**Claypath and University
Primary Care Network**

**Job Description
PCN Clinical Pharmacist**

Hours of duty: Full or Part-time

Responsible to: GP Partner/Prescribing Lead, Claypath and University Medical Group

Employer: Claypath and University Medical Group

Pay: Negotiable depending on experience

The Clinical Pharmacist will be employed by the Claypath and University Medical Group to work for the Claypath and University Primary Care Network. Direct line management and supervision will be provided by the GP Partner/Prescribing Lead, Claypath and University Medical Group.

**Job Purpose:**

To work within clinical and professional boundaries in a patient facing role, as part of a multi-disciplinary team, to manage medicines on transfer of care and systems for safer prescribing.

To perform face-to-face medication reviews of patients with polypharmacy - especially for those with frailty and/or with multiple co-morbidities - as well as undertaking reviews of patients with specific long term conditions that fall within competency.

To work in partnership with stakeholder organisations to improve the safety and quality of care for patients and manage medicines on transfer of care.

To contribute to quality improvement and clinical audit, as well as supporting aspects of the Quality and Outcomes Framework, medicines safety, and antibiotic stewardship.

To contribute towards practice financial stability through medicines optimization and related targets in QOF.

The post holder will comply with the organisation’s policies and procedures.

**Main Duties and Areas of Responsibility:**

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| Patient facing - long-term condition clinics | Working within the practice based team to undertake medication reviews particularly in high risk groups such as: - Frail elderly - Poly-pharmacy - Renal impairment - Hepatic impairment - Substance misuse - Patients on high risk medicines - STOPP/START identified patients - Revolving door Hospital admissions Review the on-going need for each medicine, a review of monitoring needs and an opportunity to support patients with their medicines ensuring they get the best use of their medicines (i.e. medicines optimization). Make appropriate recommendations to GPs for medicine improvement. |
| Patient facing - Clinical Medication Review | Undertake clinical medication reviews with patients and produce recommendations for nurses and/or GPs on prescribing and monitoring. This would be a level 3 clinical medication review looking at the patient’s full clinical condition, blood monitoring, interface care arrangements, social isolation etc., including reducing inappropriate polypharmacy and wasteful prescribing. |
| Care Home Medication Reviews | Undertake clinical medication reviews and produce recommendations for nurses or GPs on prescribing and monitoring. Work with care home staff to improve safety of medicines ordering and administration. |
| Management of common/minor/self-limiting ailments | Managing caseload of patients with common/minor/self-limiting ailments while working within scope of practice and limits of competence.Signposting to community pharmacy and referring to GPs or other healthcare professionals where appropriate. |
| Patient facing medicines support | Provide patient facing clinics in the practice for patients who have questions, queries and concerns about their medicines  |
| Telephone medicines support | Provide a telephone help line for patients with questions, queries and concerns about their medicines. |
| Medicine information to practice staff and patients | Answers relevant medicine-related enquiries from GPs, other practice 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. |
| Unplanned hospital admissions | Review the use of medicines most commonly associated with unplanned hospital admissions and readmissions through audit and individual patient review.Put in place changes to reduce the prescribing of these medicines to high-risk patient groups. |
| Management of medicines at discharge from hospital | To reconcile medicines following discharge from hospital and 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. |
| Interface | Interface with community and hospital pharmacy colleagues and develop referral processes between primary care professionals including the promotion of the repeat dispensing service.  |
| Signposting | Ensure that patients are referred to an appropriate healthcare professional for an appropriate level of care within an appropriate period of time e.g. pathology results, common/minor ailments, acute conditions, long-term condition reviews, etc. |
| Repeat Prescribing | Participate in the repeat prescribing reauthorization process by reviewing patient requests for repeat prescriptions and reviewing medicines reaching review dates, flagging up those needing a review. Ensure patients have appropriate monitoring tests in place when required.  |
| Risk stratification | Identification of cohorts of patients at high risk of harm from medicines through 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 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.Increase safe and effective prescribing through mechanisms such as audit. Improve quality in prescribing using Quality Improvement methodology including the use of Plan Do Study Act (PDSA) cycles. |
| Implementation of local and national guidelines and formulary recommendations | Monitor practice prescribing and make recommendations to GPs for medicines that should be prescribed by hospital doctors or subject to shared care.Audit practice’s compliance against NICE guidelines. |
| Education and training | Provide education and training to primary health care team on therapeutics and medicines optimization. |
| Care Quality Commission | Work with general practice team to ensure the practice is compliant with CQC standards where medicines are involved. |
| Public Health | To support public health campaigns.To provide specialist knowledge on all public health programmes available to the general public.  |

**Collaborative Working Relationships**

* Recognises the roles of other colleagues within the organisation and their role in 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 colleagues when necessary.
* Actively works towards developing and maintaining effecting working relationships across the Primary Care Network.
* Foster and maintain strong links with all services across the 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.

**Knowledge, Skills and Experience Required**

* Completion of an undergraduate degree in pharmacy and registration with the General Pharmaceutical Council.
* Experience and awareness of common acute and long-term conditions that are likely to be seen in general practice.
* Has obtained, or is 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.

**Leadership**

* Demonstrates understanding of the pharmacy role in governance and is able to implement this appropriately within the workplace.
* Demonstrates understanding of, and contributes to, the workplace vision.
* Demonstrates ability to improve quality within limitations of service.
* Reviews yearly progress and develops clear plans to achieve results within priorities set by others.
* Demonstrates ability to motivate self to achieve goals.
* Promotes diversity and equality in people management techniques and leads by example.

**Management**

* Demonstrates understanding of the implications of national priorities for the team and/or the service.
* Demonstrates understanding of the process for effective resource utilisation.
* Demonstrates 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.
* Demonstrates 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 experienced colleagues.
* Demonstrates self-development through continuous professional development activity; working alongside colleagues to identify 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 Primary Care Network.

**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 the 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 practice’s Incident Reporting System.
* The post holder will comply with the Data Protection Act (2018) 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 Network. 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 Network.
* 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.

**Person Specification:**

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| **Criteria**  | **Description**  | **Essential**  | **Desirable**  |
| **Professional Registration**  | Mandatory registration with General Pharmaceutical Council Membership of the Royal Pharmaceutical Society A member of or working towards Faculty membership of the Royal Pharmaceutical Society  | **√** | **√****√** |
| **Qualifications**  | Masters degree in pharmacy (MPharm) (or equivalent) Specialist knowledge acquired through postgraduate diploma level or equivalent training/experience Independent prescriber or working towards/intent of gaining independent prescribing qualification CPPE primary care pathway training course or working towards / intent of completing | **√** | **√****√****√** |
| **Skills** **knowledge and experience**  | Minimum of two years post-qualification experience. In depth therapeutic and clinical knowledge and understanding of the principles of evidence-‐based healthcare. An appreciation of the nature of PCNs, 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.  | **√****√****√****√****√****√** | **√****√** |
| **Skills** **knowledge and experience cont.**  | Good IT skills Able to obtain and analyse complex technical informationRecognises priorities when problem solving and identifies deviations from the normal pattern and is able to refer to seniors or GPs when appropriateAble to work under pressure and to meet deadlines Experience with GP clinical systemsGain 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  | **√****√****√****√****√****√****√** | **√** |
| **Other** | Self-MotivationAdapatableIn date DBS checkSafeguarding Adults and Children (Level 3)Immunisation statusUK Work Permit (if required) | **√√****√****√****√** | **√** |

/GPB
27 July, 2022