# INDUCTION CHECKLIST

## CLINICAL PHARMACIST IN PRIMARY CARE

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# INDUCTION CHECKLIST

| 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 | |
| ☐ 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) | |

| CONDITION MONITORING | DATE |
|---|---|
| ☐ I know the checks required in a GP surgery (such as blood tests, urine analysis, BP, BMI, specialist assessments, QOF indicators, Annual Reviews) for the following 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 | |
| ☐ I know which resources to use to check condition monitoring requirements for any given condition | |

| MEDICATION MONITORING | DATE |
|---|---|
| ☐ I know all the checks required and their frequencies in a GP surgery setting (such as blood tests, BP, urine analysis, etc.) for the following common classes of MEDICINES | |
|     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 monitoring | |
| ☐ I know which resources to use to check medication monitoring requirements for any given medication | |
| ☐ I know the steps required to use my clinical judgement and evidence-based practice to arrive at a decision when faced with medication request dilemmas (e.g., when monitoring requirements are not up to date or not within normal ranges) | |

## LEVEL 2 COMPETENCIES (PRACTICAL)

| IN PRACTICE | DATE |
|---|---|
| ☐ I know how to follow the five-step information gathering process when dealing with prescription requests | |
| ☐ 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: |

### DECLARATION

I confirm that I have successfully completed my induction training for my role as Clinical Pharmacist. I am now able to work safely within this area of practice and will continue my learning independently. I understand that it is my professional responsibility to undertake Continuing Professional Development relevant to my area of practice.

| NAME | |
|---|---|
| SIGNATURE | DATE: |

Clinical Pharmacist Solutions is an award-winning Training, Recruitment and Clinical Services provider that specialises in supporting and utilising clinical pharmacists in Primary Care. We have the necessary experience, expertise and tools to benchmark pharmacists and support them with their training needs and upskill them as required.

Our Clinical Pharmacist Accelerator Programme has helped over 200 Pharmacists and is being used by PCNs and Federations as part of their induction programme. If you would like to find out how our training programmes can help you with the induction of your pharmacists, please get in touch.

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