



# A guide for GPs considering employing a practice pharmacist



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# Foreword

“As chair of the PCPA practice pharmacists’ group, I have been contacted by many of your colleagues asking for help, guidance and support in the employment of a practice pharmacist. This short guide will hopefully both encourage and support you in doing so. In my practices we have shown that, by having a pharmacist as part of the practice team, we can all work together to improve patient health outcomes and deliver higher quality care.”

## **Ravi Sharma (lead GP practice pharmacist, DMC Healthcare)**

“By having a pharmacist on our team, we have been able to reduce waiting times for appointments, improve patient health outcomes, increase access to healthcare, improve screening and diagnosis of chronic and common ailments, reduce A&E admissions and attendances, reduce medicines wastage and overuse, and overall, improve patient safety regarding use of their medicines.”

## **Dr Jane Muir-Taylor (GP, London)**

*GPOne — accessed 28/4/15*

# Workforce crisis

An aging, increasingly co-morbid population is putting increasing demand on primary care.

Around a quarter of the population now has a long-term condition and they account for 50% of GP appointments.

GP surgeries now make 370 million consultations per year - 70 million more than five years ago.

Despite this, GP numbers have remained relatively stagnant during that time. According to the [GP Taskforce](#), the number of GPs per 100,000 population in the UK fell from 62 in 2009 to 59.5 in 2012.

The situation has led to The Royal College of General Practitioners issuing a [joint proposal](#) with the Royal Pharmaceutical Society suggesting that pharmacists should be employed in GP practices.

Commenting on the proposals, RCGP chair Maureen Baker said: “Waiting times for a GP appointment are now a national talking point - and a national cause for concern, not least amongst GPs themselves. But, even if we were to get an urgent influx of extra funding and more GPs, we could not turn around the situation overnight due to the length of time it takes to train a GP.

“Yet we already have a ‘hidden army’ of highly-trained pharmacists who could provide a solution. Practice-based pharmacists, working as part of the clinical team, would relieve the pressure on GPs and make a huge difference to patient care.”

The plan also aligns well with the recommendation made in the recently published [NHS Five Year Forward View](#) - for community health services to “make far greater use of pharmacists”.

The NHS Alliance and the RPS have produced a [short film](#) describing the issue.

NHS England have now [committed at least £15 million](#) to partially fund employment of clinical pharmacists within GP practices and a [pilot scheme](#), testing the role of pharmacists in GP practices, has begun. Applications for this scheme must be submitted by 17 September 2015.



Up to half of prescribed medicines are not taken as intended  
5-8% of hospital admissions are related to medicines  
GP vacancy rate at highest ever with a 50% rise in empty posts

# What can pharmacists do?

The NHS Alliance and the Royal Pharmaceutical Society have compiled a list of primary care activities that pharmacists could perform in general practice. These may include:

## Clinical services

- Working closely with GPs to resolve day-to-day medicines issues
- Addressing medicines adherence with patients
- Managing and prescribing for long-term conditions in clinics, often in conjunction with practice nurses
- Triaging and managing common ailments
- Responding to acute medicine requests
- Reviewing patients on complex medication regimens
- Taking part in multidisciplinary case reviews
- Carrying out face-to-face or telephone follow up with patients
- Signposting patients to appropriate services and other healthcare professionals (e.g. community pharmacists)

£300m of prescribed medicines are wasted each year, half of this waste is deemed avoidable

Patients have concerns about polypharmacy and need help with medicine taking

## Prescription management

- Reconciliation of medicines in outpatient and discharge letters — including liaison with hospital, community and primary care colleagues to ensure correct medicines are continued following transfer of care
- Supporting the GPs and other practice staff to deliver on QIPP agenda, QOF and locally commissioned enhanced services
- Working with the practice team to deliver repeat prescription reviews — especially for care home residents, people prescribed polypharmacy and frail older people
- Converting acute medicine requests into repeat medicines, where appropriate
- Point of contact for the practice for all medicines-related queries for healthcare professionals and patients
- Implementing and monitoring a practice's adherence to a repeat prescription policy

## Audit and education

- Conducting clinical audits as part of the multidisciplinary team
- Answering medicine information enquiries from GPs, other healthcare professionals and patients
- Implementing, in conjunction with the practice team, systems for monitoring medicines use
- Contributing to clinical education of other healthcare professionals
- Providing leadership of quality improvements programmes that involve medicines

