

10 Key Points for Applicants and their Referees – Market Entry Fitness - References

Introduction

As part of an application for inclusion in a pharmaceutical list, the applicant must provide the required fitness information which, for pharmacist-owner (s), pharmacist directors, and superintendent pharmacists, includes nominating two referees. The only exception is where the applicant has previously provided the required fitness information, and nothing has changed.

The regulations state that the relevant pharmacists must provide the names and addresses of two referees who are willing to provide references in respect of:

- two recent posts (which may include any current post) as a pharmacist,
- which lasted at least three months without a significant break.

Where this is not possible to do (for the relevant pharmacists), for example, because they have not worked as a pharmacist in practice recently, they must provide the names and addresses of two alternative referees who are acceptable to the ICB.

Assessment of the applicant's fitness is not required

If the applicant already has pharmacy premises in the Health and Wellbeing Board's (HWB) area in which they are seeking to open a new pharmacy (or buy an existing pharmacy), they will already be included in the pharmaceutical list for the area of that HWB. Consequently, the ICB is not required to assess whether or not they are a fit and proper person as that will have been determined in the past.

Assessment of the applicant's fitness required

If the applicant does not already have pharmacy premises in the HWB's area in which they are seeking to open a new pharmacy (or buy an existing pharmacy), the ICB is required to assess whether or not they are a fit and proper person to be included in the pharmaceutical list for the area of that HWB, even if the applicant is already included in a different pharmaceutical list.

PCSE will undertake a series of checks on the fitness information and each referee will be



contacted and asked to provide a reference by completing the national reference form. The fitness information, outcome of the checks and the references are then provided to the ICB in whose area the proposed pharmacy premises are located who will then make a decision. Where an applicant submits multiple applications to PCSE at the same time for different HWB areas, then referees will only be contacted once in respect of all the applications that require a fitness decision.

Key Points

The below list highlights some key points that applicants/relevant pharmacists can consider for the two referees/references (and should also be helpful to referees):

1. Carefully choose two eligible referees who are willing to provide a reference. Don't choose a person who is ineligible to be your referee, for example, because they are family members or business partners. More information on eligible referees can be found in our [briefing](#) (page 7 onwards).
2. Choose pharmacists as your referees. Non-pharmacist referees are generally only accepted in exceptional circumstances.
3. If alternative referees are needed, because you have not had any recent posts as a pharmacist, consider who they could be. For example, are there other appropriate persons who could answer the questions in the reference form e.g. a local pharmacist or GP?
4. If you're relying on a person who has previously provided a reference, first make sure they are still eligible, the reference remains in respect of a recent post that you have held (usually as a pharmacist), their email address hasn't changed, and they are still willing to provide a reference.
5. Ideally, ensure that the proposed referees have sufficient information to answer all questions on the reference form (see the appendix below) – you may want to check this and ask them to consider the reference form before you put their names down as referees.
6. Consider if you need to choose another referee who has sufficient knowledge to answer all or more of the questions on the reference form.
7. Ensure that the referees will both declare and explain why they do not have sufficient information, if they cannot answer one or more questions (and do this for each question they cannot answer fully).

8. Ensure that the referees will complete the 2 initial tick boxes on the first page of the reference form.
9. Keep in touch with your referees, to ensure they have received an email from PCSE and complete and return the reference promptly. PCSE won't contact your referees until the ICB has confirmed that all the required fitness information has been provided. You will receive a letter from PCSE when that is the case so that's the time to warn you referees to expect an email from PCSE. *Note: They must include the relevant CAS reference number in their response so that PCSE can match the reference to the correct application.*
10. Ensure that you as the applicant (buyer) keep the seller updated, so, for example, if you're asked for any additional information the seller will understand why there are delays. *Note: PCSE does not update the seller on the progress of an application because the seller is not the applicant. The buyer is the applicant.*

If you have any queries or require more information, please contact
regulations.team@cpe.org.uk

Appendix – from the [Pharmacy Manual – Annexes](#) document (Chapter 5 – Annex 15 and in Chapters 6 and 11)

Admission to the pharmaceutical list - confidential reference request

The pharmacist named below has applied for inclusion in a pharmaceutical list and has given your name as a referee who is willing to provide a reference in respect of a recent post (which may include their current post) they have held as a pharmacist which lasted at least three months without a significant break.

