

A guide for GPs considering employing a pharmacist

What can pharmacists do?
What to look for in a pharmacist
Methods of recruitment
Options for employment
Indemnity insurance information

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Foreword

Ravi Sharma – Vice Chair, Primary Care Pharmacy Association and Chair of the Practice Pharmacy Group

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

Professor Helen Stokes-Lampard, Chair of the Royal College of GPs

“Pharmacists are highly trained and highly trusted healthcare professionals. Last year, the College worked with colleagues at the Royal Pharmaceutical Society to initiate a scheme whereby pharmacists would work alongside GPs, in our surgeries, as part of the wider practice team – and we’re delighted that feedback, both from GPs and patients, has been positive.

“Practice-based pharmacists conduct numerous tasks, including medication reviews and offering advice to our growing number of patients with long-term conditions. In doing so, they help to reduce GPs’ workload, cut waiting times, and free up our time for patients who really need our clinical expertise. “Patients should feel assured that when visiting a practice-based pharmacist, they will receive quality care in line with their unique health needs – and if they do really need to see a GP, they still can.”

Karen Acott, Executive Partner and Pharmacist Practitioner at Wallingbrook Health Group, Devon

“No GP would set up a practice without a nurse or a practice manager. In my view, the same should now apply to a pharmacist. It’s about bringing these skill sets together to deliver safe and high-quality care. All these health professionals working together can deliver the right outcomes for patients. My advice to those considering employing a pharmacist within the practice team would be: just do it, you won’t regret it!”

Sandra Gidley, RPS England Board Chair

“Having a pharmacist as part of the General practice team can make a huge difference to both patients and clinical colleagues.

“Pharmacists can consult with and treat patients directly, relieving GPs of casework and enabling them to focus their skills where they are most needed, for example on diagnosing and treating patients with complex conditions.

“As part of the multidisciplinary team, pharmacists can advise other professionals about medicines, resolve problems with prescriptions and reduce prescribing errors.

“Pharmacists can also work with GPs to resolve day-to-day medicine issues, provide an essential link for community and hospital pharmacists with practice teams, as well as providing advice on medicines to care homes, and visiting patients in their own homes when needed.

“It’s a win-win situation for everyone concerned. Pharmacists should be working in GP practices all over the country. Patients deserve access to high quality care and services wherever they live and pharmacists are central to providing this.”

Workforce crisis

- Are you working 11+ hours a day and still not getting everything finished?
- Are your patients having to wait days to see you?
- Are medication reviews not being conducted to the standard you would like because you don't have the time to do them properly?
- Is your local CCG on your case for not completing an audit or not meeting a prescribing target?
- Are you spending hours updating patients' medication lists against hospital discharges or figuring out the best alternative for a medicine because your local pharmacy can't obtain it?

You are not alone.

GP surgeries now make 370 million consultations per year — 70 million more than five years ago. In 2006–7, 688.4m prescriptions were dispensed in England. This had risen to 995.3m in 2015–6— a rise of 44.6%. During the same period, according to the GMC, the number of doctors on the GP register only increased by 21%.

The situation 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. Furthermore, in 2015, NHS England committed £15m to partially fund the employment of around 450 clinical pharmacists within GP practices.

Commenting on the initiative, RCGP immediate past chair Professor Maureen Baker said: “Pharmacists will not be substitutes for GPs, but will work closely with us as part of the practice team to resolve day-to-day medicine issues, particularly for patients with long term conditions who are taking a number of different medications. This has the potential to have a major impact on patient care and safety, as well as reducing waiting times for GP appointments.

“This arrangement is already running successfully in some GP surgeries and we hope that this £36m pilot scheme will be a catalyst for more GPs and their teams to participate.”

To date the NHS England pilot programme has successfully integrated 491 practice pharmacists across 658 practices.

NHS England will be expanding this programme to allow for a further 1,500 practice pharmacists to be employed by 2020-21

There are similar programmes running in *Northern Ireland* and *Wales*.

What can pharmacists do?

Practice-based pharmacists work as part of the general practice team to resolve day-to-day medicine issues and consult with and treat patients directly. This includes providing extra help to manage long-term conditions, advice for those affected by polypharmacy and better access to health checks.

Practice-based pharmacists will provide leadership on medicines optimisation and quality improvement. They can contribute to the productivity of general practice through QOF and enhanced services (both local and direct).

Practice-based pharmacists will support further integration of general practice with the wider healthcare teams (including community mental health and hospital pharmacy) to help utilise skill mix, improve patient outcomes, ensure better access to healthcare and help manage general practice workload.

Pharmacists can offer holistic reviews of complex medication — looking at physical health, mental health and specialist medicines together — and, increasingly, use independent prescribing to add value.

Having a pharmacist in GP practices means GPs can focus their skills where they are most needed, for example on diagnosing and treating patients with complex conditions. This will help GPs manage the demands on their time.

The work will support general practice as part of the ***GP Workforce 10 Point Plan*** (“***Building the Workforce – the New Deal for General Practice***”).

The NHS Alliance and the Royal Pharmaceutical Society have compiled a list of primary care activities that pharmacists could perform in general practice. These 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
- Triage 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)
- Linking the GP surgery more effectively with specialist pharmacists and community pharmacists to reduce medication errors and improve quality

Prescription management

- Reconciliation of medicines in outpatient and discharge letters including liaison with hospital, community and primary care colleagues to ensure correct medicines follow up on 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 older people with frailty.
- Converting acute medicine requests into repeat medicines where appropriate
- Point of contact for the practice for all medicines related queries for Health Care 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 health care professionals and patients.
- Implementing in conjunction with the practice team systems for monitoring for medicines
- Contributing to clinical education of health care professionals
- Providing leadership of quality improvements programs that involve medicines

Medicines management

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

An example of a typical day for a practice

Job description for a clinical pharmacist

Job description for a senior clinical pharmacist

What do patients think about practice-based pharmacists?

The Patients Association surveyed over 300 patients for their views on the employment of pharmacists in general practice. Its report

“A survey of patients and carers views of pharmacists based in GP practices”

developed in partnership with the PCPA, highlights that patients welcome this development.

What do practice staff think about practice-based pharmacists?

In 2012, Haxby Group Practice in Yorkshire hired a practice pharmacist. The positive impact of the pharmacist’s arrival, on all grades of staff from GPs to reception staff, has been summarised [here](#).

