



Primary Care Pharmacy Association
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PCPA Guide for GPs Employing a Pharmacist

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FOREWORD

Welcome to the updated PCPA guide for GPs who are considering employing a pharmacist. Since the last edition of the guide, we have witnessed an exponential growth in the numbers of pharmacists and pharmacy technicians working in general practice and primary care networks.

More than 10,000 pharmacy professionals work in GP in England alone, the most numerous of the ARRS (additional roles reimbursement scheme) – this has happened because of their substantial role bringing expertise, safety and capacity to practice teams. As time has gone on, the evidence base for our roles has grown and is now demonstrating how patient satisfaction, overprescribing and cost-effective prescribing is improved by developing a pharmacy team in your GP and PCN.

We are confident this updated guide will act as a catalyst to further embed pharmacy professionals as equal and active partners in primary care, delivering safe, effective and resilient services for our patients.



Graham Stretch

DR GRAHAM STRETCH,
PCPA PRESIDENT

What can pharmacists do?

Clinical services

- Working closely with GPs to resolve day-to-day medicines issues
- Addressing medicines adherence with patients
- Managing and prescribing for long-term conditions in clinics often in conjunction with practice nurses
- Triaging and managing common ailments
- Responding to acute medicine requests
- Reviewing patients on complex medication regimens
- Taking part in multidisciplinary case reviews
- Carrying out face-to-face or telephone follow up with patients
- Signposting patients to appropriate services and other healthcare professionals (e.g. community pharmacists)
- Linking the GP surgery more effectively with specialist pharmacists and community pharmacists to reduce medication errors and improve quality

Prescription management

- Reconciliation of medicines in outpatient and discharge letters including liaison with hospital, community and primary care colleagues to ensure correct medicines follow up on transfer of care
- Supporting GPs and other practice staff to deliver on QIPP agenda, QOF and locally commissioned enhanced services
- Working with the practice team to deliver repeat prescription reviews especially for care home residents, people prescribed polypharmacy and older people with frailty
- Converting acute medicine requests into repeat medicines where appropriate
- Point of contact for the practice for all medicines-related queries for healthcare professionals and patients
- Implementing and monitoring a practice's adherence to a repeat prescription policy

Audit and education

- Conducting clinical audits as part of the multidisciplinary team
- Answering medicine information enquiries from GPs, other health care professionals and patients
- Implementing systems for monitoring of medicines, in conjunction with the practice team
- Contributing to clinical education of healthcare professionals
- Providing leadership of quality improvement programs that involve medicines

Medicines management

- Working with GPs and practice nurses to agree and manage practice formularies
- Implementing NICE guidance through audit and feedback, formulary management and educational sessions with the wider primary health care team and patients

Education and support for practice pharmacists

If you employ a pharmacist via the Additional Roles Reimbursement Scheme, they will receive a comprehensive package of training and support – through enrolment onto an [education pathway](#) delivered currently by the Centre for Postgraduate Pharmacy Education. The 18-month pathway will include residential study, study days, local learning sets and assessment.

To allow this, pharmacists must have 28 study days provided by their employer over the 18-month period. They will then be expected to undergo an independent prescribing qualification if they haven't already done so.

Most pharmacists new to general practice should expect to undertake this course – although it is possible to apply for an exemption for all or part of the course.

If you are employing your pharmacist outside of the scheme, they can find support and advice on education and networking by joining the Primary Care Pharmacy Association. NHS England occasionally offer funding to practices for non-ARRS pharmacists to access the CPPE course.

Employing a pharmacist

Induction

Those who have not worked in general practice would, as part of an induction programme, require training in:

- Use of surgery computer systems, Quality and Outcomes Framework and the QIPP agenda
- Clinical coding
- Clinical and information governance
- Safeguarding adults and children
- Management

Supporting recruitment

To make your search for a pharmacist a little easier, hyperlinked here are examples of:

- [An example induction checklist](#)
- Job descriptions and personal specifications for
 - [A senior clinical pharmacist role](#)
 - [A clinical pharmacist role](#)
 - [An advanced clinical practitioner \(pharmacist\) role](#)
- [Interview questions](#)
- [PCPA competency framework for pharmacist development](#)

In keeping with the [NHS agenda](#), employers should consider how they can promote inclusive working environments and ensure their recruitment and retention processes promote equality and diversity within the workplace.

Demonstrating value

Pharmacists who are new to the role should not be surprised if they are asked to demonstrate their value and the impact of their work. At a time when healthcare budgets are stretched, evidence of a return on investment may be requested.

Before any attempt is made to demonstrate the value of your team, consider the following:

- Who is the audience - what do they want to know and why?
 - GPs may want to know how long you take to do tasks
 - Your ICS may want to know about cost savings
- What do you do that others don't know about?
- Is it possible to get before and after data? (you can get some information from the NHS BSA website)
- Consider whether it is easier to ask data experts to generate the data you need
- What is the aim of your service? What do patients want?

Don't collect data for the sake of it and try to make it as easy as possible to collect. Some data is very easy to collect, other data relies on the use of read codes when doing specific tasks. Some can be a bit more time consuming and may be best done just over a short period.

