

**AGENDA FOR CHANGE
NHS JOB EVALUATION SCHEME**



JOB DESCRIPTION

1. JOB IDENTIFICATION

Job Title: Senior Clinical Pharmacist -(with prescribing qualification)

Reports to (insert job title): Lead Pharmacist, Oncology & Acute Care

Department, Ward or Section: Pharmacy

CHP, Directorate or Corporate Department: Lorn & Islands Hospital, Argyll & Bute HSCP

Job Reference: ARGLLORNAHPSPHAR02

No of Job Holders: One

Last Update (insert date): 19/5/2022

2. JOB PURPOSE

To effectively deliver a clinical pharmacy service to medical inpatients, stroke, surgical, ensuring that each patient has optimum pharmaceutical care

To apply advanced theoretical and practical knowledge, training and experience to provide a highly specialist pharmacy service to medical patients, including Parkinson's Disease patients in Argyll & Bute CHP, including acting as a prescriber for these patients.

This will include:

- Lead and deliver a specialist clinical pharmacy service to Parkinson's Disease patients across Argyll & Bute CHP in line with departmental and national strategy.
- Provide specialist expert advice on pharmaceutical matters in Parkinson's Disease.
- Promote rational, effective and safe drug use for Parkinson's disease patients, including training of nursing and medical staff.
- Develop and implement guidelines for drugs used in the treatment of Parkinson's Disease patients.
- Promote effective and appropriate use of antimicrobial therapies and contribute to associated audits
- Discharge planning with other members of the multidisciplinary team and close liaison with community based health care professionals.
- Oversee effective development of medicines management, including Patients' Own Drugs systems, throughout the hospital
- Lead in the provision of pharmacy input to initiatives relevant to medicines management, such as the Scottish Patient Safety Programme
- Liaise with other pharmacists within the department and across NHS Highland.
- Contribute to strategic and operational planning within the pharmacy department, the hospital and NHS Highland, in line with local and national priorities.
- To provide pharmaceutical care to oncology patients in the absence of the oncology specialist pharmacist

- To deputise for the Lead Pharmacist, Oncology and Acute Care when he/she is on leave

3. DIMENSIONS

Lorn & Islands Hospital: Total of 50 beds serving a population of approximately 90,000

Provision of clinical pharmaceutical care to approximately 40 Medical in-patients including HDU patients with responsibility for strengthening multidisciplinary links with pharmacists and other healthcare personnel in primary and secondary care