## Medicines management

- Working with GPs and practice nurses to agree, and then manage, practice formularies to improve the choice and cost effectiveness of medicines
- Implementing NICE guidance through audit and feedback, formulary management and educational sessions with the wider primary healthcare team and patients

**[Follow this link to an example of a practice-based pharmacist's typical day](#)**

# What to look for in a pharmacist

Example of entry level and advanced job descriptions can be accessed here:

**ENTRY LEVEL  
PHARMACIST**

**ADVANCED LEVEL  
PHARMACIST**

The RCGP/RPS have also developed a a generic [job description and personal specification](#)

All qualified pharmacists have undergone either a three or a four-year degree and 12 months of training “on the job” as a preregistration pharmacist before taking their final exams.

Following qualification they will undergo foundation training - after which they may then undertake postgraduate studies (which would be considered desirable, rather than essential, criteria for a practice pharmacist), which include:

- A prescribing qualification
- A clinical diploma in hospital pharmacy, or community pharmacy
- A research qualification (e.g. a masters degree)

Some pharmacists, working in clinic roles, have found it beneficial to undertake a physical assessment course.

## Initial training

Those who have not worked in general practice would, as part of an induction programme, require training in:

- Use of surgery computer systems
- Quality and Outcomes Framework and the QIPP agenda
- Clinical coding
- Clinical and information governance
- Safeguarding adults and children
- Management of the practice’s repeat prescribing system

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# Methods of recruitment

The methods available for employing pharmacists differ depending on whether you would prefer to hire a locum or employ a permanent member of staff.

Practice pharmacist roles can be advertised on NHS Jobs in the same way as practice nurse roles. Other options include in pharmacy journals (e.g. The Pharmaceutical Journal) or magazines (e.g. Chemist and Druggist) - charges apply.

Most medical recruitment agencies also have pharmacy sections. Although these are normally used to seek candidates for locum work, most also advertise permanent positions.

Follow these links to example job adverts for an [entry-level](#) and [advanced-level](#) practice pharmacist.

## Options for employment

The advantages and considerations of the various employment options are shown below:

	Advantages	Considerations
<b>Direct employment</b>	<ul style="list-style-type: none"><li>• Consistency of personnel</li><li>• No agency fees</li><li>• Provides employer with opportunity for long-term training plan</li></ul>	<ul style="list-style-type: none"><li>• Structure for career progression currently in development</li><li>• Training will need to be provided by the employer</li><li>• Isolated practitioner with need for peer-support network (PCPA now have national practice pharmacist group)</li></ul>
<b>Locum hire</b>	<ul style="list-style-type: none"><li>• Outsources the task of finding suitable candidates</li><li>• Knowledge and skills criteria can be specified to meet the needs of the practice</li></ul>	<ul style="list-style-type: none"><li>• Agencies will charge fees</li><li>• Locums are less likely to want long-term contracts</li><li>• May break employment law if locum does not have employment elsewhere</li></ul>
<b>Contract from CCG, CSU or a private provider</b>	<ul style="list-style-type: none"><li>• Pharmacists will already be trained on local practices and policies</li><li>• Back up from more senior pharmacist for peer review and support</li><li>• Organisation will also be able provide resources they have previously developed</li><li>• Cover for sickness or holiday may be available</li></ul>	<ul style="list-style-type: none"><li>• Provider will charge for the service but, after considering on costs of direct employment and cover for sickness and holidays, prices are not likely to be higher.</li></ul>

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# Future developments

The Royal Pharmaceutical Society is developing a potential career structure for pharmacists working in GP practices along with professional guidance to support the education and training of such pharmacists. It is also working on a suite of resources to support pharmacists undertaking this role. This guide will be updated in line with developments.

## In summary...

The shortage of GPs (and, in some areas, practice nurses) is producing a crisis for general practice. Although more GPs are being trained, we have to think differently about how care is provided. Demand is rising fast as the population ages. Rather than piling pressure on GPs, hospitals and emergency departments, the NHS needs to provide care close to where people live - through GP surgeries working with other primary care professionals.

By growing the practice team to include pharmacists, the capacity of GP surgeries can be increased to help more patients. By having pharmacists on hand, there will be additional skills that make sure a high quality of service is maintained. Pharmacists are a valuable member of the primary healthcare team and can support patients to get the most from their medicines, reduce medicines waste and reduce unplanned admissions. All of this, ultimately, leads to better patient care.

