



Enhanced Service Specification

**General Practice Forward View (GPFV) -
Clinical Pharmacists in General Practice
Phase 2 Programme**

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Enhanced Service Specification

General Practice Forward View – Clinical Pharmacists in General Practice Phase 2 Programme

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Equalities and Health Inequalities Statement:

"Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it;
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and in securing that services are provided in an integrated way where this might reduce health inequalities."

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1 Introduction

- 1.1 This enhanced service (ES) is designed to allocate the financial offer to providers of primary medical services for employing or gaining access to a clinical pharmacist and/or senior clinical pharmacist through the Clinical Pharmacists in General Practice Phase 2 programme.
- 1.2 We would ask practices and/or Federations considering this Enhanced Service to review the Guidance for Applicants on the application <https://www.england.nhs.uk/gp/gpfv/workforce/building-the-general-practice-workforce/cp-gp/> for additional information.

2 Background

- 2.1 In July 2015 NHS England launched a pilot scheme to support clinical pharmacists working in general practice in patient facing roles. Funding was made available to support more than 450 clinical pharmacists in 650 practices across 90 pilot sites.
- 2.2 The General Practice Forward View (GPFV) includes a commitment to deliver an additional 5,000 clinical and non-clinical staff in general practice. Out of these 5,000 additional staff members there is a commitment to have “a pharmacist per 30,000 of the population... leading to a further 1,500 pharmacists in general practice by 2020”.
- 2.3 Funding is now available to support the deployment of the 1500 clinical pharmacists by 2020. The funding outlined in the ES will contribute to the costs of recruitment and employment.

3 The role of clinical pharmacists in general practice

- 3.1 Clinical pharmacists will work in general practice as part of a multi-disciplinary team in a patient facing role to clinically assess and treat patients using their expert knowledge of medicines for specific disease areas.
- 3.2 They will be prescribers, or training to become prescribers, and will work with and alongside the general practice team. They will take responsibility for the care management of patients with chronic diseases and undertake clinical medication reviews to proactively manage people

with complex polypharmacy, especially for the elderly, people in care homes and those with multiple co-morbidities.

- 3.3 They will provide specialist expertise in medicines use while helping to address both the public health and social care needs of a patient at the practice (s).ⁱ
- 3.4 Clinical pharmacists will provide leadership on person centred medicines optimisation (including ensuring prescribers in the practice conserve antibiotics in line with local antimicrobial stewardship guidance) and quality improvement while contributing to the quality and outcomes framework and enhanced services.
- 3.5 Clinical pharmacists will have a leadership role in supporting further integration of general practice with the wider healthcare teams (including community and hospital pharmacy) to help improve patient outcomes, ensure better access to healthcare and help manage general practice workload. The role has the potential to significantly improve quality of care and patient safety.

4 Aims

- 4.1 The aim of this ES is to encourage GP practices to employ or otherwise use the services of a clinical pharmacist as described in the specification in order to realise the benefits described below:

4.1.1 Benefits to the patients

- Supporting patients to get the best use of their medicines and identifying medicines related issues
- Independent prescribing qualification for pharmacists which will improve timely access to medicines for patients, deliver care closer to home, reduce general practice workload, enable self-care and self-management of conditions, improve patient safety and improve treatment results of conditions and improve treatment results for patients by maximising the benefits of clinical pharmacists.

4.1.2 Benefits to general practice

- Expanding the general practice team to include clinical pharmacists, with their skills and knowledge. This will allow reallocation of general practice workload.
- Increase GP practice capacity to see and help more patients
Ensure safer prescribing and improvement in patient safety and quality of care.
- Increase capacity to offer more on the day appointments
- Improved integration with the community and hospital pharmacy teams.

4.1.3 Benefits to the wider healthcare system

- Improvement in the clinical and cost effective use of medicines
- Better integration with the wider healthcare systems/teams due to the clinical pharmacist being a key point of contact for primary and secondary care services
- Optimisation of the patient journey through the healthcare system.