Parkinson's Disease Patients within hospital catchment area: 90

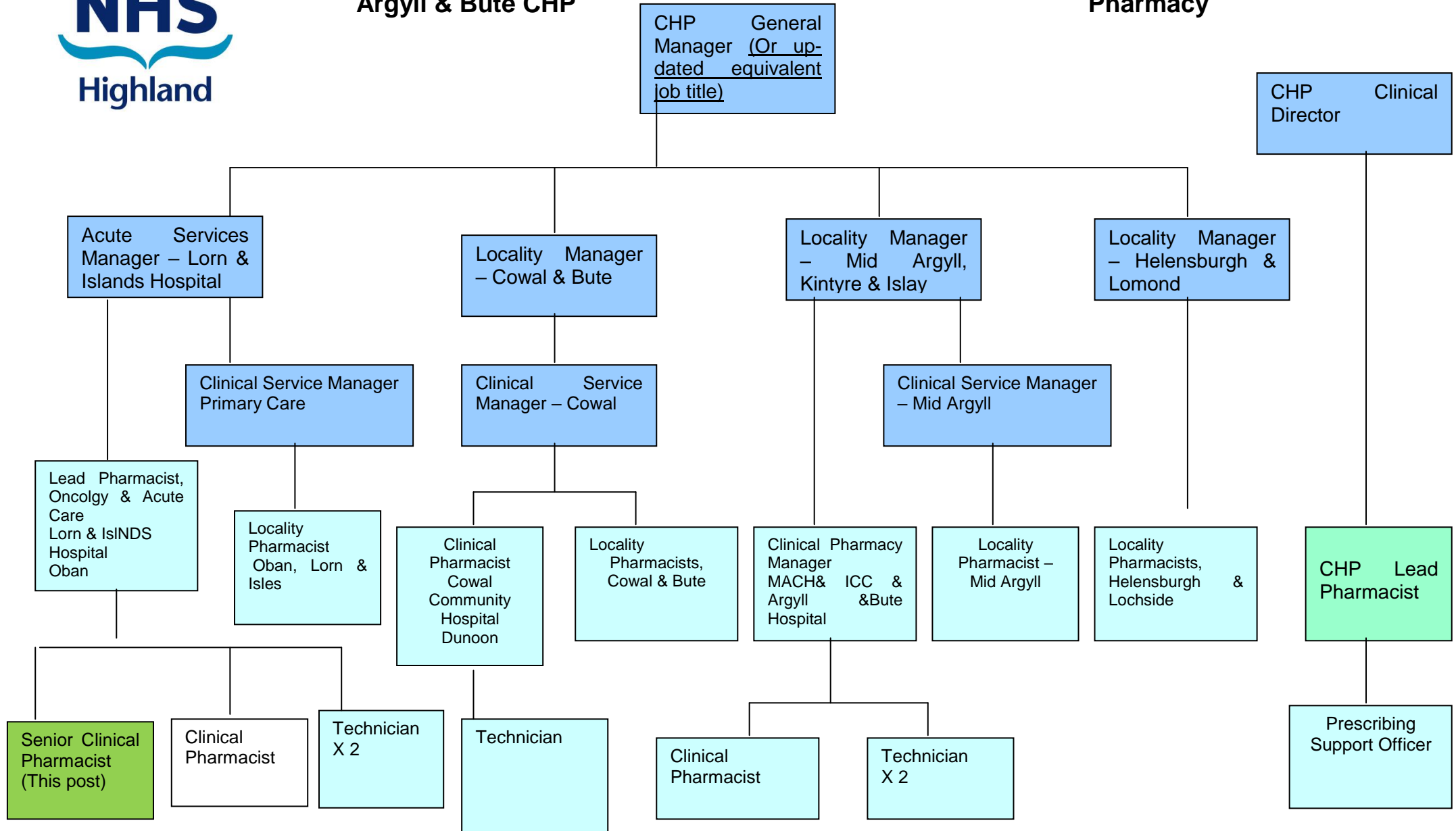
4. ORGANISATIONAL POSITION

See attached sheet



Argyll & Bute CHP

Pharmacy



5. ROLE OF DEPARTMENT

The function of the **Pharmacy Service** is to develop and provide integrated patient-focused pharmaceutical care, which meets the present and anticipated needs of the population of NHS Highland, in accordance with the Local Health Plan and national strategies. The intention of the service is to link all branches of the profession, in order to better co-ordinate pharmaceutical care for patients and members of the public. The focus is on active participation in and contribution to multi-disciplinary, multi-professional and multi-agency teams in a fully integrated manner and the implementation of robust clinical, corporate and staff governance systems to minimise risk and assure patient and staff safety and well-being.

Clinical Pharmacy delivers direct pharmaceutical care, through the development and application of evidence-based models of service provision, in order to improve the quality of patient care and medicines management processes within a multidisciplinary setting.

The service is provided by clinical pharmacists through a multidisciplinary clinical directorate structure. Clinical pharmacists provide pharmaceutical care to patients in the Medical and Surgical Directorates. The Senior Clinical Pharmacist also provides specialist care to Parkinson's Disease (PD) in-patients and to patients attending the PD clinic, for whom she also acts as a supplementary prescriber. The development and application of integrated models of care within managed care processes enables the delivery of evidence-based treatments and pharmaceutical care at the point of patient contact. Monitoring the cost-effective use of medicines also forms part of the clinical pharmacist's role, in order to inform the drug budget setting process. Clinical pharmacists are also involved in training health care professionals on issues relating to medicines management, to facilitate safe and effective prescribing.

