Pharmacist Fitness to Practice Declaration

& Booking Terms & Conditions

This form must be completed **IN FULL** by ALL Locum Pharmacists working at any branch of the PillBox Chemists Ltd group. The form must be returned to locumbookings@pillboxchemists.co.uk prior to your booking.

|  |
| --- |
| **CONTACT DETAILS:** |
|  |  |
| NAME: |       |
|  |  |
|  |  |
|  |  |
| ADDRESS: |       |
|  |  |
| POST CODE: |       |
|  |  |
|  |  |
|  |  |
| EMAIL ADDRESS: |       |
|  |  |
| MOBILE TEL: |       |
|  |  |
| ALTERNATE TEL: |       |
|  |  |

|  |
| --- |
| **REGISTRATION INFORMATION:** |
|  |  |
| GPhC REGISTRATION NUMBER: |       |
|  |  |
| DATE QUALIFIED: [MONTH/YEAR] |       |
|  |  |

|  |
| --- |
| **ACCREDITATION STATUS: [copies of certificates must be sent to** locumbookings@pillboxchemists.co.uk**]** |
|  |  |
| Repeat Dispensing [ES2]: | Yes: [ ]  No: [ ]  Date Completed:       |
|  |  |
| Safeguarding Level 2: | Yes: [ ]  No: [ ]  Date Completed:       |
|  |  |
| MURs [Adv Services]: | Yes: [ ]  No: [ ]  Date Completed:       |
|  |  |
| NMS [Adv Services]: | Yes: [ ]  No: [ ]  Date Completed:       |
|  |  |
| EPS Active Smartcard: | Yes: [ ]  No: [ ]   |
|  |  |
| SCR Active Smartcard: | Yes: [ ]  No: [ ]   |
|  |  |
| Seasonal Flu Vaccination: | Yes: [ ]  No: [ ]  Date Completed:       |
|  |  |

|  |
| --- |
| **FITNESS TO PRACTICE & DBS SELF-DECLARATION:** |
|  |
| Are you *currently*, or have you ever *in the past*, been subject to any investigation, disciplinary procedure or criminal prosecution, for any reason, by the GPhC [including formerly RPSGB cases] or other bodies: |
|  |
| YES: | [ ]  | NO: | [ ]  |
|  |
| *If YES, please provide further details:* |       |
|  |
|  |
| Do you have personal indemnity insurance? |
|  |
| YES: | [ ]  | NO: | [ ]  |
|  |
|  |
|   |
| Are you listed on either of the two Disclosure and Barring Service’s ‘barred lists’? The ‘barred lists’ include individuals who are unsuitable for working with adults or children. |
| YES: | [ ]  | NO: | [ ]  |
|  |
| *If YES, please provide further details:* |       |

|  |
| --- |
| ***I hereby declare that the information provided is true and correct. I also agree to provide updated information should my circumstance change. I understand that any willful dishonesty may result in immediate referral to the relevant authorities. I agree to adhere to the Booking Terms & Conditions as attached:*** |
|  |
| *Signature:* |       | *Date:* |       |

***This Fitness to Practice Declaration & Booking Terms & Conditions form the basis of the agreement between PillBox Chemists Ltd and you as a condition of your booking and in conjunction with statutory and regulatory standards and requirements for all registered pharmacists.***

