

# A day in the life of the practice pharmacist

An increasing number of pharmacists work in general practice surgeries. This diary describes a typical day in the life of a practice pharmacist in Scotland

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**9am** I pick up any correspondence in my filing tray and check a number of new e-mails.

Then I check discharge letters. An eight-month old baby has recently been fitting and has been discharged on sodium valproate. I'd better check the dose is appropriate and giving 1ml by oral syringe is OK with mum. A newly diagnosed diabetic has also been discharged without any insulin. I need to phone the diabetic liaison nurse at the hospital.

**9.30 am** The 'phone rings. It's the receptionist from the dispensing practice who wants to know exactly what the GP can prescribe for modified release diltiazem. The GPs have got in a muddle since we did a recent switch to branded generics for cost effectiveness.

**9.40 am** I must just go into the TRAVAX website as I had an enquiry yesterday from the practice nurse about a student going to Nepal. It's so interesting — I wish I had time to look into some other places.

**9.45am** Reception rings me. The rep from GlaxoSmithKline is here and would

like a word. I'll see her as I have been running the smoking cessation clinic in my practice for two years now and she may be interested in my results. She is! They are looking good. I show her the side effects we have collected, which are well documented in their literature anyway. She kindly takes my carbon monoxide meter away to be re-calibrated. It gave me some embarrassing "green lights" for the last group's heavy smokers. Running the smoking cessation clinics has been well supported by our practice. We have built up a team of five, involving two practice nurses, the health visitor and a GP. Last year we were finalists in the Doctor of the Year awards smoking cessation category. Even though we didn't win, it was an exciting occasion.

**10am** A GP pops his head round my door looking for some advice. He has a patient with gout who likes taking colchicine all the time! Allopurinol does not agree with him. Can I look into the use of probenecid? I scurry for the latest edition of Martindale (thank goodness the department had the foresight to buy one for me.) 'Clinical pharmacy and therapeutics' also has some case studies.

This patient is also on warfarin. (Patients never have simple medication histories!) Out comes the latest edition of 'Stockley's drug interactions'. Forty-five minutes later I've done my research and it's time to compose a report on the computer. I need to check if the community pharmacist has any probenecid in stock. He has a look on his shelves and phones round some of the other branches. Nobody has any and it's available only on a named patient basis. It could take a while. I go back to the GP. Oh dear . . . have I really helped him? Certainly not to make the decision, but that is his clinical domain anyway.

**11am** I snatch a quick coffee . . . very necessary after all that brainwork!

**11.10am** I have a discussion with my lead GP over any issues arising as we have a practice meeting today at lunchtime. We spend some time sorting out difficult discharge letters. I notice that another patient was on a very high statin dose but this was not achieving the desired effect and has been changed by the hospital to one that achieves even less! The patient's blood pressure medication has also been omitted.

The next job is to sort out a dosett box addition. I have to phone the community pharmacist first and check if he has this drug in stock as it was in very short supply a few weeks ago.

Time flies! I really must get the agenda printed for the meeting. I have prepared a survey of all the inhalers used in the practice from SPA (Scottish prescribing analysis) data and by running searches on the computer. I shut my office door and check all the figures and prices of the various devices.

**1pm-2pm** We gather for the meeting. Our prescribing figures for this month are within budget and our generic prescribing percentage is still high. I have recently looked at over 600 patient records on the computer to inactivate those drugs that have not been ordered for more than one year. I have found several patients with

compliance problems who otherwise would have been missed. We also discuss the latest quality indicators that may be used this year. We need to work out a strategy to achieve these targets. We move on to CFC free inhalers and the asthma audit when the asthma nurse joins us.

**2.30pm** I retire to my room to write up the notes from the meeting and produce an action plan. Then the treatment room nurse pops her head round the door. The health education room is ready for the follow-up group for smoking cessation. I say that I'll be with her in a minute. The new partner hears my voice and comes to ask about prescribing Viagra on a private prescription. You never know what you're going to be asked these days.

**3pm** Only a few patients come to the clinic for support and encouragement

today. Afterwards we have a chat about how we could make the follow-up sessions more meaningful. Neither of us really has any good ideas — it is Friday after all! We decide to tackle the letters and questionnaires that need to go out to the various groups so that we can keep recording our data on smoking quit rates, side effects, etc. Then the treatment room nurse gets called away to deal with a patient who has fallen out of a car. I keep on going and get the letters finished. Data collection is a very important part of running the clinic although there is often a poor response rate.

**4pm** The health visitor joins us as we tidy up. We discuss rolling out the programme to pregnant women — another of the Government's initiatives. She is very keen and is in an ideal position to do this.

**4.15pm** Finally I decide to look at the repeat prescribing of new patients that have come to the practice within the last year. Some are on expensive items and need to be changed in line with our own formulary.

**4.30pm** A GP puts his head round the door to ask if I know anything about using amlodipine (or felodipine) for Raynaud's disease. Apart from knowing it's an unlicensed use and that nifedipine is the drug of choice, I don't. Anyway, I try to 'phone the drug companies, but surprise, surprise, they close at 4pm on Fridays and only an emergency service is available. Well, it isn't an emergency so I shall have to ring on Monday. I contact the GP. A couple more discharge letters have come in so I deal with those and start to pack up.

**5pm** Where did that day go? Anyway

I've only got the weekly shop to do now and then home for 7pm and a nice glass of wine!

This is just a snap-shot of the job of a practice pharmacist in a busy medical practice. It is a challenging and rewarding job, but can sometimes be quite frustrating when you don't achieve the things you set out to do in a day.

If you like the idea of working as part of a multidisciplinary team then practice pharmacy may be for you. You should bear in mind that a certain standard of clinical knowledge is required in order to discuss clinical matters confidently with other professionals. A diploma or higher degree would be useful.

Good interpersonal, influencing and negotiating skills are important for practice meetings, which can sometimes be quite confrontational. I don't

particularly enjoy the stressful nature of these meetings, so a bit of "life experience" and a sense of humour can save the day!

Above all you should enjoy working with people, as you will have to deal not only with patients, but receptionists, doctors, drug company representatives, nurses, health visitors and the odd consultant now and again.

The recommendations in the new GP contract positively encourage multidisciplinary working within practices. Pharmacists may be well placed to run clinics to manage chronic disease and monitor repeat prescribing. Supplementary prescribing for pharmacists may also help to spread the workload of GPs.

One word of caution before embarking on a career as a practice pharmacist straight from university — it may be better if you have worked in both hospital and community for a little while to gain some experience in how both sides operate.

You will need considerable information technology (IT) skills to produce reports and graphs, to analyse data and produce PowerPoint presentations for training other staff. If you can critically appraise a paper you will be popular, as GPs like to receive unbiased information.

I love my job as a practice pharmacist because it is so varied and I enjoy working as part of a team, but sometimes I become totally overloaded with paper work. My IT skills were not good when I first started so I had to learn very quickly. I personally miss the daily patient contact of a busy community pharmacy. Remuneration follows the hospital grading system and is usually Grade D/E. One of the advantages is not having to work at the weekend and there are no evening rotas to do!

Good luck if you chose to be a practice pharmacist. I don't think you'll regret your decision. ✕