



Toolkit for Clinical Pharmacists

Business Modelling for
General Practice

March 2025

Better health through great primary care

Foreword

It's my pleasure to present this document that highlights the important role of clinical pharmacists in general practice. As the demands on healthcare providers continue to grow, innovative solutions are essential to enhance service delivery, improve patient outcomes, and alleviate pressures on healthcare teams.

Employing clinical pharmacists in primary care is a promising and innovative workforce model that significantly contributes to the health system. By safely managing demand, optimising the use of primary care pathways and offering high-quality care, clinical pharmacists benefit patients and whānau.

Clinical pharmacists are highly trained and skilled healthcare professionals, whose skills can greatly benefit the primary healthcare system. By utilising unique pharmacotherapy understanding and skills, clinical pharmacists are accountable and responsible for reducing drug-related morbidity and mortality through whānau-centric optimisation of medicines, thereby working to eliminate inequities and achieve the best possible health-related outcomes. They enhance extended care teams with additional skills in primary health services with unique value-added skills where there is a shortage of GPs and/or nurses, thereby reducing strain on the existing workforce and optimising medicines use.

Embedding clinical pharmacists within general practice teams allows us to create a more efficient, effective, and responsive healthcare system. This document outlines the key roles and responsibilities of clinical pharmacists in general practice, as well as business models for practices to recruit and sustain these roles. For more information, please contact our team. Details are available further in this document.

Ngā mihi nui



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Introduction

With increasing demands on primary care, general practices are seeking new ways to enhance care delivery and reduce the strain on their teams. Integrating a clinical pharmacist into your practice can offer a viable and sustainable solution.

Clinical pharmacists are specialised healthcare professionals who play a vital role in improving patient outcomes by providing timely access to care and treatment. They also ease the workload of other team members by aligning with the Pae Ora/Healthy Futures vision to ensure whānau and communities receive local, high-quality care when needed.

As key members of the primary care team, clinical pharmacists support both patients and practice teams by increasing capacity and offering clinical expertise.

This guide outlines clear steps to establish a service that benefits patients, supports the practice team, and enhances operations, including:

Defining the **Clinical Pharmacist's role** and the value they bring to the team.

Evidence based models of care that optimise medicines therapy and improve medicines related health outcomes

Financial and operational modelling and insights with metrics to support sustainability.

Practice tools and templates to tailor services to your practice and patient needs.

Case Study

A 72 year old woman with heart failure says that she is taking her husband's diclofenac tablets about 3 times a week for her sore knees. Under the new criteria, she is also now eligible for empagliflozin, with a reduction in furosemide. The clinical pharmacist identifies the potential changes in therapy and alerts the general practitioner to this, with potential suggestions.

Overview of Clinical Pharmacists

Clinical pharmacists are highly skilled healthcare professionals with in-depth knowledge and experience, contributing to efficient patient care by ensuring appropriate medicine administration and proactive patient support.

Working in extended primary care teams, they have been shown to have a significant positive impact on patient outcomes, particularly in chronic disease management and quality medication use. Clinical pharmacists, co-located in practices, provide a range of services including:

- Providing clinical advice and expertise on treatments and medications
- Developing individualised medicine plans
- Monitoring patients with complex long-term conditions
- Building ongoing professional relationships with patients
- Assisting with communication across a patient's care pathway, including with general practice, hospitals, and social care providers.

Pharmacist prescribers provide additional benefits due to their increased scope. Prescribers can prescribe medications to initiate or modify therapy. They can also provide a broad range of assessment and treatment interventions which includes:

- Ordering and interpreting investigations (including laboratory and related tests)
- Assessing and monitoring a patient's response to therapy
- Providing education and advice to a patient on their medicine therapy

Top Tips for Success



Be Prepared

Set clear service goals and plan how to integrate the Clinical Pharmacist into daily practice.



Choose the Right Service Model

Select a model that aligns with the patient demographics and goals.



Set Up the Practice Environment

Ensure adequate space and tools and create a clear process for support to maintain high-quality care.