Raising awareness of your pharmacist

To help raise awareness of your practice pharmacist among the patients at your practice, NHS England have developed a patient information leaflet that explains:

- **what a clinical pharmacist is**
- **when and why they might see a clinical pharmacist**
- **what they should expect from an appointment**

There are several versions of the leaflet which along with other support resources can be accessed using [this link](#).

The following videos, available on YouTube, can also provide patients with insight into a pharmacist’s role within a GP practice:

Hartland Way Surgery, Croydon

Old School Surgery, Bristol

Education and support for practice pharmacists

Employment within the NHS England pilot

If you employ a pharmacist via the NHS England *pilot*, they will receive a comprehensive package of training and support — through enrolment onto an education pathway delivered currently by the Centre for Postgraduate Pharmacy Education. The 18-month pathway will include residential study, study days, local learning sets and assessment. The latter includes case-based discussion, clinical assessment, direct observation of practice, portfolio, reflective assessment and Royal Pharmaceutical Society Faculty application.

To allow this, pharmacists must have 28 study days provided by their employer over the 18 month period.

The support framework for GP clinical pharmacists requires practices to agree a GP education supervisor in the workplace. Education support will be delivered by CPPE education supervisors and clinical support by CPPE clinical mentors.

Resources for GP clinical supervisors include the GP clinical supervisor handbook, the National learning pathway, pathway overview factsheet and pathway handbook (for clinical pharmacists).

Employing a pharmacist outside of the NHS England pilot

If you are employing your pharmacist outside of the scheme, they can find support and advice on education and networking by joining the Primary Care Pharmacy Association.

The Royal Pharmaceutical Society have produced a comprehensive guide for pharmacists wishing to work in general practice. The RPS recommend that pharmacists interested in embarking on a career working in GP practices complete it's *Foundation programme*.

Over time, this will empower the pharmacist to effectively manage more complex patients, cases and pharmaceutical care issues, which will be crucial to developing their role.

Employing a pharmacist

Sample business cases

An *example framework for a business case* has been produced to help make the case for employing a practice-based pharmacist.

What to look for in a pharmacist

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.

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

Options for employment

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

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

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 can also advertise permanent positions.

To make your search for a pharmacist a little easier, hyperlinked here are examples of:

[*A practice pharmacist job advertisement and person specification*](#)

[*Job Description Clinical Pharmacist*](#)

[*Job Description Senior Clinical Pharmacist*](#)

[*Sample interview questions*](#)

[*Indemnity Considerations*](#)

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 pilling on 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, 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 health care 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.

Acknowledgments

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Ravi Sharma – PCPA Vice chair and Practice Pharmacy Group (PPG) Chair

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Practice Pharmacy Group

Royal Pharmaceutical Society

Royal College of General Practitioners

NHS England

A day in the Life of a Clinical pharmacist- Robin Conibere

At Beacon Medical Group we have a diverse Urgent Care Team that has been evolving over the past 2 years. The practice decided to diversify their skill mix and with 11 sessions of GP time they decided to diversify their skill mix with a Clinical Pharmacist, an Advanced Nurse Practitioner, & an Advanced Paramedic Practitioner. This team work with a duty Doctor to manage “on the day demand”.

09:00-13:00 - Telephone triage of on the day demand, according to pharmacists competence, this includes minor ailments, medication queries (interactions/supply issues/latest Media Reports/safety concerns), liaising with community pharmacy, General prescription issues.

Generally there will be 20-30 calls in a morning session made up of a variable mix of the above. During this time the Pharmacist or Duty GP or other members of staff will book in face to face patients for assessment of the above conditions if deemed appropriate, and the pharmacist will take a history, examine, make a diagnosis, refer/seek help from colleagues if appropriate, prescribe if necessary, safety net and generally manage patients within their capabilities.

Up to 12-15 patients in 10 minute appointments

14:00-15:00 Dealing with medicines related post & tasks e.g. discharge summaries and medicines reconciliation, prescription requests and reauthorisation

15:00-16:00 Clinical Audit, Medicines Optimisation, Patient safety Audits

16:00-18:00 Patient follow up/Clinic either by phone or face to face. E.g. hypertension clinic, Diabetes, respiratory, medication review.

Throughout the day I have an “open door” policy and unless consulting with a patient Reception and admin staff (& clinical colleagues) will seek me out for any medication advice and urgent issues that they feel I can help with.

Clinical Practice Based Pharmacist

Job Description

Responsible to: Practice Manager/ Practice Partners as necessary

Accountable to:

Base:

Salary:

Job Summary:

The post holder is a pharmacist, who acts within their professional boundaries, supporting and working alongside a team of pharmacists in general practice. In this role they will be supported by a senior clinical pharmacist who will develop, manage and mentor them.

The post holder will work as part of a multi-disciplinary team in a patient-facing role. The post holder will take responsibility for areas of chronic disease management within the practice and undertake clinical medication reviews to proactively manage patients with complex polypharmacy.

The post holder will provide primary support to general practice staff with regards to prescription and medication queries. They will help support the repeat prescription system, deal with acute prescription requests, and medicines reconciliation on transfer of care and systems for safer prescribing, providing expertise in clinical medicines advice while addressing both public and social care needs of patient in the GP practice (s).

The post holder will provide clinical leadership on medicines optimisation and quality improvement and manage some aspects of the quality and outcomes framework and enhanced services.

The post holder will ensure that the practice integrates with community and hospital pharmacy to help utilise skill mix, improve patient outcomes, ensure better access to healthcare and help manage workload. The role is pivotal to improving the quality of care and operational efficiencies so requires motivation and passion to deliver excellent service within general practice.

The post holder will be supported to develop their role to become a non-medical prescriber.