5 Process

- 5.1 This ES begins on 1 April 2017 and it will be open for practices to join until 31 March 2020. It will have two component elements, component one will be to sign up to the service and component two will cover ongoing delivery.
- 5.2 Practices who wish to participate in this ES should apply on-line via the Clinical Pharmacist Application Portal <https://clinicalpharmacists.england.nhs.uk>. Subject to compliance with the processes set out below, funding will be available for three years starting from the date of employment of the clinical pharmacist(s).
- 5.2 Some practices and super practices may be able to submit an application on their own if their practice covers a suitable population (please refer to the Guidance for Applications on the application portal).
- 5.3 However it is likely that in order to participate in the ES and gain the benefit it is anticipated clinical pharmacists will provide, practices in a

particular geographical area or Site, may have to join with other practices (to form a network or collaborative) or form part of a Federation's bid so that the criteria of the programme can be met, including the required population size and supervision arrangements.

5.4 Practices signing up to the ES will need to meet the criteria set out in the Guidance for Applications.

5.5 Practices participating in the ES may employ the clinical pharmacist directly or the clinical pharmacist can be employed by other practices (where there is a network or collaborative arrangement) or a third party (for example a GP Federation, Clinical Commissioning Group or Trust), the funding will be paid to the practices that has signed up to the ES and employs (or commissions) the clinical pharmacist. Where practices are considering collaborating or working at scale NHS England anticipates that practices in applicant sites may fall into one of the following examples (please note that these are not meant to be prescriptive, nor do they represent the only models that NHS England considers acceptable):

5.5.1 Practices may collaborate with/join a GP Federation.

5.5.1.1 Where the GP Federation holds a primary medical services contract, the GP Federation may elect to employ the clinical pharmacists and/or provide administrative support to federation members. In this example either the GP Federation or federation members could be signatories to the ES.

However, the Federation must hold an APMS contract in its own right and have a practice number. Where a federation is sub-contracting for practices and does not hold an APMS contract they cannot sign up for the ES.

5.5.1.2 Alternatively, the GP Federation may nominate one or more Lead Practices who will all be required to sign up to the ES individually (that is they will each have their own contract under the ES). They cannot be co-signatories to the same contract under the ES. This means that there will be more than one ES for the applicant site.

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5.5.1.3 Where the GP Federation does not hold a primary medical services contract or the GP Federation does not wish to support member practices as described in 5.5.1.1 above, again the GP Federation may nominate one or more Lead Practices or participating practices to be signatory to the ES and potentially employ the clinical pharmacist(s). Each practice will be required to sign up to the ES individually (that is they will each have their own contract under the ES). They cannot be co-signatories to the same contract under the ES. This means that there will be more than one ES for the applicant site.

5.5.2 Practices may collaborate with their local Clinical Commissioning Group or hospital trusts.

5.5.2.1 This example would operate with similar flexibilities to the two options described for GP Federations as regards Lead Practices or participating practices, except that CCGs or trusts are not able to become signatories to the ES.

5.5.2.2 It would be an option that a CCG or hospital trust could employ the clinical pharmacists, subject to the appropriate management of conflicts of interest, and/or provide administrative support to the signatories of the ES. However the contractual relationship to deliver the ES will be between the (Lead) practice and NHS England

5.5.2.3 Under these circumstances the parties must enter into a formal agreement, to be shared with the relevant NHS England local team that will detail the responsibilities and liabilities of the parties. Each party to the agreement will be required to comply with the obligations of this ES.

5.5.3 Practices may elect to collaborative with a network of other practices.

5.5.3.1 The network of practices may nominate one or more Lead Practices to be signatory to the ES and potentially employ the clinical pharmacist(s). Alternatively, all of the participating practices may become signatories to the

ES. Each practice will be required to sign up to the ES individually (that is they will each have their own contract under the ES). Practices cannot be co-signatories to the same ES. This means that there may be more than one ES for the applicant site.

5.5.4 For the avoidance of doubt, it will be the signatory to the ES who will receive the funding available through this ES. Signatories to the ES will be required to submit a CQRS application and will be responsible for the complying and meeting the requirements of the ES. Where appropriate, the employers of clinical pharmacists will put in place appropriate service level agreements (SLAs) with all participating practices to ensure those practices have access the requisite level of clinical pharmacist provision. Those SLAs are to be agreed shared with and agreed by the local NHS England team.

5.6 The funding is a contribution towards the cost of recruiting and employing pharmacists. Funding will be released upon the commencement of the employment of the clinical pharmacist.

6 The Service Specification

6.1 The Funding

6.1.1 The funding provided by NHS England will be a tapered amount over a three year period, from the date of employment of the clinical pharmacist. The funding details are available in section 8 `Payment and Validation` below.

