

November 2016

PSNC Briefing 067/16: Quality Payments – what pharmacy contractors need to do

On 20th October 2016, the Government imposed a two-year funding package on community pharmacy; this included a Quality Payments (QP) scheme. This PSNC Briefing explains how the scheme will work and it details guidance and resources for community pharmacy contractors on what they need to do to engage successfully with it.

Some details relating to the gateway and quality criteria for the QP scheme still need to be clarified by NHS England, so as further information becomes available, we will include this on the QP pages of the PSNC website (psnc.org.uk/quality). Once all the details of the QP scheme are available, we will publish an updated version of this document.

Background

The Department of Health (DH) will introduce a QP scheme as part of the changes to the Community Pharmacy Contractual Framework (CPCF) in 2017/18, which commence in December 2016. Payments under the scheme do not start until April 2017, but contractors should start to prepare for the scheme this year.

The scheme is voluntary – contractors do not need to engage with it – but PSNC recommends that all contractors should seek to meet as many of the QP criteria as possible. Contractors that successfully meet the requirements will receive QP payments which will be funded from a £75 million budget that is part of the overall community pharmacy funding budget of £2.592 billion.

No decisions have been made by DH and NHS England on the future of the QP scheme beyond 2017/18.

Should contractors take part in the scheme?

During discussions with DH and NHS England in 2016, PSNC proposed the introduction of a QP scheme, as part of a wider package with appropriate funding being made available to contractors. PSNC therefore supports in principle the move to recognise and reward quality within the CPCF; however; the Committee is concerned that the way the scheme is being implemented, as part of the imposition of funding reductions on contractors, means that it will put additional demands on contractors without additional funding being made available.

That said, PSNC would expect most contractors to want to maximise their achievement of the QP requirements and the available funding. Contractors will, however, want to consider carefully which elements of the scheme they engage with and the costs that they will incur in comparison to the funding available for each element.

The gateway criteria

To qualify for payments related to successfully meeting the QP scheme quality criteria, contractors must also meet **four gateway criteria**; passing the gateway criteria will not itself earn any payment for the contractor:

- 1) the contractor must be offering at the pharmacy Medicines Use Reviews (MUR) or the New Medicine Service (NMS) or must be registered to provide the NHS Urgent Medicine Supply Advanced Service

(NUMSAS);

- 2) the NHS Choices entry for the pharmacy must be up to date;
- 3) pharmacy staff at the pharmacy must be able to send and receive NHS mail; and
- 4) the contractor must be able to demonstrate ongoing utilisation of the Electronic Prescription Service (EPS) at the pharmacy premises.

The quality criteria

Meeting the gateway criteria and achievement of some or all of the quality criteria set for the scheme, described below, will mean a contractor is eligible for payments under the scheme. The assessment of whether a criterion has been met will need to be made in relation to two **review points** – **28th April 2017** and **24th November 2017**. The payment to the contractor will depend on how many of the quality criteria they meet:

Domain	Criteria	Number of review points at which it can be claimed	Points at any one review point	Total points over the two reviews points
Patient safety	Written safety report at premises level available for inspection at review point, covering analysis of incidents and incident patterns (taken from an ongoing log), evidence of sharing learning locally and nationally, and actions taken in response to national patient safety alerts.	One	20	20
Patient safety	On the day of the review 80% of registered pharmacy professionals working at the pharmacy have achieved level 2 safeguarding status for children and vulnerable adults in the last two years.	Two	5	10
Patient experience	On the day of the review, the results of the Community Pharmacy Patient Questionnaire from the last 12 months is publicly available on the pharmacy's NHS Choices page.	One	5	5
Public health	On the day of the review, the pharmacy is a Healthy Living Pharmacy level 1 (self-assessment).	One	20	20
Digital	On the day of the first review, the pharmacy can demonstrate a total increase in access to Summary Care Records between 1 December 2016 and 28 April 2017 in comparison to the previous 5 months; and on the day of the second review, the pharmacy can demonstrate a total increase to access to Summary Care Records between 1 May 2017 and 24 November in comparison to the previous 7 months.	Two	5	10
Digital	On the day of the review, the pharmacy's NHS 111 Directory of Services entry is up to date.	Two	2.5	5
Clinical effectiveness	On the day of the review, the pharmacy can show evidence of asthma patients, for whom more than 6 short acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a 6 month period, are referred to an appropriate health care professional for an asthma review.	Two	10	20

Workforce	On the day of the review, 80% of all pharmacy staff working in patient facing roles are trained 'Dementia Friends'.	Two	5	10
			Total number of points	100

Payments

Each criterion has been designated a number of points, which total 100. Three of the quality criteria, which account for 45 points between them, only need to be met once in the year and therefore can only be claimed for once at one of the two review points.