Get the Team Onboard

Ensure all staff understand the role, referral pathways and objectives of the Clinical Pharmacist.



Provide Clinical Support

Ensure access to supervision, peer support, a clear process for seeking help, and a senior clinician as a champion for the role.



Promote the Service

Use in-practice materials, your practice website, and social media to inform patients about the service.



Monitor, Adapt and Gather Feedback

Regularly evaluate the impact on practice workload, patient satisfaction, and service uptake. Use feedback to refine workflows and integration.

Key Competencies

There are several pharmacotherapy-related roles that your clinical pharmacist can undertake to help with patient care and contribute to quality improvement.



Medication reviews and information

Improving patient engagement and adherence through education and exploring reasons for non-adherence. These reviews can also help optimise medicines therapy and condition improvement.



Cardiovascular risk assessment and metabolic monitoring

Metabolic monitoring for people on antipsychotic and antiepileptic medicines, and lithium monitoring. Undertake cardiovascular risk assessment and assist with management, including metabolic monitoring. Utilising the skills of the clinical pharmacist to undertake monitoring and to review the potential for a pharmacotherapy intervention if needed, and if agreed the clinical pharmacist may generate a prescription for best practice therapy.



Medicines reconciliation

Ensuring clear communication and accurate medication reviews during transfer of care, confirming any medicine changes with the patient and healthcare providers to ensure understanding and address any side effects.



Repeat prescribing reviews

Conducting medication review when repeat prescriptions are requested.



Other activities

- Down-titration of medicine
- Annual reviews for older people
- Diabetes annual reviews
- Respiratory reviews including the Winter Wellness programme
- Gout management
- Patient education and medication adherence
- Monitoring of special authority due dates
- Identification and assisting management or switching when medicines are discontinued

Integration of Clinical Pharmacists into General Practice

The integration of clinical pharmacist roles into primary care is an important step to improve patient access to quality care and health outcomes. It also empowers clinical pharmacists to share the growing burden of work currently in primary care.

Professional Standards of Practice

Clinical pharmacists in New Zealand are registered health professionals under the Health Practitioners Competence Assurance Act 2003 (HPCA Act). They must meet professional standards set by The Pharmacy Council of New Zealand – Te Pou Whakamana Kaimatū o Aotearoa and are required to maintain their annual practising certificate (APC).



Scope of practice

The pharmacy profession in New Zealand has three scopes of practice:

- intern pharmacist
- pharmacist
- pharmacist prescriber



Continuing Professional Development (CPD)

Clinical pharmacists' CPD must include an annual development plan, peer review, and reflective statements on cultural, ethical, and professional competence.



Support and Supervision

Practices should allow time and resources to maintain professional standards, enhance service quality, and support the well-being of clinical pharmacists, including:

- Covering APC costs.
- Providing structured supervision and opportunities for peer collaboration.
- Providing a senior clinician that acts as a champion for the clinical pharmacist and helps ensure their value and role are understood and utilised within the practice.
- Allocating time for clinical pharmacist-specific professional development.

Benefits of Clinical Pharmacists in Your Practice

Benefit to Patients



Trusted Relationships - Supports patients in understanding and adhering to their prescribed medications.



Patient Safety and Medication Optimisation - Improving medicines-related health outcomes and reducing medicines-related harm.



Seamless, Coordinated Care - Facilitates smooth transitions between care settings, preventing medication-related issues.



Faster Access to Medicines Optimisation - Helps patients receive timely medication adjustment, reducing delays in optimised medicines therapy and achievement of patient specific clinical targets.

Benefit to Practices



Increased Practice Capacity - Enhances practice efficiency by streamlining medication management, treatment goals and patient follow-ups.



Integrated Approach - Promotes a holistic, team-based approach to patient care, reducing the need for external referrals.



Additional Team Expertise - Provides in-house training, upskilling staff in medication management and best practices.



Income Generation - Supports financial sustainability through patient co-payments and other funding streams.



Skillset Requirements

For successful integration into primary care, clinical pharmacists must have skills that align with the needs of the practice and its patient population.

