

## Clinical Pharmacist- Minimum Requirements

1. **Where a PCN employs or engages a Clinical Pharmacist under the Additional Roles Reimbursement Scheme, the PCN must ensure that the Clinical Pharmacist is enrolled in, or has qualified from, an approved 18-month training pathway or equivalent that equips the Clinical Pharmacist to:**
  - a. be able to practice and prescribe safely and effectively in a primary care setting (for example, the CPPE Clinical Pharmacist training pathways<sup>71,72</sup>); and
    - 71 <https://www.cppe.ac.uk/career/clinical-pharmacists-in-general-practice-education#navTop>
    - 72 <https://www.cppe.ac.uk/wizard/files/general-practice/clinical-pharmacists-in-general-practice-education-brochure.pdf>
  - b. deliver the key responsibilities outlined in section B1.2.
2. **Where a PCN employs or engages one or more Clinical Pharmacists under the Additional Roles Reimbursement Scheme, the PCN must ensure that each Clinical Pharmacist has the following key responsibilities in relation to delivering health services:**
  - a. 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;
  - b. be a prescriber, or completing training to become prescribers, and work with and alongside the general practice team;
  - c. 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);
  - d. provide specialist expertise in the use of medicines whilst helping to address both the public health and social care needs of patients at the PCN’s practice(s) and to help in tackling inequalities;
  - e. 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;
    - i. each clinical pharmacist must receive a minimum of one supervision session per month by a senior clinical pharmacist<sup>73</sup>;
    - ii. the senior clinical pharmacist must receive a minimum of one supervision session every three months by a GP clinical supervisor;

- iii. each clinical pharmacist will have access to an assigned GP clinical supervisor for support and development; and
  - iv. a ratio of one senior clinical pharmacist to no more than five junior clinical pharmacists, with appropriate peer support and supervision in place.
- f. through structured medication reviews, support patients to take their medications to get the best from them, reduce waste and promote self-care;
- g. 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;
- h. develop relationships and work closely with other pharmacy professionals across PCNs and the wider health and social care system;
- i. 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;
- j. be part of a professional clinical network and have access to appropriate clinical supervision. Appropriate clinical supervision means: 73 This does not need to be a senior clinical pharmacist within the PCN but could be part of a wider local network, including from secondary care or another PCN.