An analysis by Prescribing Support Services estimates the cost of employing a locum GP to be around £100 per hour; whereas a locum pharmacist would cost nearer £40 per hour.

## More details

If you want further information about how pharmacists can help you and your practice, contact Michelle Kaulbach-Mills, manager of the Primary Care Pharmacists' Association:

[michelle@pcpa.org.uk](mailto:michelle@pcpa.org.uk)



# Sample job adverts

## Practice pharmacist - entry level

Job Type: Permanent

Pay scheme: Agenda for change

Band: 7

Staff Group: Allied Health Care Professionals

Specialty/Function: Non- NHS Employer

Practice Pharmacist

We are seeking a practice pharmacist to develop medicines optimisation services within our practice. This is an exciting opportunity to develop a new role in this practice. You will work as part of a multidisciplinary team to develop and run processes for repeat prescription reauthorisation, management of medicines on transfer of care and systems for safer prescribing. Also, the successful candidate will have a role in managing long-term conditions. We will support them to develop their role - including, for example, becoming an independent prescriber or gaining a postgraduate qualification in clinical pharmacy.

Add a paragraph about your practice xxxxxxxx

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## Practice pharmacist - advanced level

Job Type: Permanent

Pay scheme: Agenda for change

Band: 8

Staff Group : Allied Health Care Professionals

Specialty/Function : Non - NHS Employer

Practice Pharmacist

We are seeking a practice pharmacist with previous experience of working in primary care to develop and manage medicines optimisation services within our practice. This is an exciting opportunity to develop a new role in this practice. You will work as part of a multidisciplinary team to manage repeat prescription authorisations and reauthorisation, acute prescription requests, management of medicines on transfer of care and systems for safer prescribing. The successful candidate will have a post-graduate diploma or higher degree in clinical pharmacy, and will be an independent prescriber. They will perform face-to-face medication reviews of patients with polypharmacy - especially for older people, people resident in care homes and those with multiple co-morbidities. The successful candidate will provide leadership on quality improvement and clinical audit, as well as managing some aspects of the Quality and Outcomes Framework.

Add a paragraph about your practice xxxxxxxx

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## a practice-based pharmacist's typical day

- 8 - 9am ● Repeat prescriptions, liaising with healthcare professionals and patients; sorting out medicines-related problems. Signing prescriptions within my scope of practice.
- 9 -10am ● Helping with patient triage in the practice.
- 10 - 11am ● Receiving clinical post and dealing with it as appropriate.
- 11am - 1pm ● Clinic - patients for medication use reviews, screening and management of long-term conditions, such as diabetes, asthma, COPD and hypertension.
- 2 - 3pm ● Going through Docman and clinical coding, for example, for QOF.
- 3 - 3.30pm ● Pathology results analysis.
- 3.30 - 5pm ● Clinic - offering extended hours services.

An example of a practice-based pharmacist's typical day.

# JOB DESCRIPTION - Practice Pharmacist

## JOB DETAILS

Job Title:	Practice Pharmacist
Department:	
Reports to:	
Accountable To:	
Location:	
Salary	

## JOB PURPOSE

The job description should be amended depending on whether this is an “entry level” or “advanced level” practice pharmacist post.

The employer must decide which of the following job roles are applicable to the post.

Qualifications and experience for junior level practice pharmacist

- Minimum of 2 years post qualification experience in pharmacy (hospital, primary care or community).
- Having the relevant skills, knowledge and experience for the role
- Working towards being an independent prescriber (if required).

Qualifications and experience for a senior level practice pharmacist

- Extensive post qualification experience working with patients and the multidisciplinary healthcare team in general practice.
- In-depth knowledge of medicines and applied therapeutics
- Having the relevant skills, knowledge and experience for the role
- Independent prescribing qualification.