Primary Duties and Areas of Responsibility

<p>Patient facing Long--term condition Clinics</p>	<p>See (where appropriate) patients with single or multiple medical problems where medicine optimisation is required (e.g. COPD, asthma).</p> <p>Review the on-going need for each medicine, a review of monitoring needs and an opportunity to support patients with their medicines taking ensuring they get the best use of their medicines (i.e. medicines optimisation). Make appropriate recommendations to Senior Pharmacists or GPs for medicine improvement.</p>
<p>Patient facing Clinical Medication Review</p>	<p>Undertake clinical medication reviews with patients and produce recommendations for senior clinical pharmacist, nurses and/or GP on prescribing and monitoring.</p>
<p>Patient facing care home medication reviews</p>	<p>Undertake clinical medication reviews with patients and produce recommendations for the senior clinical pharmacist, nurses or GPs on prescribing and monitoring.</p> <p>Work with care home staff to improve safety of medicines ordering and administration.</p>
<p>Patient facing domiciliary clinical medication review</p>	<p>Undertake clinical medication reviews with patients and produce recommendations for the senior clinical pharmacists, nurses and GPs on prescribing and monitoring.</p> <p>Attend and refer patients to multidisciplinary case conferences.</p>
<p>Management of common/minor/self-limiting ailments</p>	<p>Managing caseload of patients with common/minor/self-limiting ailments while working within a scope of practice and limits of competence.</p> <p>Signposting to community pharmacy and referring to GPs or other healthcare professionals where appropriate</p>
<p>Patient facing medicines support</p>	<p>Provide patient facing clinics for those with questions, queries and concerns about their medicines in the practice</p>
<p>Telephone medicines support</p>	<p>Provide a telephone help line for patients with questions, queries and concerns about their medicines.</p>

<p>Medicine information to practice staff and patients</p>	<p>Answers relevant medicine--related enquiries from GPs, other practice staff, other healthcare teams (e.g. community pharmacy) and patients with queries about medicines.</p> <p>Suggesting and recommending solutions.</p> <p>Providing follow up for patients to monitor the effect of any changes</p>
<p>Unplanned hospital admissions</p>	<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>Management of medicines at discharge from hospital</p>	<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>Signposting</p>	<p>Ensure that patients are referred to the appropriate healthcare professional for the appropriate level of care within an appropriate period of time e.g. pathology results, common/minor ailments, acute conditions, long term condition reviews etc.</p>
<p>Repeat prescribing</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 and flagging up those needing a review.</p> <p>Ensure patients have appropriate monitoring tests in place when required.</p>
<p>Risk stratification</p>	<p>Identification of cohorts of patients at high risk of harm from medicines through pre-prepared practice computer searches.</p>

	This might include risks that are patient related, medicine related, or both.
Service development	Contribute pharmaceutical advice for the development and implementation of new services that have medicinal components (e.g. advice on treatment pathways and patient information leaflets).
Information management	Analyse, interpret and present medicines data to highlight issues and risks to support decision-making.
Medicines quality improvement	Undertake clinical audits of prescribing in areas directed by the GPs, feedback the results and implement changes in conjunction with the practice team.
Medicines safety	Implement changes to medicines that result from MHRA alerts, product withdrawal and other local and national guidance.
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 seeing 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>
Education and Training	Provide education and training to primary healthcare team on therapeutics and medicines optimisation.
Care Quality Commission	Work with the general practice team to ensure the practice is compliant with CQC standards where medicines are involved.
Public health	<p>To support public health campaigns.</p> <p>To provide specialist knowledge on all public health programmes available to the general public.</p>

Collaborative Working Relationships

Recognises the roles of other colleagues within the organisation and their role to patient care

Demonstrates use of appropriate communication to gain the co-operation of relevant stakeholders (including patients, senior and peer colleagues, and other professionals, other NHS/private organisations e.g. CCGs)

Demonstrates ability to work as a member of a team

Is able to recognise personal limitations and refer to more appropriate colleague(s) when necessary

Actively work toward developing and maintaining effective working relationships both within and outside the practice and locality

Foster and maintain strong links with all services across locality

Explores the potential for collaborative working and takes opportunities to initiate and sustain such relationships

Demonstrates ability to integrate general practice with community and hospital pharmacy teams

Liaises with CCG colleagues including CCG Pharmacists on prescribing related matters to ensure consistency of patient care and benefit

Liaises with CCG pharmacists and Heads of Medicines Management/ Optimisation to benefit from peer support

Liaises with other stakeholders as needed for the collective benefit of patients including but not limited to

Patients

GP, nurses and other practice staff

Other healthcare professionals including CCG pharmacists, pharmacy technicians, optometrists, dentists, health and social care teams and dieticians etc.

Locality / GP prescribing lead

Locality managers

Community nurses and other allied health professionals

Community and hospital pharmacy teams

Hospital staff with responsibilities for prescribing and medicines optimisation

Knowledge, Skills and Experience Required

Completion of an undergraduate degree in pharmacy and registration with the General Pharmaceutical Council

Minimum of 2 years' experience as a pharmacist, demonstrated within a practice portfolio.

Have experience and an awareness of common acute and long-term conditions that are likely to be seen in general practice

May hold or be working towards an independent prescribing qualification.

Recognises priorities when problem-solving and identifies deviations from normal pattern and is able to refer to seniors or GPs when appropriate

Able to follow legal, ethical, professional and organisational policies/procedures and codes of conduct

Involves patients in decisions about prescribed medicines and supporting adherence as per NICE guidelines.

NB: it is anticipated level of qualification held may vary according to the level of position and the components of the role being carried out, see person specification for details.

Leadership:

Demonstrate understanding of the pharmacy role in governance and is able to implement this appropriately within the workplace.
Demonstrate understanding of, and contributes to, the workplace vision
Engages with Patient Participation Groups (PPGs) and involves PPGs in development of the role and practices
Demonstrates ability to improve quality within limitations of service
Reviews yearly progress and develops clear plans to achieve results within priorities set by others.
Demonstrate ability to motivate self to achieve goals
Promotes diversity and equality in people management techniques and leads by example.

Management:

Demonstrate understanding of the implications of national priorities for the team and/or service
Demonstrate understanding of the process for effective resource utilisation
Demonstrate understanding of, and conforms to, relevant standards of practice
Demonstrates ability to identify and resolve risk management issues according to policy/protocol
Follows professional and organisational policies/procedures relating to performance management
Demonstrate ability to extend boundaries of service delivery within the team

Education, Training and Development:

Understands and demonstrates the characteristics of a role model to members in the team and/or service
Demonstrates understanding of the mentorship process
Demonstrates ability to conduct teaching and assessment effectively according to a learning plan with supervision from more experience colleague
Demonstrates self-development through continuous professional development activity; working alongside senior clinical pharmacist to identifying areas to develop
Participates in the delivery of formal education programmes
Demonstrates an understanding of current educational policies relevant to working areas of practice and keeps up to date with relevant clinical practice.
Ensures appropriate clinical supervision is in place to support development
Enrolled into review and appraisal systems within the practice

Research and Evaluation:

Demonstrates ability to critically evaluate and review literature
Demonstrates ability to identify where there is a gap in the evidence base to support practice
Demonstrates ability to generate evidence suitable for presentations at practice and local level
Demonstrates ability to apply research evidence base into working place
Demonstrates understanding of principles of research governance.

