**Village Surgery – Clinical Pharmacist**

**Job description and person specification**

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| **Job title** | Clinical Pharmacist |
| **Accountable to** | Pharmacy Lead / Business Managers |
| **Hours per week** | 25 (12 month Fixed Term) |

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| **Job summary** |
| The post holder is a Clinical Pharmacist who acts within their professional boundaries, working alongside a team of pharmacists in general practice within the wider PCN.  They will improve patients’ health outcomes and the efficiency of the primary care team by providing direct, accessible and timely medicines and expertise including face to face contact with patients.  The post holder will be an integral part of the general practice team, as well as part of a wider pharmacist network and multi-disciplinary team. They will work to optimise medication issues to improve patient care and safety and support clinical staff in the management of patients.  As part of their employment, the post holder will achieve qualifications from an accredited training pathway, including independent prescribing, equipping the Clinical Pharmacist to be able to practise and prescribe safely and effectively in a primary care setting.  The supervision and mentorship network will be provided to support the Clinical Pharmacist. |

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| **Mission statement** |
| To provide our patients with high quality, accessible care in a safe, responsive and courteous manner. |
| **Generic responsibilities** |
| All staff have a duty to conform to the following:  **Equality, Diversity and Inclusion (ED&I)**  A good attitude and positive action towards [Equality Diversity & Inclusion](https://www.england.nhs.uk/about/equality/workforce-eq-inc/) (ED&I) creates an 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 they treat our patients and their colleagues with dignity and respect.  **Safety, Health, Environment and Fire (SHEF)**  This organisation is committed to supporting and promoting opportunities for staff to maintain their health, wellbeing and safety.  The post holder is to manage and assess risk within their areas of responsibility, ensuring adequate measures are in place to protect staff and patients, and monitor work areas and practices to ensure they are safe and free from hazards, and conform to health, safety and security legislation, policies, procedures and guidelines.  All personnel are to comply with the:   * [Health and Safety at Work Act 1974](https://www.hse.gov.uk/legislation/hswa.htm) * [Environmental Protection Act 1990](https://www.legislation.gov.uk/ukpga/1990/43/contents) * [Environment Act 1995](https://www.legislation.gov.uk/ukpga/1995/25/contents) * [Fire Precautions (workplace) Regulations 1999](https://www.legislation.gov.uk/uksi/1999/1877/contents/made) * Other statutory legislation which may be brought to the post holder’s attention.   **Confidentiality**  The organisation 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 that 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, all staff protect patient information and provide a confidential service.  **Quality and Continuous Improvement (CI)**  To preserve and improve the quality of the organisation’s outputs, 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 organisation, to look for opportunities to improve quality and share good practice, and to discuss, highlight and work with the team to create opportunities to improve patient care.  At this organisation, we continually strive to improve work processes which deliver healthcare 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.  Staff should interpret national strategies and policies into local implementation strategies that are aligned to the values and culture of general practice.  All staff are to contribute to investigations and root cause analyses whilst participating in serious incident investigations and multidisciplinary case reviews.  **Induction**  We will provide a full induction programme and management will support you throughout the process.  **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 in and complete mandatory training as directed. It is an expectation for the post holder to assess their own learning needs and undertake learning as appropriate.  The post holder will undertake mentorship for team members, and disseminate learning and information gained to other team members, in order to share good practice and inform others about current and future developments (e.g., courses and conferences).  The post holder will provide an educational role to patients, carers, families and colleagues in an environment that facilitates learning.  **Collaborative working**  All staff are to recognise the significance of collaborative working, understand their own role and scope, and identify how this may develop over time. Staff are to prioritise their own workload and ensure effective time-management strategies are embedded within the culture of the team.  Teamwork is essential in multidisciplinary environments and the post holder is to work as an effective and responsible team member, supporting others and exploring the mechanisms to develop new ways of working, while working effectively with others to clearly define values, direction and policies impacting upon care delivery.  Effective communication is essential, and all staff must ensure they communicate in a way which enables the sharing of information in an appropriate manner.  All staff should delegate clearly and appropriately, adopting the principles of safe practice and assessment of competence.  Plans and outcomes by which to measure success should be agreed.  **Managing information**    All staff should use technology and appropriate software as an aid to management in the planning, implementation and monitoring of care and presenting and communicating information.  Data should be reviewed and processed using accurate SNOMED/read codes in order to ensure easy and accurate information retrieval for monitoring and audit processes.  **Service delivery**  Staff will be given detailed information during the induction process regarding policy and procedure.  The post holder must adhere to the information contained within organisation policies and regional directives, ensuring protocols are adhered to at all times.  **Security**  The security of the organisation is the responsibility of all personnel. The post holder 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 with anyone, and they are to ensure that restricted areas remain effectively secured. Likewise, password controls are to be maintained and passwords are not to be shared.  **Professional conduct**  All staff are required to dress appropriately for 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 01332 414944 days’ leave each year and are encouraged to take all of their leave entitlement.  Public holidays will be calculated on a pro-rated basis dependent on the number of hours worked. |