Key Skills

Evidence-Based Practice

Ability to apply the latest evidence to deliver high-quality patient care.

Advanced Communication & Teamwork

Strong skills in engaging with diverse patients and collaborating within a multidisciplinary team.

Clinical Autonomy

Experienced clinical pharmacist with a broad skillset capable of managing a wide spectrum of conditions commonly seen in general practice.

Health System Navigation

Comprehensive knowledge of local and regional support services to provide holistic care.

Health Equity

Applying an equity lens to improve health outcomes for Māori, Pacific peoples, and other priority populations.

Te Tiriti o Waitangi & Cultural Safety

Recognises the impacts of colonisation, historical and intergenerational trauma when working with Tāngata Whenua.

Demonstrates the ability to embed Te Tiriti o Waitangi principles and articles into workplace and clinical practice.

Reflects on personal views and biases to ensure culturally safe clinical interactions and care for all patients.

Desirable Skills

Population Health Awareness

Understanding of common health issues affecting communities and the ability to deliver appropriate interventions to reduce burden of disease.

Clinical Pharmacist Advocacy

Ability to confidently promote the role of clinical pharmacists in improving wider health outcomes.

Planning for Successful Integration

Setting the Foundation

Integrating clinical pharmacists into primary care enhances patient care, reduces clinician workload, and can contribute to revenue generation. Successful integration involves thoughtful planning, goal setting, and clear processes.

Consider the following when designing the service to align with your practice goals, clinical priorities, and financial feasibility:



What are your goals?

Looking to reduce clinician workload, improve access to care, or expand services?



What does your patient population need?

Could your patients benefit from direct access to a medication expert for safer, more effective treatment?



How will you prioritise access to care?

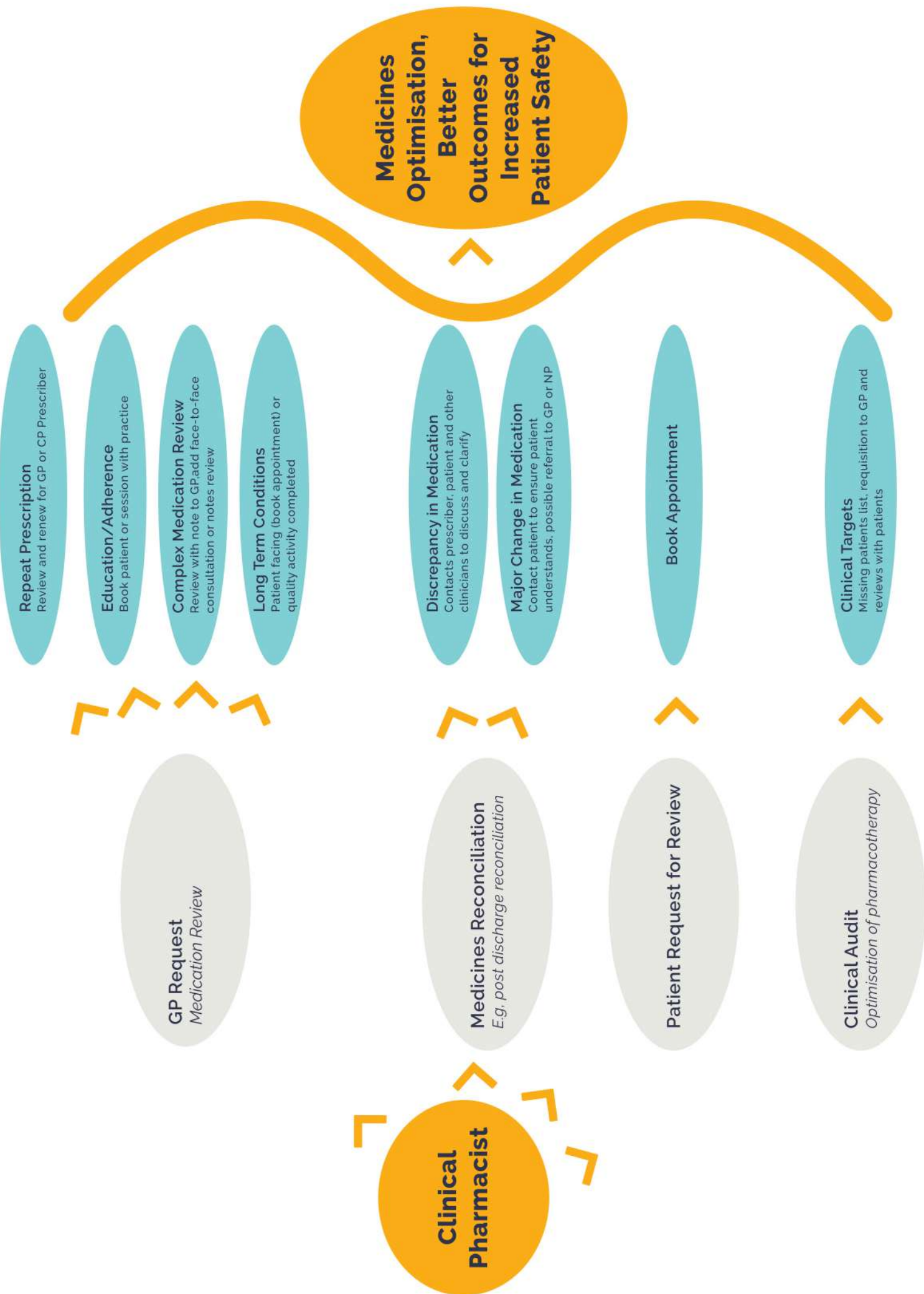
Are there underserved patient groups who could gain the most from a clinical pharmacist's support?



