**Clinical Pharmacist Role**

**Job Summary (Clinical Pharmacist)**

The post holder will work as part of a multi-disciplinary team in a patient -facing role in the practice. The post holder will take responsibility for areas of chronic disease management 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 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 the patient.
* 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.

**Primary Duties and Areas of Responsibility**

|  |  |
| --- | --- |
| **Patient facing long-term condition clinics**  | See (where appropriate) patients with single or multiple medical problems where medicine optimisation is required (e.g. COPD, asthma). 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.  |
| **Patient facing clinical medication review**  | Undertake clinical medication reviews with patients and produce recommendations for senior clinical pharmacist, nurses and/or GP on prescribing and monitoring.  |
| **Patient facing care home medication reviews**  | Undertake clinical structured medication reviews with patients and produce recommendations for the senior clinical pharmacist, nurses or GPs on prescribing and monitoring. Work with care home staff to improve safety of medicines ordering and administration.  |
| **Patient facing domiciliary clinical medication review**  | Undertake clinical medication reviews with patients and produce recommendations for the senior clinical pharmacists, nurses and GPs on prescribing and monitoring. Attend and refer patients to multidisciplinary case conferences.  |
| **Management of common/minor/self-limiting ailments**  | Manage caseload of patients with common/minor/self-limiting ailments while working within a scope of practice and limits of competence. Signpost to community pharmacy and refer to GPs or other healthcare professionals where appropriate  |
| **Patient facing medicines support**  | Provide patient facing clinics for those with medicines queries  |
| **Telephone medicines support**  | Provide telephone consultations for patients with questions, queries and concerns about their medicines.  |
| **Medicine information to practice staff and patients**  | Answer relevant medicine-related enquiries from GPs, other practice staff, other healthcare teams (e.g. community pharmacy) and patients with queries about medicines. Suggest and recommend solutions. Provide follow up for patients to monitor the effect of any changes.  |
| **Unplanned hospital admissions**  | Review the use of medicines most commonly associated with unplanned hospital admissions and readmissions through audit and individual patient reviews. Put in place changes to reduce the prescribing of these medicines to high‐risk patient groups.  |
| **Management of medicines at discharge from hospital**  | 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. Set up and manage systems to ensure continuity of medicines supply to high‐risk groups of patients.  |
| **Signposting**  | Ensure patients are referred to the appropriate healthcare professional for the appropriate level of care within an appropriate period of time.  |
| **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 and flagging up those needing a review. Ensure patients have appropriate monitoring tests in place when required.  |
| **Risk stratification**  | Identify 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.  |

|  |  |
| --- | --- |
| **Service development**  | Contribute pharmaceutical advice for the development and implementation of new services that have medicinal components.  |
| **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 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**  | 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). Assist practices in seeing and maintaining a practice formulary that is hosted on the practice’s computer system. Auditing practice’s compliance against NICE technology assessment guidance. Provide newsletters or bulletins on important prescribing messages.  |
| **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**  | Support public health campaigns. Provide specialist knowledge  |

**Practice Based Clinical Pharmacist**

**Person Specification**

**Qualifications**

* Masters Degree in Pharmacy (MPharm) or equivalent
* Registered with GPhC
* Member of RPS
* Specialist knowledge through a Postgraduate Diploma and qualifications (eg clinical, community, therapeutics) or equivalent
* Evidence of recent and relevant Continuing Professional Development
* Independent prescriber status or a commitment to undertake the course

**Experience**

* At least 2 years post registration experience in a hospital, community or general practice setting
* Experience of undertaking medication or medicine use reviews, and patient counselling
* Experience of working with clinicians and multidisciplinary/multiagency work
* Experience of facilitating change to improve clinical practice
* Experience of delivering training sessions to varied groups
* Experience in undertaking clinical audit

**Skills**

* Capacity to be innovative and develop the role of a practice pharmacist
* Effective interpersonal, communication (both written and oral) presentation and influencing skills
* Ability to work with a range of clinical and non clinical personnel as part of a team
* Ability to communicate medicines and service related information to decision makers at all levels and have advice challenged
* Ability to work independently and effectively with a high degree of motivation for long periods
* Ability to prioritise and work to deadlines, often with frequent interruptions and urgent requests
* Ability to motivate people and facilitate change
* Ability to define, collate, analyse and interpret data
* Able to utilise databases and information technology, including word processing, spreadsheets and presentation packages effectively
* Ability to communicate information to patients and careers in an appropriate manner, using well developed empathy skills
* Ability to deal with occasionally distressing or emotional circumstances, including contact with terminally ill patients and their careers or relatives
* Accepts responsibility for own work with freedom to take action based on own interpretation of broad clinical/professional policies

**Knowledge**

* Knowledge of issues regarding the protection of vulnerable adults and children, frail elderly and those with dementia
* Knowledge of medicines management issues across primary, acute and domiciliary care settings including strategies for the improvement of prescribing
* Understanding and appreciation of National and local policies which impinge on primary care prescribing
* Understanding of the current issues facing primary care teams
* Understanding of the principles of clinical governance and how these apply in the broader arena
* Understanding of personal health and safety responsibilities
* An understanding of prescribing budgets and financial information

**Personal Attributes**

* Professional approach to work demonstrating excellent interactive patient skills. Guided by professional code, accountable and responsible for own professional actions
* Ability to gain the confidence and credibility of a range of professional
* Able to work under pressure and prioritise task to ensure urgent work is completed on time
* Able to engage rapidly with existing stakeholder and networks
* Builds credibility ( personal and organisational) and rapport quickly
* Able to communicate effectively and engage with individuals from other agencies, including patients and the public
* Ability to travel between sites in a timely manner if required