The delivery of pharmaceutical care to patients is being systematically developed through the modernisation processes detailed in national strategy documents for pharmacy. As such, clinical pharmacists will be involved in reviewing patients' treatment on wards as part of the admission process, applying evidence-based treatment guidelines and formulary processes, planning for discharge, providing patients with information about their treatment and improving communication across health care interfaces and between health care professionals. Some clinical pharmacists are also trained as supplementary prescribers. These skills are being targeted to areas of specialist care, thereby improving clinical management processes and access for patients to appropriate drug treatments. Examples include patients receiving chemotherapy and PD patients.

6. MAIN TASKS, DUTIES AND RESPONSIBILITIES

Leadership and Management

- Lead, manage and develop the clinical pharmacy service to Medical in-patients, Actively participate in consultant-led ward rounds providing highly specialised clinical input, and giving prescribing advice to medical and other clinical staff, patients and carers to ensure the safe, clinically effective and cost efficient use of medicines.
- Provide highly specialised advice to patients with PD. Identify and develop opportunities for pharmacist prescribing to promote pharmaceutical care of these patients, acting as a specialist practitioner.
- Participate in Patient Group Directions development and training.
- Contribute to the development of the pharmaceutical service by assisting the Clinical Pharmacy Manager.
- Manage and supervise pharmacy technicians and provide training, assessment and feedback and hold regular appraisals.
- Provide a medicines information service to all healthcare professionals within the locality.
- Promote awareness of evidence-based prescribing within the Highland Formulary and the managed

entry of new drugs and budgetary control, providing information on their impact on existing budgets within the hospital.

Clinical Practice

- Liaise with ward nursing staff, Allied Health Professionals (AHPs), social workers, primary care colleagues, Integrated Outreach Team members and infection control specialist nurses to ensure adequate discharge planning for inpatients, including participation in multi-disciplinary team meetings. Liaise with and develop close professional links with local primary care and community pharmacists, GPs and district nurses to ensure seamless pharmaceutical care across health and social services boundaries to facilitate consistent standards of patient care.
- Actively participate in multidisciplinary team meetings every week to provide pharmaceutical advice to facilitate decisions about patients' therapies and discharge plans.
- Apply specialist knowledge in own area of expertise and an expert level of clinical reasoning and judgement, providing advice to other pharmacists when necessary.
- Monitor medicine prescription charts for individual patients which may include e.g:
 - Ensuring the prescription is legally valid
 - Ensuring the doses are accurate and correct
 - Assessing the risks involved in using the medicine for both patients and staff
 - Establishing whether there are any drug allergies or sensitivities recorded in the notes or kardex
 - Establishing if there are any clinically significant drug interactions
 - Records key interventions accurately in patients' medical notes e.g. recording information that will prevent harm to the patient
 - Sign each entry in the prescription chart to indicate that a full pharmacy check, as detailed above has been completed
- Perform a clinical check on discharge prescriptions and correct prescribing errors for all wards to facilitate the dispensing process taking place in an accurate and timely manner.
- Provide a clinical pharmacy service to surgical ward, including advice on Total Parenteral Nutrition and provide a clinical check and write kardexes for patients attending pre-assessment orthopaedic clinics.
- As a pharmacist prescriber, prescribe medication for PD patients in conjunction with an agreed clinical management plan which is written in accordance with local and national policy and guidance.
- Actively participate in the cardiac and pulmonary rehabilitation services, educating and counselling patients with cardiac disease and chronic obstructive pulmonary disease
- Provide ongoing post-graduate education and training to medical, nursing, pharmacy and other healthcare professions to ensure best practice.
- Assess patients' needs and requirements for self-medication on the wards including appropriate use of monitored dosage systems, facilitating this and ensuring appropriate continuation and assessment of this service after discharge. Counsel patients in wards and in pharmacy regarding medication issues, including provision of written information and use of devices.
- Contribute as an active member of the Stroke Team, providing a clinical input to this new stroke service, attending multi-disciplinary meetings and liaising with the consultant and lead stroke nurse.
- Undertake continuing professional development to ensure personal knowledge base is maintained and improved.
- To deliver the pharmaceutical components of clinical governance within the hospital and actively contribute to the wider clinical governance agenda to ensure adherence to legal and professional requirements and standards and implementation of best practice