Health and Safety/Risk Management

The post-holder must comply at all times with the Practice's Health and Safety policies, in particular by following agreed safe working procedures and reporting incidents using the organisations Incident Reporting System.

The post-holder will comply with the Data Protection Act (1984) and the Access to Health Records Act (1990).

Equality and Diversity

The post-holder must co-operate with all policies and procedures designed to ensure equality of employment. Co-workers, patients and visitors must be treated equally irrespective of gender, ethnic origin, age, disability, sexual orientation, religion etc.

Respect for Patient Confidentiality

The post-holder should respect patient confidentiality at all times and not divulge patient information unless sanctioned by the requirements of the role.

Special Working Conditions

The post-holder is required to travel independently between practice sites (where applicable), and to attend meetings etc. hosted by other agencies.

The post-holder will have contact with body fluids i.e. wound exudates; urine etc. while in clinical practice.

Job Description Agreement

This job description is intended to provide an outline of the key tasks and responsibilities only. There may be other duties required of the post-holder commensurate with the position. This description will be open to regular review and may be amended to take into account development within the Practice. All members of staff should be prepared to take on additional duties or relinquish existing duties in order to maintain the efficient running of the Practice.

This job description is intended as a basic guide to the scope and responsibilities of the post and is not exhaustive. It will be subject to regular review and amendment as necessary in consultation with the post holder.

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Personal Specification Clinical Pharmacist

Criteria	Description	Essential	Desirable	Method of Assessment
Professional Registration	<p>Mandatory registration with General Pharmaceutical Council</p> <ul style="list-style-type: none"> • Membership of the Royal Pharmaceutical Society • A member of or working towards Faculty membership of the Royal Pharmaceutical Society 	E	D D	A
Qualifications	<p>Masters degree in pharmacy (MPharm) (or equivalent)</p> <ul style="list-style-type: none"> • Specialist knowledge acquired through post-graduate diploma level or equivalent training/experience • Independent prescriber or working towards/intent of gaining independent prescribing qualification 	E	D D	C C C
Skills knowledge and experience	<p>Minimum of 2 years post-qualification experience.</p> <ul style="list-style-type: none"> • In depth therapeutic and clinical knowledge and understanding of the principles of evidence-based healthcare. • An appreciation of the nature of GPs and general practices • An appreciation of the nature of primary care prescribing, concepts of rational prescribing and strategies for improving prescribing • Excellent interpersonal, influencing and negotiating skills • Excellent written and verbal communication skills • Demonstrate the ability to communicate complex and sensitive information in an understandable form to a variety of audiences (e.g. patients) • Is able to plan, manage, monitor, advise and review general medicine optimisation 	E E E E E E	D D	A I I I I I A

Skills knowledge and experience cont.	<p>issues in core areas for long term conditions.</p> <ul style="list-style-type: none"> • Good IT skills • Able to obtain and analyse complex technical information • Recognises priorities when problem solving and identifies deviations from the normal pattern and is able to refer to seniors or GPs when appropriate • Able to work under pressure and to meet deadlines • Produce timely and informative reports • 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 • Work effectively independently and as a team member • Demonstrates accountability for delivering professional expertise and direct service provision 	<p>E E E E E E</p>	<p>D D</p>	<p>I I I I I I</p>
Other	<ul style="list-style-type: none"> • Self-Motivation • Adaptable • Full Driving Licence • In date CRB • Safeguarding adult and children level three • Information Governance toolkit completion • Immunisation status • Basic life support training 	<p>E E E E E E</p>	<p>D D</p>	<p>I I A A C C C C</p>
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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Senior Practice Based Clinical Pharmacist

Job Description

Responsible to: Practice Manager/ Practice Partners as necessary

Accountable to:

Base:

Salary:

Job Summary

The post holder is an experienced pharmacist, who acts within their professional boundaries, to develop, manage and mentor a team of pharmacists

The post holder will work as part of a multi-disciplinary team in a patient-facing role. The post holder will take responsibility for areas of chronic disease management within the practice and undertake clinical medication reviews to proactively manage patients with complex polypharmacy, especially for older people, people in residential care homes and those with multiple co-morbidities.

The post holder will provide primary support to general practice staff with regards to prescription and medication queries. They will help support the repeat prescriptions system, deal with acute prescription requests, medicines reconciliation on transfer of care and systems for safer prescribing, providing expertise in clinical medicines advice while addressing both public and social care needs of patient in the GP practice (s).

The post holder will provide clinical leadership on medicines optimisation and quality improvement and manage some aspects of the quality and outcomes framework and enhanced services.

The post holder will ensure that the practice integrates with community and hospital pharmacy to help utilise skill mix, improve patient outcomes, ensure better access to healthcare and help manage workload. The role is pivotal to improving the quality of care and operational efficiencies so requires motivation and passion to deliver excellent service within general practice.

1. Primary Duties and Areas of Responsibility

<p>Patient facing long term condition clinics</p>	<p>See patients in multi-morbidity clinics and in partnership with primary healthcare colleagues and implement improvements to patient's medicines, including de-prescribing.</p> <p>Manage own case load and run 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> <p>Review the on-going need for each medicine, a review of monitoring needs and an opportunity to support patients with their medicines taking ensuring they get the best use of their medicines (i.e. medicines optimisation).</p>
<p>Patient facing clinical medication review</p>	<p>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>Patient facing care home/residential clinical medication reviews</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>
<p>Patient facing domiciliary/home visits</p>	<p>Manage own caseload of vulnerable housebound patients at risk of hospital admission and harm from poor use of medicines.</p> <p>Implement own prescribing changes (as an independent prescriber) and ordering of monitoring tests.</p> <p>Attend and refer patients to multidisciplinary case conferences. Identifying key areas of need for vulnerable patients and formulating care plans.</p>
<p>Management of common/minor/self-limiting ailments</p>	<p>Managing caseload for patients with common/minor/self-limiting ailments while working within a scope of practice and limits of competence.</p> <p>Signposting to community pharmacy and referring to GPs or other healthcare professionals where appropriate\</p>
<p>Differential/Undifferential diagnosis</p>	<p>Manage own caseload for patients and diagnosis people with long term and/or acute/common conditions/ailments while remaining within scope of practice and limits of competence.</p> <p>Referring to GP and/or other healthcare professionals where appropriate</p>
<p>Patient facing medicines support</p>	<p>Provide patient facing clinics for those with questions, queries and concerns about their medicines in the practice</p>

