  |        |       |
| Number of checking errors that you have made this month:  |        |       |
| <i>Please record any errors on the log in appendix RA2 and write an unplanned CPD entry based on your Learning. This CPD entry will need to be printed off and returned to Buttercups when you submit your revalidation application</i> |        |       |
| Please write here the name(s) of any CPD entries you have made this month   |        |       |

|   |          |
|---|----------|
| Have you changed your work environment this month?  | Yes / No |
| Does your new work environment have a different SOP or different speciality?  | Yes / No |
| <b>If you answered yes to BOTH of these questions:</b> <ul style="list-style-type: none"> <li>You will need to complete a 200 item checking log detailing the items which have been second checked. Please record this using the form provided in appendix RA1. (See FAQ section at the start of booklet for more details)</li> <li>Please sign here to indicate you have read the new SOP .....</li> </ul> |          |

|  |  |
|--|--|
| Accuracy Checking Assistant's Name:                        |  |
| Signature<br><i>I confirm this information is accurate</i> |  |
| Date:  |  |

|  |  |
|--|--|
| Your Practice Supervisor's name:   |  |
| Practice Supervisor's Signature<br><i>I confirm this information is accurate</i> |  |
| Date:  |  |
| GMC/GPhC Registration Number:  |  |

# Revalidation Log

## for Accuracy Checking Dispensing Assistants

|   |        |       |
|---|--------|-------|
| <b>Month 23</b>   | Month: | year: |
| Number of hours checking completed this month:  |        |       |
| Number of checking errors that you have made this month:  |        |       |
| <i>Please record any errors on the log in appendix RA2 and write an unplanned CPD entry based on your Learning. This CPD entry will need to be printed off and returned to Buttercups when you submit your revalidation application</i> |        |       |
| Please write here the name(s) of any CPD entries you have made this month   |        |       |

|  |          |
|--|----------|
| Have you changed your work environment this month?   | Yes / No |
| Does your new work environment have a different SOP or different speciality?   | Yes / No |
| <p><b>If you answered yes to BOTH of these questions:</b></p> <ul style="list-style-type: none"> <li>You will need to complete a 200 item checking log detailing the items which have been second checked. Please record this using the form provided in appendix RA1. (See FAQ section at the start of booklet for more details)</li> <li>Please sign here to indicate you have read the new SOP .....</li> </ul> |          |

|  |  |
|--|--|
| Accuracy Checking Assistant's Name:                        |  |
| Signature<br><i>I confirm this information is accurate</i> |  |
| Date:  |  |

|  |  |
|--|--|
| Your Practice Supervisor's name:   |  |
| Practice Supervisor's Signature<br><i>I confirm this information is accurate</i> |  |
| Date:  |  |
| GMC/GPhC Registration Number:  |  |

# Revalidation Log

for Accuracy Checking Dispensing Assistants

## Month 24



**Please fill in all your revalidation paperwork  
(on the next three pages) and return it to Buttercups Training  
two to three weeks before your current certificate expires!**

# Application Form **Revalidation Log**

Name of Accuracy Checking Dispensing Assistant: .....

Date of Last Certificate: .....

Signature: .....

Email Address: .....

Date of Birth: .....

|                             |            |
|-----------------------------|------------|
| Employer name:              |            |
| Workplace / Branch address: |            |
|                             | Post code: |
| Tel:                        | Fax:       |

Please see the checklist on the next page and ensure **all** boxes are filled out to avoid delays and to prevent any additional admin charges for incomplete applications

| Month | Hours of checking completed | Number of CPD entries made | Number of checking errors made | Change of workplace Y/N | Registration number of Practice Supervisor who signed the monthly declaration |
|-------|-----------------------------|----------------------------|--------------------------------|-------------------------|---|
|       |                             |                            |                                |                         |   |
|       |                             |                            |                                |                         |   |
|       |                             |                            |                                |                         |   |
|       |                             |                            |                                |                         |   |
|       |                             |                            |                                |                         |   |
|       |                             |                            |                                |                         |   |
|       |                             |                            |                                |                         |   |
|       |                             |                            |                                |                         |   |
|       |                             |                            |                                |                         |   |
|       |                             |                            |                                |                         |   |
|       |                             |                            |                                |                         |   |
|       |                             |                            |                                |                         |   |
|       |                             |                            |                                |                         |   |
|       |                             |                            |                                |                         |   |
|       |                             |                            |                                |                         |   |
|       |                             |                            |                                |                         |   |
|       |                             |                            |                                |                         |   |
|       |                             |                            |                                |                         |   |
|       |                             |                            |                                |                         |   |
|       |                             |                            |                                |                         |   |
|       |                             |                            |                                |                         |   |
|       |                             |                            |                                |                         |   |
|       |                             |                            |                                |                         |   |

|  |                 |
|--|-----------------|
| <b>Supporting Practice Supervisor Declaration</b>  |                 |
| I confirm that:  |                 |
| <ul style="list-style-type: none"> <li>The candidate has understood and followed SOPs at all times during this revalidation period</li> <li>The candidate continues to undertake the accuracy checking role in an accurate, timely and professional manner</li> <li>The table above is an accurate record of their workbook</li> <li>The candidate can provide evidence of CPD on request, otherwise their application will be referred</li> </ul> |                 |
| Print Name .....   | Signature ..... |
| Registration number .....  | Date .....      |

