**Clinical Pharmacist job description & person specification**

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| **Job Title** | Clinical Pharmacist PAC Team |
| **Line Manager** | Lead GP PAC Team |
| **Accountable to** | PCN Partners |
| **Hours per week** | 37.5 |

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| **Job Summary** |
| The post holder will work within their clinical competencies as part of a multi-disciplinary team to provide expertise in clinical medicines management, provide face to face structured medication reviews, manage long term conditions, management of medicines on transfer of care and systems for safer prescribing, manage repeat prescription authorisations and reauthorisation, acute prescription request, while addressing both the public health and social care needs of patients in the GP practice(s) that make up the PCN. The post holder will perform face to face medication review of patients with polypharmacy especially for older people, people in residential care homes and those with multiple comorbidities. The post holder will provide leadership on quality improvement and clinical audit and well as managing some aspects of the Quality and Outcomes Framework. This role is pivotal to improving the quality of care and operational efficiencies so requires motivation and passion to deliver an excellent service within general practice. The post holder will be supported to develop their role to become a non-medical prescriber, if that qualification is not already held. |

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| **Generic Responsibilities** |
| All staff at member practices with the PCN have a duty to conform to the following:**Equality, Diversity & Inclusion**A good attitude and positive action towards ED&I creates and environment where all individuals are able to achieve their full potential. Creating such an environment is important for three reasons: it improves operational effectiveness, it is morally the right thing to do, and it is required by law.Patients and their families have the right to be treated fairly and be routinely involved in decisions about their treatment and care. They can expect to be treated with dignity and respect and will not be discriminated against on any grounds including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation. Patients have a responsibility to treat other patients and our staff with dignity and respect.Staff have the right to be treated fairly in recruitment and career progression. Staff can expect to work in an environment where diversity is valued and equality of opportunity is promoted. Staff will not be discriminated against on any grounds including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation. Staff have a responsibility to ensure that you treat our patients and their colleagues with dignity and respect.**Safety, Health, Environment and Fire (SHEF)**This practice is committed to supporting and promoting opportunities to for staff to maintain their health, well-being and safety. You have a duty to take reasonable care of health and safety at work for you, your team and others, and to cooperate with employers to ensure compliance with health and safety requirements. All personnel are to comply with the Health and Safety at Work Act 1974, Environmental Protection Act 1990, Environment Act 1995, Fire Precautions (workplace) Regulations 1999 and other statutory legislation. **Confidentiality**This practice is committed to maintaining an outstanding confidential service. Patients entrust and permit us to collect and retain sensitive information relating to their health and other matters, pertaining to their care. They do so in confidence and have a right to expect all staff will respect their privacy and maintain confidentiality at all times. It is essential that if, the legal requirements are to be met and the trust of our patients is to be retained that all staff protect patient information and provide a confidential service. **Quality & Continuous Improvement (CI)**To preserve and improve the quality of our output, all personnel are required to think not only of what they do, but how they achieve it. By continually re-examining our processes, we will be able to develop and improve the overall effectiveness of the way we work. The responsibility for this rests with everyone working within the practice to look for opportunities to improve quality and share good practice.This practice continually strives to improve work processes which deliver health care with improved results across all areas of our service provision. We promote a culture of continuous improvement, where everyone counts and staff are permitted to make suggestions and contributions to improve our service delivery and enhance patient care. **Induction Training**On arrival at the practice all personnel are to complete a practice induction programme; this is managed by the Operations/Practice Manager.**Learning and Development**The effective use of training and development is fundamental in ensuring that all staff are equipped with the appropriate skills, knowledge, attitude and competences to perform their role. All staff will be required to partake and complete mandatory training as directed by the training coordinator, as well as participating in the practice training programme. Staff will also be permitted (subject to approval) to undertake external training courses which will enhance their knowledge and skills, progress their career and ultimately, enable them to improve processes and service delivery. **Collaborative Working**All staff are to recognise the significance of collaborative working. Teamwork is essential in multidisciplinary environments. Effective communication is essential and all staff must ensure they communicate in a manner which enables the sharing of information in an appropriate manner.**Service Delivery**Staff at must adhere to the information contained with practice policies and regional directives, ensuring protocols are adhered to at all times. Staff will be given detailed information during the induction process regarding policy and procedure. **Security**The security of the practice is the responsibility of all personnel. Staff must ensure they remain vigilant at all times and report any suspicious activity immediately to their line manager. Under no circumstances are staff to share the codes for the door locks to anyone and are to ensure that restricted areas remain effectively secured.**Professional Conduct**Staff are required to dress appropriately for their role. Administrative staff will be provided with a uniform whilst clinical staff must dress in accordance with their role.**Leave**All personnel are entitled to take leave. Line managers are to ensure all of their staff are afforded the opportunity to take a minimum of 25 days leave each year, and should be encouraged to take all of their leave entitlement.  |