Targeted Care Planning

- Identify, resolve and prevent medicine-related problems so that the desired therapeutic goal for each medical condition being treated is achieved taking into account patient specific factors.
- Devise, implement and record a pharmaceutical care plan for each patient and monitoring patient's response accordingly.
- Pharmaceutical care planning involves the following steps:
 - Construct a full medication history

- Identify patient and medication risk factors
- Prioritise pharmaceutical care issues
- Identify desired outputs and propose pharmaceutical actions (making recommendations on drug selection; preventing, detecting and reporting adverse drug reactions and, where necessary, individualising drug dosage requirements)
- Propose a monitoring strategy, including monitoring the prescription and progress towards desired outputs
- Educate and counsel patients on their medication, taking steps where necessary to facilitate compliance in collaboration with community colleagues
- Promote health
- Interpret blood serum levels and calculating an appropriate dose for those drugs with a narrow therapeutic range that require dose adjustment.
- Interpret blood biochemistry and full blood count to advise on appropriate choice of drug and dose accordingly.
- Provide evaluated information about medicines to all grades of medical staff, nurses and other members of healthcare staff, using database information as appropriate, to enable informed decisions about patients' therapies.
- Counsel patients and carers at ward or dispensary level, explain why their medicines have been prescribed, how they work, warn of possible adverse effects and interactions and how they should be used to maximise benefit.
- Construct full medication histories using medical notes, GP's and community pharmacist's records of the changes to medicines and doses taken by individual patients over a period of years to facilitate decisions about future medicine therapies.
- Submit reports of suspected adverse reactions to drugs to the national Committee on Safety of Medicines.
- Identify those patients who may have particular problems taking their medicines due to limited understanding (e.g. learning difficulties, confused), poor eyesight or limited manual dexterity and institutes a suitable care plan to aid compliance by advising on medicines selection, organising the supply of medicines in compliance aid boxes and supplying compliance charts.

Dispensary and Supply Activities

- Perform defined clinical and legal checks on incremental discharge letters (IDL), pass medications, oral chemotherapy, identifying any pharmaceutical care problems and resolve these with the prescriber or nursing staff, ensuring that all medicines supplied are appropriate.
- Promote evidence-based good practice prescribing including the use of the Highland Joint Formulary.
- Clinical supervision of dispensary staff. Answer dispensary staff queries and telephone enquiries from nursing and medical staff relating to medication to be supplied via the dispensary.
- Counsel outpatients attending the pharmacy to collect prescriptions, explaining why their medicines have been prescribed, how they work, warning of possible adverse effects and interactions and how they should be used to maximise benefit.
- Supervision and training of less experienced pharmacists, pre-registration pharmacists and students.

Education and Training

- Record and participate in educational and training programmes and other activities to develop own skills as part of commitment to continuing professional development in accordance with membership of the Royal Pharmaceutical Society of Great Britain.
- Demonstrate on-going learning and development in own specialist area of expertise.
- To participate and present at training sessions and seminars to specific patient groups, and other members of the healthcare team including pharmacy staff, undergraduate medical students, junior doctors and nursing staff.

Research and Development

- Demonstrate a critical approach towards pharmacy practice.
- Develop, implement, monitor and evaluate protocols and guidelines.
- Participate in antimicrobial audits and implementation of guidelines.

- Actively seek to improve the ward and clinical services provided.
- Maintain and further develop specialist information on the use of drugs in PD patients in conjunction with the Medicines Management and Information Service.

General Duties

- Practice as a pharmacist in accordance with the Code of Ethics and Standards issued by the Royal Pharmaceutical Society of Great Britain and relevant legislation and associated regulations.
- The post holder has a shared responsibility for maintaining stock control and the security of medicines as well as security of the Pharmacy Department.
- Jointly responsible with other pharmacy staff for ensuring that the security of medicines is maintained at departmental level and promoting good practice regarding the security of medicines during transit and at ward level.
- Participates in quality initiatives and in risk management, including clinical incident and IR1 reporting systems.
- Understands and appreciates all risks associated with handling all classes of medicines, including cancer chemotherapy agents, medical gases and intravenous medicines.
- Complies with the departmental standard operating procedures at all times and develops standard operating procedures.
- Contributes to the development of the pharmaceutical service by developing policies and protocols which will impact on services across NHS Highland, in conjunction with other senior pharmacists. Participates in working groups and project groups.
- Undertakes any other relevant duties as may be required by the Clinical Pharmacy Manager.