# EXAMPLE Application Form

Name of Accuracy Checking Dispensing Assistant: **A Trainee**

Date of Last Certificate: **N/a**

Signature: **A Trainee**

Email Address: **atrainee@example.com**

Date of Birth: **01/01/1990**

|   |                           |
|---|---------------------------|
| Employer name: <b>Buttercups Pharmacy</b>   |                           |
| Workplace / Branch address: <b>Buttercups Pharmacy, Castle Marina, Nottingham</b> |                           |
|   | Post code: <b>NG7 1TN</b> |
| Tel: <b>0115 937 4936</b>   | Fax: <b>0115 937 1675</b> |

Please see the checklist on the next page and ensure **all** boxes are filled out to avoid delays and to prevent any additional admin charges for incomplete applications

| Month  | Hours of checking completed | Number of CPD entries made | Number of checking errors made | Change of workplace Y/N | Registration number of Practice Supervisor who signed the monthly declaration |
|--------|-----------------------------|----------------------------|--------------------------------|-------------------------|---|
| Feb 22 | 8                           | 1                          | 0                              | N                       | 1122334   |
| Mar 22 | 16                          | 0                          | 0                              | N                       | 1122334   |
| Apr 22 | 26                          | 0                          | 0                              | N                       | 1122334   |
| May 22 | 18                          | 1                          | 0                              | N                       | 1122334   |
| Jun 22 | 16                          | 1                          | 0                              | N                       | 1122334   |
| Jul 22 | 26                          | 0                          | 0                              | N                       | 1122334   |
| Aug 22 | 24                          | 0                          | 0                              | N                       | 1122334   |
| Sep 22 | 10                          | 0                          | 0                              | N                       | 1122334   |
| Oct 22 | 16                          | 1                          | 0                              | N                       | 1122334   |
| Nov 22 | 26                          | 1                          | 0                              | N                       | 1122334   |
| Dec 22 | 18                          | 0                          | 0                              | N                       | 1122334   |
| Jan 23 | 10                          | 1                          | 0                              | N                       | 1122334   |
| Feb 23 | 26                          | 0                          | 0                              | N                       | 1122334   |
| Mar 23 | 10                          | 0                          | 0                              | N                       | 1122334   |
| Apr 23 | 16                          | 1                          | 0                              | N                       | 1122334   |
| May 23 | 16                          | 1                          | 0                              | N                       | 1122334   |
| Jun 23 | 12                          | 0                          | 0                              | N                       | 1122334   |
| Jul 23 | 24                          | 0                          | 0                              | N                       | 1122334   |
| Aug 23 | 16                          | 0                          | 0                              | N                       | 1122334   |
| Sep 23 | 8                           | 1                          | 0                              | N                       | 1122334   |
| Oct 23 | 32                          | 1                          | 0                              | N                       | 1122334   |
| Nov 23 | 16                          | 1                          | 0                              | N                       | 1122334   |
| Dec 23 | 24                          | 0                          | 0                              | N                       | 1122334   |

## Supporting Practice Supervisor Declaration

I confirm that:

- The candidate has understood and followed SOPs at all times during this revalidation period
- The candidate continues to undertake the accuracy checking role in an accurate, timely and professional manner
- The table above is an accurate record of their workbook
- The candidate can provide evidence of CPD on request, otherwise their application will be referred

Print Name **A Facilitator**

Signature **A Facilitator**

Registration number **1 1 2 2 3 3 4**

Date **31/12/2023**

# Application Form **Checklist Part 1**

1. Have you performed a minimum of 8 hours checking every month during the 23 months? If not, have you submitted a checking log with the required number of items to cover each instance when you have not completed the minimum hours required? (Recorded on Appendix RA1 forms)

| Candidate Signature | Practice Supervisor's Signature |
|---------------------|---------------------------------|
|                     |                                 |

2. Have you recorded all checking errors that you have made during the 23 months and recorded each incident on the Appendix RA2 form? For each error you must also submit a copy of your corresponding CPD entry.

