

Primary Care Phased Investment Programme

Advancing Pharmacists roles in Primary Care - learning from PCPIP

Housekeeping

Cameras and mics have been disabled.

Please note, **we will be recording this session.**

The chat box will not be visible during the recording.

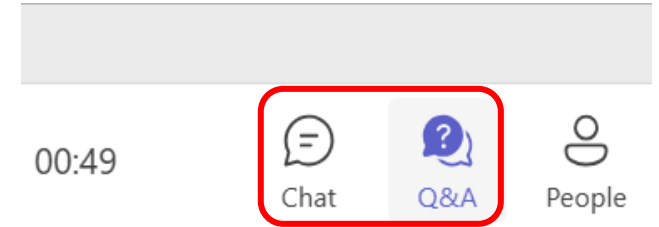
To use the session **Q&A**:

- The session Q&A is found next to the chat function on the upper left of the screen
- To ask a question click on the drop, down and click 'Ask a question'

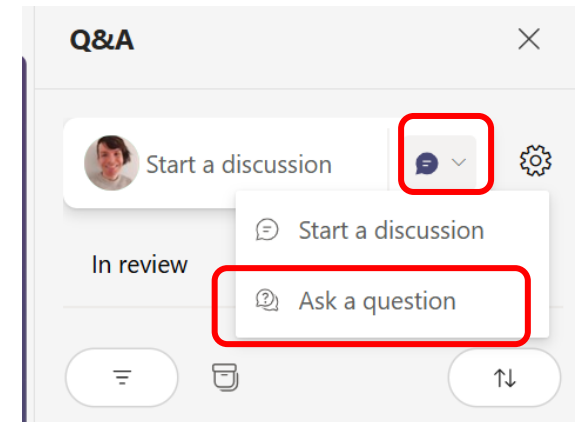
Please note:

- The Q&A function should be used for questions only, and discussion held in the Chat. We will answer as many questions as possible live; unanswered ones will be shared with the resources from this webinar.
- Please note that questions on Scottish Government decisions or contractual matters are out with our remit and cannot be answered.

a.



b.



Scene setting

Lois Gault

HIS National Clinical Lead, PCPIP
Advanced Pharmacist Primary Care
(RPS Credentialed), NHS Greater
Glasgow and Clyde



Webinar overview

At this webinar, we will:

- Discuss pharmacist national career pathways
- Sharing learning from advanced pharmacist practitioners during PCPIP
- Opportunity to explore experiences further

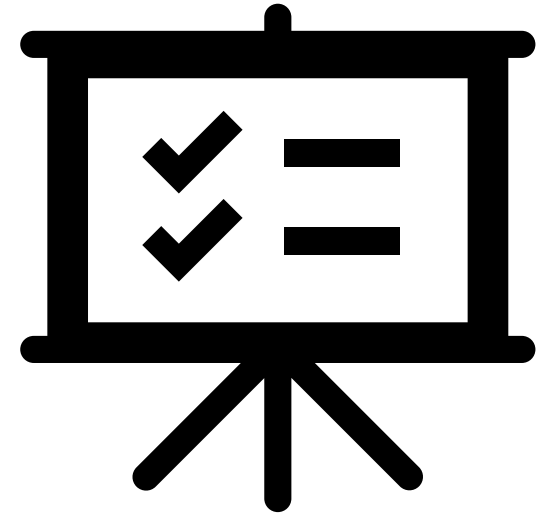


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Today's speakers



Dr Emily Kennedy

Clinical Pharmacist for
Climate Emergency &
Sustainability within the
Effective Prescribing
Therapeutics team
Scottish Government