Telephone medicines support	Provide a telephone help line for patients with questions, queries and concerns about their medicines.
Extended Hours /Out of Hours/On call services	<p>Provide out of hours/on call/extended services for the practice and the patients. These can include patient facing and telephone consultations</p> <p>Signposts to other services and/or healthcare professionals where appropriate, while working within a scope of practice and limits of competency.</p>
Medicine information to practice staff and patients	<p>Answers all medicine-related enquiries from GPs, other practice staff, other healthcare teams (e.g. community pharmacy) and patients with queries about medicines.</p> <p>Suggesting and recommending solutions.</p> <p>Providing follow up for patients to monitor the effect of any changes.</p>
Unplanned hospital admissions	<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>
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 manage these changes without referral to a GP,</p> <p>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 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>
Telephone triage	Ensure that patients are referred to the appropriate healthcare professional for the appropriate level of care within an appropriate period of time e.g. pathology test results, common/minor ailments, acute conditions, long term condition reviews etc.

Repeat prescribing	Produce and implement a practice repeat prescribing policy. 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.
Risk stratification	<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>
Service development	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).
Information management	Analyse, interpret and present medicines data to highlight issues and risks to support decision-making.
Medicines Quality Improvement programmes	<p>Identify and provide leadership on areas of prescribing and medicines optimisation.</p> <p>Conduct clinical audits and improve projects or work with colleagues such as GP registrars, practice managers etc.</p> <p>Present results and provide leadership on suggested changes. Contribute to national and local research initiatives.</p>
Medicines safety	<p>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>
Care Quality Commission	<p>Provide leadership to the general practice team 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>Implementation of local and national guidelines and formulary recommendations</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).</p> <p>Liaise directly with hospital colleagues where prescribing needs to be returned to specialists. 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. 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>
<p>Education and Training</p>	<p>Provide education and training to primary healthcare team on therapeutics and medicines optimisation.</p> <p>Provide training to visiting medical, nursing, pharmacy and other healthcare students where appropriate.</p>
<p>Public health</p>	<p>To support public health campaigns. To provide specialist knowledge on all public health programmes available to general public.</p>

2. Collaborative Working Relationships

- Recognises the roles of other colleagues within the organisation and their role to patient care
- Demonstrates use of appropriate communication to gain the co-operation of relevant stakeholders (including patients, senior and peer colleagues, and other professionals, other NHS/private organisations e.g. CCGs)
- Demonstrates ability to lead a team
- Is able to recognise personal limitations and refer to more appropriate colleague(s) when necessary
- Actively work toward developing and maintaining effective working relationships both within and outside the practice and locality
- Foster and maintain strong links with all services across locality
- Explores the potential for collaborative working and takes opportunities to initiate and sustain such relationships
- Demonstrates ability to integrate general practice with community and hospital pharmacy teams
- Liaises with CCG colleagues including CCG Pharmacists on prescribing related matters to ensure consistency of patient care and benefit
- Liaises with CCG pharmacists and Heads of Medicines Management/ Optimisation to benefit from peer support
- Liaises with other stakeholders as needed for the collective benefit of patients including but not limited to
 - Patients GP, nurses and other practice staff

Knowledge, Skills and Experience Required

- Has an experience/awareness of the breadth of common acute and long-term conditions that are likely to be seen in a general medical practice.
- Minimum of 5 years post graduate experience in pharmacy, as demonstrated within a practice portfolio
- Holds an independent prescribing qualification or working towards qualification
- Able to plan, manage, monitor, advise and review general pharmaceutical care programmes for patients across core areas, including disease states/long term conditions.
- Accountable for delivering professional expertise and direct service provision
- Uses skills in a range of routine situations requiring analysis or comparison of a range of options.
- Recognises priorities when problem-solving and identifies deviations from normal pattern and is able to refer to seniors or GPs when appropriate.
- Able to follow legal, ethical, professional and organisational policies/procedures and codes of conduct
- Involves patients in decisions about prescribed medicines and supporting adherence as per NICE guidelines.

NB: it is anticipated that the level of qualification held may vary according to the level of position and the components of the role being carried out, see person specification

Leadership

- Demonstrate understanding of the pharmacy role in governance and is able to implement this appropriately within the workplace.
- Demonstrate understanding of, and contributes to, the workplace vision
- Engages with Patient Participation Groups (PPGs) and involves PPGs in development of the role and practices.
- Demonstrates ability to improve quality within limitations of service
- Reviews yearly progress and develops clear plans to achieve results within priorities set by others.
- Demonstrate ability to motivate self to achieve goals
- Demonstrates ability to lead a team and provide support to other clinical pharmacists
- Provides a leadership style which is underpinned by strongly held values of the organisation and around equality, diversity and openness; effectively builds and maintains relationships with direct reportee(s) and other key individuals across the organisation
- Promotes diversity and equality in people management techniques and leads by example.

Management

- Demonstrate understanding of the implications of national priorities for the team and/or service and manage the team through these changes
- Demonstrate understanding of the process for effective resource utilisation
- Demonstrate understanding of, and conforms to, relevant standards of practice
- Demonstrates ability to identify and resolve risk management issues according to policy/protocol
- Follows professional and organisational policies/procedures relating to performance management
- Demonstrate ability to extend boundaries of service delivery within the team
- Lead and mentor a team of differing abilities

Education Training and Development

- Understands and demonstrates the characteristics of a role model to members in the team and/or service

- Demonstrates understanding of the mentorship process
- Demonstrates ability to conduct teaching and assessment effectively according to a learning plan with supervision from more experienced colleague
- Demonstrates self-development through continuous professional development activity
- Participates in the delivery of formal education programmes; inspiring others to be positive in their support of continuous improvement
- Demonstrates an understanding of current educational policies relevant to working areas of practice and keeps up to date with relevant clinical practice.
- Ensure there is appropriate clinical supervision in place all pharmacists
- Ensures all pharmacists are engaged with the review and appraisal systems within the practice

Research and Evaluation

- Demonstrates ability to critically evaluate and review literature
- Demonstrates ability to identify where there is a gap in the evidence base to support practice
- Demonstrates ability to generate evidence suitable for presentations at practice and local level
- Demonstrates ability to apply research evidence base into working place
- Demonstrates understanding of principles of research governance.