Security

- Maintain safe systems of work in accordance with the Safety, Health and Environmental Manual.
- Understand and appreciate all risks associated with handling of all classes of medicines, including cancer chemotherapy agents, medical gases and intravenous medicines.
- Comply with departmental standard operating procedures at all times.

7 EQUIPMENT AND MACHINERY

- Computer and visual display unit (VDU)
- Data projector
- Telephone and answering machine
- Pager
- Fax machine
- Photocopier
- Laser printer
- Volumetric measuring cylinders

8. SYSTEMS

- Intranet - NHS Highland Hospital Information System. To access: E-library for access to databases, e-books and e-journals for internet enquiries; WeBNF electronic version of the BNF annotated with local formulary choices; results reporting to access laboratory and microbiology reports for individual patients.
- Internet - Search the Internet to obtain quality information that is reputedly referenced.
- Use Microsoft Office package on a daily basis: Word for word processing of letters, guidelines, documents etc.; PowerPoint for presentations; Outlook for email; Excel/Access for patient care planning.
- Formulary and medicines management systems
- Use patient notes daily on the ward, or clinic to: retrieve information to contribute to pharmaceutical care planning, often involving interpreting information from previous admissions, clinic visits etc.; provide information, e.g. advice about a particular drug dose to be used, review of patients regular medication.

9. ASSIGNMENT AND REVIEW OF WORK

The post-holder is guided by the Clinical Pharmacy Manager.

- Function as the lead clinical pharmacy specialist in own area of practice, applying an expert level of knowledge.
- Work autonomously within a framework agreed with the Clinical Pharmacy Manager.
- Plan and prioritise own workload to meet both the needs of patients and the department.
- Accountable for own professional actions and outcomes – guided by legislation, national and local protocols, local formulary, lead clinicians and peers, assessment of budgetary and statistical figures, the quality control/assurance systems.
- Participate in the NHS Highland Personal Development Planning and Review process.
- The Clinical Pharmacy Manager carries out formal Personal Development Planning and Review meetings annually for this post.

10. DECISIONS AND JUDGEMENTS

- Apply an expert level of knowledge and experience to assimilate and critically appraise information, which may be conflicting or limited, in order to advise on pharmaceutical care issues and make recommendations to senior clinicians: for example where there is potential for drug interactions between new drugs when little or conflicting evidence is available, or where narrow therapeutic indices and/or abnormal physiological and pharmacological parameters make drug toxicity likely.
- Required to provide expert pharmaceutical advice on drug selection for the NHS Highland Joint Formulary.
- Required to provide expert pharmaceutical advice on new protocol/guideline use.
- Manage, interpret, analyse and advise on medical treatment protocols, reviewing the clinical and cost effective aspects to promote safe and rational prescribing and use of medicines: for example for new drug therapies targeted at PD patients, deciding their place in treatment.
- Anticipate potential problems and take appropriate action to resolve foreseen difficulties: for example if a particular pharmaceutical product is to be discontinued to advise on an alternative and inform relevant clinicians and nursing staff.
- Problem solving with regard to the legalities surrounding the supply and dispensing of medication requiring use of personal judgement in interpretation of legal statutes and ethical standards.
- Frequently required to make decisions and judgements concerning the selection and storage of drugs as a qualified supplementary prescriber. Required to formulate such highly complex decisions on the direct pharmaceutical care of such patients, from several component strands of often conflicting and/or incomplete information and to take full legal responsibility for such decisions and judgement when practising as a supplementary prescriber.