Easy to collect

Number of appointments
Number of structured medication reviews
Medication reviews completed
QOF target progress
Prescriptions signed

Using read codes

Number of discharges reconciled
Number of queries answered
Volume of other "non-visible" work (ie, things that do not appear on your daily appointments list)
Long-term condition reviews undertaken
Medicines started, stopped, increased or decreased
Individual or team impact on QOF outcome, prescribing scheme or other income generating work
MHRA alert action

Time-limited audit

Time taken to deal with a discharge
Who is contacting you for advice
Feedback from colleagues or patients

You could then ask GPs how long they take to do various tasks, and extrapolate this to determine how many hours of GP time you have saved (if this is what your audience wants to know).

Being visible

Remember, data doesn't show the whole story. Developing relationships is key, and making sure people know how you help patients is fundamental. Once this is widely known, you may no longer need to demonstrate your value. If you are missed when you're on annual leave, you've cracked it.

Consider how visible you are – both day to day, and during clinical meetings. Going into your room, getting through your daily calls list, communicating mainly via emails and tasks, and then going home at the end of the day will not necessarily make you particularly “visible”.

- Can you help the admin team improve their processes?
- Do you make yourself available to other clinicians?
- Do you provide education sessions for other staff members?
- Do you link in with other pharmacy teams?

Contributing to QOF

The Quality and Outcomes Framework is a big source of income for practices, so contributing at every opportunity is one way to demonstrate your value.

- Do know what is needed, from a QOF perspective, for each long-term condition? If not, learn.
- Make sure you know how to exempt patients correctly and appropriately (remember that drug exemptions do not clear from the QOF box until October).
- During every patient contact, review the QOF box and try to help tick off what is needed - anything you can do to reduce the end of year panic will always be appreciated.
- Better still, take responsibility for therapeutic areas and keep an eye on how it is doing throughout the year.

If you are providing services that are not QOF related (eg, menopause clinics), consider how your impact can be illustrated through other means. For example, you could do a patient satisfaction survey and limited-time audit on GP appointments avoided - both of which will be valued by your practice.

Become competent and become an expert in your area of specialism - from that comes confidence. Also, be a self-advocate – no one else in that practice is an expert in medicines

Sharing your experiences...

If you have produced some good results, consider turning your data or reports into a poster to present at a conference. If you can demonstrate Quality Improvement, this can be a powerful example for the research domain of the RPS core advanced curriculum.

But remember, your time is precious. If data is no longer being read by anyone, don't continue to do it.

**Adapted from PCPA webinar delivered by: Sue Alldred, Sally Arnison and Mohammed Koli. See acknowledgements.*

Indemnity considerations

NHS Resolution offers [automatic cover against clinical negligence](#) claims for all staff working in general practice and providing NHS service. This cover, however, does not provide protection against every scenario. It also only provides cover for claims arising from incidents that occurred after 1 April 2019.

Although it is not within the scope of this guide to offer specific advice, we suggest that both employers and employees consider what additional cover is needed and discuss who will pay for it. Consideration should also be given to what additional cover is provided for other practice staff.

Note: PCPA cannot respond to individual queries from staff about the scope of local indemnity arrangements; this will be determined by terms of employment.

Advice for employers

We strongly recommend that employers provide information on indemnity arrangements to all its workers – both those who are directly employed or those who are contracted through an agency or third party. Organisations should explain what indemnity arrangements are offered and the scope of that cover.

If you are thinking of employing a pharmacist, does your existing provider offer cover that will protect the patients and practice? Is your new pharmacist aware of their obligation to seek appropriate professional indemnity insurance?

Advice for pharmacists

It is a **regulatory requirement** for all registered pharmacists to "make sure that all their work, or work that they are responsible for, is covered by appropriate professional indemnity insurance". We recommend that you carry out your own research into suppliers that match your needs.

Below is a list of potential providers who offer professional indemnity cover for GP practice-based pharmacists, including wraparound cover that operates alongside the cover provided by NHS Resolution. This list is by no means exhaustive.

- [Medical Insurance Advisory Bureau](#)
- [Hiscox](#)
- [Medical and Dental Defence Union of Scotland](#)
- [National Pharmacy Association](#)
- [The Pharmacists' Defence Association](#)
- [Pharmacy Insurance Agency](#)

In summary...

The addition of pharmacists to general practice teams has undoubtedly been one of the biggest successes of the recent NHS reforms. Their impact has been welcomed by GPs, practice staff and patients alike.

In some areas, work still needs to be done to establish a career development pathway for pharmacists in this sector. This guide will provide some direction for those who need it. We will continue to provide support and share good practice to all pharmacists in primary care.

Partner resources

[Guide from the Royal Pharmaceutical society on working in a General Practice setting.](#)

(updated in 2022)

[RCGP and RPS policy statement on GP practice-based pharmacists](#) (written in 2015)

[BMA guide on employing clinical pharmacists in GP practice](#) (updated in 2024)

[NHS England statement on expanding the GP practice workforce with clinical pharmacists](#)

[A short video on a day in the life of a GP practice pharmacist](#)

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