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| **Primary Responsibilities** |
| The following are the core responsibilities of the clinical pharmacist. There may be on occasion, a requirement to carry out other tasks; this will be dependent upon factors such as workload and staffing levels:1. Patient facing Long-term condition. Clinics: See (where appropriate) patients with single or multiple medical problems where medicine optimisation is required (e.g. Respiratory, Cardiovascular and Diabetes). 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.
2. 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.
3. Patient facing Care Home Medication Reviews Undertake clinical 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.
4. Patient facing Domiciliary Clinical Medication Reviews 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.
5. Risk stratification Identification of cohorts of patients at high risk of harm from medicines through pre-prepared practice computer searches. This might include risks that are patient related, medicine related, or both.
6. 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.
7. Management of common/minor/self-limiting ailments. Managing caseload of patients with common/minor/self-limiting ailments while working within a scope of practice and limits of competence. Signposting to community pharmacy and referring to GPs or other healthcare professionals where appropriate.
8. Patient facing medicines support Provide patient facing clinics for those with questions, queries and concerns about their medicines in the practice.
9. Telephone medicines support Provide a telephone help line for patients with questions, queries and concerns about their medicines.
10. Management of medicines at discharge from hospital. 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. 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).
11. Medicine information to practice staff and patients Answers relevant medicine-related enquiries from GPs, other network staff, other healthcare teams (e.g. community pharmacy) and patients with queries about medicines. Suggesting and recommending solutions. Providing follow up for patients to monitor the effect of any changes.
12. Signposting 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.
13. Repeat prescribing Produce and implement a repeat prescribing policy within each PCN practice. 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.
14. 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).
15. Information management
16. Analyse, interpret and present medicines data to highlight issues and risks to support decision making.
17. Medicines quality improvement Undertake clinical audits of prescribing in areas directed by the GPs, feedback the results and implement changes in conjunction with the relevant practice team.
18. Medicines safety Implement changes to medicines that result from MHRA alerts, product withdrawal and other local and national guidance.
19. 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 each practice’s computer system. Auditing practices’ compliance against NICE technology assessment guidance. Provide newsletters or bulletins on important prescribing messages.
20. Education and Training Provide education and training to primary healthcare team on therapeutics and medicines optimisation.
21. Care Quality Commission Work with the general practice teams to ensure the practices are compliant with CQC standards where medicines are involved.
22. Public health. To support public health campaigns. To provide specialist knowledge on all public health programmes available to the general public.
23. Collaborative working arrangements Participates in the PCN MDT. Liaises with CCG colleagues including CCG pharmacists on prescribing related matters to ensure consistency of patient care and benefit. Liaises with colleagues including CCG, STP/ICS Pharmacists and Pharmacy Technicians on prescribing related matters to ensure consistency of patient care and benefit Liaises with colleagues including CCG, STP/ICS Pharmacists and Pharmacy Technicians Heads of Medicines Management/Optimisation to benefit from peer support. Foster and maintain strong links with all services across the PCN and neighbouring networks. Explores the potential for collaborative working and takes opportunities to initiate and sustain such relationships. Liaises with other stakeholders as needed for the collective benefit of patients including but not limited to
	* 1. Patients and their representatives
	* 2. GP, nurses and other practice staff
	* 3. Social prescribers, first contact physiotherapists, physician’s associates and paramedics.
	* 4. Community pharmacists and support staff
	* 5. Other members of the medicines management (MM) team including pharmacists, Pharmacy Technicians and Dieticians
	* 6. Locality / GP prescribing lead
	* 7. Locality managers
	* 8. Community nurses and other allied health professionals
	* 9. Hospital staff with responsibilities for prescribing and medicines optimisation
24. Professional development • Work with your line manager to undertake continual personal and professional development, taking an active part in reviewing and developing the role and responsibilities. • Adhere to organisational policies and procedures, including confidentiality, safeguarding, lone working, information governance, and health and safety. • Work with your line manager to access regular ‘clinical supervision’, to enable you to deal effectively with the difficult issues that people present. • Review yearly progress and develop clear plans to achieve results within priorities set by others. • Participate in the delivery of formal education programmes. • Demonstrate an understanding of current educational policies relevant to working areas of practice and keep up to date with relevant clinical practice.
25. Research and Evaluation • Critically evaluate and review literature. • Identify where there is a gap in the evidence base to support practice. • Generate evidence suitable for presentations at practice and local level. • Apply research evidence base into the workplace.
26. Health and Safety/Risk Management • Must comply at all times with the Health and Safety policies, in particular following safe working procedures and reporting incidents using the organisations’ Incident Reporting Systems • Comply with the Data Protection Act (2018) and the Access to Health Records Act (1990).
27. Special working conditions • The post holder is required to travel independently between work sites 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.
28. Miscellaneous • Work as part of the team to seek feedback, continually improve the service and contribute to business planning. • Undertake any tasks consistent with the level of the post and the scope of the role, ensuring that work is delivered in a timely and effective manner. • Duties may vary from time to time, without changing the general character of the post or the level of responsibility.
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The person specification for this role is detailed overleaf.