How does the clinical pharmacist complement your team?

How will a clinical pharmacist seamlessly integrate into your workflows and enhance clinical decision-making?





Clinical Pharmacist Service Models

The type of clinical pharmacist service offered in your practice depends on individual practice needs, patient demographics, and available resources.

Below is an outline of service models. Practices can adopt a combination of these models, tailoring the service mix to meet patient needs and clinician expertise, optimise resources, and ensure maximum impact for both patients and the practice.

Service Model	Scope of Practice	Expected Outcomes
Long term condition management and home visits	<p>Routine assessment and medicines therapy management of long-term conditions via clinician referral or identification of people not achieving clinical targets.</p> <p>Review and assessment of repeat prescribing requests.</p> <p>Achieving individualised clinical targets.</p> <p>Clinical Pharmacist visits the patient in their home.</p> <p>Focus on timely assessment, early intervention and potential treatment / initiation of medicines.</p> <p>Onward referral for complex cases requiring extensive input.</p>	<p>Optimised medicines, therapy and achievement of individualised clinical targets.</p> <p>Informed patients and improved adherence and medicines-related outcome, and reduced acute care demands.</p> <p>Reduced risk of harm, and improved risk mitigation.</p> <p>Faster, direct access to care and prompt assessment and treatment.</p> <p>Reduces GP/NP workload.</p> <p>Reduces the likelihood of patient presentation at ED.</p>
Continuous quality improvement / medicines safety	<p>Medicines reconciliation post discharge, clinic letters, transfer of care.</p> <p>Clinical audits of medicines therapy according to best practice.</p>	<p>Safe transfer of care between services and reduced admissions / re-admissions due to medicines-related problems.</p> <p>Identify people for medicines therapy adjustments.</p> <p>Reduced GP workload.</p>

Early intervention	<p>Patients access the clinical pharmacist directly via self-referral or clinician referral.</p> <p>Focus on timely assessment, intervention and potential treatment.</p> <p>Onward referral for complex cases requiring extensive input.</p> <p>Assist with medicines-related triage.</p>	<p>Faster, direct access to care and prompt assessment and treatment.</p> <p>Reduces GP/NP workload.</p> <p>Reduces the likelihood of patient presentation at ED.</p>
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Note

Practices can adopt a combination of these models, tailoring the service mix to meet patient needs and clinician expertise, optimise resources, and ensure maximum impact for both patients and the practice.