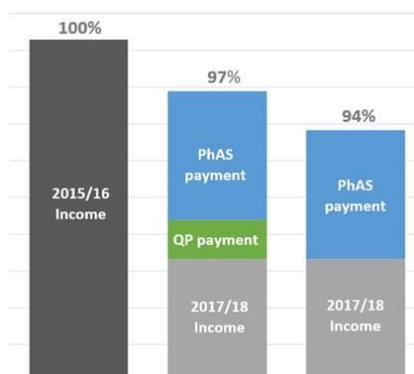
At each review point, to receive payment where the gateway criteria and some or all quality criteria have been met, contractors will need to make a declaration to the NHS Business Services Authority (NHS BSA) using the approved form (this is not yet available and may be a web-based form). Payments due from each review point will be paid as part of the full value of services for that month, i.e. payment from April's review point will be paid at the end of June/beginning of July 2017.

The value of each point has been set at £64. This is set at a level that would deliver £75 million assuming 100% of pharmacies achieved all 100 points. However, it is unlikely that all pharmacies will achieve all the quality criteria across the two review points. Therefore, after the two review points, there will be a reconciliation process, at which the remaining funding will be divided between qualifying contractors based on the number of points they have achieved over the two review points. This reconciliation payment will not have to be claimed and will be paid with the full value of services payment for March 2018 (i.e. end of May/beginning of June 2018).

To ensure the overall amount earned by one contractor for the QP scheme remains proportionate, a cap of £128 per point will be allowed in totality including the reconciliation payment. To reach the cap would require less than 50% of pharmacies achieving less than 50% of the quality criteria. Any funding remaining after the reconciliation payment will be paid through other fees and allowances to contractors.

PhAS and the QP scheme

All pharmacies on the pharmaceutical list in England (i.e. excluding Local Pharmaceutical Services (LPS) contracts) are eligible to take part in the QP scheme, including pharmacies that are part of the [Pharmacy Access Scheme \(PhAS\)](#) and distance selling pharmacies. When the 'top-up funding' that PhAS pharmacies receive is calculated, it is assumed that the contractor will achieve 100 points within the QP scheme and the value of those points is deducted before the final PhAS payment is set. This is described in the following diagram:



As with all other pharmacies, PhAS pharmacies should therefore seek to meet as many QP criteria as possible and should claim the appropriate funding in the same way as all other pharmacies.

How to get going with meeting the requirements

Once a contractor has made the decision to take part in the QP scheme, we recommend that they start to work towards achieving the points as quickly as possible:

1) Decide which QP criteria you plan to meet and by which review point

Consider the costs you are likely to incur to achieve each criterion; some will take more time and staff resource to achieve (e.g. Healthy Living Pharmacy (HLP) level 1), and some are much more complex than others.

2) Develop a timed plan for achieving the gateway and quality criteria

Developing a timed plan will help contractors and their teams to ensure they have plenty of time to achieve all the criteria that they intend to meet. Currently contractors will not be able to meet all of the gateway criteria during 2016 because further work needs to be undertaken by NHS England first. However, contractors will need to meet the gateway criteria by the first review point at which they wish to claim a payment. We understand that NHS England will undertake the necessary work early in 2017 to enable pharmacies to be able to meet the Gateway criteria. Contractors should therefore consider which gateway and quality criteria they will initially find easiest to achieve during late 2016 and early 2017. In this assessment of priorities, contractors should also consider which quality criteria can be claimed at both review points – these should probably be their early priorities.

Below we suggest one way to prioritise your plan, bearing in mind the above points.

Our suggested plan for contractors

Contractors and their teams will need to decide how to approach achieving the gateway and quality criteria in a way that works for them; there will be no 'one size fits all approach', but in this section, we suggest one approach which contractors may want to consider adopting. The plan covers all elements of the QP and we have prioritised the plan so that criteria that can be achieved at both review points are generally first, as it is important that an early start is made on achieving them.