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| **Person Specification – Clinical Pharmacist** |
| **Qualifications** | **Essential** | **Desirable** |
| GPhC Registered Pharmacist | ✓ |  |
| GPhC Independent Prescriber Qualification | ✓ |  |
| Minor Ailments certification |  | ✓ |
| Medicines Management Qualification |  | ✓ |
| MUR and repeat dispensing certification |  | ✓ |
| **Experience** | **Essential** | **Desirable** |
| Minimum of two years working as a pharmacist | ✓ |  |
| Experience in managing pharmacy services in primary care | ✓ |  |
| Broad knowledge of General Practice |  | ✓ |
| **Skills** | **Essential** | **Desirable** |
| Excellent communication skills (written and oral) | ✓ |  |
| Strong IT skills | ✓ |  |
| Clear, polite telephone manner | ✓ |  |
| Competent in the use of Office and Outlook | ✓ |  |
| EMIS / Systmone / Vision user skills | ✓ |  |
| Ability to promote best practice regarding all pharmaceutical matters | ✓ |  |
| Effective time management (Planning & Organising) | ✓ |  |
| Ability to work as a team member and autonomously | ✓ |  |
| Good interpersonal skills | ✓ |  |
| Problem solving & analytical skills | ✓ |  |
| Ability to follow policy and procedure | ✓ |  |
| **Personal Qualities** | **Essential** | **Desirable** |
| Polite and confident | ✓ |  |
| Flexible and cooperative | ✓ |  |
| Motivated | ✓ |  |
| Forward thinker | ✓ |  |
| High levels of integrity and loyalty | ✓ |  |
| Sensitive and empathetic in distressing situations | ✓ |  |
| Ability to work under pressure | ✓ |  |
| **Other requirements** | **Essential** | **Desirable** |
| Flexibility to work outside of core office hours | ✓ |  |
| Disclosure Barring Service (DBS) check | ✓ |  |
| Evidence of continuing professional development | ✓ |  |

This document may be amended following consultation with the post holder, to facilitate the development of the role, the practice and the individual. All personnel should be prepared to accept additional, or surrender existing duties, to enable the efficient running of the practice.