Health and Safety/Risk Management

- The post-holder must comply at all times with the Practice's Health and Safety policies, in particular by following agreed safe working procedures and reporting incidents using the organisations Incident Reporting System.
- The post-holder will comply with the Data Protection Act (1984) and the Access to Health Records Act (1990).

Equality and Diversity

- The post-holder must co-operate with all policies and procedures designed to ensure equality of employment. Co-workers, patients and visitors must be treated equally irrespective of gender, ethnic origin, age, disability, sexual orientation, religion etc.

Respect for Patient Confidentiality

- The post-holder should respect patient confidentiality at all times and not divulge patient information unless sanctioned by the requirements of the role.

Special Working Conditions

- The post-holder is required to travel independently between practice sites (where applicable), and to attend meetings etc. hosted by other agencies.
- The post-holder will have contact with body fluids i.e., wound exudates; urine etc. while in clinical practice.

Job Description Agreement

This job description is intended to provide an outline of the key tasks and responsibilities only. There may be other duties required of the post-holder commensurate with the position. This description will be open to regular review and may be amended to take into account development within the Practice. All members of staff should be prepared to take on additional duties or relinquish existing duties in order to maintain the efficient running of the Practice.

This job description is intended as a basic guide to the scope and responsibilities of the post and is not exhaustive. It will be subject to regular review and amendment as necessary in consultation with the post holder.

- Other healthcare professionals including CCG pharmacists, pharmacy technicians, optometrists, dentists, health and social care teams and dieticians
- Locality / GP prescribing lead
- Locality managers
- Community nurses and other allied health professionals
- Community and Hospital Pharmacy teams
- Hospital staff with responsibilities for prescribing and medicines optimisation

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Personal Specification Senior Clinical Pharmacist

Criteria	Description	Essential	Desirable	Method of Assessment
Professional Registration	Mandatory registration with General Pharmaceutical Council (GPhC) <ul style="list-style-type: none"> • Membership of the Royal Pharmaceutical Society • A member of or working towards Faculty membership of the Royal Pharmaceutical Society 	E	D D	A
Qualifications	Masters degree in pharmacy (MPharm) (or equivalent) <ul style="list-style-type: none"> • Specialist knowledge acquired through post-graduate diploma level or equivalent training/experience • Independent prescriber or working towards/intent of gaining an independent prescribing qualification 	E E	D	C C C
Skills knowledge and experience	Minimum of 5 years post-qualification experience. <ul style="list-style-type: none"> • In depth therapeutic and clinical knowledge and understanding of the principles of evidence-based healthcare. • An appreciation of the nature of GPs and general practices • An appreciation of the nature of primary care prescribing, concepts of rational prescribing and strategies for improving prescribing • Excellent interpersonal, influencing and negotiating skills • Excellent written and verbal communication skills • Demonstrate the ability to communicate complex and sensitive information in an understandable form to a variety of audiences (e.g. patients) • Is able to plan, manage, monitor, advise and review general medicine optimisation issues in core areas for long term conditions. 	E E E E E E E E E		A I I I I I I A I E

Skills knowledge and experience cont.	<ul style="list-style-type: none"> • Good IT skills • Able to obtain and analyse complex technical information • Recognises priorities when problem solving and identifies deviations from the normal pattern and is able to refer to seniors or GPs when appropriate • Able to work under pressure and to meet deadlines • Produce timely and informative reports • 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 • Work effectively independently and as a team member • Demonstrates accountability for delivering professional expertise and direct service provision 	<p style="text-align: center;">E</p> <p style="text-align: center;">E</p> <p style="text-align: center;">E</p> <p style="text-align: center;">E</p> <p style="text-align: center;">E</p> <p style="text-align: center;">E</p>		<p style="text-align: center;">I</p> <p style="text-align: center;">I</p> <p style="text-align: center;">I</p> <p style="text-align: center;">I</p> <p style="text-align: center;">I</p> <p style="text-align: center;">I</p>
Other	<ul style="list-style-type: none"> • Self-Motivation • Adaptable • Full Driving Licence • In date CRB • Safeguarding adult and children level three • Information Governance toolkit completion • Immunisation status • Basic life support training 	<p style="text-align: center;">E</p> <p style="text-align: center;">E</p> <p style="text-align: center;">E</p> <p style="text-align: center;">E</p> <p style="text-align: center;">E</p> <p style="text-align: center;">E</p>	<p style="text-align: center;">D</p> <p style="text-align: center;">D</p>	<p style="text-align: center;">I</p> <p style="text-align: center;">I</p> <p style="text-align: center;">A</p> <p style="text-align: center;">A</p> <p style="text-align: center;">C</p> <p style="text-align: center;">C</p> <p style="text-align: center;">C</p> <p style="text-align: center;">C</p>
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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Practice Pharmacist Business Case

A practice Pharmacist is not a “Mini GP” and this should be made clear from the outset.

The aims of a clinical pharmacist are

- To Reduce the medicines related workload on doctors
- Increase safety and quality of practice prescribing
- Provide support on medicines related issues to the practice team, including Nurses, Receptionists GPs, Trainees, Other HCPS

“Overall, 27% of GP appointments were judged by respondents to have been potentially avoidable, with changes to the system around them”

[Please click here to view the full report](#)

Some of the tasks that a GP currently does that a practice pharmacist could help with include but are not limited to:

- Clinical Medication Review
- Chronic Disease Management (for example, managing hypertension/Type 2 Diabetes/Asthma/COPD patients, polypharmacy Review)
- Focusing on QoF Domains, improving Prevalence
- Prescribing Safety, clinical audit, Local Enhanced Services support
- Prescription Management (systems and processes, Is appropriate monitoring being done?)
- Medicines Reconciliation on Transfer between care providers [click here to view final report](#)
- Managing Acute Common Conditions within their competence (Coughs, cold, Sore throat, Conjunctivitis, Skin conditions, Pharmacists with a community pharmacy background may feel more comfortable doing this?)

