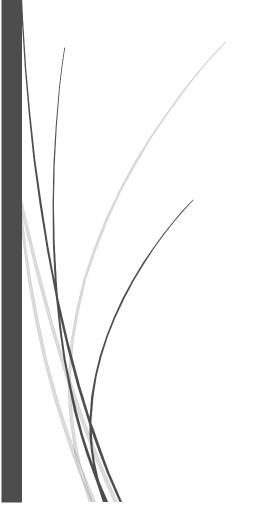
INDUCTION CHECKLIST

CLINICAL PHARMACIST IN PRIMARY CARE



CLINICAL PHARMACIST ACADEMY

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CLINICAL PHARMACIST INDUCTION CHECKLIST

LEVEL-1 COMPETENCIES (SYSTEMS)

GP SOFTWARE COMPETENCIES	DATE
I know how to:	
Access tasks assigned to me or my user groups	
☐ Send tasks & messages to other members of staff in the GP surgery	
☐ View current repeat medications	
☐ View past issued medications including recent acutes	
Stop medications on a patient's repeat medication list	
☐ Amend/Reauthorise review dates & number of issues for repeat medications	
Set up an RD (repeat dispensing) prescription	
☐ Issue post-dated prescriptions	
☐ Access and view blood test results	
☐ Order specific blood tests electronically or by sending tasks	
☐ Access the patient journal & search for specific information	
Record a consultation in the patient records	
Access and view clinic letters within a patient record	
☐ Action/process letters & update patient records accordingly	
☐ View patient recorded sensitivities and allergies	
☐ Add read-codes to the records and know what they are	
☐ Set up searches on GP software to filter specific groups of patients	
☐ Use the GP software to run medication audits & can produce a report to present my	
findings	
\square Send tasks including who to assign specific tasks and appropriate use of urgent vs	
routine	
☐ Book an appointment for a patient with another clinician	
Cancel a prescription before and after saving the patient record	
☐ Issue a prescription and assign it to another authoriser (if not a prescriber)	

LEVEL-2 COMPETENCIES (CLINICAL)

CONDITION MONITORING	DATE
\square I know the checks required in a GP surgery (such as blood tests, urine analysis	s, BP,
BMI, specialist assessments, QOF indicators, Annual Reviews) for the followi	ng
common medical CONDITIONS	
o Diabetes	
o Asthma	
o COPD	
o Hypertension	
o Heart Failure	
o Epilepsy	
o Atrial Fibrillation	
o Mental Health	
o HRT/Contraception	
o Gout	
o Osteoporosis	
o Dementia	
\square I know which resources to use to check condition monitoring requirements fo	r any
given condition	
MEDICATION MONITORING	DATE
MEDICATION MONITORING ☐ I know all the checks required and their frequencies in a GP surgery setting (so	
	uch as
\square I know all the checks required and their frequencies in a GP surgery setting (s	uch as
☐ I know all the checks required and their frequencies in a GP surgery setting (sometimed blood tests, BP, urine analysis, etc.) for the following common classes of MED	uch as
☐ I know all the checks required and their frequencies in a GP surgery setting (sometimed blood tests, BP, urine analysis, etc.) for the following common classes of MED o DMARDs	uch as
☐ I know all the checks required and their frequencies in a GP surgery setting (so blood tests, BP, urine analysis, etc.) for the following common classes of MED o DMARDs o Lithium	uch as
☐ I know all the checks required and their frequencies in a GP surgery setting (some blood tests, BP, urine analysis, etc.) for the following common classes of MED o DMARDs o Lithium o Statins	uch as
☐ I know all the checks required and their frequencies in a GP surgery setting (some blood tests, BP, urine analysis, etc.) for the following common classes of MED o DMARDs o Lithium o Statins o Amiodarone	uch as
☐ I know all the checks required and their frequencies in a GP surgery setting (some blood tests, BP, urine analysis, etc.) for the following common classes of MED o DMARDs o Lithium o Statins o Amiodarone o Levothyroxine	uch as
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☐ I know all the checks required and their frequencies in a GP surgery setting (some blood tests, BP, urine analysis, etc.) for the following common classes of MED o DMARDs o Lithium o Statins o Amiodarone o Levothyroxine o Anticoagulants o Diabetes medications	uch as DICINES
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□ I know all the checks required and their frequencies in a GP surgery setting (some blood tests, BP, urine analysis, etc.) for the following common classes of MED on DMARDs o DMARDs o Lithium o Statins o Amiodarone o Levothyroxine o Anticoagulants o Diabetes medications o Anti-hypertensives o Anti-psychotics □ I know which medications are classed as high risk and require intensive monito □ I know which resources to use to check medication monitoring requirements for the properties of the properties o	ring
 □ I know all the checks required and their frequencies in a GP surgery setting (solution blood tests, BP, urine analysis, etc.) for the following common classes of MED o DMARDs o Lithium o Statins o Amiodarone o Levothyroxine o Anticoagulants o Diabetes medications o Anti-hypertensives o Anti-psychotics □ I know which medications are classed as high risk and require intensive monito □ I know which resources to use to check medication monitoring requirements fingiven medication 	ring

LEVEL 2 COMPETENCIES (PRACTICAL)

IN PRACTICE	DATE
\square I know how to follow the five-step information gathering process when dealing with	
prescription requests	
\square I understand the safety loop when issuing medications when the monitoring is	
outstanding	
☐ Understands the cost implications of over-ordering biochemical tests and always follow	
evidence-based practice	
I can recognise suitable and unsuitable medication to add to the Repeat Template	
☐ I have a method in place for ensuring high-risk drugs are limited (e.g. strict review	
dates/number of issues, not adding to repeat lists, dedicated re-call system)	
☐ My written communication to other members of staff is concise and appropriate	
I can appropriately document the patient records with the correct use of terminology	
I know how to deal with failed encounters and know what good practice looks like	
☐ I can accept and use feedback to improve my practice	
I am aware of my limitations in practice and seek feedback to develop myself	
ADMINISTRATIVE	
MANAGEMENT	DATE
All mandatory training has been completed	
Introduction to the organisation has been completed	
Staff handbook	
SIGNED OFF BY	
SIGNATURE DATE:	
DIGITATION DE LA CONTRACTION D	
DECLARATION	
I confirm that I have successfully completed my induction training for my role as Clinical Pharmacist. I am	n now able to
work safely within this area of practice and will continue my learning independently. I understand that it is my	
responsibility to undertake Continuing Professional Development relevant to my area of practice.	1
responsibility to undertake Continuing Professional Development relevant to my area of practice.	1
NAME	

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