Practice Pharmacist job role	Entry level (junior)	Advanced Level (senior)
Management of medicines at discharge from hospital.	<p>To reconcile medicines following discharge from hospitals, intermediate care and into care homes, including identifying and rectifying unexplained changes and working with patients and community pharmacists to ensure patients receive the medicines they need post discharge.</p> <p>Set up and manage systems to ensure continuity of medicines supply to high-risk groups of patients (e.g. those with medicine compliance aids or those in care homes).</p>	<p>To reconcile medicines following discharge from hospitals, intermediate care and into care homes; identify and rectify unexplained changes; manage these changes without referral to the GP; perform a clinical medication review; produce a post-discharge medicines care plan including dose titration and booking of follow-up tests, and working with patients and community pharmacists to ensure patients receive the medicines they need post discharge.</p> <p>Set up and manage systems to ensure continuity of medicines supply to high-risk groups of patients (e.g. those with medicine compliance aids or those in care homes).</p> <p>Work in partnership with hospital colleagues (e.g. care of the elderly doctors and clinical pharmacists) to proactively manage patients at high risk of medicine-related problems before they are discharged to ensure continuity of care.</p>
Risk stratification	Identification of cohorts of patients at high risk of harm from medicines through pre-prepared practice computer searches. This might include risks that are patient related, medicine related, or both.	<p>Design, development and implementation of computer searches to identify cohorts of patients at high risk of harm from medicines.</p> <p>Responsibility for management of risk stratification tools on behalf of the practice.</p> <p>Working with patients and the primary care team to minimise risks through medicines optimisation.</p>
Unplanned hospital admissions	<p>Review the use of medicines most commonly associated with unplanned hospital admissions and readmissions through audit and individual patient reviews.</p> <p>Put in place changes to reduce the prescribing of these medicines to high-risk patient groups.</p>	<p>Devise and implement practice searches to identify cohorts of patients most likely to be at risk of an unplanned admission and readmissions from medicines.</p> <p>Work with case managers, multidisciplinary (health and social care) review teams, hospital colleagues and virtual ward teams to manage medicines-related risk for readmission and patient harm.</p> <p>Put in place changes to reduce the prescribing of these medicines to high-risk patient groups.</p>

Repeat prescribing	<p>Produce and implement a practice repeat prescribing policy.</p> <p>Manage the repeat prescribing reauthorisation process by reviewing patient requests for repeat prescriptions and reviewing medicines reaching review dates and flagging up those needing a review to the GP.</p>	<p>Produce and implement a practice repeat prescribing policy.</p> <p>Manage the repeat prescribing reauthorisation process by reviewing patient requests for repeat prescriptions and reviewing medicines reaching review dates; make necessary changes as an independent prescriber, and ensure patients are booked in for necessary monitoring tests where required.</p>
Telephone and patient facing medicines support	<p>Provide a telephone help line for patients with questions, queries and concerns about their medicines.</p> <p>Hold clinics for patients requiring face-to-face medicines use reviews (MURs) — i.e. advise about medicines and adherence support.</p>	<p>Provide a telephone help line for patients with questions, queries and concerns about their medicines.</p> <p>Hold clinics for patients requiring face-to-face clinical medication reviews (CMRs) — i.e. a review of the ongoing need for each medicine, a review of monitoring needs and an opportunity to support patients with their medicine taking.</p>
Medication review	Undertake clinical medication reviews with patients and produce recommendations for the GP on prescribing and monitoring.	Undertake clinical medication reviews with patients with multi-morbidity and polypharmacy and implement own prescribing changes (as an independent prescriber) and order relevant monitoring tests.
Care home medication reviews	<p>Undertake clinical medication reviews with patients and produce recommendations for the GP on prescribing and monitoring.</p> <p>Work with care home staff to improve safety of medicines ordering and administration.</p>	<p>Manage own caseload of care home residents. Undertake clinical medication reviews with patients with multi-morbidity and polypharmacy and implement own prescribing changes (as an independent prescriber) and order relevant monitoring tests.</p> <p>Work with care home staff to improve safety of medicines ordering and administration.</p>
Domiciliary clinical medication review	Undertake clinical medication reviews with patients and produce recommendations for the GP on prescribing and monitoring.	<p>Manage own caseload of vulnerable housebound patients at risk of hospital admission and harm from poor use of medicines. Implement own prescribing changes (as an independent prescriber) and ordering of monitoring tests.</p> <p>Attend and refer patients to multidisciplinary case conferences.</p>