Typical (Back of fag packet) Potential time saving guesstimates:

Activity	Time saved per GP (hours)
Prescription management – Re-authorising, issuing (non-repeat meds), follow up	0.5-0.75
Medicines reconciliation – Prescription safety/concordance, discharge, admission	0.25-.5
Medication Review and LTC management	0.5-0.75
Acute illness & patient medicine queries	0.25-0.5
Practice performance – QoF, prescribing LES, safety alerts, formulary, waste – Supporting practice team with medicine queries	0.1 – 0.25

Cost

- Cost £38,300 - £48,000 per annum
- All in (NHS pen, Empl NI) £185 - £230p/d
- 0.1 – 0.125 FTE per 1,000 patients

Funding

- CCG co-funding (mixed agendas, may want a ROI in drug budget savings)
- Federation, spread costs
- NHS England Pilot

Key Factors to consider:

1. IP prescribing speciality will be as 'general practitioner' (i.e. need to be confident/competent to prescribe in a generalist capacity), True Independent potential not realised unless a prescriber
2. Focus on patient pathways (What medication based activity is the GP doing that the pharmacist could)
3. Raise awareness of clinician skills (we don't just dispense!)
4. Develop team relationships and build trust (to maximise utilisation by all of the team, Receptionists will come to me 1st rather than duty GP is medication related issue)
5. Close mentoring (Key to support development and build confidence)
6. Increase triage skills, and recognising serious illness (Formal courses necessary, Red Flags, 2WW referrals)
7. Understand how you will work with community pharmacy (A big enabler of capacity)

RESOURCES

Valuing the Extended Role of Prescribing Pharmacist in General Practice: Results from a Discrete Choice Experiment

[*Click here for article*](#)

Pharmacist services provided in general practice clinics: A systematic review and meta-analysis

[*click here for review*](#)

A more diverse workforce could, for instance, see pharmacists or nurses administering the estimated 57 million appointments (15 per cent of the total number of appointments) consumed by common conditions and medicines-related problems each year

[*click here for article*](#)

Using practice based pharmacists to manage hypertension in Dudley

[*click here for details*](#)

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Potential Interview Questions for Practice Pharmacists

Candidates Name.....

	Who?	Questions/Selection Criteria	Interview Response
1		<p>Setting in Questions</p> <p>a: Tell us about your career path and why you followed this particular career path?</p> <p>b: What is your experience of working in a clinical setting (other than community pharmacy)?</p>	
		<p>c: Tell us about your experience of medicines optimisation using examples wherever possible</p>	
2.		<p>Commitment to this area of practice?</p> <p>a: What attracted you to this Job?</p>	
		<p>b: What do you know about the role of a GP practice pharmacist?</p>	

	Who?	Questions/Selection Criteria	Interview Response
		<p>c: What attracted you to this particular role our practice/s?</p> <p>d: What challenges do you think will affect general practice in the next 5 years which could have an impact on the role of GP practice pharmacists?</p>	
3		<p>Planning & Organising</p> <p>a: How do you organise your workload?</p> <p>b: How do you manage stress? Explain using examples to illustrate.</p>	
4		<p>Teamwork</p> <p>a: In our practice/s being part of a cohesive team is something we have strived for and achieved. How would you integrate yourself into our team?</p> <p>Do you have any novel ideas to galvanise this team further when we don't all work under the same roof?</p> <p>b: What makes a good team? Give an example of a 'good' team you have been part of or lead.</p>	<p>Integration</p> <p>Ideas</p>

	Who?	Questions/Selection Criteria	Interview Response
5		<p>Managing Conflicts</p> <p>a: Give me an example of when you have had a misunderstanding with a colleague? How did you solve the problem?</p> <p>b: How about a conflict with a colleague or a patient?</p>	<p>Misunderstanding</p> <p>Conflict</p>
6		<p>Communications</p> <p>Can you describe a scenario where communications led to either a good outcome?</p> <p>Or a bad outcome?</p>	<p>Good</p> <p>Bad</p>
7		<p>Flexible Approach to Work</p> <p>a: Give me an example where you have gone 'that extra mile' for the benefit of a work organisation?</p> <p>b: One of our Business Aims is to have a good work/life balance – how would you maintain this balance and still meet the needs of the practice you work in?</p>	
8		<p>Clinical Governance</p> <p>a: What do you understand by Clinical Governance?</p> <p>b: Tell us about a complaint or significant</p>	

	Who?	Questions/Selection Criteria	Interview Response
		error/event that you have had to deal with recently?	
9		<p>Evidence based practice</p> <p>a: How do you decide what is best practice in a given condition/therapeutic area?</p> <p>b: What is the role of SUs in the management of type 2 diabetes?</p> <p>c: What is the role of inhaled steroids in the management of COPD?</p> <p>d. What are the key questions you should ask at an asthma review?</p> <p>e: What are the key red flag signs and symptoms of high BP?</p> <p>f: You find out that some new guidelines have been published in the area of hypercholesterolaemia – how would you check that the practice's management of patients is in line with the guidelines? How would you persuade the GPs and</p>	

	Who?	Questions/Selection Criteria	Interview Response
		the patients that change is necessary	
10		<p>Special Interests</p> <p>a: Do you have any specialist areas of interest, or are there any which you would like to develop? How would you go about developing your scope of practice?</p>	
11		<p>Personal Qualities</p> <p>a: If I asked your manager /colleagues etc what your biggest strength was, what would they say? And what would they say your biggest weakness was?</p> <p>b: If I asked a friend of yours to describe you – what would they say?</p> <p>c: What are the things that you find challenging about your work?</p> <p>d: What are the things you enjoy about your work?</p>	<p>Strength</p> <p>Weakness</p>

	Who?	Questions/Selection Criteria	Interview Response
12		<p>General</p> <p>a: We have had a fantastic response to our vacancy – why are you the right person for the position?</p> <p>b: Professionally - where do you see yourself in 5 years time? 10 years time?</p> <p>c: How do you keep up to date?</p>	
13		<p>CV Questions:</p> <p>Ask any questions from CV including:</p>	
14		<p>IT skills</p> <p>a: Microsoft?</p> <p>b: GP systems?</p>	

	Who?	Questions/Selection Criteria	Interview Response
15		General House Keeping Questions When could you start? (notice period) PT or FT?	Start PT or FT
16		Any questions for us?	