Kay McMillan

Advanced Pharmacist
Practitioner North
Ayrshire



Lorraine McCallum

Advanced Pharmacist
Practitioner
South Ayrshire



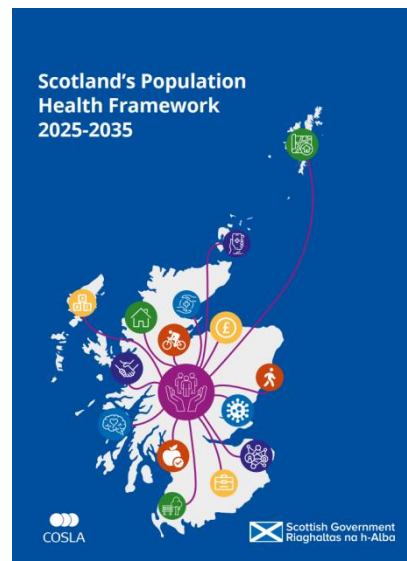
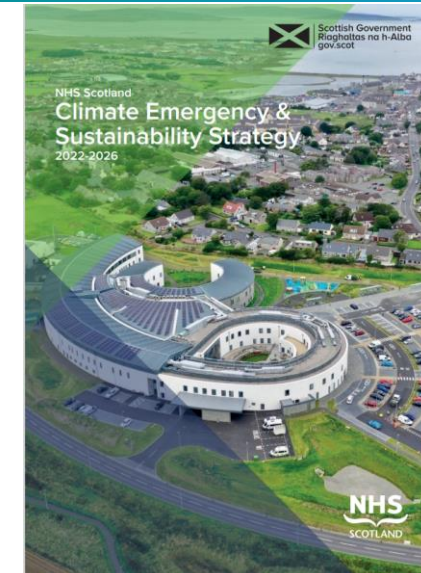
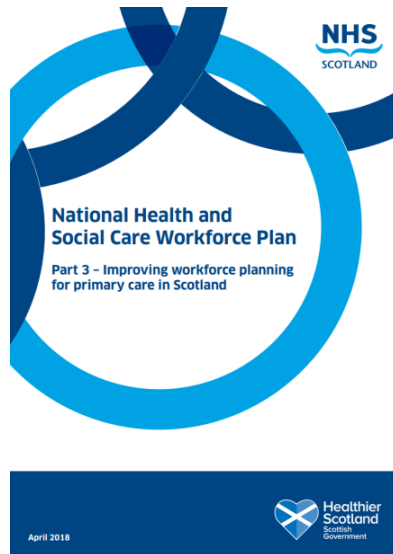
Sam Hampton

Advanced Pharmacist
Practitioner
NHS Ayrshire & Arran

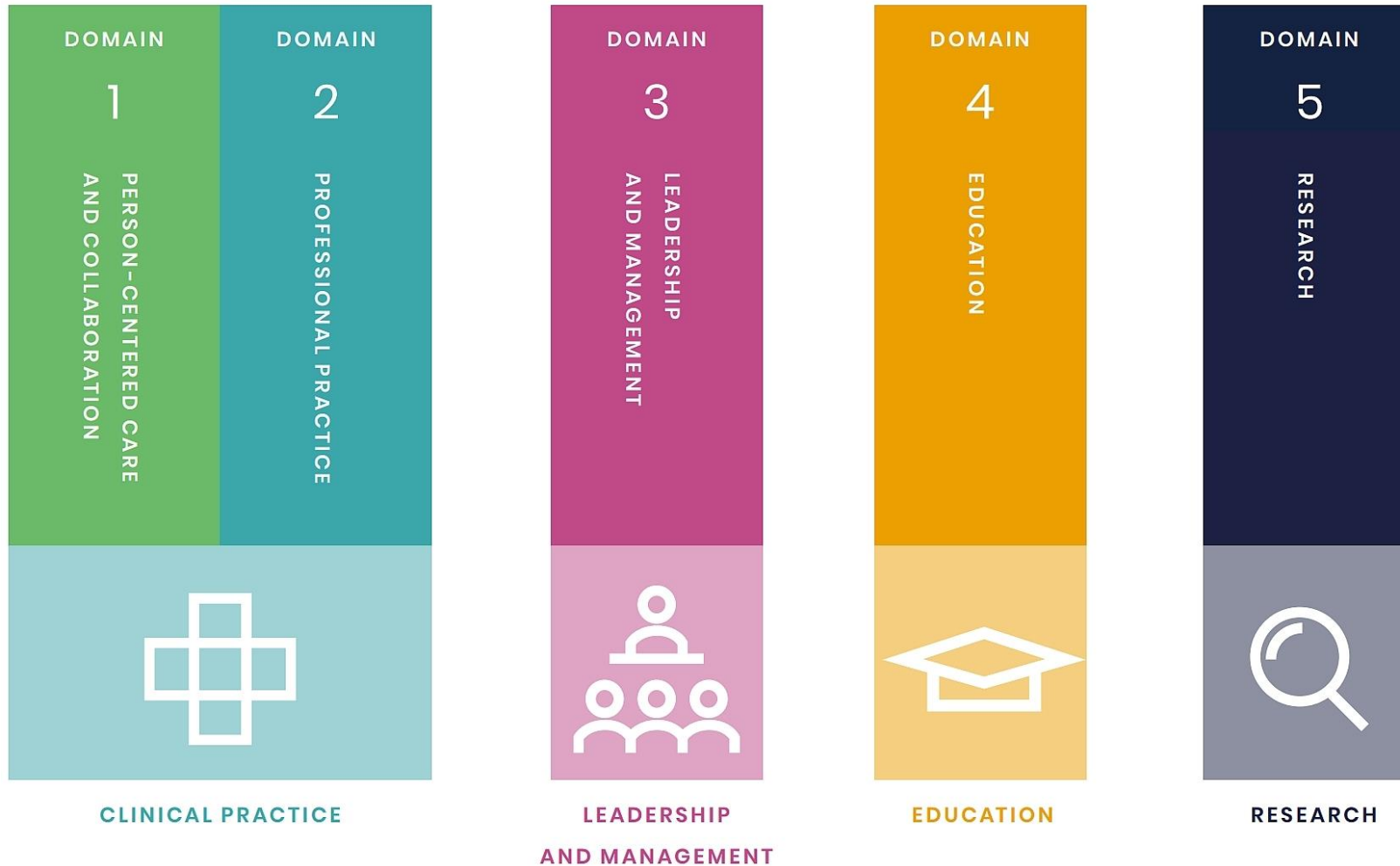
From foundations to frontiers: advancing pharmacy practice across Scotland

