



NMS – locum self-assessment form

This locum self-assessment form **MUST** be completed by all locum pharmacists working in Well branches **in addition to the self-assessment form.**

This form must either be posted to: Operations Resource Planning Department, Well, Merchants Warehouse, 21 Castle Street, Manchester M3 4LZ or faxed to 0800 279 9062.

Please use a black pen and block capitals.

1) Are you eligible to provide the service?

Are you accredited to provide Medicines Use Reviews (MURs)?

Yes

2) Do you understand the purpose and background of the service?

Do you know why this service is being commissioned and the evidence behind it?

Yes

3) Do you understand the aims and intended outcomes of the service?

Do you understand the aim of the service to support patients taking a new medicine?

Yes

Do you understand what outcomes are required when providing this service?

Yes

4) Do you understand the service specification and how to deliver it effectively?

Do you understand the service and how to provide it?

Yes, I understand the patient engagement, intervention and follow up steps

5) Have you considered the necessary communications that are required with pharmacy staff, patients and other local healthcare providers in order to provide the service?

Have you reflected on your communication skills?

Yes, I have reviewed the interview schedule and considered how I will communicate with patients and other healthcare professionals

Are you aware that the pharmacy contractor or their representative is required to communicate with local GP practices about the service? Yes

Are you aware that colleagues in the pharmacy are required to have an appropriate understanding of the service? Yes

Pharmacist's declaration

I have answered 'Yes' to all the above questions and therefore declare that I have the necessary skills and knowledge to deliver the New Medicine Service and can demonstrate these.

Signed:

Date:

Name:

GPhC registration number:

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