11. MOST CHALLENGING/DIFFICULT PARTS OF THE JOB

- Developing and delivering clinical pharmacy in an area where there had been no service provision.
- Establish, develop and implement medicines management policies and guidelines in conjunction with Medicines Management to ensure the rational, cost-effective use of medicines for renal patients.
- Working to tight timescales to ensure that each patient's medication regimen is appropriate for its intended purpose and is supplied on time, where there is frequently limited information to guide decisions.
- Use advanced negotiating and influencing skills to challenge the decisions of practitioners from other professions to ensure that each patient's medication regimen is evidence-based requiring continual update of clinical pharmacy knowledge.
- Effectively communicate highly complex drug or medicine related information to prescribers, clinicians, patients, relatives; patients may have language difficulties, physical or mental disabilities, other professionals may challenge advice.
- Assess highly complex information often limited and incomplete and relating the information to senior clinical staff to guide prescribing decisions for critically ill patients in a tight timescale. Practising as a supplementary prescriber, taking full ethical, clinical and legal responsibility for prescribing decisions when prescribing potent and potentially toxic pharmacological interventions.

12. COMMUNICATIONS AND RELATIONSHIPS

- Communicate daily with other members of the pharmacy department to promote an effective and efficient pharmacy service to benefit patients in Lorn & Islands Hospital.
- Communicate daily with all members of the multidisciplinary team including senior nursing and medical staff to provide an expert level knowledge within area of expertise and to develop and implement clinical pharmacy services.
- Communicate daily with patients and their carers in acute clinical environments on wards and critical care areas where there is often a highly sensitive and emotionally charged atmosphere and antagonism towards effective communication mechanisms. This requires the post-holder to have a high level of interpersonal and communication skills on an ongoing basis, to ensure complex therapeutic problems and information are communicated verbally to patients in a way that can be easily interpreted and understood.
- Communicate daily with General Practitioners, Community Pharmacists and other healthcare workers to implement procedures for the seamless pharmaceutical care of PD patients.
- Communicate effectively in a manner in keeping with the professional operation of the department.
- Develop policy for nurse lead service in conjunction with senior nursing and medical staff, according to current medicines legislation e.g. Patient Group Directions and deliver associated training.
- Deliver pharmaceutical aspect of training as part of the mandatory Intravenous Study Day for NHS Highland nursing staff annually.
- Develop and agree Clinical Management Plans (CMPs) with consultant medical staff and GPs and utilise them as effective communication tools in prescribing. This involves applying evidence-based therapeutics to individual patients, interpreted from complex clinical guidelines. Communicating treatment decisions to patients based on agreed CMPs using the methods stated above.

13. PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB

Physical Effort/Skills

- Advanced computer keyboard skills used daily.
- Frequently standing for 2 to 3 hours participating on the surgical ward round five times a week.

- Lifting and handling skills used occasionally each week to lift and move boxes and containers weighing up to 10 kilograms.
- Standing for periods of time to perform clinical checks on prescriptions
- Walking around the wards and also between wards and the pharmacy on a daily basis.
- Sitting down and standing up frequently when reviewing patients' medicines on the wards and analysing drug kardexes and patient notes.

Mental Effort/Skills

- Frequent periods of concentration required when reviewing prescribed medicines, counselling patients or performing checks on dispensed items where an undetected error could result in serious patient harm. This is frequently carried out in busy multidisciplinary acute clinical areas on the wards and in the busy and noisy Pharmacy Department.
- A high degree of speed, accuracy and attention to detail is expected in all duties.
- Tasks are frequently interrupted to deal with queries or requests for advice from all grades of medical, nursing, pharmacy and other staff, on telephone and pager, often at the same time and often that have to be dealt with immediately which require a continual changing of priorities.
- Ability to carry out complex calculations accurately, e.g. to determine dose required by a patient in relation to blood results, which would have serious implications for the patient if not correct.
- Frequent distraction due to open plan office space within the department, frequently interrupted by other members of staff requiring answers to medicine-related enquiries.