6.1.2 The funding is a contribution towards the cost of recruiting and employing a clinical pharmacist and it is a set amount each year for three years.

6.2 The Criteria

A set of criteria have been developed that will define the model:

6.2.1 To successfully apply for this ES a potential signatory to this ES must demonstrate that they/their application site are working at scale, across a minimum population of at least 30,000. The GP FV

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refers to 1 WTE clinical pharmacist per 30,000 of the population. Applications will be considered for exceptional circumstances.

- 6.2.2 The funding provided by the ES will only be used to support the establishment of clinical pharmacist service in general practice.
- 6.2.3 Signatories to this ES must ensure the role of clinical pharmacist in the general practice is clinical and patient facing. These roles must support people living in the community including those in care home settings. The role must be in line with the Overview and Narrative of the role of clinical pharmacists as described above;
- 6.2.4 Signatories to this ES must ensure that the clinical pharmacists are embedded within participating practices and become fully integrated members of the clinical multi-disciplinary team. They will have access to other healthcare professionals, electronic 'live' and paper based record systems and access to admin/office support and training and development;
- 6.2.5 The clinical pharmacists will form part of the Lead Practice's or participating practice's review and appraisal process. Where the clinical pharmacist is working across a Lead Practice and a number of participating practices the clinical pharmacist would normally be appraised by the employer;
- 6.2.6 Signatories to this ES will ensure that clinical pharmacists are part of a professional clinical network and will be clinically supervised by a senior clinical pharmacist and GP clinical supervisor. NHS England recommends the following programme of supervision should be in place for clinical pharmacists under this ES:
- i. Each clinical pharmacist will receive a minimum of one supervision session per month by the senior clinical pharmacist;
 - ii. The senior clinical pharmacist will receive a minimum of one supervision session every three months by a GP clinical supervisor; and
 - iii. All clinical pharmacists will have access to an assigned GP clinical supervisor for support and development.

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- 6.2.6 There will be one-full time senior clinical pharmacist to five (total number not WTE) clinical pharmacists. There is an expectation that all clinical pharmacists will be in full-time substantive posts where possible.
- 6.2.7 Flexible and innovative approaches to the formation of clinical networks can be adopted and promoted to enhance collaboration/integration across healthcare interfaces.
- 6.2.8 Senior clinical pharmacists will be independent prescribers, or will be working towards the independent prescribing qualification and will be independent prescribers by 2020/21. Employers should follow NHS England recommendations that:
- i All senior clinical pharmacists will have been qualified for 5 years or more; and
 - ii All clinical pharmacists will have been qualified for at least 2 years and will be independent prescribers by 2020/21.

6.2.9 IMPORTANT NOTES TO CONSIDER:

The NHS England programme criteria states that one senior clinical pharmacist will support five clinical pharmacists (1:5 ratio). Where signatories to this ES are applying for lower than the 1:5 ratio, they need to consider and maybe required to:

- i Demonstrate how supervision and support will be provided to clinical pharmacists in applications that request clinical pharmacists only without a senior clinical pharmacist. This could be achieved by utilising existing senior clinical pharmacists in general practice to provide support and supervision to clinical pharmacists who are funded by this ES, or by linking up with another NHS England programme site(s) to share their senior clinical pharmacist resource.
- ii If signatories to this ES request a senior clinical pharmacist and less than five clinical pharmacists, the senior clinical pharmacist would need to be shared across a locality to support other clinical pharmacists to facilitate the recommended 1:5 ratio model.

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- iii The NHS England expects that both clinical pharmacists and senior clinical pharmacists will be employed on a full time basis rather than a greater number of part time staff (e.g. 1 WTE clinical pharmacist rather than two 0.5 WTE pharmacists). This is to ensure that every clinical pharmacist that is part of this programme is able to gain timely access to the education/training pathway and independent prescribing course.
- iv The clinical pharmacist will be employed for at least 8 sessions per week (that is at least 0.8 WTE) by the employing organisation. They may work less sessions in participating practices.
- v Conflicts of interest: If applications are received by the review panel where there could be real or perceived conflicts of interest then they have to satisfy themselves that appropriate mitigation has been put in place to guard against those conflicts. For example a pharmacist should not be employed where their decisions or influence can have an effect on any business that they have a financial or other interest in, and there must be clear separation between clinical decision making and medicines supply.
- vi. We expect providers of general practice medical services when recruiting to ensure there is specific reference to NHS England Clinical Pharmacist in General Practice Phase 2 Programme in job adverts.