For those completing a log of items due to a break in checking, expired certificate, etc., this must be completed without any errors. Please ask your practice supervisor to confirm this by completing the relevant section of form RA2.

| Candidate Signature | Practice Supervisor's Signature |
|---------------------|---------------------------------|
|                     |                                 |

3. Have you recorded a minimum of 8 CPD entries during the 23 months on the application form? (There must be a minimum of 8 (4 per year) to meet the requirements)

You must be able to provide evidence of CPD on request, otherwise your application will be referred.

| Candidate Signature | Practice Supervisor's Signature |
|---------------------|---------------------------------|
|                     |                                 |

4. Have you changed your workplace and / or environment during the 23 months, where you had needed to use a different S.O.P. / working practice? If so, have you completed and submitted a checking log for each instance this occurred using the Appendix RA1 forms?

If you have not changed workplace, please enter N, do not leave any of the boxes empty.

| Candidate Signature | Practice Supervisor's Signature |
|---------------------|---------------------------------|
|                     |                                 |

5. Has your current certificate expired? If so, have you completed and submitted a checking log with the required number of items, to cover the gap between the expiry date and now? (Recorded on Appendix RA1 forms)

| Candidate Signature | Practice Supervisor's Signature |
|---------------------|---------------------------------|
|                     |                                 |



# Application Form **Checklist Part 2**

Your completed application form

- A copy of your Accuracy Checking certificate\*
- A copy of any previous revalidation (also known as re-accreditation) certificates (issued since your original certificate)\*
- Appendix RA2 – Details of any checking errors you have made and your reflections. Please note, if no errors have been made, **you still need to complete an Appendix RA2 stating “No Errors Made”**. The form must then be signed by your Practice Supervisor.
- A copy of any Continuing Professional Development (CPD) entries that relate to any checking error you have made
- A record of a peer discussion during your revalidation period (Appendix RA6)
- Any checking portfolios you have had to complete due to a break in your checking role or a change of working environment (Appendix RA1). Please note that if a checking error (serious or less serious) occurs, the ACDA **must restart the items again** as the log is evidence of the ACDA demonstrating their continued competency in accuracy checking. All attempts at the checking logs must be submitted, not just the successful one. If more than 2 attempts at the logs have been unsuccessful, please contact Buttercups for advice.

**\*All copies of certificates should be certified as genuine copies by the Practice Supervisor’s signing your application pack**

- In addition the cost for revalidation is £36+VAT\*\*. You must return payment with your application to enable us to issue your certificate. Cheques should be made payable to "Buttercups Training Ltd"

*Or*

- If your employer is paying this fee, please forward the completed application to them to be countersigned below and we will invoice them directly.

**\*\*An additional £15 administration fee may be charged if the application is incomplete and needs to be returned.**

### Employer Details

I can confirm that ..... is employed and that their employer will pay the cost for revalidation which is £36+VAT

Your Name .....

Your Role .....

Signature.....

Date .....

### Invoice Address (if different from workplace address listed in application pack)

|                             |            |
|-----------------------------|------------|
| Invoicing name and address: |            |
|                             | Post code: |
| Tel:                        | Fax:       |

# Appendix RA1 Log of Checked Items

**Please photocopy this form for future use.**

Remember to review your checking SOP before starting a checking log. Please note that if a checking error (serious or less serious) occurs, the ACDA **must restart the items again** as the log is evidence of the ACDA demonstrating their continued competency in accuracy checking. All attempts at the checking logs must be submitted, not just the successful one. If more than 2 attempts at the logs have been unsuccessful, please contact Buttercups for advice.

Name: .....

Address: .....

| Item No | Date | Item Checked | Therapeutic Area Code (code in Appendix RA3) | Near Miss found (code in Appendix RA3) | Action taken: Corrected by self (s) or dispenser (d) or other (o) | Accuracy Checking Candidate's Signature | Checking Error Found (code in Appendix RA3) | Final Checker's Signature |
|---------|------|--------------|--|--|---|---|---|---------------------------|
|         |      |              |  |  |   |   |   |                           |
|         |      |              |  |  |   |   |   |                           |
|         |      |              |  |  |   |   |   |                           |
|         |      |              |  |  |   |   |   |                           |
|         |      |              |  |  |   |   |   |                           |
|         |      |              |  |  |   |   |   |                           |
|         |      |              |  |  |   |   |   |                           |
|         |      |              |  |  |   |   |   |                           |
|         |      |              |  |  |   |   |   |                           |
|         |      |              |  |  |   |   |   |                           |

# Appendix RA2 Details of Checking Errors Made

Please photocopy this form for future use.

Name: .....

