

Declaration of Competence - Pharmacy First service

Name		GPhC number	
Pharmacy Base			
Competency: Are you / do you? (Statements should be supported by appropriate evidence whenever possible)			
a) Able to communicate with, counsel and advise people appropriately and effectively on minor ailments?			
Yes. Because I have undertaken the following:			
b) Able to assess the medication needs of patients?			
Yes. Because I have undertaken the following:			
c) Able to act on referrals from, and make referrals to, other professions in healthcare and other sectors such as social care?			
Yes. Because I have undertaken the following:			
d) Able to promote the service appropriately to the public?			
Yes. Because I have undertaken the following:			
e) Able to explain the provision, range of conditions covered and features of the service to the public and other appropriate professionals?			
Yes. Because I have undertaken the following:			
f) Understand the pharmacotherapy for the full range of available medication and appropriate clinical guidance?			
Yes. Because I have undertaken the following:			
Personal Declaration of Competence to deliver the Pharmacy First service I declare that: (please tick)			
I have completed the 'self-assessment' of core competencies framework and answered yes to ALL of the statements.			
I have reviewed the local policies and documentation for the Pharmacy First service			
The information above is a true representation of my learning and assessment.			
I have the necessary knowledge and skills to deliver the Pharmacy First service and can demonstrate these.			
Signature		Date	