6.3 Further Requirements

In addition to meeting the criteria, signatories to this ES must comply with the following additional requirements:

- 6.3.1 Signatories to this ES will deploy clinical pharmacists as described in the criteria and job descriptions (link to job descriptions in the Guidance for Applicants available on the Application Portal)
<https://clinicalpharmacists.england.nhs.uk>
- 6.3.2 Signatories to this ES will ensure that clinical pharmacists access the training, education and development provided. As part of the

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scheme there is a training pathway that clinical pharmacists will follow to support their continual professional development. This will include independent prescribing. There will be no cost to the clinical pharmacist or signatories to this ES for this training.

6.3.3 Signatories to this ES will ensure that appropriate members of staff participate in the practice development provided. This practice development is to enable signatories to this ES to support the clinical pharmacists in their new role and to realise the benefits of this programme. Further details of practice development will be available to signatories to this ES.

6.3.4 Signatories to this ES must comply with reporting requirements and support evaluation of the scheme. Signatories to this ES will be responsible for the submission of reports to NHS England on a quarterly basis. The reporting will cover the following:

- Number of appointments offered by clinical pharmacists in general practice per month
 - Number of clinical face to face appointments offered per month by the clinical pharmacists
 - Number of home visits/care home visits offered per month by the clinical pharmacists
 - Number of extended hours appointments offered per month by the clinical pharmacists
- Number and types of face to face appointments offered by clinical pharmacists per month
 - Common ailments
 - Long term conditions
 - Medication Reviews
 - Medicine related queries
 - Transfer of care medicine reviews/medicines reconciliation
 - Care Home/Home Visits
- Number and types of telephone consultation/appointments offered by clinical pharmacists per month:
 - Common ailments

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- Long term conditions
 - Medication Reviews
 - Medicine related queries
 - Transfer of care medicine reviews/medicines reconciliation
 - Care Home/Home Visits
 - Number and type of specific clinical administrative tasks performed in the Participating Practices (i.e. patient not seen or spoken to)
 - Clinical Post (Number of patients excluding transfer of care medicines review/medicines reconciliation)
 - Reviewing pathology/blood tests (Number of patients)
 - Medication review (number of patient episodes)
 - Medicine related queries (number of patient episodes)
 - Referral to community pharmacy (number of patients).
- 6.3.5 Applicant sites must be able to demonstrate the ability to sustain funding throughout the programme and beyond.
- 6.3.6 Where applicant sites are sharing the services of a clinical pharmacist across Lead and participating practices, they must have a documented agreement that details the agreement between those practices and/or employing organisation, and how liabilities will be met. This must be shared with the NHS England local office team. For clarity, NHS England will hold the signatories to this ES as responsible for complying with the terms of this ES.
- 6.3.7 Signatories to this ES must notify the NHS England local team of any changes to the clinical pharmacist(s) (i.e. new starters and leavers).
- 6.3.8 Signatories to this ES must notify the NHS England local team of any changes to the arrangements for the sharing of the clinical pharmacist services.
- 6.3.9 Signatories to this ES's current contractual indemnity requirement will apply to the ES – namely that the contractor (and any

subcontractors/participating practices) are required to have and maintain appropriate indemnity cover.

6.3.10 Signatories to this ES will have the contractual responsibility and liability to fulfil the requirements of the ES. Where a signatories to this ES intends to subcontract out the clinical pharmacist services funded by this ES, they must obtain NHS England agreement to the proposed arrangement, which must mirror the requirements of this ES.

6.3.11 For the avoidance of doubt, any provision in this ES, to the extent that it conflicts with the requirements of the Signatories to this ES's primary care contract, does not override the provision in the primary care contract. The provision in the primary care contract takes precedence.

7. Monitoring

- 7.1 Submission of claims and payment calculations will be made using the Calculating Payment Reporting Services (CQRS) under this ES. Signatories to this ES will have the responsibility for the submission of a claims, which will be done through a manual input of data into CQRS. Applicant sites are free to make local arrangements for how this will be achieved in practice.
- 7.2 Prior to NHS England local teams approving the CQRS claim, signatories to this ES will be responsible for the submission of quarterly reports via the Clinical Pharmacist Application Portal as a requirement of payment.
- 7.3 Details of the reporting requirements are provided in Section 6.3 above.