Scoring System

- 1 = Well below required competency for role
- 2 = Meets some elements of competency
- 3 = Meets required standard
- 4 = Exceeds elements of competency
- 5 = Exceptional at this competency level

Overall scores

	Overall agreed score
Competency for the role	
Commitment to this area of practice	
Planning and organising	
Teamwork	
Communication	
Managing conflict	
Flexibility	
Evidence based practice	
Personal qualities	

Decision

Appoint	
On hold	
Reject	

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Indemnity insurance considerations when employing a practice-based pharmacist

Sector transformation

With any new aspect of healthcare delivery, the issue of clinical negligence protection needs to be addressed. There are some existing and new insurance suppliers able to offer policies aimed specifically at pharmacists in general practice.

It is vital that organisations involved in the delivery of primary care services keep on top of the changes and developments, especially regarding indemnity protection.

Advice for employers

If you currently employ a pharmacist, we recommend that you review your cover. Consider the level of cover from your current provider. If it's a practice group scheme, is it fit for this specific role? Does it protect the patients, practice and partners?

If you are thinking of employing a pharmacist, does your existing provider offer cover that will protect the patients and practice? Is your new pharmacist aware of their obligation to seek appropriate professional indemnity insurance?

We would strongly recommend that employers provide information on indemnity

arrangements to all of its workers – both those who directly employed or those who are contracted through an agency or third party. Organisations should explain what indemnity arrangements are offered and the scope of that cover.

A Primary Care Guide to Indemnity – Developed in June 2016 by My Health London can be found here:

[Primary Care Guide to Indemnity](#)

Advice for pharmacists

It is a ***regulatory requirement*** for all registered pharmacists to: "make sure that all their work, or work that they are responsible for, is covered by appropriate professional indemnity insurance".

Where your pharmacist has taken out a separate indemnity or insurance policy, they should contact their indemnifier / insurance company to ensure they continue to have the correct level of cover for the type of services they are, or will be, providing.

Potential indemnity providers for Pharmacists

Below is a list of potential providers, available at the time of writing, who offer professional indemnity cover for **GP practice Based Pharmacists**.. Some of these companies may only offer professional indemnity cover, not cover for your practice. This list is by no means exhaustive.

We recommend that you carry out your own research into suppliers that match your needs.

- Medical insurance advisory bureau <http://www.miab.co.uk/>
- Hiscox <https://www.hiscox.co.uk/>

- Medical and Dental Defence Union of Scotland <http://mddus.co.uk/>
- National Pharmacy Association – <http://www.npa.co.uk/>
- The Pharmacists' Defence Association - <http://www.the-pda.org/>
- The Pharmacy Insurance Agency <http://www.pharmacyinsurance.co.uk/>

*PCPA is a not-for-profit members association and cannot and does not recommend any of these organisations

Please note that the PCPA cannot respond to individual queries from staff about the scope of local indemnity arrangements, as this will be determined by any agreed terms of employment

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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 xxxxxxx

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 xxxxxxx

Produced by the PCPA
Primary Care Pharmacists' Association August 2015:
www.pcpa.org.uk

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- Provide support on medicines related issues to the practice team, including Nurses, Receptionists GPs, Trainees, Other HCPS

“Overall, 27% of GP appointments were judged by respondents to have been potentially avoidable, with changes to the system around them”

[Please click here to view the full report](#)

Some of the tasks that a GP currently does that a practice pharmacist could help with include but are not limited to:

- Clinical Medication Review
- Chronic Disease Management (for example, managing hypertension/Type 2 Diabetes/Asthma/COPD patients, polypharmacy Review)
- Focusing on QoF Domains, improving Prevalence
- Prescribing Safety, clinical audit, Local Enhanced Services support
- Prescription Management (systems and processes, Is appropriate monitoring being done?)
- Medicines Reconciliation on Transfer between care providers [click here to view final report](#)
- Managing Acute Common Conditions within their competence (Coughs, cold, Sore throat, Conjunctivitis, Skin conditions, Pharmacists with a community pharmacy background may feel more comfortable doing this?)

Typical (Back of fag packet) Potential time saving guesstimates:

Activity	Time saved per GP (hours)
Prescription management – Re-authorising, issuing (non-repeat meds), follow up	0.5-0.75
Medicines reconciliation – Prescription safety/concordance, discharge, admission	0.25-.5
Medication Review and LTC management	0.5-0.75
Acute illness & patient medicine queries	0.25-0.5
Practice performance – QoF, prescribing LES, safety alerts, formulary, waste – Supporting practice team with medicine queries	0.1 – 0.25

Cost

- Cost £38,300 - £48,000 per annum
- All in (NHS pen, Empl NI) £185 - £230p/d
- 0.1 – 0.125 FTE per 1,000 patients

Funding

- CCG co-funding (mixed agendas, may want a ROI in drug budget savings)
- Federation, spread costs
- NHS England Pilot

Key Factors to consider:

1. IP prescribing speciality will be as 'general practitioner' (i.e. need to be confident/competent to prescribe in a generalist capacity), True Independent potential not realised unless a prescriber
2. Focus on patient pathways (What medication based activity is the GP doing that the pharmacist could)
3. Raise awareness of clinician skills (we don't just dispense!)
4. Develop team relationships and build trust (to maximise utilisation by all of the team, Receptionists will come to me 1st rather than duty GP is medication related issue)
5. Close mentoring (Key to support development and build confidence)
6. Increase triage skills, and recognising serious illness (Formal courses necessary, Red Flags, 2WW referrals)
7. Understand how you will work with community pharmacy (A big enabler of capacity)

RESOURCES

Valuing the Extended Role of Prescribing Pharmacist in General Practice: Results from a Discrete Choice Experiment

[*Click here for article*](#)

Pharmacist services provided in general practice clinics: A systematic review and meta-analysis

[*click here for review*](#)

A more diverse workforce could, for instance, see pharmacists or nurses administering the estimated 57 million appointments (15 per cent of the total number of appointments) consumed by common conditions and medicines-related problems each year

[*click here for article*](#)

Using practice based pharmacists to manage hypertension in Dudley

[*click here for details*](#)

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