

PHARMACY CONTRACTOR ADVANCED SERVICES REQUIREMENTS
PREMISES SELF-CERTIFICATION FORM

Self-certification form which is to be submitted to the PCT by a pharmacy contractor prior to provision of the Advanced service (Medicines Use Review/Prescription Intervention Service).

Name of Primary Care Trust _____

Name of pharmacy contractor _____

Address of premises to which this form applies _____

Address for correspondence (if different) _____

I / we confirm that the pharmacy is complying with the Terms of Service relating to the provision of Essential Services, and has an acceptable system of clinical governance, and undertake to provide the Advanced Service (Medicines Use Review/Prescription Intervention Service) from the above premises from / / . (insert date)

I / we further confirm that if the Primary Care Trust notifies me / us of the categories of patient who would benefit from the MUR service, I / we shall have regard to that information when determining to whom the MUR service will be offered.

I / We confirm that the premises contain a consultation area which meets the following requirements:

	Tick
1. The consultation area is a designated area where both the patient and pharmacist can sit down together.	<input type="checkbox"/>
2. The patient and pharmacist are able to talk at normal speaking volumes without being overheard by other visitors to the pharmacy, or by pharmacy staff undertaking their normal duties.	<input type="checkbox"/>
3. The consultation area is clearly designated as an area for confidential consultations, distinct from the general public areas of the pharmacy.	<input type="checkbox"/>

Signed _____ Date _____

	Tick
4. I enclose a copy of a MUR certificate ¹ for each pharmacist who will be providing Advanced services from the above premises	<input type="checkbox"/>
5. I have previously sent the PCT a copy of a MUR certificate for each pharmacist who will be providing Advanced services from the above premises	<input type="checkbox"/>

Contact for queries relating to this form		Telephone number	
---	--	------------------	--

¹ 'MUR certificate' means a certificate awarded or endorsed by a higher education institute being evidence that a pharmacist has satisfactorily completed an assessment relating to the competency framework for pharmacists providing Advanced services approved by the Secretary of State. The document 'Competency Framework for the Assessment of Pharmacists Providing the Medicines Use Review (MUR) and Prescription Intervention Service' dated 23rd December 2004 is published by the Department of Health on its website www.dh.gov.uk/mpi.