8 Payment and validation

- 8.1 Payment under this ES, or any part thereof (where the clinical pharmacist works part-time in a participating practice), will be made only if the Lead Practice or employer of the clinical pharmacist satisfies the following conditions:
- i The Lead Practice or the employer of the clinical pharmacist continues to employ or and the participating practice continues to have access to a clinical pharmacist;

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- ii The signatory to the ES must make available to commissioners any information under this ES, which the commissioner needs and the signatory to the ES either has or could be reasonably be expected to obtain;
- iii The signatory to the ES must make any returns required of it (whether computerised or otherwise) to the Clinical Pharmacist Application Portal or CQRS and do so promptly and fully; and
- iv All information supplied pursuant to or in accordance with this paragraph must be accurate.

8.2 Payment available to Lead Practices under this ES is as follows:

8.2.1 The funding provided by NHS England is a contribution towards the cost of recruitment and employment. The contribution will be tapered over a three year period, from the date of employment of the clinical pharmacist.

	NHS England contribution WTE			Total contribution from NHS England over the three years
	Yr 1	Yr 2	Yr 3	
Clinical Pharmacist	£29,000	£20,000	£11,000	£60,000
Senior Clinical Pharmacist	£36,000	£24,000	£13,000	£73,000

Please note that the figures quoted above relate to a WTE or full time clinical pharmacist. Where the practice employs or make use of a part-time clinical pharmacist, then the contribution will be adjusted pro-rata.

8.2.2 Lead Practices signing up to the ES will receive an upfront start up payment equivalent to 3 month's funding.

8.2.3 Claims for payments for under this ES should be made monthly following the month of the claim being made and the required reports (see below) have been submitted. Where claims are

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entered manually this should be within 12 days of the end of the month following activity undertaken there.

8.2.4 Payment will be made by the last day of the month following the month in which the Lead Practice validates and commissioners approve the payment. Payments.

8.2.5 Lead Practices will only be eligible for payment for this ES in circumstances where all of the following requirements have been met:

- i Lead Practices will be required to submit their quarterly report, as noted in Section 6 above as a requirement of the payment being made. Where it has been agreed that participating practices will submit their own reports, payment is still contingent on the report being submitted.
- ii Please note the payments available under this ES include payments for periods of annual leave for the clinical pharmacist.

8.3 Lead Practices and any other organisations – including NHS bodies - employing clinical pharmacists should note that, in making the payments available under this ES:

- i NHS England does not envisage a scenario under which the payment will attract a VAT liability for NHS England;
- ii NHS England expects practices and other organisations employing clinical pharmacists to consider and make appropriate arrangements so that the VAT position is addressed; and
- iii Additional payments will not be made by NHS England to any Lead Practice or any other organisation to cover a VAT liability attracted by the engagement of the clinical pharmacist's services.

8.4 Administrative provisions relating to payments under this ES are set out in the Annex.

Annex. Administrative provisions relating to payments under the ES

1. Payments under this ES are to be treated for accounting and superannuation purposes as gross income of the Lead Practice in the financial year.

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2. Claims for payments for this programme should be made monthly following the month of claim being made. Claims for this service will be made manually using the CQRS system. Where claims are entered manually this should be within 12 days of the end of the month when the activity was completed.
3. Payment will be made by the last day of the month following the month in which the practice validates and commissioners approve the payment.
4. Payment under this ES, or any part thereof, will be made only if the Lead Practice satisfies the following conditions:
 - a. the signatory to the ES must make available to commissioners any information under this ES, which the commissioner needs and the signatory to the ES either has or could be reasonably expected to obtain.
 - b. the signatory to the ES must make any returns required of it (whether computerised or otherwise) to the Clinical Pharmacist Application Portal or CQRS, and do so promptly and fully; and
 - c. all information supplied pursuant to and in accordance with this paragraph, must be accurate.
5. If a signatory to this ES does not satisfy any of the above conditions, commissioners may, in appropriate circumstances, withhold payment of any or any part of, an amount due under this ES that is otherwise payable.
6. If a commissioner makes a payment to a Lead Practice under this ES and:
 - a. the Lead Practice was not entitled to receive all of part thereof, whether because it did not meet the entitlement conditions for the payment or because the payment was calculated incorrectly (including where a payment on account overestimates that is due to fall due); or
 - b. the commissioner was entitled to withhold all or part of the payment because of a breach of a condition attached to the payment, but is unable to do so because the money has already been paid; or
 - c. the commissioner is entitled to repayment of all or part of the money paid;commissioners may recover the money paid by deducting an equivalent amount from any payment payable to the Lead Practice and where no such deduction can be made; it is a condition of the payments made under this ES that the contractor must pay to the commissioner that equivalent amount.

