

Advancing pharmacists roles in primary care: Learning from PCPIP webinar - Q and A

This webinar was part of Healthcare Improvement Scotland's (HIS) work on the Primary Care Phased Investment Programme (PCPIP) on 4 December 2025 via MS Teams.

This document provides answers from the chair Lois Galt and webinar speakers to questions posted by participants that were not answered during the live question and answer session.

Please also note that we can only answer questions directly relating to the role of HIS in PCPIP. This means that we cannot answer questions about Scottish Government policy and resourcing. More general questions referring to the PCPIP evaluation will be covered in the PCPIP evaluation due to be published in the new year.

Q. Was the development of the advanced pharmacist practitioner (APP) role in addition to existing pharmacotherapy input? If not, how did you shift the workload towards more patient contact through the day?

Advanced pharmacist practitioner, 'No, the APP role is currently in addition to current pharmacotherapy allocation in general practitioner (GP) practices. The APPs do not complete any level 1 pharmacotherapy (acute prescribing / meds rec etc) as part of their role and there is clear distinction in workload. The APPs do contribute to level 3 pharmacotherapy through carrying out complex polypharmacy reviews.'

Q. You all spoke about improved integration within the practices, and of your extensive experience prior to taking on these roles. Do you have any thoughts or advice on maintaining integration with the pharmacy team and maintaining professional identity?

Advanced pharmacist practitioner, 'Ensuring engagement with the pharmacotherapy team through attending team meetings and by providing education opportunities for the pharmacotherapy team to help with the development of consultation. Maintain clinical skills through attending/shadowing clinics. Providing opportunities to gain evidence for post-registration and advanced portfolios. Offering support to wider MDT colleagues as APP, for example helping advanced nurse practitioners (ANPs) with medication review or prescribing decisions, leaning into strength of pharmacists.'

Q. Is the APP title unique to Ayrshire and Arran (A and A)?

Lois Gault, 'The advanced pharmacist practitioner role was recognised in the Pharmacist Career Framework Review by NHS Education Scotland in September 2020. It acknowledged there were some pharmacists across NHS Scotland working at this level of practice.

In NHS England, all advanced practitioners are referred to as advanced clinical practitioners (ACPs). Pharmacists have been known to train to this level of practice.'

Advanced pharmacist practitioner, 'The APP acronym will likely need to be changed as it has already been used by physiotherapy; the board did not realise this at the beginning but are aware of this.'

Q. How many APPS are there in Scotland and how many in Greater Glasgow and Clyde?

Lois Gault, 'Some pharmacists undertaking the role described by the advanced pharmacist practitioners in the webinar use alternative job titles therefore it is difficult to quantify.

NHS Education for Scotland is undertaking research to explore how those who have been funded to undertake the advanced clinical examination and assessment course have utilised this in practice. This may help to establish how many of those pharmacists are using the skills learnt for the role described in the webinar.'

Advanced pharmacist practitioner, 'There are practice pharmacists throughout Scotland. In terms of an NHS employed role in primary care there are just three in NHS A and A.'

Q. How did you get buy-in from the rest of the team? Has this helped support your board with the discovery of the breadth of value a pharmacist can deliver with this additional scope and skills and support for what's next?

Advanced pharmacist practitioner, 'Spending time with the multidisciplinary team (MDT) primary care team prior to starting clinics and having regular meetings with general practice supervisors to determine types of patients that would be suitable to be referred on to APP. Provision of regular updates to the MDT on types of conditions which the APP is happy to see, as confidence and competence increases.

Yes, this has supported the value a pharmacist can deliver with additional skills -for example in one of the practices, as time has gone on, members of the MDT team feel they are able to refer complex patients on who are requiring help with optimising their medication as the APP has the time to be able to discuss medication alongside acute presentations.

The clearly aligned problem was acute presentations and triage in primary care. Shared goal of reducing GP workload and providing safe and effective patient care via utilisation of the primary care skill mix.'

Q. I'm interested in the advanced practice role - is the funding for this separate to PCIP?

Advanced pharmacist practitioner, 'The funding is through the PCPIP monies as part of a test of change. The board has made these posts permanent as it was deemed necessary for recruitment. Once PCPIP has finished the posts will be incorporated into our budgets and as the role involves education, it might be that other funding streams will be used. This is still to be finalised.'

Q. What additional training would help prepare a pharmacist to work in general practice?

Dr Emily Kennedy, 'Basics like understanding the general practice systems (EMIS, Vision, Docman, Clinical Portal, Order comms etc). The practice manager should be able to direct you with this and may have their own induction pack for new general practice staff.'

- I'm assuming independent prescribing - but if not, I would regard this as essential.
- There is a lot of training available on TURAS: for example, consultation skills, clinical decision making, interpretation of blood results, medication review training as well as further training in clinical interest areas.
- Get involved with Scottish practice pharmacy and prescribing advisers (SP₃A)

If you are thinking of applying to general practice and have no experience, I would recommend shadowing staff at your local general practice, if possible, even for a day to gain some understanding of the wide and varied roles as well as the pharmacist's contribution.'

Q. What is the evidence base thus far demonstrating the value of the advanced pharmacist in terms of patient safety outcomes and drug cost savings, since inception of latest general practice contract?

The advanced pharmacist practitioner role is part of a test of change and is still in the early stages of evaluation. It will require longitudinal data collection to demonstrate value in terms of patient safety outcomes and drug cost savings.

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Published | December 2025

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