1. **Fitness to Practice Declaration**
	1. I agree to accurately complete this “Fitness to Practice Declaration and Booking Terms & Conditions” form and submit it at least 2 days prior to working at any branch owned by PillBox Chemists Ltd. For last minute and emergency bookings, I agree to submit this form as soon as I arrive at the branch for duty. I will ensure that the form is filled out clearly and signed and dated at the bottom.
	2. *Email:* *locumbookings@pillboxchemists.co.uk* *or Fax: 01753 687 076*
2. **Standard Operating Procedures [SOPs]**
	1. I agree to comply with PillBox Chemists Ltd clinical governance requirements. As a Pharmacist, I am accountable for all processes and services that are delivered within the pharmacy whilst I am in charge of that pharmacy.
	2. SOPs document such processes and I will follow them at all times. Regardless of whether I am employed as an employee or contracted as a locum, I assume responsibility and will be professionally accountable for all processes and decisions.
	3. I will read, understand and sign to agree to follow the SOPs within the pharmacy. It is my responsibility to read and follow the companies SOPs.
	4. I agree to comply with all GPhC standards and you must ensure patient safety is your priority at all times.
3. **Ordering**
	1. I agree to adhere to the company policy on ordering any product and will be responsible for all products ordered in the pharmacy whilst I am on duty.
	2. I will comply with the company’s generics, specials and surgical ordering policies, which are fully accessible in the pharmacy and can be obtained from Head Office.
4. **Time Keeping**
	1. The pharmacy is required to open and offer its services with a Responsible Pharmacist in situ as per its contractual requirements with NHS England. Patients also expect to have access to our services during our opening hours. Any delay to this due to lateness on the part of the Pharmacist will result in both contractual and professional failings. I understand that:
	2. It is my responsibility as the Pharmacist in charge each day to ensure that I arrive at the pharmacy on time and am ready to provide pharmacy services during the full opening hours of the pharmacy as any deviation from this can affect patient care and the performance of the pharmacy.
	3. I agree that arriving at the time the pharmacy opens does not constitute arriving on time and will therefore ensure I am present at least 10minutes before my start time.
	4. PillBox Chemists Ltd reserves the right to withhold or adjust my fees payable or recover lost earnings attributable to the late opening of the Pharmacy.
	5. If I arrive more than 15minutes after the pharmacy opening time, PillBox Chemists Ltd reserves the right to automatically reduce the locum fees payable to me by an amount equivalent to 1-hour for each day that I am late.
5. **Pharmacy Services**
	1. I agree to provide the pharmacy services, in line with company requirements and patient needs, including, but not limited to:
		1. Medicines Use Reviews (MURs) – 400 MURs can be conducted in each pharmacy each financial year.
		2. New Medicines Service (NMS) – must be offered to all eligible patients.
		3. Other Advanced and Enhanced Pharmacy Services being offered to patients & actively conducted by pharmacists e.g. Seasonal Flu Vaccinations.
	2. I agree that it is essential that I offer and provide these NHS services to the pharmacy’s patients.
	3. I understand the benefits to patients are evident and the pharmacy’s patients will expect the pharmacy and pharmacist to provide these services under the pharmacy’s NHS Terms of Service and in line with my duty of care as a registered pharmacy professional.
	4. I understand that it is my responsibility to provide all services in line with the service specification and regulation, including maintaining the correct, complete and accurate records using the pharmacy’s PMR system. Failure to maintain records will be the responsibility of the pharmacist delivering that service.
	5. The company reserves the right to check PMR records to monitor Pharmacy Services that should have been offered and conducted to monitor compliance and to ensure patients are being offered the best quality pharmacy service.
	6. I agree that I am accredited to provide MURs and will conduct *2 MURs per a full working day and 1 MUR for a half worked day* whilst working for PillBox Chemists Ltd. I also agree to provide the NMS at all stages that are due on the day(s) I am working for PillBox Chemists Ltd. *I am to send an email confirming the services I have provided during my booking to* *Locumbookings@pillboxchemists.co.uk**.*
	7. I will make the pharmacy staff aware that I am accredited to provide MURs and NMS service and to direct all suitable patients to me.
	8. If I do carry out MURs and the NMS service I will complete the necessary paperwork to enable the pharmacy to claim payment in line with NHS England regulations.
	9. I understand that if I fail provide services to patients, this may amount negligence in my practice and a failure to fulfil my duty of care as a registered pharmacist to the patients under my care whilst in charge of the pharmacy.
6. **National Seasonal Flu Vaccination Service**
	1. I agree that if I am accredited to provide the National Seasonal Flu Vaccination Service, I will actively provide this service.
	2. I will make the pharmacy staff aware that I am accredited to provide the national Seasonal Flu Vaccination Service and to direct all suitable patients to me.
	3. If I do carry out the National Seasonal Flu Vaccination Service, I will maintain the necessary records in line with the requirements of the PGD.
	4. If I do carry out the National Seasonal Flu Vaccination Service, I will complete the necessary paperwork to enable the pharmacy to claim payment in line with NHS England regulations.
7. **Smartcards & Electronic Prescription Service**
	1. It is my responsibility to have an active smartcard to ensure that the pharmacy’s electronic prescription service can be operated whilst I am the pharmacist on duty.
	2. I agree to use my smartcard in line with NHS smartcard guidance and requirements.
	3. I will ensure that I action patient nominations for EPS during my booking.
8. **Summary Care Records [SCR]**
	1. I will only access and use SCR in line with the regulations for the use of SCR and in line with the company’s SOPs. Where I have a need to access a patient’s SCR, I agree to maintain full and detailed records on the patient’s PMR in line with the company’s SOPs.
9. **Dress Code**
	1. I agree to present myself in smart, business dress at all times whilst on duty in the pharmacy.
	2. I understand that PillBox Chemist Ltd operates a strict professional dress code policy at all times during pharmacy opening hours. I agree that flip-flops, T-shirts, shorts or jeans are NOT acceptable forms of business dress and must not be worn whilst working at the pharmacy.
	3. I understand that PillBox Chemists Ltd reserves the right to send the pharmacist home and also withhold locum fees if he/she does not comply with the dress code.
10. **Responsible Pharmacist**
	1. I agree to sign in and out of the responsible pharmacist register at the pharmacy and to provide and display my own responsible pharmacist sign.
	2. The times recorded must accurately reflect the time I took charge of the pharmacy, not just the opening and closing times of the pharmacy.
11. **CD Balance Checks**
	1. I understand that it is the company’s policy that all pharmacists/locums working during weekends (Saturdays and Sundays) must conduct a CD balance check.
	2. When I conduct the CD balance check I will sign and date the CD register clearly to confirm that I have conducted the check.
	3. I agree to report all errors or discrepancies to head office and in line with the company’s SOPs. Report by email to: Ketan Amin kamin@pillboxchemists.co.uk.
12. **Rest Breaks**
	1. I understand that I will take a 30-minute unpaid rest break if I am working more than a 6-hour shift.
	2. I understand this is in line with Working Time Directive 2003 and government recommendations for rest breaks in line with Health & Safety. This is also in line with GPhC standards for pharmacy professionals in maintaining safety of service provision to patients.
	3. I will not leave the premises whilst on duty without prior arrangement with the company.
13. **Rates**
	1. I understand that the rate agreed for my booking will be in line with the rate guide below.
	2. Where services are provided in line with these terms, as stated in point 5 and its subsections, the ‘with service’ rate will be claimable. Where services are not provided, the ‘without service’ rate will be claimable.
	3. All bookings are confirmed at the ‘with service’ rate and on the principle that services will be provided.
	4. The rate guide provides an indication of the current market rates, however, on occasions, the company will agree alternate rates. Where a bespoke rate is agreed, this will be determined as the ‘with service’ rate and a ‘without service’ rate will be deemed to be £3 per hour less.
	5. I agree that it may be negligent to conduct my practice and not deliberately provide pharmacy services where there is clear clinical patient need and/or benefit. I have a duty of care, in line with GPhC Standards for Pharmacy Professionals, to ensure that I make every effort to provide such services to the benefit of patients under my care and that the ‘without service’ rate does not provide for a deliberate reason not to provide pharmacy services to patients.