Dr Emily Kennedy

National landscape: Key policy drivers



Support development towards four pillars of practice



Advanced practice



Structured **continuum of practice** for advanced pharmacists

Sets out expected outcomes for entry to advanced pharmacist roles and can be used to underpin approaches to training and development.

Articulates the capabilities needed to meet the current and future NHS needs and deliver improved patient care

Develops a flexible, portable workforce

Complexity

| FACTORS CONTRIBUTING TO COMPLEXITY | |
|--|---|
| 1. Clinical | 2. Socio-economic |
| <ul style="list-style-type: none">• presence of very severe illness or rare and serious diseases• presence of multiple morbidities, where one or more illnesses impact on treatment options of others• presence of conditions with limited/ambiguous evidence base for treatment• presence of significant mental illness• polypharmacy• presence of genetic variability that alters treatment options• cognitive impairment• involvement of/management by multiple teams across system interfaces | <ul style="list-style-type: none">• Lack of access to healthcare, shelter, financial means or other support• Low educational attainment• Absences of a safe and supportive home/ social network |
| | 3. Cultural |
| | <ul style="list-style-type: none">• Language barrier• Requirements for alternative care in line with cultural/religious needs• Presence of distrust of healthcare provision |
| | 4. Readiness to engage |
| | <ul style="list-style-type: none">• Presence of distractions/distress• Behavioural barriers, uninterested in change to harmful behaviours |

Sphere of influence

| SPHERE OF INFLUENCE | DEFINITION |
|-----------------------|--|
| Organisational | The organisation that employs the pharmacist. These can vary significantly in scale. <i>"At an organisational level"</i> requires pharmacists to engage with the appropriate people within the organisation to take actions that impact on the organisation (but not necessarily implemented for all areas/teams/services of the organisation) |
| Team | The team that the pharmacist works with, including both the pharmacy and multidisciplinary team. <i>"At a team level"</i> requires the pharmacist to engage with team members as part of the activity or actions described. <i>"Being responsible at a team level"</i> requires the pharmacist to make decisions or implement an action on behalf of the team. |
| Care setting | The clinical setting in which the pharmacist works (hospital, general practice community pharmacy). For some pharmacists, this may be the same as their organisation. <i>"Beyond the care setting"</i> requires the pharmacist to collaborate with healthcare professionals from other care settings in delivering the described outcomes. |
| Service | <i>"At a service level"</i> requires the pharmacist to be responsible for operational delivery of an action/activity for the service they are working in – this may be equivalent to a "team" level or may cross care settings. |

My journey to consultant practice....