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| **Primary key responsibilities** |
| The Clinical Pharmacist in a general practice organisation has the following key responsibilities in relation to delivering health services.  To standardise the role within primary care, the key responsibilities are based on those outlined in Annex B1 of the [Network Contract Directed Enhanced Service 2024-25 specification](https://www.england.nhs.uk/wp-content/uploads/2024/03/PRN01035-ii-pcn-des-contract-specification-2024-25-pcn-requirements-and-entitlements-April-2024-version-2.pdf).  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. Work as part of a multi-disciplinary team in a patient-facing role to clinically assess and treat patients using their expert knowledge of medicines for specific disease areas      1. Be a prescriber, or completing training to become a prescriber, and work with and alongside the general practice team 2. Be responsible for the care management of patients with chronic diseases and undertake clinical medication reviews to proactively manage people with complex polypharmacy, especially the elderly, people in care homes, those with multiple co-morbidities (in particular frailty, COPD and asthma) and people with learning disabilities or autism (through STOMP – Stop Over Medication Programme) 3. Provide specialist expertise in the use of medicines whilst helping to address both the public health and social care needs of patients at the organisation and to help in tackling inequalities 4. Provide leadership on person-centred medicines optimisation (including ensuring prescribers in the practice conserve antibiotics in line with local antimicrobial stewardship guidance) and quality improvement, whilst contributing to the Quality and Outcomes Framework and enhanced services 5. Through structured medication reviews, support patients to take their medications to get the best from them, reduce waste and promote self-care 6. Have a leadership role in supporting further integration of general practice with the wider healthcare teams (including community and hospital pharmacy) to help improve patient outcomes, ensure better access to healthcare and help manage general practice workload 7. Develop relationships and work closely with other pharmacy professionals across the wider health and social care system 8. Take a central role in the clinical aspects of shared care protocols, clinical research with medicines, liaison with specialist pharmacists (including mental health and reduction of inappropriate antipsychotic use in people with learning difficulties), liaison with community pharmacists, and anticoagulation 9. Be part of a professional clinical network and have access to appropriate clinical supervision. Appropriate clinical supervision means:  * Each clinical pharmacist must receive a minimum of one supervision session per month by a senior clinical pharmacist * The senior clinical pharmacist must receive a minimum of one supervision session every three months by a GP clinical supervisor * Each clinical pharmacist will have access to an assigned GP clinical supervisor for support and development * A ratio of one senior clinical pharmacist to no more than five junior clinical pharmacists, with appropriate peer support and supervision in place  1. To act as the point of contact for all medicine related matters, establishing positive working relationships 2. To consult patients within defined levels of competence and independently prescribe acute and repeat medication 3. To receive referrals and directed patients