Long-term condition clinics	<p>See patients with single medical problems where medicine optimisation is required (e.g. COPD, asthma).</p> <p>Make recommendations to GPs for medicine improvements.</p>	<p>See patients in multi-morbidity clinics and in partnership with primary healthcare colleagues and implement improvements to patient's medicines, including deprescribing.</p> <p>Run own long-term condition clinics where responsible for prescribing as an independent prescriber for conditions where medicines have a large component (e.g. medicine optimisation for stable angina symptom control, warfarin monitoring and dose adjustment for patients requiring long-term anticoagulants).</p>
Service development	<p>Contribute pharmaceutical advice for the development and implementation of new services that have medicinal components (e.g. advise on treatment pathways and patient information leaflets).</p>	<p>Develop and manage new services that are built around new medicines or NICE guidance, where a new medicine/ recommendations allow the development of a new care pathway (e.g. new oral anticoagulants for stroke prevention in atrial fibrillation).</p>
Care Quality Commission	<p>Work with the practice manager and GPs to ensure the practice is compliant with CQC standards where medicines are involved.</p> <p>Undertake risk assessment and management and ensure compliance with medicines legislation</p>	<p>Provide leadership to the practice manager and GPs to ensure the practice is compliant with CQC standards where medicines are involved.</p>
Public health	<p>To contribute to public health campaigns, including flu vaccinations, and adult immunisation programmes</p>	<p>To devise and manage public health campaigns to run at the practice. To provide specialist knowledge on immunisation.</p>
Cost saving programmes	<p>Undertake changes to medicines (switches) designed to save on medicine costs where a medicine or product with lower acquisition cost is now available.</p>	<p>Make recommendations for, and manage pharmacy technicians to, make changes to medicines (switches) designed to save on medicine costs where a medicine or product with lower acquisition cost is now available.</p>
Medicine information to practice staff and patients	<p>Answers all medicine-related enquiries from GPs, other practice staff and patients with queries about medicines.</p>	<p>Answers all medicine-related enquiries from GPs, other practice staff and patients with queries about medicines. Suggesting and recommending solutions. Providing follow up for patients to monitor the effect of any changes.</p>
Information management	<p>Analyse, interpret and present medicines data to highlight issues and risks to support decision making.</p>	<p>Analyse, interpret and present medicines data to highlight issues and risks to support decision making.</p>

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Medicines quality improvement	Undertake simple audits of prescribing in areas directed by the GPs, feedback the results and implement changes in conjunction with the practice team.	Identify and provide leadership on areas of prescribing requiring improvement. Either conduct own audits and improvement projects or work with colleagues such as GP registrars. Present results and provide leadership on suggested change. Contribute to national and local research initiatives.
Training	Provide education and training to primary healthcare team on therapeutics and medicines optimisation.	Provide education and training to primary healthcare team on therapeutics and medicines optimisation.  Provide training to visiting medical students.
Implementation of local and national guidelines and formulary recommendations	<p>Monitor practice prescribing against the local health economy's RAG list and make recommendations to GPs for medicines that should be prescribed by hospital doctors (red drugs) or subject to shared care (amber drugs).</p> <p>Assist practices in setting and maintaining a practice formulary that is hosted on the practice's computer system.</p> <p>Auditing practice's compliance against NICE technology assessment guidance.</p> <p>Provide newsletters or bulletins on important prescribing messages.</p>	<p>Monitor practice prescribing against the local health economy's RAG list for medicines that should be prescribed by hospital doctors (red drugs) or subject to shared care (amber drugs). Liaise directly with hospital colleagues where prescribing needs to be returned to specialists.</p> <p>Assist practices in setting and maintaining a practice formulary that is hosted on the practice's computer system.</p> <p>Suggest and develop computer decision support tools to help remind prescribers about the agreed formulary choice and local recommendations.</p> <p>Auditing practice's compliance against NICE technology assessment guidance.</p> <p>Provide newsletters on important prescribing messages to improve prescribers' knowledge and work with the team to develop and implement other techniques known to influence implementation of evidence — such as audit and feedback.</p>
Medicines safety	Implement changes to medicines that result from MHRA alerts, product withdrawal and other local and national guidance.	<p>Horizon scan to identify national and local policy and guidance that affects patient safety through the use of medicines, including MHRA alerts, product withdrawals and emerging evidence from clinical trials.</p> <p>Manage the process of implementing changes to medicines and guidance for practitioners.</p>

# Key working relationships

- Patients
- GP, nurses and other practice staff
- Other members of the medicines management (MM) team including pharmacists, technicians and dieticians
- Locality / GP prescribing lead
- Locality managers
- Community nurses and other allied health professionals
- Community pharmacists and support staff
- Hospital staff with responsibilities for prescribing and medicines optimisation

