

Training requirements for pharmacy students

Criteria for Community Pharmacies Used in Pharmacy Student Training

When selecting community pharmacies for pharmacy student training, several criteria are considered to ensure that students receive comprehensive and valuable learning experiences. Here are the key criteria typically used in the selection process:

1. Patient Diversity and Volume:

- Community pharmacies with a diverse patient population and a high volume of prescriptions offer students exposure to a wide range of health conditions, medication regimens, and patient care scenarios.
- Training in pharmacies serving diverse communities provides students with opportunities to learn about cultural competency, health disparities, and the unique healthcare needs of various demographic groups.

2. Scope of Services:

- Training sites should offer a broad scope of pharmacy services beyond prescription dispensing, such as medication therapy management (MTM), health screenings, and medication synchronization programs.
- Exposure to comprehensive pharmacy services enables students to develop skills in patient counseling, medication management, and interprofessional collaboration, preparing them for diverse roles in pharmacy practice.

3. Interprofessional Collaboration:

- Pharmacies that facilitate collaboration with other healthcare providers, such as physicians, nurses, and allied health professionals, offer students opportunities to participate in interdisciplinary patient care teams.
- Interprofessional training experiences enhance students' communication skills, teamwork abilities, and understanding of collaborative practice models, promoting patient-centered care and improved health outcomes.

4. The Pharmacy must be owned and managed by a registered pharmacist.

- The student must verify that the pharmacy is a legally registered pharmacy, recognized by the syndicate of Iraqi pharmacists and owned by a licensed pharmacist. The student can email the syndicate of Iraqi pharmacists at iraqisynd@iraqipharm.com and provide the solution together with the necessary papers as an attachment.

5. Work experience

- The pharmacy must have a minimum of one pharmacist with a minimum of three years of experience working in community pharmacies. The pharmacist must agree to supervise the student's training by completing the necessary training documentation.

Pharmacy Summer Training: Required Documentation from each student

To ensure a successful and compliant training experience, please complete the following documentation requirements:

Verification of Pharmacy Registration

1. **Legally Registered Pharmacy:** You are required to verify that the pharmacy where you will be completing your training is a legally registered pharmacy and recognized by the Iraqi Pharmaceutical Syndicate (IPS).
2. **Verification Method:** You can verify the pharmacy's registration status by contacting the Iraqi Pharmaceutical Syndicate via email: iraqisynd@iraqipharm.com

In your email, you will need to:

- **Subject Line:** Pharmacy Training Verification - [Your Name] - [Pharmacy Name]
- **Body of Email:**
 - Briefly introduce yourself as a pharmacy student participating in a summer training program.
 - State the name and address of the pharmacy where you will be undergoing training.
 - Request confirmation of the pharmacy's legal registration and recognition by the IPS.

Attach the following documents to your email:

- A letter from the pharmacy on their official letterhead stating your acceptance as a trainee for the summer program.
- A copy of the pharmacy's business license. (If applicable)

The IPS will respond to your email with confirmation of the pharmacy's registration status. Please **print and attach a copy of the IPS verification email** to this documentation packet.

Preceptor Agreement

2. **Preceptor Qualifications:** The pharmacy where you will be training must have at least one pharmacist with a minimum of three years of experience working in community pharmacies.
3. **Preceptor Supervision:** This pharmacist will act as your preceptor and supervise your training throughout the summer program.
4. **Preceptor Agreement Form:** The following form must be completed and signed by your preceptor to confirm their willingness to supervise your training.

Preceptor Agreement Form

- **Pharmacy Name:** [Name of Pharmacy]
- **Preceptor Name:** [Pharmacist's Full Name]
- **Preceptor License Number:** [Pharmacist's License Number]
- **Years of Experience:** [Number of Years]
- **Statement:** I, [Pharmacist's Name], agree to supervise the pharmacy training of [Your Name] for the summer training program. I will provide guidance and ensure the student receives a comprehensive and compliant training experience.

Signatures:

- **Student Signature:** _____ (Date: _____)
- **Preceptor Signature:** _____ (Date: _____)

Please ensure all required documentation is completed and attached before starting your summer training program.

We wish you a successful and educational training experience!