Please note that NHS England or the relevant delegated integrated care board should not, without good reason, accept references from:

- family members;
- business partners providing references for each other;
- any person with a financial interest in the application;
- Trainee pharmacists previously known as pre-registration trainees; or
- Your designated supervisor previously known as pre-registration trainer.

Please confirm, by **ticking this box**, that none of the above apply to you as the referee for this applicant

[Delete this sentence if the referee is not a registered healthcare professional] [Please note that this is a professional declaration on your part as a registered healthcare professional and provision of a false declaration will be treated very seriously and may lead to a referral to your regulatory body. If you are not in a position to give observations on any of the questions please indicate so. Please confirm that you understand this statement by ticking this box.

Name of pharmacist:

Date form to be returned by:

Please state the dates the applicant worked with you and the professional relationship:

Date started (mm/yyyy)	
Date finished (mm/yyyy)	
Position held by the applicant on which you are providing this reference	
Was this a patient-facing role?	

This reference is based upon (tick as appropriate):

- Opinion of line manager/equivalent
- Close observation
- Opinion of employer
- General impression
- Other.

Please give details

.....

Would you be happy to work with this pharmacist again?

Yes No

Would you recommend this pharmacist to your friends and family?

Yes No

Please carefully consider the following aspects of the applicant's practise and tick the appropriate box in each section.

In questions 1-3 if you have ticked the 'I have insufficient knowledge to form a judgement on this aspect' box for any aspect please give further information to support your score and how you have come to your opinion.

1. Pharmaceutical care.			
<input type="checkbox"/> I have insufficient knowledge to form a judgement on this aspect	<input type="checkbox"/> Less than satisfactory	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Good to excellent
Please give details to aid our assessment of the applicant's fitness to practise.			
2. Keeping records e.g. clinical interventions, near misses and errors, training records, signposting patients.			
<input type="checkbox"/> I have insufficient knowledge to form a judgement on this aspect	<input type="checkbox"/> Less than satisfactory	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Good to excellent
Please give details to aid our assessment of the applicant's fitness to practise.			
3. Work practises in line with professional standards and ethics.			
<input type="checkbox"/> I have insufficient knowledge to form a judgement on this aspect	<input type="checkbox"/> Less than satisfactory	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Good to excellent

Please give details to aid our assessment of the applicant's fitness to practise.

For questions 4-12, please give your opinion regarding the applicant's present knowledge, skills and personal attributes by circling the appropriate box that applies or crossing out those that do not apply. Statements are provided to give examples of behaviours that would constitute different levels of performance, although this is not intended to be an exhaustive list. Please use the space provided to give examples of the applicant's behaviour that support the rating you have given them in each area; this is essential if you have given a rating of 1 or 2.

4. Learning and development: ability to identify own learning and development needs, commits time and resources to appropriate training and development activities.

1. Reacts badly to constructive feedback, not interested in own development	2. Needs assistance in identifying own training needs/ developing personal targets	3. Often learns from experience, generally reacts well to constructive feedback	4. Actively seeks out and welcomes constructive feedback
---	--	---	--

Please give details to aid our assessment of the applicant's fitness to practise.

I have insufficient knowledge to form a judgement on this aspect

5. Communication skills: capacity to adjust behaviour and language (written/spoken) as appropriate to needs of differing situations. Actively and clearly engages patient (and colleagues) in equal/open dialogue.

1. Uses technical language that patients do not understand, ignores what they have to say	2. Can be lacking in clarity and coherence when speaking to patients	3. Often uses lay language to help patients understand	4. Always speaks clearly, gives adequate time and checks patients understand
---	--	--	--

Please give details to aid our assessment of the applicant's fitness to practise.

