**Locum pharmacist agreement**

Dear

With respect to pharmaceutical services provided by you to the Hub pharmacy on a self-employed basis you agree with the following stipulations. On each and every occasion that you work for the Hub Pharmacy and for the full duration of each occasion you will:

Give your full and undivided attention to the activities and behaviours required to successfully carry out the work for which you have been employed to the highest standards and to the exclusive benefit of the Hub pharmacy.

Carry out all and any type of work required within the pharmacy whether that involves specifically work traditionally completed by a pharmacist or work traditionally completed by support staff. Your priority will always be work that only the pharmacist can carry out.

Accept direction from the pharmacy team or other employees of the Hub pharmacy regarding the nature and type of work required where it is not obvious.

Use your initiative to identify work that needs to be completed and actively complete it in collaboration with the pharmacy team.

Keep confidential all and any information about the Hub pharmacy and its activities, processes and procedures that may be of commercial benefit to our competitors.

Comply with all legal, professional and local requirements for the conduct and activity of a pharmacist including making all necessary professional records.

Comply with all company Standard Operating Procedures and additional operating procedures and policies.

Contribute to all activities for which you have professional accreditation and agree with the Pharmacy Manager and Operations Manager to become accredited for all identified purposes.

Complete all advanced and enhanced services where opportunity arises and where they are presented by pharmacy team members to maximise professional service income.

Provide the highest possible levels of patient service at all times.

Accept and understand the role of Responsible Pharmacist and all that this position entails, including the requirement to make full records of the periods of time during which you occupy this position, to display your details as required using facilities provided by the Hub pharmacy and to accept the direction provided by the superintendent pharmacist.

Respond in full and promptly to requests by the pharmacy team and other the Hub pharmacy employees when not in the pharmacy.

Keep confidential all and any patient information, abiding by the Confidentiality Code of Conduct, with disclosures only permitted as part of your proper employment, by law or as requested by the patient. Any breech of this term may result in prosecution.

We value the work you do for our organisation and patients and would like to support you to achieve the above. If you have any queries please contact the Operations Manager.

Should reports be forthcoming regarding failures to uphold your agreement with the Hub pharmacy and no reasonable explanation is available then the Hub pharmacy reserves the right to withhold an appropriate proportion of your payment determined by the Operations Manager for the work carried out.

Locum name:

GPhC number:

Signature:

Contact Number:

Email Address:

Date:

# No work should be carried out for the Hub pharmacy without a signed agreement being in existence unless at the express permission of the Operations Manager. When signed this agreement is binding and open ended unless otherwise stated.