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7. Where the commissioner is entitled under this ES to withhold all or part of a payment because of a breach of a payment condition, and the commissioner recovers the money by deducting an equivalent amount from another payment in accordance with paragraph 6 of this annex, it may, where it sees fit to do so, reimburse the contractor the amount withheld or recovered, if the breach is cured.

Provisions relating to Lead Practices that terminate or withdraw from this ES prior to the end of their three year funding (subject to the provisions below for termination attributable to a Lead Practice split or merger)

8. Where a Lead Practice or participating practice has entered into this ES but its primary medical care contract subsequently terminates or that practice no longer wishes to utilise a clinical pharmacist prior to the end of the three year funding, the Lead Practice is entitled to a payment in respect of its or other practice's participation if such a payment has not already been made, calculated in accordance with the provisions set out below. Any payment calculated will fall due on the last day of the month following the month during which the clinical pharmacist was utilised.
9. In order to qualify for payment in respect of participation under this ES, the Lead Practice must provide the commissioner with the information in this ES specification or as agreed with commissioners before payment will be made. This information should be provided in writing, within 28 days following the termination of the contract or the withdrawal from the ES agreement.
10. The payment due to Lead Practices that terminate or withdraw from the ES agreement prior to the end of their 3 year funding, will be based on the number of sessions the clinical pharmacist has worked, prior to the termination or withdrawal.

Provisions relating to GP practices who merge or split

11. Where two or more Lead Practices or participating practices merge or are formed following a contractual split of a single GP practice and as a result the registered population is combined or divided between new GP practice(s), the

new GP practice(s) may, subject to meeting the criteria and requirements of this ES, be nominated as a Lead Practice or a participating practice and enter into a new agreement to provide this ES.

12. Where there is a contractual split the existing arrangements for either the Lead Practice or the participating practice will be treated as having terminated and the entitlement of the Lead Practice(s) to any payment will be assessed on the basis of the provisions of paragraph 8 of this annex.
13. The entitlement to any payment(s) of the Lead Practice(s), formed following a contractual merger or split, entering into the agreement for this ES, will be assessed and any new arrangements that may be agreed in writing with the commissioner, will commence at the time the Lead Practice(s) starts to provide such arrangements.
14. Where that new or varied agreement is entered into and the arrangements commence within 28 days of the new Lead Practice or the participating practice being formed, the new arrangements are deemed to have commenced on the date of the new Lead Practice or the participating practice being formed. Payment will be assessed in line with this ES specification as of this commencement date.

Provisions relating to non-standard splits and mergers

15. Where the Lead Practice participating in the ES is subject to a split or a merger and:
 - a. the application of the provisions set out above in respect of splits or mergers would, in the reasonable opinion of the commissioner, lead to an inequitable result; or
 - b. the circumstances of the split or merger are such that the provisions set out in this section cannot be applied,
 commissioners may, in consultation with the Lead Practice or practices concerned, agree to such payments as in the commissioner's opinion is reasonable in all circumstances.

ⁱ 'Modernising Pharmacy Careers Programme: Review of pharmacist undergraduate education and pre-registration training and proposals for reform'. Report to the Medical Education England Board. April 2011
<https://hee.nhs.uk/sites/default/files/documents/Pharmacist-pre-registration-training-proposals-for-reform.pdf>

- ii. <https://www.england.nhs.uk/2013/05/med-opt/>
- iii. <https://www.nice.org.uk/guidance/sc1>
- iv. <https://www.nice.org.uk/guidance/qs85>
- v. <https://www.nice.org.uk/guidance/qs120>
- vi. <http://www.rpharms.com/our-campaigns/pharmacists-and-gp-surgeries.asp>