**Pharmacy First Plus (Common Clinical Conditions) – Service Learning Requirements**

**Action required:** Please complete the table in **Appendix 1** for each Community Pharmacist Independent Prescriber (CPIP) who will offer the CCC service in your pharmacy and return it to fife.fifepharmacycommpharm@nhs.scot

Dear Colleague(s),

NHS Circular PCA(P)(2020)16 originally outlined the arrangements for funding for the NHS Pharmacy First Plus service. Qualified CPIPs have been able to provide this from 1st September 2020. The PCA also specified the courses which were required to be completed **within 2 years of offering the service**. We’d like to take the opportunity to remind those currently registering to provide the CCC service of the need to have completed the training listed in appendix 1 and would ask that you please complete this form and return it to us so we can update our records.

n.b Some courses have changed their name and we have highlighted the original course titles in green.

 If you would like to check your status (if you are unsure of which courses you have completed and when) you can perform a ‘self check’ on Turas learn by:

**1) Logging onto Turas**

**2) Go to ‘Turas Learn’**

**3) Select ‘Learn History’**

**4) Scan down and you can select the course and print off a certificate of completion/attendance**

* If you still have outstanding training to complete, please book this via Turas Learn.
* If there are no spaces for the course(s) you need, select ‘**add to waiting list’** to be picked for any cancellations. This will also help alert NES of the need for additional course dates. You can also email Dundee Clinical Skills Centre directly to request a place on an upcoming course (e-mail and telephone numbers are available on Turas booking page).
* Ensure you update us at fife.fifepharmacycommpharm@nhs.scot with the dates of when you have completed any new training so that we can update our database.



Kind regards,

Senior Pharmacist – Community Pharmacy Development

NHS Fife Pharmacy Services

Flat 2 | Pentland Block | Lynebank Hospital | KY11 4UW

# Appendix 1

# Community Pharmacist Independent Prescriber [CPIP] Registry of Learning Requirements –

# Pharmacy First Plus Common Clinical Conditions (CCC)

|  |  |
| --- | --- |
| Name of Pharmacist providing CCC: |        |
| Name of Pharmacy where CCC will be provided: |        |
| GPhC number: |        |
| Date registered as an independent prescriber on the GPhC register? |        |
| **Training Requirements** |
| Completed the NES 1 day ‘Patient Centred Consultation Skills course’ (previously called ‘Basic Clinical Consultation Skills’ course)  | [ ]  Yes [ ] No |
| Attended NES’ Day 4 ‘Application of Clinical Skills’ (previously called ‘Common Clinical Conditions’ Course) | [ ]  Yes [ ] No |
| Completed the 2 day ‘Core Clinical Assessment Skills’ course (previously called ‘Basic Examination Skills Part 1 and Part 2’ course) or attended the advanced clinical skills Course. | [ ]  Yes [ ] No |
| **Apparatus** |
| Do you have access to clinical portal?(If not [follow this link](https://www.communitypharmacy.scot.nhs.uk/nhs-boards/nhs-fife/clinical-portal-and-ecs/). It is important that you register) | [ ]  Yes [ ] No  |
| Do you have access to ‘NHS Near me’ for patient video consultations?(If not [follow this link](https://www.communitypharmacy.scot.nhs.uk/nhs-boards/nhs-fife/near-me/) in order to register) | [ ]  Yes [ ] No |
| **Other Information** |
| Please list any other ContinuousProfessional Development (CPD) you have completed in the last 2 years that you think is relevant to your prescribing competence / clinical skills? |        |
| Please list any other clinical / prescribing experience you have which is relevant to providing the CCC service. For example; previous clinics or near patient testing etc  |        |
| Please indicate what times you offer the contractual 25hrs per week. |  **Mon**      |  **Tue**      | **Wed**      | **Thu**      | **Fri**      | **Sat**      | **Sun**      | **Ad hoc**[ ]  Yes  |
| What other support or training do you require to provide your role? |        |
| **Declaration** |
| Form completed by:      | Date:      | Signature / e-signature: |