- Hospital, community and academic experience
- Working as primary care prescribing support pharmacist, NHS Dumfries and Galloway
- Workload evolved to develop attachments to specific GP practices
- Leading implementation of the pharmacotherapy service in the area, 2018
- Independent prescriber since 2008
- Developed specialist areas: respiratory, pain (mindfulness) – leading formulary work in these areas



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My journey to consultant practice

- Established Scottish Respiratory Pharmacy Special Interest Group, 2022
- Secondment to NES (Communication skills training, advanced practice)
 - GPCP advanced I and II assessments
- Secondment to Effective Prescribing and Therapeutics Team, Scottish Government to produce and implement Quality Respiratory Prescribing Strategy
- Accreditation panels for advanced and consultant practice
- Credentialed as Consultant Pharmacist (2023)
- Fellowship of Royal Pharmaceutical Society (2024) and member of Panel of Fellows (2025)



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Evidence from research pillar: 'triad of evidence'



Output:

specific e.g.
EVIDENCE research
project papers,
MPharm project
outputs,
Terms of
Reference newly
established research
group



Reflection:

Overall summary,
regarding my specific
contribution and
activity in pharmacy
practice research
and impact on
current practice
Developments made
because of portfolio
feedback



Corroboration:

DONCS from
research team leads
DONCS from Joint
MPharm project
supervisor



Expert mentor report

What does advanced or consultant practice mean for delivery of care?

- A confident, competent pharmacy workforce who are equipped with advanced clinical skills to deliver patient-centred care with excellent health outcomes, as integral members of the multi-disciplinary primary care team
- Leaders with expertise and impact

Seizing opportunities

- Identify gaps – aim to improve patient care and outcomes
- Utilising opportunities to learn and develop
- Be proactive – just ask
- Explore your values: what matters to you in your career
- Saying Yes ‘Just do it’



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Benefits: Individual and professional

- Improved clinical outcomes e.g. chronic disease, medicines safety, polypharmacy indicators
- Increased access to care
- Greater patient satisfaction
- Pharmacists utilising advanced clinical skills and prescribing effectively and appropriately
- Pharmacy technician roles utilised fully
- Pharmacists and pharmacy technicians integrated and embedded in MDT
- Job satisfaction
- Resilient pharmacy workforce



Image credit: Dr Emily Kennedy

Where am I on the journey to advanced practice?



Development of Advanced Pharmacist Practitioner Role in Primary Care

Sam Hampton, Kay McMillan, Lorraine McCallum

Pathway to APP Role

Overlapping Career Themes:

- Completion of IP, ACE course and compiling RPS core advanced portfolio.
- Significant Experience as General Practice Pharmacist
- Leadership and Management experience in Primary Care
- Face to Face clinical time (Polypharmacy, Chronic Disease)

Shared APP Pathway Milestones:

- Practice Pharmacist (Pharmacotherapy) → IP → ACE → Advanced Practice and Leadership → APP

How Others Can Follow:

- Strong foundation in General Practice
- Advanced clinical assessment and clinical decision-making skills
- Mentorship & Advanced Practice Four Pillar development

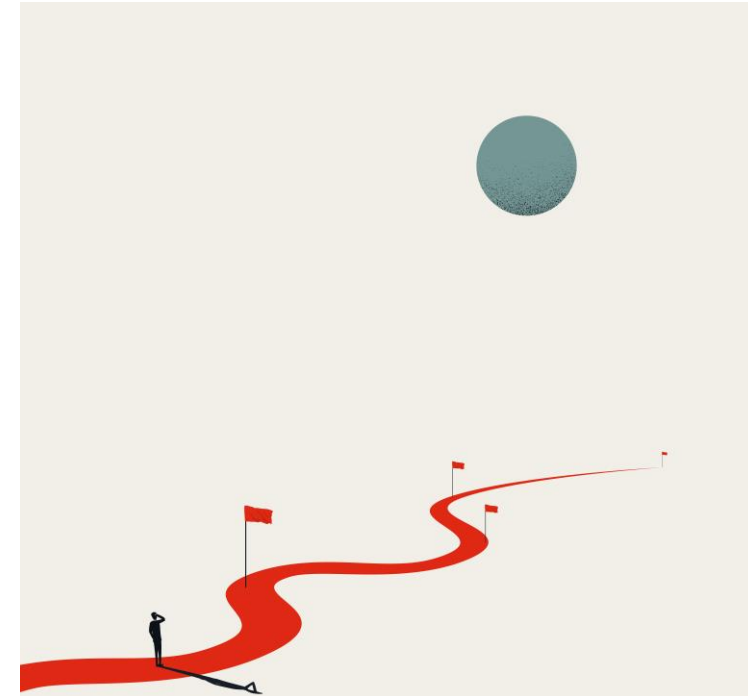


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Challenges and Enablers



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| Challenge | Enabler |
|---|--|
| Defining APP Role and Caseload | Collaborative scoping with each GP practice |
| Referring to secondary care | Strengthened communication and clinical leadership endorsement |
| Managing clinical risk in acute presentations | Robust GP supervision and MDT support |
| Variation across GP practices | Flexible role design |
| Patient expectations | Visibility, communication and safe care |