Address: .....

| Item No.   | Date | Serious Error or Less Serious Error | Error Code |
|--|------|-------------------------------------|------------|
| <p><i>If no checking errors have been made, please write "No Errors Made" in this box and the form must be signed by your Practice Supervisor.</i></p> |      |                                     |            |

|   |  |
|---|--|
| <p><b>Details of Error (include drug name and a description of the error)</b></p> | <p><b>Reason why the dispensing error occurred</b></p>   |
| <p><b>Reason why you failed to spot the error</b></p>                             | <p><b>Action taken to prevent error re-occurring</b></p> |
| <p><b>Potential impact of error on the patient</b></p>                            | <p><b>Date of CPD entry regarding this error</b></p>     |
|   | <p><b>Signature of Practice Supervisor</b></p>           |

# Appendix RA3

## Error Codes and Therapeutic Area Codes

| Code for Therapeutic Area | Therapeutic Area                                    |
|---------------------------|---|
| T1                        | Gastrointestinal system                             |
| T2                        | Cardiovascular system                               |
| T3                        | Respiratory system                                  |
| T4                        | Central nervous system, including pain              |
| T5                        | Infections, immunological products and vaccines     |
| T6                        | Endocrine system                                    |
| T7                        | Obstetrics, gynaecology and urinary tract disorders |
| T8                        | Nutrition and blood                                 |
| T9                        | Musculoskeletal and joint diseases                  |
| T10                       | Eyes, ears, nose and oropharynx                     |
| T11                       | Skin, including wound management products           |

| Error codes  |  |
|--|--|
| Serious error  | Less Serious error   |
| <b>Incorrect label</b> <ul style="list-style-type: none"> <li>S1: Wrong drug name</li> <li>S2: Wrong drug form</li> <li>S3: Wrong drug strength</li> <li>S4: Incorrect quantity</li> <li>S5: Incorrect patient's name</li> <li>S6: Wrong directions</li> <li>S7: Missing or inappropriate use of BNF additional warnings</li> </ul>  | <b>Incorrect label</b> <ul style="list-style-type: none"> <li>L1: Incorrect cost code</li> <li>L2: Incorrect expiry date</li> <li>L3: Incorrect batch number</li> <li>L4: Incorrect spelling</li> <li>L5: Missing additional warnings (not BNF warnings)</li> <li>L6: Incorrect ward/location</li> </ul> |
| <b>Incorrect contents</b> <ul style="list-style-type: none"> <li>C1: Wrong drug</li> <li>C2: Wrong drug form</li> <li>C3: Wrong drug strength</li> <li>C4: Incorrect quantity</li> </ul>   | <b>Other</b> <ul style="list-style-type: none"> <li>L7: Incorrect container/closure</li> <li>L8: Missing dispenser's signature</li> <li>L9: Missing sundry</li> </ul>  |
| <b>Other</b> <ul style="list-style-type: none"> <li>M1: Expired contents</li> <li>M2: Missing medication</li> <li>M3: Missing sundry, e.g. anticoagulant record book</li> <li>M4: Missing or incorrect patient information leaflet</li> <li>M5: Missing warning or alert card</li> <li>M6: Missing or incorrect oral measure</li> <li>M7: Prescription not clinically screened/approved by a pharmacist</li> </ul> |  |

Should you need any further advice on any revalidation issues then please contact us here at Buttercups Training on 0115 9374936 or email [checkingqueries@buttercups.co.uk](mailto:checkingqueries@buttercups.co.uk)

# Appendix RA4

## Unplanned CPD Records

Remember to keep blank copies of this form for subsequent records

|                               |  |
|-------------------------------|--|
| Date learning need identified |  |
| Name of entry                 |  |

### Unplanned CPD

U1: Describe an event or activity that enabled you to learn something new or improve your knowledge, skills or behaviours? (Please do not include any confidential information)

U2: Record what you learnt as a result of the event or activity described above.

U3: Explain how this learning will benefit the people who use your services. Include any feedback you have had from other people as a result of the change.

# Appendix RA5

## Planned CPD Records

Remember to keep blank copies of this form for subsequent records

|                               |  |
|-------------------------------|--|
| Date learning need identified |  |
| Name of entry                 |  |

### Planned CPD

P1: What are you planning to learn?

It could be a new skill, knowledge or approach to your job role.

P2: Why was the learning relevant to your role and how will it benefit the people using your services?

P3: Explain how you completed this learning. (What did you do?)

P4: Give an example of how this learning has benefited the people using your services.

# Appendix RA6

## Peer Discussion Record

Please record the details of your peer discussion on this form. If you took part in a group discussion then please only provide the details from one person in the group. Please do not record any confidential details.

|                                   |  |
|-----------------------------------|--|
| <b>Date of Discussion</b>         |  |
| <b>Name of peer</b>               |  |
| <b>Their Role</b>                 |  |
| <b>Their contact phone number</b> |  |
| <b>Their signature</b>            |  |

PD1: Provide an outline of the topic for the peer discussion and why you chose this peer to discuss it with.

P2: Describe how your peer discussion helped you to reflect on and make improvements to your practice.

P3: Give an example of how you have changed your practice as a result of making these changes.