

What are your key responsibilities in practice (eg, improving prescribing, medicines safety, face-to-face consultations)?

My key responsibilities are currently split between patient-facing roles and improving medicines management processes within the practice. I perform daily morning telephone consultations (averaging 11 per day), with my own appointment list. Reception staff and doctors book patients directly into my list and I deal with medicines-related queries, which include patients experiencing side-effects of newly initiated medication requiring advice or alternatives, long-term supply problems of medications, advice on treatment options for minor illnesses, eg, hayfever and uncomplicated back pain, arranging dosette boxes and patients requesting items not on repeat lists. As an independent prescriber, I can deal with most of these queries without having to involve the GP. I also run joint specialist clinics with the nurse consultant twice a week, focusing on polypharmacy in frailty and appropriate deprescribing. In addition, I devote a few hours a day dealing with prescription queries (currently averaging 39 per day), which often involve communication with community pharmacy colleagues and nursing home staff.

Medicines reconciliation post hospital discharge or from specialist outpatient clinics is another focus for me. Doctors pass on discharge letters with medication changes, and I have introduced a medicines reconciliation template to consistently document changes made because of inpatient stays or outpatient appointments. Some of these involve simple updating, reauthorising and synchronisation of repeat medication lists but others are complex, requiring careful monitoring and follow-up of patients (eg, those initiated on DMARDs) or clarification of secondary care advice.

It has been an important part of my role to look at existing processes within the practice and to update and produce policies and procedures to facilitate safe and effective medicines management. Educating staff involved in these processes has been paramount to ensure successful implementation, improvement in quality and workload reduction associated with the changes. Examples include update of the repeat prescribing protocol, introducing a protocol for the safe ordering and storage of blank prescription forms, producing a controlled drug policy and updating existing policies related to high-risk medications eg, anticoagulation/DMARDs. End-of-life drugs formulary has been set up with one of the doctors.

As a senior clinical pharmacist, I also support clinical pharmacists new to the role, supporting them as they embark on the independent prescribing course and helping them to become familiar with practice IT systems and working practices.

How did you feel about your role before starting the *General practice pharmacist training pathway*?

Before starting the pathway I was unsure as to what my full-time role in general practice would entail. For the previous few years I had provided a few hours per week, as a prescribing support pharmacist, to the practice in which I work but I was aware that this was going to be very different. I was also leaving my main role, working as a lead clinical pharmacist within secondary care for over 20 years, to embark on this pathway and experienced a degree of apprehension associated with my change in career direction.

What *General practice pharmacist training pathway* learning events have you attended so far?

I attended the residential induction when I first started within my role. I have also attended the senior clinical pharmacist study day, and more recently the *Care homes, medicines and older people* study day and *Type 2 diabetes: medicines optimisation and patient-centred consultations*. I am booked on to the Red Whale clinical pharmacist update and NICE update before the end of the year. Within Gloucestershire we have had two of the action learning sets, the introductory and communicating with community pharmacists sessions. A third session relating to antibiotics is booked for next month.

Which learning event have you found most useful and why?

All the learning events have been invaluable in terms of providing networking opportunities, and support amongst colleagues in similar roles. For me, the residential course and senior clinical pharmacist study day were particularly useful in providing me confidence that I was approaching the role in the right way. At a local level the action learning sets are a useful opportunity to bring the team together and give us additional opportunity to share experiences, challenges and ideas.

Have you identified any challenges in your role?

At times the amount of workload has been overwhelming and I have needed to refocus on priorities within our practice. I had underestimated how rapid the increased workload would be over such a short period. For example, I have needed to put my plans to increase patient-facing clinic time further on hold for a few months whilst we ensure repeat prescribing and repeat dispensing processes are as safe and effective as they can be. Another challenge is sustainability. I have very quickly become a fully integrated and valued member of the practice team but this can cause problems when I am on annual leave as workload then needs to be re-diverted back to the doctors.

Has any aspect of the pathway helped you to address these challenges? What is it and how has it helped?

Networking has helped to address some of these challenges. Sharing ideas when we meet at study days and action learning sets of how to educate and upskill appropriate members of the practice team to perform some of the day-to-day activities that we are currently doing will allow us to progress the patient-facing role at a faster pace. Canvas is also a useful platform for sharing ideas and protocols, as is the email group that we set up at the first residential.

What has been the most useful part of the pathway for you and why?

As already mentioned the networking opportunities have been most useful to me so far. Having regular meetings with the local CPPE tutor has also been invaluable in providing advice, support and reassurance that the role is progressing in the right direction. The clinically themed study days have enhanced my knowledge basis on the management of long-term conditions and specific patient groups, and I have been able to apply skills gained through consultation workshops in practice to achieve a more patient-centered approach.

What do you consider to be your biggest success since starting the pathway? What's the thing you are most proud of so far?

My biggest success since starting the pathway is having been very quickly accepted and valued as a fully integrated member of the practice team. I attend weekly practice meetings with the doctors and management team and have a designated slot on the agenda for medicines management related issues. I am given time to feedback to the team on my progress and to discuss any concerns that I may have. My opinions are respected and I am given the permission to make necessary changes. I was also presented to the CQC by the practice as being their lead for medicines management when they recently inspected us and I was proud to discuss my roles and responsibilities with them, which was well received. I am also building good relationships with patients, several of them who will now ask to speak or consult with me directly.

How do you feel in your role now?

I feel very proud to be part of the national pilot and the *General practice pharmacist training pathway*. I continue to develop my confidence and feel that I am now leading the practice team in medicines management. I enjoy teaching practice staff and other clinical pharmacists, and see much potential for developing the role further over the coming years, possibly with the expansion to pharmacy teams working more closely together to ensure sustainability for the future.