

Employing a practice pharmacist

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Practice-based pharmacists can provide invaluable support to GPs and other practice staff.

Their employment is becoming increasingly common following the introduction of NHS England's Clinical Pharmacists in General Practice scheme, and under the new GP contract [all practices will potentially have access to a pharmacist from this year via their primary care network](#).

Benefits of a practice pharmacist

There are many benefits to employing a pharmacist, both for the practice and the patients. For example:

- They can help GPs and other clinical staff to manage their time more effectively.
- A pharmacist can help manage more complex, frail or elderly patients in their own home, residential/supported living or nursing homes.
- They help the practice to provide cost-effective prescribing in conjunction with local and national policy, thus supporting the delivery of safe patient care.
- They can help to manage and optimise care for patients with long-term conditions.
- They can support GP registrars, F2s and medical students with medicines management.
- They can help identify areas of improvement and implement change via audit, significant event analyses and research projects.

The role

A practice-based pharmacist is an additional clinician with specialist expertise, and as such, the role can encompass a host of clinical, non-clinical and patient-facing responsibilities. The post will require flexibility in order to deliver the best possible outcomes for the practice and the patients.

Patient services

- Providing medication review services to patients via clinics in the practice, domiciliary visits and in residential and nursing homes. This may be in conjunction with the named GP for the care home.
- Presenting at patient group meetings or other appropriate events to give advice on the appropriate use of medicines.

- To produce patient information leaflets and posters, and run medicine awareness projects throughout the year. This may be in line with NHS objectives for that year, eg, increased antibiotic awareness.
- Signposting patients to appropriate community pharmacies if relevant.

Clinical responsibilities

A pharmacist can hold regular clinics either in the practice, in local nursing or residential homes, and home visits to deliver the following services:

- Osteoporosis treatment and review of treatment, eg, bisphosphonate holiday
- Complex hypertension clinics
- CVD, AF, heart failure, blood pressure, hypothyroidism, cholesterol and statin checks
- Assessing possibility of drug reactions
- Anticoagulation initiation
- Review of patients on long-term opiates, z-drugs, gabapentinoids and benzodiazepines
- Titration of medication, eg, heart failure medication
- End of nurse protocol follow-up and nursing support/education and feedback
- On-the-day (urgent) appointments following referral from a GP or other clinical colleague.

Some of this will depend on your pharmacist's clinical skills and how comfortable they feel in assessing acute and chronic illness. In addition, the pharmacist could:

- Handle acute medication queries – this will depend on how your practice handles these already. A pharmacist may be able to help tackle a proportion of these.
- Attend practice MDT meetings to help facilitate discussion around complex discharges or concerns from district nurses regarding housebound patients.
- Perform supported discharge, including the review and action of incoming letters, the reconciliation of medication, and dealing with complex medication changes or titration.
- Monitor DMARDS in line with local and national guidelines – this will depend on how your practice manage DMARDS.
- Monitor high-risk medication, eg, lithium and amiodarone.
- Deliver medical information and education for colleagues, eg, updates at MDT meetings or time in education events.
- Support prescribing in the practice, to include the signing of prescriptions, repeat dispensing systems, authorising and issuing prescriptions using the Electronic Prescribing System, organisation of dosette boxes, and prescription queries.
- Hold regular, timetabled reviews in the care homes the practice supports, in conjunction with the lead GP.
- Support junior doctors (F2 and GP registrars) regarding training, advice, and audit, as well as medical students.

Non-clinical responsibilities

Additional, non-clinical duties carried out by the practice-based pharmacist could include:

- Assisting partners and salaried GPs with the appropriate monitoring and management of their prescribing budgets. This will be in line with CCG protocols.

- To prepare evidence-based resources and information to support the medicine management team and all other relevant health professionals in the implementation of rational cost-effective prescribing.
- To help plan, develop and support the introduction of new working processes within the practice to optimise the quality of prescribing.
- Assisting the practice QOF leads by leading and monitoring performance in prescribed areas.
- Performing clinical audit in support of QOF and patient safety.
- Designing and maintaining templates in the practice clinical system.
- Performing any other duties the partners may agree with the postholder on an ad-hoc basis.

Attracting the best applicants

You may wish to advertise your vacancy on NHS jobs, via your CCG, or in industry titles like [Pulse](#). Make sure you have a clear idea of the remit of the role and what you expect of any candidates.

A clinical pharmacist must have completed a four-year Master of Pharmacy (MPharm) undergraduate degree and have passed the registration exam to join the General Pharmaceutical Council. Older pharmacists may have completed a Bachelor of Science (BSc) rather than MPharm.

The salary for a clinical pharmacist ranges from band 5-8 on the NHS Agenda for Change pay scale, depending on experience, specialism and prescribing qualification.

When you have a pool of applicants, draw up a shortlist by noting the following:

- General practice experience to date, and in what capacity.
- Experience of QOF and leading a QOF area.
- Specialty areas with respect to medicines management.
- Evidence of a dedicated, motivated, hardworking, enthusiastic, dynamic attitude.
- Any experience of teaching and/or training.
- Experience of audit/research.
- Evidence of extracurricular activities and, thus, a good work-life balance.

Interviewing

A good approach is to combine traditional interview questions with an interviewee presentation, so the candidate can tell you about themselves and what they feel they can bring to the partnership.

Interview questions should focus on the clinical responsibilities and how the candidate would meet those requirements. Also clarify any questions that arise from the candidate's CV.

Whichever approach you take, it should be structured and consistent for each candidate. Make sure all are graded or scored using the same criteria. Assess the type of person they are and how they are likely to integrate into your practice.

Your new pharmacist may require a clinical mentor for the first few months to support them in the role, particularly if they have never worked in primary care or in a practice setting.

Main points

- Pharmacists are an invaluable source of support for general practice.

- Practice-based pharmacists can take on a range of clinical and non-clinical responsibilities to free up GPs' time.
 - Funding is available through the new GP contract via primary care networks.
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Guide URL:

<http://preview.pulse-intelligence.co.uk/staffing/making-the-most-of-your-practice-pharmacist/>

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