Challenges and Enablers

| Challenge | Enabler |
|--|---|
| Limited Peer Support | APP Peer Review Sessions |
| Balancing acute, chronic disease and polypharmacy workload | Structured Triage and Appointment Times |
| Maintaining consistent advanced practice standards | Shared training and experiences |
| Demonstrating Value and Impact of APP | Data, outcomes and prescribing improvements |

Day in the Life of APP

- Typical Appointment Mix:
 - Acute presentations (30 min appts)
 - Chronic disease management and medication review
 - Polypharmacy and high-risk patients
 - Same-day demand and planned reviews
- Where APPs Add Value:
 - Improving patient access & safety
 - Reducing GP workload
 - Complex polypharmacy patients
 - Medicines expertise and optimisation

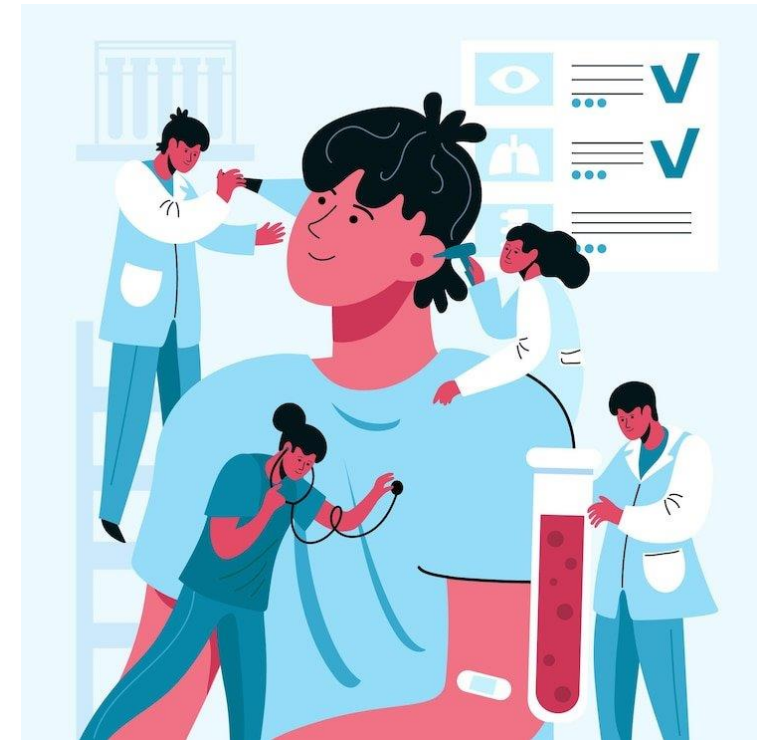


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Day in the Life of APP

Additional Role and Responsibilities

- **Leadership & Management:**
 - Service Development
 - Pharmacist Preceptorship
- **Education:**
 - SLE/ DOPS for FP and Core Advanced Pharmacists PLP
 - DPP for IP
 - Advanced Peer Sessions
 - Journal Club
 - Education sessions with multidisciplinary team
- **QI/Research:**
 - Research and evaluation APP role.
 - Prescribing efficiency Projects



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Q&A



Poll questions

- Has this webinar helped you understand the pharmacist career frameworks?
- What actions will you take following today's session?



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National Event 2026

- Insights from PCPIP: Building on Primary Care Improvement
- Tuesday 24 February 2026, Edinburgh International Conference Centre

Aims:

- Share key lessons from the Primary Care Phased Investment Programme,
- Discuss how PCPIP learning can be used more widely in primary care, and
- Consider priorities and next steps for improving primary care.

Closing info

The following resources will be shared after the webinar:

- Webinar recording
- Slide deck
- Q and A sheet

If have any questions, please contact us at **his.pcpteam@nhs.scot**.

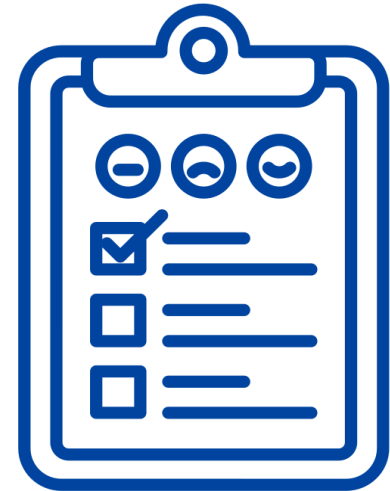


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Thank you!

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