Emotional Effort/Skills

- Frequent direct contact with patients, some of whom may be physically or emotionally distressed; aggressive or suffering from serious disease/terminal illness, e.g. acutely ill, dying patients; may have disfigurements, handicaps or communication difficulties.
- Indirectly when checking chemotherapy/outpatient/discharge prescriptions.

Working Conditions

- Potential exposure to toxic pharmaceutical materials including cytotoxics.
- Frequent direct patient contact involving exposure to environmental risk at ward level.
- Occasionally in the vicinity of foul smells, body fluids, lice, foul linen and unpleasant sights on the ward but not having to deal personally with them.

14. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB

- Masters of Pharmacy Degree or equivalent.
- Currently registered Member of the Royal Pharmaceutical Society of Great Britain and able to demonstrate a high level of professional practice.
- Formal postgraduate qualification in clinical pharmacy or pharmacy practice to a minimum of diploma level (or equivalent).
- Attainment of pharmacist prescribing qualification.
- Attainment of registration as a Pharmacist Prescriber with the Royal Pharmaceutical Society of Great Britain.
- Required to have a minimum of four years qualified experience, with significant clinical pharmacy experience in relevant patient group.
- Wide ranging knowledge and understanding of pharmacy practice, including legal and ethical requirements.
- Must demonstrate expert clinical knowledge, clinical reasoning and judgement in all matters relating to Clinical Pharmacy and the therapeutic use of drugs.
- A working understanding of SEHD and NHS priorities, policies, processes, structures, systems and

clinical practices.

- Knowledge/experience of negotiating and contracting arrangements with health services purchasers.
- Excellent interpersonal, influencing and presentational skills plus the ability to use them effectively in the multidisciplinary team.
- Excellent communication skills (oral and written).
- Advanced mathematical skills.
- Computer literate with knowledge and ability to use information technology.
- Full driving licence desirable.
- Proven track record of successful team working.
- Ability to identify need for change and develop systems to improve service delivery.
- Active involvement in service development/change management processes.
- Demonstrable ability to work well under pressure by prioritising and managing time effectively.
- Previous experience of delivering training to pharmacy staff, other hospital staff and patients at different levels and in different formats.
- Ability to motivate self and others.
- Experience in drug usage review, clinical audit and research and development.

15. JOB DESCRIPTION AGREEMENT

I agree that the above Job Description is an accurate reflection of my duties and responsibilities at the date of signing.

Date:

Job Holder's Signature:

Date:

Manager's Signature:

PERSONAL SPECIFICATION

POST OF : Senior Clinical Pharmacist - WITH SUPPLEMENTARY PRESCRIBING
REF: LIHPHARM02

BASED: Pharmacy Department, Raigmore Hospital

Attributes	Essential	Desirable
1. Qualifications	<ul style="list-style-type: none"> - MRPharmS - PgD/MSc in Clinical Pharmacy or equivalent experience 	<ul style="list-style-type: none"> - Registered as Supplementary Prescriber
2. Experience	<ul style="list-style-type: none"> - Significant broad hospital clinical pharmacy experience - Some management, organisational or administrative experience - Minimum of 4 years post registration experience in clinical pharmacy 	<ul style="list-style-type: none"> - Experience of clinical pharmacy services to intermediate care, surgical wards and pre-admission clinics - Drug budgeting - Project management - Patient group directions
3. Skills/Knowledge	<ul style="list-style-type: none"> - Principles of direct pharmaceutical care - Good knowledge of pre and post operative surgical pharmaceutical issues - Networking skills - Excellent communication and interpersonal skills - Good organisational skills - Computer literate 	<ul style="list-style-type: none"> - I/V drug administration, equipment and procedures - Parenteral nutrition - Critical care issues - Negotiation skills - Influencing skills
4. Personal Characteristics	<ul style="list-style-type: none"> - Enthusiasm and commitment - Training ability - Team player 	
5. Other	<ul style="list-style-type: none"> - Management potential - Commitment to continuing professional development - Physically fit to meet requirements of job 	<ul style="list-style-type: none"> - Experience of multi-disciplinary work on clinical effectiveness - Peer review experience - Research and audit experience - Drivers Licence

DATE OF ISSUE: 21/4/10