

# What are the problems with incorporating pharmacists into surgeries?

**CEPN Pharmacy  
Project**

By Sarah Park

# What are the **PROBLEMS** with incorporating pharmacists into surgeries?

So, you may all be wondering why have I titled it “problems”? I suppose when you think about any pilot study in order for them to work you need to overcome the fundamental issues. I hope everyone will talk about the enlightening and brilliant opportunities this project will provide. I agree. I fully support the CEPN project. However, I would like to cover what might prevent the take off of more GP practice pharmacists.

# How have I found my placement?

- Exciting, motivating and interesting
- A good development in my clinical knowledge
- An understanding of how I can take doctors consultation skills and apply it to my own practice

I really wanted to gain something from this project. I fully did, not only through learning different job roles and understanding the financial aspects but by improving my communication with the surgery and learning the importance of looking at the bigger picture.

# What did I do?

- During the first two weeks I spent a lot of time introducing myself to staff and finding out their job roles. I found out how much they knew about pharmacy.
- The main fact with this is that many of the surgery staff did not realise how much a pharmacist actually knew clinically for example drug interactions.
- I also sat in with a nurse and healthcare assistant. I didn't realise how extended their jobs were. I worked with other colleagues to understand the other surgery roles of a secretary, finance manager and receptionist roles.
- I observed doctors appointments and felt privileged to be allowed to discuss what I thought the problems were with patients and what treatment I would recommend.

# So where do I think the problems arise?

After speaking to GP practice staff I found myself asking how plausible is it going to be to employ over 400 pharmacists in the next couple of years?

- 1) Is the funding going to be enough? I discussed this with doctors and it was believed that it might not be. Previously similar things have been implemented e.g. paramedic practitioners and the surgeries have had to fund a certain percentage over so many years. They may not want to fund anything in the first year.
- 2) How do the surgeries really know how much a pharmacist could help? Yes, I spoke to everyone about what a pharmacist could do, but they could not observe it first hand. The placement needs to be more in practice for a fixed contract of a month or so in order to see the benefit.

# So where do I think the problems arise?

- 3) New training procedures and a whole overlook of pharmacists learning and skills will need to be re-covered. University modules adapted, ability observed and finance needed to undertake prescribing courses may need to be looked at etc.
- 4) There is not enough advertisement. Why would a patient come to a GP surgery to see a pharmacist when they could go to a pharmacy? Obviously, we all know that it frees the doctors time up and the pharmacist wouldn't have to worry about spending prolonged times with patients- but does the nation realise this?

# Thank you for listening

- I fully support GP surgeries taking on pharmacists
- There is a massive advantage and it will really improve a combined primary healthcare
- There is also a big opportunity to allow a joint pre-reg training placement. 6 months in community and 6 months in a GP surgery- what a brilliant way to improve clinical skills!
- I would love to work in a GP surgery and I really enjoyed my placement. I recommend every pre-reg should have this opportunity.