I have insufficient knowledge to form a judgement on this aspect

6. Professional relationships with patients – maintaining trust.

1. I have insufficient knowledge to form a judgement on this aspect	2. Less than satisfactory	3. Satisfactory	4. Good to excellent
---	---------------------------	-----------------	----------------------

Please give details to aid our assessment of the applicant's fitness to practise.

7. Avoiding discrimination and prejudice against patients.

1. I have insufficient knowledge to form a judgement on this aspect	2. Less than satisfactory	3. Satisfactory	4. Good to excellent
---	---------------------------	-----------------	----------------------

Please give details to aid our assessment of the applicant's fitness to practise.

8. If things go wrong (dealing with complaints and errors) how well does the applicant manage these?

1. I have insufficient knowledge to form a judgement on this aspect	2. Less than satisfactory	3. Satisfactory	4. Good to excellent
---	---------------------------	-----------------	----------------------

Please give details to aid our assessment of the applicant's fitness to practise.

9. Team involvement: collaborative style, works with colleagues in partnership, able to compromise. Undertakes leadership role if required. Provides support, views self as part of larger organisation.

1. Sticks rigidly to their own agenda and doesn't negotiate	2. Tends to take a 'back seat' rather than participating	3. Good at negotiating and usually able to compromise	4. Is excellent at supporting and motivating others and at negotiating
---	--	---	--

Please give details to aid our assessment of the applicant's fitness to practise.

o I have insufficient knowledge to form a judgement on this aspect

10. Empathy and sensitivity: Capacity and motivation to take in patient/colleague perspective and sense associated feelings. Generates safe/understanding atmosphere – an understanding approach.

1. Is not sensitive to the feelings of patients and treats them in an impersonal manner	2. Shows some interest in the individual and occasionally reassures patients	3. Usually demonstrates empathy towards patients	4. Always shows empathy and sensitivity; gives reassurance to the patient
---	--	--	---

Please give details to aid our assessment of the applicant's fitness to practise.

I have insufficient knowledge to form a judgement on this aspect

11. Would you expect the applicant to protect patients when his/her own health or the health, behaviour or professional performance of other pharmacists potentially puts patients at risk?

Yes No I have insufficient knowledge to form a judgement on this aspect

Please give details to aid our assessment of the applicant's fitness to practise.

12. Understanding of the NHS terms of service relating to the provision of pharmaceutical services

1. I have insufficient knowledge to form a judgement on this aspect 2. Less than satisfactory 3. Satisfactory 4. Good to excellent

Please give details to aid our assessment of the applicant's fitness to practise.

13. Is the applicant open and honest in their financial and commercial dealings in the following aspects?

If you have ticked no for any aspect please provide additional information below to aid our assessment of the applicant's fitness to practise.

Any financial arrangements with patients

Yes No I have insufficient knowledge to form a judgement on this aspect

Financial and commercial dealings with colleagues, employers, insurers and other organisations or individuals

Yes No I have insufficient knowledge to form a judgement on this aspect

Accuracy of claims for the provision of pharmaceutical services

Yes No I have insufficient knowledge to form a judgement on this aspect

Please give details to aid our assessment of the applicant's fitness to practise.

14. Are you aware of any current or previous convictions or GPhC/PSNI investigations where the outcome was adverse against the applicant? (We will not discriminate unfairly against any applicant following receipt of information.)

Yes

No

Please give details to aid our assessment of the applicant's fitness to practise.

If you wish to include any further information about the applicant's strengths and weaknesses that have not been covered in the above and which you consider may be helpful, please state below or attach a covering letter. A letter without the completed form will not be accepted.

To the best of my knowledge and belief the information provided above and on any continuation sheets or addenda is accurate and does not contain any material misstatement or omission.

I note the persons that NHS England or the relevant delegated integrated care board should not accept a reference from and can confirm that I am not such a person.

Signature

Date

Name
(Please print)

GPhC/PSNI registration number

Contact telephone number:

Please send the completed form to:

Email: PCSE.marketentry@nhs.net

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England's [Privacy Notice](#) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.