A worksheet containing the suggested plan, on which you can keep track of your achievement of the QP criteria can be downloaded from the [PSNC website](#). PSNC is also working with Pinnacle Health Partnership LLP to make an electronic version of this worksheet available to all contractors on [PharmOutcomes](#).

The suggested plan also includes details of support materials and guidance which can help contractors to achieve each criterion. Some details related to the gateway and quality criteria for the QP scheme still need to be clarified by NHS England, so we will provide the most up to date information on the QP pages of the PSNC website (psnc.org.uk/quality). Once all the details are clarified, we will issue an updated version of this briefing.

The italicised and shaded text is the Drug Tariff wording for the criteria.

1	<p>Provision of one specified Advanced Service</p> <p><i>On the day of the review, the contractor must be offering at the pharmacy Medicines Use Review (MUR) or New Medicine Service (NMS); or must be registered for NHS Urgent Medicine Supply Advanced Service Pilot.</i></p> <p>This is a gateway criterion and it must therefore be complied with before any payment can be achieved.</p> <p>Does your pharmacy provide MUR or NMS? If not, could you start to provide one of those services or could you register to provide the NHS Urgent Medicine Advanced Service (NUMSAS)?</p>	<p>Gateway criterion – <u>must</u> be completed</p>
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	Providing MURs	Providing NMS	Registering to provide the NUMSAS (this won't be possible until Dec 2016 at the earliest)	
2	<p>Ongoing utilisation of the EPS</p> <p><i>On the day of the review, the pharmacy contractor must be able to demonstrate ongoing utilisation of the Electronic Prescription Service at the pharmacy premises.</i></p> <p>This is a gateway criterion and it must therefore be complied with before any payment can be achieved.</p> <p>Most pharmacies are already regularly using EPS and hence will immediately meet the requirements of this gateway criterion. 'Ongoing utilisation' means that all EPS scripts, including release 1 prescriptions, should be dispensed via EPS. If you are enabled for EPS, but your local GPs do not currently use EPS, you will still meet the requirements.</p> <p>If your pharmacy is not enabled to provide EPS, speak to your PMR system supplier about how to get enabled as soon as possible.</p>			<p>Gateway criterion – must be completed</p>
3	<p>Use of the NHS Summary Care Record (SCR)</p> <p><i>On the day of the first review, the pharmacy can demonstrate a total increase in access to Summary Care Records between 1 December 2016 and 28 April 2017 in comparison to the previous 5 months; and on the day of the second review, the pharmacy can demonstrate a total increase to access to Summary Care Records between 1 May 2017 and 24 November in comparison to the previous 7 months.</i></p> <p>Pharmacies that have already got SCR access</p> <ol style="list-style-type: none"> a) Determine the number of times an SCR has been accessed between 1st July 2016 and 30th November 2016. PSNC will publish a spreadsheet in December 2016 which provides contractors with this figure. Alternatively, the contractor's privacy officer should be able to access this information. b) Review your approach to use of the SCR to ensure that you are maximising appropriate use; there is guidance and support on use of the SCR available via psnc.org.uk/scr. c) Monitor your ongoing use between 1st December 2016 and 28th April 2017 to ensure you are on target to increase overall use of the SCR, compared to the reference period of 1st July 2016 to 30th November 2016; PSNC will publish each month a spreadsheet containing the cumulative number of SCR records accessed by each pharmacy during the period (alongside the total from July – November 2016). Alternatively, the contractor's privacy officer should be able to access this information. <p>Pharmacies that have NOT currently got SCR access</p> <ol style="list-style-type: none"> a) If you have not undertaken the necessary training, visit psnc.org.uk/scr or contact your LPC to find out how to access SCR training and then get access enabled in your pharmacy. b) If you have undertaken the necessary training, but have not had the SCR role added to relevant pharmacy professional's smartcards (who have undertaken the necessary training) contact your local Registration Authority (RA) to chase this up. Once the SCR role has been added to smartcards, make sure you access the SCR as soon as possible, to ensure this works in your pharmacy (potentially using the test patient details which should have been provided at the pharmacy level training). 			<p>Can claim at both review points</p> <p>Total of 10 points (£640)</p>