## Responsibilities underpinning the role

- To develop and facilitate a good working relationship with community pharmacists and other local providers of healthcare
- To plan and organise the post holder's own workload, including audit and project work, and training sessions for members of the medicines management team, practice team, community pharmacy team, community nurse team, patients, carers, etc
- If applicable: To prioritise, supervise and support the day-to-day work of medicines management technician(s)/facilitator(s) working under the direction of the post-holder. This includes any agreed HR-related activity and any formal and informal teaching of medicines management colleagues, as required
- To record personally generated information and maintain a database of information relating to the work done in the practice(s)
  - personally generated information includes information and records relating to audit and clinical work undertaken by the post holder, reference notes relating to clinical/technical information, etc
  - the database includes maintaining up-to-date, detailed records of all work done in the practices for which the post holder is accountable (done by the post holder or others)
- To maintain registration as a pharmacist and comply with appropriate professional codes
- As appropriate to the post, to maintain and develop professional competence and expertise, keep up to date with medical/therapeutic evidence and opinion, and local and national service, legislation and policy developments, agree objectives and a personal development plan and participate in the appraisal process
- To attend local, regional and national meetings of relevance
- To undertake any other duties commensurate with the post holder's grade as agreed with the post holder's line manager
- All employees should understand that it is their personal responsibility to comply with all organisational and statutory requirements (e.g. health and safety, equal treatment and diversity, confidentiality and clinical governance)



# Codes of Conduct

Pharmacists must comply with the Code of Professional Conduct set by the General Pharmaceutical Council and to xxxx Code of Conduct.

xxxx insert name of employer

## Equal Opportunities

XXX is committed to an equal opportunities policy that affirms that all staff should be afforded equality of treatment and opportunity in employment irrespective of sexuality, marital status, race, religion/belief, ethnic origin, age or disability. All staff are required to observe this policy in their behaviour to fellow employees.

## Confidentiality

All employees are required to observe the strictest confidence with regard to any patient/client information that they may have access to, or accidentally gain knowledge of, in the course of their duties.

All employees are required to observe the strictest confidence regarding any information relating to the work of xxxxx and its employees. You are required not to disclose any confidential information either during or after your employment with the xxxx, other than in accordance with the relevant professional codes.

Failure to comply with these regulations whilst in the employment of xxxx could result in action being taken.

## Data Protection

All employees must adhere to the xxxx Policy on the Protection and use of Personal Information, which provides guidance on the use and disclosure of information. xxxx also has a range of policies for the use of computer equipment and computer-generated information. These policies detail the employee's legal obligations and include references to current legislation. Copies of the policy on the protection and use of personal information, and other information technology, can be found in the xxxxx policies and procedures manual.

# Professional indemnity insurance

Add details if required

## Health and safety

xxxx expects all staff to have a commitment to promoting and maintaining a safe and healthy environment and be responsible for their own and others welfare.

## Risk management

You will be responsible for adopting the risk management culture and ensuring that you identify and assess all risks to your systems, processes and environment and report such risks for inclusion within the xxxxx risk register. You will also attend mandatory and statutory training, report all incidents/accidents, including near misses, and report unsafe occurrences as laid down within xxxxx Incidents and Accidents Policy.

## No smoking policy

Xxxxx is a 'no smoking organisation' therefore staff are not permitted to smoke whilst on duty.

All staff are expected to recognise their role as ambassadors for a healthy lifestyle. As such, staff should not smoke whilst in uniform, in NHS vehicles or on xxxxx or other healthcare premises.

## Other duties

There may be a requirement to undertake other duties as may reasonably be required to support xxxx. These may be based at other xxxx managed locations.



	<ul style="list-style-type: none"> <li>• Able to work under pressure and to meet deadlines</li> <li>• Produce timely and informative reports</li> <li>• Gain acceptance for recommendations and influence/ motivate/ persuade the audience to comply with the recommendations/ agreed course of action where there may be significant barriers</li> <li>• Work effectively independently and as a team member</li> <li>• Demonstrates accountability for delivering professional expertise and direct service provision</li> </ul>	E E E E E	D*	I I I I I
<b>Other</b>	<ul style="list-style-type: none"> <li>• Self-motivation</li> <li>• Adaptable</li> <li>• Full driving licence</li> </ul>	E E E		I I A

\*Assessment will take place with reference to the following information

A=Application form

I=Interview

P= Presentation

T=Test

C=Certificate

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