Clinical Pharmacist Impact in General Practice

A clinical pharmacist can alleviate pressure on general practice resources and enhance the overall capabilities of the practice team.

During medication reviews with patients, the clinical pharmacist can identify any issues with adherence and reasons why a person may not be taking their medicines as prescribed. They may also identify when a person is not at their individualised target, such as HbA1c, lipid profile, or blood pressure, and with prior agreement, discuss dose titration or initiation of a standard medicine (e.g., empagliflozin) to save the GP time in explaining about medicines. This helps optimise medicines therapy.

A responsibility for the clinical pharmacist can be the reconciliation of discharge summaries. This task involves reviewing the list of patients discharged from the hospital, making necessary updates, and identifying any issues that need to be highlighted to the GP. In addition, clinical pharmacists can address issues with patients frequently getting repeat prescriptions, ensuring that any potential problems are identified and resolved. This includes adjusting prescriptions when they are not quite right, thereby enhancing patient safety and medication optimisation.

Comments from a VLCA Practice

"It is a very useful service and adds to quality of patient care. The clinical pharmacist has a role in upskilling staff and assisting with more complex medicines' information and management planning."



Employment Models

Selecting the right employment model is critical once the service model and role priorities are confirmed. To determine the best approach, practices should assess their patient demographics, goals, and financial position.

Employment Model	Pros	Cons
Direct Employment (Salaried) Employing a part-time or full-time clinical pharmacist. Permanent or Fixed Term.	Seamless integration and continuity of care. Full practice control over service delivery. Consistent service quality.	Practice responsible for recruitment and maintaining professional standards. Requires consistent income from the service to cover the costs of the role requires high patient volumes.
Contracted Services Hiring a clinical pharmacist on a seasonal basis.	Flexible hours and scalable services. Financial impact in low-demand periods. Fewer obligations for the practice.	Higher contractor rates. Limited control over scheduling and continuity of care. Limited access to clinical quality improvement initiatives and support
Public Health Partnership Collaborating with Health New Zealand Te Whatu Ora or Primary Health Organisations (PHOs).	Aligns with healthcare models that focus on addressing the needs of high-priority populations. Employment obligations are managed by the employer. Part of full contribution of employment costs for the practice. Good access to clinical quality improvement initiatives and support.	Funding and contract needed for shared services. May not be able to charge patient co-payments under the funding model. Recruitment and remuneration determined by the employer

Note

Some funding for the clinical pharmacist role can be from practice capitation and/or long-term conditions funding, as well as special projects. The entire cost of the clinical pharmacist doesn't have to come from a co-payment model.

Financial Considerations

With careful planning, employing a clinical pharmacist can contribute to financial sustainability. While direct costs may be a consideration, the positive impact on workload management within the primary care team can create valuable capacity for revenue-generating activities.

Salary and Daily Costs

The cost of employing a clinical pharmacist depends on both the employment model and experience level. For example:

Salaried Clinical Pharmacist (8-hour day): \$120,000 - \$150,000 per annum \$461 - \$576 per day (includes 20% employment overheads).

Practice Contribution Arrangement (8-hour day) \$230- \$288 per day.

Contracted Services (8-hour day) \$90 per hour = \$720 per day.

Budgeting Considerations

Successful integration of a clinical pharmacist requires financial planning to balance start-up costs, recurring expenses, and income potential. Key considerations include:

Start-up costs:



Room Availability



Onboarding Resources: Training and orientation

Recurring costs:



Salaries/Contractor Fees



Clinical Supervision and Professional Development

Income Potential

Practices with high patient volumes and diverse demographics can generate revenue through patient co-payments and long-term conditions funding to contribute to the clinical pharmacist role. Practices with lower co-payments may require other funding streams to support the role.

To ensure the financial viability of a permanent clinical pharmacist in practices, thorough planning and exploration of all potential funding sources is essential. The quality of care they deliver justifies the investment.

The table below is an example of a potential patient-facing appointment schedule for a clinical pharmacist.