from triage services and other clinicians 4. To receive and resolve medicines queries from patients and other staff 5. To provide medication review services for patients in the practice and during domiciliary visits to the local nursing home 6. To manage a caseload of complex patients 7. To manage a therapeutic drug monitoring system and the recall of patients taking high risk drugs, i.e., anticoagulants, anticonvulsants and DMARDs, etc. 8. To deliver long term condition clinics and home visits, particularly for patients with complicated medication regimes, and prescribe accordingly 9. To provide pharmaceutical consultations to patients with long term conditions as an integral part of the multidisciplinary team 10. To review medications for newly registered patients 11. To improve patient and carer understanding of confidence in and compliance with their medication 12. To maintain accurate clinical records in conjunction with extant legislation 13. To encourage cost-effective prescribing throughout the organisation 14. To implement and embed a robust repeat prescribing system 15. To provide advice and answer medication related queries from patients and staff 16. To organise and oversee the organisation’s medicines optimisation systems, including the repeat prescribing and medication review systems 17. To improve the quality and effectiveness of prescribing through clinical audit and education, to improve performance against NICE standards and clinical and prescribing guidance. 18. To develop yourself and the role through participation in clinical supervision, training and service redesign activities 19. To ensure appropriate supervision of safe storage, rotation and disposal of vaccines and drugs. To apply infection-control measures within the practice according to local and national guidelines 20. To provide subject matter expertise on medication monitoring, implementing and embedding a system 21. To support clinicians with the management of patients suffering from drug and alcohol dependencies 22. To actively signpost patients to the correct healthcare professional 23. To manage a caseload of complex patients and potential care institutions and to provide advice for the GP management of more complex patients or areas such as addictive behaviours, severe mental illness or end of life care 24. To review the latest guidance, ensuring the organisation conforms to NICE, CQC etc. 25. To provide targeted support and proactive reviews for vulnerable, complex patients and those at risk of admission and re-admission to secondary care 26. To handle prescription queries and requests directly 27. To provide proactive leadership on medicines and prescribing systems to the organisation, patients and their carers 28. To support in the delivery of enhanced services and other service requirements on behalf of the organisation 29. To participate in the management of patient complaints when requested to do so, and participate in the identification of any necessary learning brought about through clinical incidents and near-miss events 30. To undertake all mandatory training and induction programmes 31. To contribute to and embrace the spectrum of clinical governance 32. To attend a formal appraisal with your manager at least every 12 months. Once a performance/training objective has been set, progress will be reviewed on a regular basis so that new objectives can be agreed 33. To contribute to public health campaigns (e.g., COVID-19 or flu clinics) through advice or direct care 34. To maintain a clean, tidy, effective working area at all times. |

