

Find out about being a **Pharmacist**

Find out about the role and what skills and qualifications you will need



Provided by

What is a pharmacist

Pharmacists are experts in medicines, they are responsible for:

- The quality of medicines supplied to patients
- Ensuring that the supply of medicines is within the law
- Ensuring that the medicines prescribed to patients are suitable
- Advising patients about medicines, including how to take them, what reactions may occur and answering patients' questions.
- Advise other healthcare professionals about safe and effective medicines use, and
- Safe and secure supply of medicines
- Respond to patients' symptoms and advise on medicines

What Key skills do you need?

- Excellent written and verbal communication skills
- Excellent interpersonal,
- influencing and negotiating skills

Entry Requirements

- 4 year degree course at university (masters) varies depending upon universities, how below gives you a guide:
- A-levels AAB, ABB or BBB considered (Chemistry and at least one further science at A level from Biology, Mathematics or Physics) OR
- IB 6,6,5 (at Higher Level, including Chemistry plus either Biology, Physics or Maths and three further subjects at Standard Level. 32 points overall.
- BTECs are also considered

Find out more



Clinical Pharmacists

Pharmacists in primary care play a crucial role in general practice. Here's an overview of what they may do within their scope of competence and indemnity arrangements under protocols where necessary:

- Repeat Prescriptions: Clinical pharmacists can provide advice and guidance on repeat prescriptions management within a practice
- Structured Medication Reviews: Clinical pharmacists may conduct structured medication reviews in line with the PCN DES contract
- Medicines Optimisation Audits: Clinical pharmacists may conduct audits involving medicines practices.
- Care Home Visits: Clinical pharmacists may provide advice and guidance to care homes on medicines and devices, this could involve attending ward rounds
- Prescription Queries: Clinical pharmacists may provide support for handling queries related to prescriptions.
- Specialist Clinics: Clinical pharmacists may run clinics for long term conditions such as diabetes, respiratory issues, hypertension, and asthma in line with their expertise and competence.
- Long-Term Conditions and Minor Ailments: Clinical pharmacists may assist with managing chronic illnesses and minor health concerns in line with their indemnity, expertise and competence.
- Medicines reconciliation including hospital discharge reviews: Clinical pharmacists may be involved in medicines reconciliation ensuring smooth transitions from hospital to community care.
- Medication Queries: Clinical pharmacists can provide advice and guidance when addressing patient queries about medications.
- Signposting to Specialists or Services: Clinical pharmacists can provide guidance to patients to signpost to appropriate resources.
- Types of Consultations: Clinical pharmacists can provide a range of consultations including face to face and telephone.
- Screening and Patient Education: Clinical pharmacists can provide education to patients and the practice team.

Senior or Lead Clinical Pharmacist

- Patient facing long term condition clinics develop their Mental Health Pharmacy skills.
- See patients in multi-morbidity clinics and in partnership with primary healthcare colleagues and implement improvements to patient's medicines, including de prescribing.
- Develop, lead and manage new services that are built around new medicines or NICE guidance, where a new medicine/recommendations allow the development of a new care pathway (e.g. new oral anticoagulants for stroke prevention in atrial fibrillation).
- Analyse, interpret and present medicines data to highlight issues and risks to support decision-making ensuring population health approach to medicines.
- Identify and provide leadership on areas of prescribing and medicines optimisation. Conduct clinical audits and improve projects or work with colleagues such as GP registrars, practice managers etc. Present results and provide leadership on suggested changes. Contribute to national and local research initiatives..
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- Identify national and local policy and guidance that affects patient safety through the use of medicines, including MHRA alerts, product withdrawals and emerging evidence from clinical trials.
- Manage the process of implementing changes to medicines and guidance for practitioners
- Undertake risk assessment and management and ensure compliance with medicines legislation.
- Implementation of local and national guidelines and formulary recommendations.
- Provide education and training to primary healthcare team on therapeutics and medicines optimisation.
- Provide training to visiting medical, nursing, pharmacy and other healthcare students where appropriate.
- Work toward developing and maintaining effective working relationships both within and outside the practice and locality.
- Liaises with ICB and hospital colleagues on prescribing-related matters to ensure consistency of patient care and benefit.
- Promotes diversity and equality in people management techniques and leads by example.
- Lead, mentor and provide clinical supervision for a pharmacy team of differing abilities.



At Bordesley East PCN, a foundation pharmacist spends 52 weeks of training between a community pharmacy and GP practice to learn and develop the skills, knowledge, and behaviours expected of pharmacists. It also allows them to apply their academic knowledge in real-life situations. Training involves learning and understanding how to deliver the safe and effective patient-centred care which patients and the public expect from pharmacy professionals.

At Bordesley East PCN, a pre-registration trainee pharmacy technician spends two years in a community pharmacy and GP practice whilst doing an approved programme to learn and develop the skills, knowledge, and behaviours expected of pharmacy technician.

Completion of the training programme and placement will allow students to become registered pharmacy technician. [A1]
[A1]Is the ask to add comments for all organisations as to what is happening or is this a more general document ?

If we need examples from all organisations then I am happy to add re OHP model as a case study, just let me know

If this is more general, suggest remove the ref to organisations and specific PCNs and provide an overarching statement as to what happens for trainees and perhaps how many we have across the system

Chief Pharmacist

Chief Pharmacists are senior healthcare professionals responsible for providing leadership, expertise, and oversight and management of pharmacy services within an organisation

Chief Pharmacists duties include:

- planning and allocating resources
- Improving productivity
- Providing value for money, and making sure that pharmacy services meet the needs of the communities they serve and improve health outcomes.