Practice Type	Appointment Breakdown	Patient Generated Income	Total Income Per Day
Urban	6 appointments (30 mins) <ul style="list-style-type: none">• One CSC holder• Two co-payment• One Winter Wellness• One CVRA• One COPD Plus two alcohol brief interventions	\$19.50 \$120-\$150) \$100 \$63.25 \$80 \$23	(\$382.75-\$412.75)

Note

These projections assume 3 hours of patient-facing clinical time, with 5 hours reserved for medicine reviews, clinical audits and quality improvement activities. Actual revenue will vary based on practice fees and population. Appointment duration will vary based on the service model and clinical priorities.

Onboarding Guide

Integrating a clinical pharmacist into your practice calls for clear planning, effective onboarding, and strong team collaboration. These practical steps will help you set up the service efficiently.

Key Areas for Induction

Initial Planning

- Define the clinical pharmacist's role, responsibilities, and service objectives.
- Establish clear referral pathways to ensure efficient patient workflow.

Team Introduction

- Introduce the clinical pharmacist, ensuring the team understands the role and referral process.
- Foster collaboration and shared decision-making within the multidisciplinary team (MDT), encouraging attendance at clinic meetings.

Operational Setup

- Ensure the clinical pharmacist is properly equipped and accessible.
- Provide training and access to practice management software, for scheduling patients and documenting clinical work. Have dedicated IT support to ensure a smooth setup.

Induction and Training

- Onboard the clinical pharmacist, familiarising them with practice workflows, systems, and policies.
- Arrange protected learning time for professional development and peer support.
- Introduce the clinical pharmacist to practice emergency protocols (e.g., handling emergencies, medical escalation processes).

Marketing and Patient Awareness

- Promote the service through website updates, social media, and in-practice signage.
- Train reception staff to promote the new service.

Monitoring and Feedback

- Track key performance indicators such as patient satisfaction, service utilisation, clinical outcome measures and impact on practice workload

Community Links

- Establish connections with local health resources for referrals and ongoing patient support.

Sample Induction Checklist

Task	To-do	Date	Notes
Define the Clinical Pharmacist Role	Direct patient services - what medication reviews prioritised, target populations or medical condition and extent of reviews. Quality services - system for reconciliation and process of clinical audits.		
Confirm goals	Align service objectives with practice goals.		
Clinical Supervision	Assign a clinical supervisor for guidance, support and standing orders audit, and queries.		
Confirm Referral Pathways	Develop pathways for self-referral or clinician referrals.		
Community Links	Connect with local health and wellbeing resources.		
Team Introduction	Introduce the clinical pharmacist to the team, ensuring role clarity.		
Encourage Teamwork	Establish communication channels within the MDT.		
Ensure IT Access	Provide training and access to patient management system (PMS) including laboratory ordering.		
Onboarding	Train the clinical pharmacist on practice workflows, digital systems, and policies.		
Emergency Training	Brief the clinical pharmacist on handling emergencies (e.g.: evacuation procedures)		
Promote the Service	Update the website, share on social media, and display signage/flyers.		
Reception Training	Train reception staff on how to promote and explain the clinical pharmacist role to patients.		
Set Metrics for Success	Track Key Performance Indicators (KPIs) such as service utilisation, patient satisfaction, and practice impact.		
Regular Check-ins	Schedule meetings to review progress, address challenges, and refine workflows.		

Summary

Clinical pharmacists are highly skilled professionals who bring evidence-based expertise, efficiency, and adaptability to general practice. Their integration into your team enhances patient care, optimises medication management, adds great value, and alleviates clinician workload.

This guide offers practical steps for financial planning, customised service models, role definition, and seamless integration strategies, enabling you to successfully establish and maintain clinical pharmacist roles within your practice.

Investing in a clinical pharmacist is a forward-thinking decision that strengthens the primary care workforce, enhances patient safety, and ensures primary care remains at the forefront of modern healthcare.

For more support or to explore further resources, contact Tū Ora Compass Health at enquiries@tuora.org.nz, or your local Primary Health Organisation.

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