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| **Secondary responsibilities** |
| In addition to the primary responsibilities, the Clinical Pharmacist may be requested to:   1. Support delivery of QOF, incentive schemes, QIPP and other quality or cost effectiveness initiatives 2. Agree and review prescribing formularies and protocols, and monitor compliance levels 3. Improve the data quality of medicines records and linking to conditions 4. Deliver training, mentoring and guidance to other clinicians and staff on medicine issues 5. Working in partnership with pharmacists and clinicians at local hospitals, improve the safety and quality of prescribing after discharge from hospital admissions and attendance 6. Provide leadership and support to prescription administrative/dispensary staff 7. Produce pharmacy/prescribing newsletters or bulletins on a quarterly basis 8. Develop a specialist area of interest 9. Work with community pharmacists, hospital pharmacists and other stakeholders in the medicines supply chain to improve patient experience and manage incidents 10. Support virtual and remote models of consultation and support, including e-consultations, remote medication review, and telehealth and telemedicine 11. 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 12. Duties may vary from time to time without changing the general character of the post or the level of responsibility |

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| **Person specification – Clinical Pharmacist** | | |
| **Qualifications** | **Essential** | **Desirable** |
| The Clinical Pharmacist is enrolled in, or has qualified from, an approved 18-month training pathway or equivalent that equips them to:   1. Be able to practice and prescribe safely and effectively in a [primary care setting](https://www.cppe.ac.uk/wizard/files/general-practice/clinical-pharmacists-in-general-practice-education-brochure.pdf) (for example, the [CPPE](https://www.cppe.ac.uk/career/clinical-pharmacists-in-general-practice-education#navTop) clinical pharmacist training pathways) 2. Although optional for organisations other than a PCN, it is thought advisable that they are able to deliver the key responsibilities outlined in section B1 of the [Network Contract Directed Enhanced Service 2024-25 specification](https://www.england.nhs.uk/wp-content/uploads/2024/03/PRN01035-ii-pcn-des-contract-specification-2024-25-pcn-requirements-and-entitlements-April-2024-version-2.pdf). |  |  |
| GPhC registered pharmacist |  |  |
| Hold or be working towards an GPhC independent prescribing qualification |  |  |
| Minor ailments certification |  |  |
| Membership of the Royal Pharmaceutical Society |  |  |
| Working towards faculty membership of the Royal Pharmaceutical Society |  |  |
| Medicines management qualification |  |  |
| MUR and repeat dispensing certification |  |  |
| **Experience** | **Essential** | **Desirable** |
| Minimum of two years working as a pharmacist demonstrated within a practice portfolio |  |  |
| An appreciation of the nature of GPs and general practice.  An appreciation of the nature of primary care prescribing, concepts of rational prescribing and strategies for improving prescribing |  |  |
| Experience in managing pharmacy services in primary care |  |  |
| Experience and an awareness of common acute and chronic conditions that are likely to be seen in general practice |  |  |
| In-depth therapeutic and clinical knowledge and understanding of the principles of evidence-based healthcare |  |  |
| Understanding of the mentorship process |  |  |
| An appreciation of the new NHS landscape, including the relationships between individual practices, PCNs and the commissioners |  |  |
| Broad knowledge of general practice |  |  |
| **Skills** | **Essential** | **Desirable** |
| Ability to communicate complex and sensitive information effectively with people at all levels by telephone, email and face to face |  |  |
| Excellent interpersonal, influencing, negotiation and organisational skills with the ability to constructively challenge the views and practices of managers and clinicians |  |  |
| Knowledge of IT systems, including ability to use word processing skills, emails and the internet to create simple plans and reports |  |  |
| Ability to plan, manage, monitor, advise and review general medicine optimisation issues in core areas for long term conditions |  |  |
| Clear, polite telephone manner |  |  |
| Good clinical system IT knowledge of EMIS/SystmOne/Vision |  |  |
| Ability to promote best practice regarding all pharmaceutical matters |  |  |
| Effective time management (planning and organising) |  |  |
| Demonstrate personal accountability and emotional resilience, and work well under pressure |  |  |
| **Personal qualities** | **Essential** | **Desirable** |
| Ability to follow legal, ethical, professional and organisational policies/procedures and codes of conduct |  |  |
| Ability to use own initiative, discretion and sensitivity |  |  |
| Able to get along with people from all backgrounds and communities, respecting lifestyles and diversity |  |  |
| Flexible and cooperative |  |  |
| Ability to identify risk and assess/manage risk when working with individuals |  |  |
| Sensitive and empathetic in distressing situations |  |  |
| Able to provide leadership and to finish work tasks |  |  |
| Problem solving and analytical skills |  |  |
| Ability to maintain confidentiality |  |  |
| Knowledge of and ability to work to policies and procedures, including confidentiality, safeguarding, lone working, information governance and health and safety |  |  |
| **Other requirements** | **Essential** | **Desirable** |
| Flexibility to work outside core office hours |  |  |
| Disclosure Barring Service (DBS) check |  |  |
| Evidence of continuing professional development |  |  |
| Access to own transport and ability to travel across the locality on a regular basis, including to visit people in their own home |  |  |

This document may be amended following consultation with the post holder to facilitate the development of the role, the organisation and the individual.

All personnel should be prepared to accept additional, or surrender existing duties, to enable the efficient running of the organisation.