Chief Pharmacists are required to lead in their organisations, lead across health economies and to lead the profession. Chief Pharmacists are Pharmacy leaders who have the skills to negotiate at Board level, to provide the vision necessary to strategically consolidate the position of pharmacy to play a key role in the NHS of the future and to manage change in a dynamic environment. Chief Pharmacists are required to ensure staff and medicines are managed in line with relevant legislation and regulations, and that national and professional guidance on medicines governance is followed within their organisations.

Section 67F (4) of The Medicines Act 1968 sets out the role of the Chief Pharmacist (or equivalent) as someone: Who plays a significant role (irrespective of whether other individuals also do so) in:

- I. The making of decisions about how the whole or a substantial part of the activities of the pharmacy service are to be managed or organised, or
- II. The actual managing or organising of the whole or a substantial part of those activities – Has the authority to make decisions that affect the running of the pharmacy service as far as concerns the sale or supply of medicinal products, and – Is responsible for securing that the pharmacy service is carried on safely and effectively.

The Chief Pharmacist (or equivalent) must meet these requirements if their organisation wants the pharmacy staff to benefit from the defences of the GPhC.

The Chief Pharmacist plays a vital leadership role in making sure pharmacy services are delivered safely and effectively. Chief Pharmacists must meet the following standards:

1. Provide strategic and professional leadership.
2. Develop a workforce with the right skills, knowledge, and experience.
3. Delegate responsibly and make sure there are clear lines of accountability.
4. Maintain and strengthen governance to ensure safe and effective delivery of pharmacy services.

Chief Pharmacists must:

- have a clear vision and strategy to deliver safe and effective pharmacy services
- lead by example, taking responsibility for their own professional growth and development
- be able to influence and work collaboratively with others, to meet the needs of patients and contribute to shared organisational and system objectives
- embrace research, technology and innovation to enhance safety and improve services



Consultant Pharmacist

Consultant pharmacists are clinical experts who work at a senior level, delivering care and driving change across the healthcare system. They've demonstrated the level of competence expected of a consultant pharmacist and their post has been reviewed and approved. Consultant pharmacists work across the four pillars:

Consultant pharmacists work across the four pillars:

- Clinical practice
- Leadership
- Research
- Education

They undertake activities that use their extensive, expert knowledge and skills to contribute to the health of individuals and the population. Consultant Pharmacists must be accredited in line with the Royal Pharmaceutical Society Framework and be working in an approved post.

The Consultant Pharmacist in Primary Care is a dynamic link between clinical practice, service development and population health usually across multiple Primary Care Networks. They provide professional leadership across multi-professional networks and support and develop plans to improve the health of the population and quality of healthcare. They are skilled at prioritising and delivering medicines optimisation intervention, ensuring equitable and cost-efficient impact on health outcomes across a population of multiple PCNs. They will provide high level clinical and operational leadership and planning, ensuring safe, high quality and efficient delivery of clinical services related to medicines and prescribing at organisational/ systems level.

The Consultant Pharmacist will act as a mentor and role model as an expert clinical pharmacist, manager and leader to other members of the pharmacy team within that organisation or system.

Diabetes pharmacist ICB

Diabetes pharmacists working within the ICB Medicines Management and Optimisation (MMO) team specialise in diabetes and will have completed a clinical diploma and prescribing course, in addition to their pharmacy degree.

They work within a team of diabetes pharmacists and together attend local and regional diabetes clinical network meetings and contribute to the review and development of policies, drug evaluations, safety initiatives and implementation of national guidelines. They also actively contribute towards management of the ICB prescribing budget through development of diabetes-related projects.

The working week usually involves preparing for and /or attending medication review meetings at GP practices. This involves leading on a multi-disciplinary team (MDT) meeting, typically involving a diabetes lead GP and a specialist nurse or practice pharmacist.

Specific patients with diabetes are discussed who are not currently meeting national targets for glucose control, blood pressure control or lipid control. The aim is to optimise patient medications and develop a tailored management plan, taking into account the patients cardiovascular and metabolic risk factors. This helps ensure evidence-based prescribing which is clinically and cost-effective, appropriate and safe and will ultimately lead to better health outcomes and reduced hospital admissions.



A summary of key roles and responsibilities include:

- Working as part of the multidisciplinary diabetes team (MDT) within the ICB/primary care to develop a tailored management plan for identified patients with diabetes.
- Using expertise to provide evidence-based prescribing advice to ensure effective, appropriate, cost-effective and safe use of medicines and promote a patient-centred medicines optimisation agenda for patients with diabetes
- Undertaking a clinical medication review for each patient, utilising GP computer systems. Discussing findings at the MDT so that the required actions can be built into the care plan.
- Facilitating good prescribing practice within diabetes across the primary and secondary care interface
- Dealing directly with patients/carers as required, to improve concordance with diabetes treatment in order to achieve better health outcomes.
- Working with the ICB's commissioning team to monitor the delivery of the diabetes aspects of the ESO (Enhanced Service Offer) contract by practices in the ICB.
- Actively contributing towards management of the ICB prescribing budget through development of diabetes-related projects
- Provide the ICB with pharmaceutical expertise to manage the implementation of national guidance and develop local guidance related to diabetes
- Help to improve prescribing outcomes and the quality of life for people with diabetes by developing clinical audits, patient information, projects, training and educational materials
- Assist the GP practice teams implement policies/guidance relating to diabetes.
- Support the implementation of the local APC formulary.
- Assist in managing the introduction of new diabetes drugs and drugs that are discontinued.
- Utilise outcomes data, outpatient attendance figures and hospital admissions data to provide feedback on the effectiveness of the diabetes MDT programme.