|  |
| --- |
| **LOCUM PHARMACISTS RATE GUIDE** |
| Pharmacy Band | Without Service | With Service |
| A | £18.00 | £21.00 |
| B | £17.50 | £20.50 |
| C | £17.00 | £20.00 |
| **PHARMACY BANDING** |
| Band A | Band B | Band C |
| Corby | Alresford | Ascot |
| Heatherside | Bassil | Breakspear |
| Oakley | Four Marks | Bridge |
| Phillips | Heath End | Buckskin |
| Pick Up | Overton | Burghfield |
| Wellington | Vantage | Millbrook |
| Yiewsley | Wickham | Spiralstone |
|  |  | Westlake |

1. **Payment Terms**
	1. I agree to complete the PillBox Chemists Ltd Locum Invoice Claim Form in full.
	2. I agree to complete ONE invoice per month to cover all days worked for PillBox Chemist Ltd and submit to PillBox Chemist Ltd head office, no later than the 5th of each calendar month.
	3. PillBox Chemist Ltd target payment terms are within 30 days from the end of the month the invoice is received.
	4. I understand it is my responsibility to submit an accurate and complete claim form. Failure to complete the invoice accurately and in full may result in a delay in processing of the invoice and therefore payment. The company will not be held responsible for any delays that result from inaccurate or incomplete claim forms.
	5. I agree to email my claim form to locumbookings@pillboxchemists.co.uk.
2. **Cancellation Policy**
	1. I understand that I will be required to give at least 4 weeks’ notice prior to any cancellations of my confirmed bookings. If I fail to comply with the policy, PillBox Chemists Ltd reserves the right to recover any incurred costs, including, but not limited to back-fill cost, difference in rate, agency fees, loss of earnings and a minimum administrative fee of £50.
	2. I understand that I will be required to provide evidence for late cancellations. Late cancellations put patients at risk where the pharmacy is unable to open or provide medication or services to patients.
	3. I understand that the company reserves the right to refer late cancellations to the relevant authoritative or regulatory bodies.
3. **Expenses**
	1. I understand that all public transport expenses must be agreed by PillBox Chemist Ltd prior to any arrangements being made or confirmed.
	2. I will submit original public transport tickets/receipts with my claim form.
	3. I understand and agree that PillBox Chemists will reimburse public transport costs at a rate of 50% of the costs up to a maximum amount capped at £7.50 per day.
	4. For travel by car, unless otherwise agreed in writing, I understand that the first 100 miles each way will not be covered by Pillbox Chemists Ltd. All mileage over this will be claimable at a rate of 0.28p per a mile. Mileage will be calculated in line with the fastest route using google maps directions.
	5. I agree that it is my responsibility to ensure my expenses are claimed accurately and in line with these terms as agreed with the company.
4. **Email and Internet Policy**
	1. The company operates strict Information Governance policies in line with NHS requirements. The branch IG Folder details these policies. I agree to work in line with the company’s IG policies.
	2. Email and internet facilities are available at each PillBox Chemist Ltd pharmacy for communication and information on matters directly relating to your work as a pharmacist at that pharmacy or within PillBox Chemists Ltd.
	3. I agree not to use at any time or in any circumstances the computer system for any other purpose.
	4. Misuse of internet and/or email facilities will be treated as misconduct and appropriate disciplinary will action taken, including referral to the GPhC.
	5. The use of social networking sites, forums and blogging are prohibited on any company computer.
	6. Data breaches, loss of data or damage to hardware or software due to inappropriate or misuse of pharmacy computer systems is a serious matter and will result in referral to the relevant authorities.
5. **Mobile Phone use**
	1. I will only use my mobile phone for work purposes whilst on duty. I agree not to make or take personal phone calls whilst on duty.
	2. Dispensers and healthcare assistants are not permitted to have their mobile phones on their person or use them whilst they are working.