	<p>c) If you have undertaken the necessary pharmacy training and pharmacy professional's smartcards have been updated, but you have not yet accessed the SCR, make sure you access the SCR as soon as possible, to ensure this works in your pharmacy (potentially using the test patient details which should have been provided at the pharmacy level training).</p> <p>d) Determine the number of times an SCR has been accessed between 1st July 2016 and 30th November 2016; this will be zero if you did not get access to the SCR until after the end of November 2016.</p> <p>e) Plan your approach to use of the SCR to ensure that you maximise appropriate use; there is guidance and support on use of the SCR available via psnc.org.uk/scr.</p> <p>f) Monitor your ongoing use between 1st December 2016 and 28th April 2017 to ensure you are on target to increase overall use of the SCR; PSNC will publish each month a spreadsheet containing the cumulative number of SCR records accessed by each pharmacy during the period (alongside the total from July – November 2016). Alternatively, the contractor's privacy officer should be able to access this information.</p>	
<p>4</p>	<p>Dementia Friends</p> <p><i>On the day of the review, 80% of all pharmacy staff working in patient facing roles are trained 'Dementia Friends'</i></p> <p>The Dementia Friends initiative is about giving people an understanding of dementia and the small things that could make a difference to people living with dementia in their community. It has been developed by the Alzheimer's Society, is supported by Public Health England (PHE) and forms part of the Prime Minister's Challenge on Dementia.</p> <p>There are two routes by which people can become a Dementia Friend:</p> <ul style="list-style-type: none"> • attending a face-to-face Dementia Friends Information Session; or • Watching a short online video. <p>Additionally, if there is a Dementia Action Alliance in your area, they may offer to work with your LPC and local pharmacies to provide Dementia Friends Information Sessions.</p> <p>Contractors seeking to achieve this criterion should aim to ensure that all staff who work in roles where they deal with patients (e.g. pharmacists, pharmacy technicians, dispensary staff, counter assistants and delivery drivers) become Dementia Friends. In this way, you can ensure all staff have an understanding of dementia and what can be done to support people living with the condition.</p> <p>The QP requirement is that at least 80% of pharmacy staff in patient facing roles are Dementia Friends on the day of the review; this includes locums, so contractors should encourage temporary staff, such as locum pharmacists, to become Dementia Friends.</p> <p>A record sheet is available on the PSNC website which will allow contractors to keep a record of their staff members and temporary staff, such as locums, that have become Dementia Friends. Contractors should keep a copy of any certificates/letters that staff receive once they become a Dementia Friend as evidence of compliance with this QP criterion.</p>	<p>Can claim at both review points</p> <p>Total of 10 points (£640)</p>

<p>5</p>	<p>Safeguarding</p> <p><i>On the day of the review 80% of registered pharmacy professionals working at the pharmacy have achieved level 2 safeguarding status for children and vulnerable adults in the last two years</i></p> <p>Safeguarding training is a staff training requirement for many locally commissioned services, such as emergency hormonal contraception. The General Pharmaceutical Council has also stated that pharmacy professionals and the pharmacy team working in community pharmacies are well placed to identify people who may be vulnerable, including children; it is important that all pharmacy professionals and the wider pharmacy team are aware of, and understand, possible signs of abuse, neglect or exploitation and how to manage these.</p> <p>Level 2 safeguarding training may be available to pharmacy staff via local training sessions organised by Clinical Commissioning Groups, NHS England, local authorities or other providers, including in-house training. Alternatively, the CPPE Safeguarding children and vulnerable adults e-learning and e-assessment meets the level 2 requirements.</p> <p>Registered pharmacy professionals are pharmacists and pharmacy technicians. The QP requirement is that at least 80% of registered pharmacy professionals working at the pharmacy on the day of the review have undertaken the training and assessment within the last two years. This includes locums, so contractors should encourage temporary staff, such as locum pharmacists, to undertake the training and assessment.</p> <p>A record sheet is available on the PSNC website which will allow contractors to keep a record of their pharmacists and pharmacy technicians, that have undertaken level 2 safeguarding training. Contractors should keep a copy of any certificates that staff receive once they have completed the training and assessment as evidence of compliance with this QP criterion.</p>	<p>Can claim at both review points</p> <p>Total of 10 points (£640)</p>
<p>6</p>	<p>Clinical effectiveness – over use of asthma treatments</p> <p><i>On the day of the review, the pharmacy can show evidence of asthma patients, for whom more than 6 short acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a 6 month period, are referred to an appropriate health care professional for an asthma review.</i></p> <p>Further information on this QP criterion and support materials to help contractors implement the requirement are available in PSNC Briefing 068/16: Quality Payments – referrals for asthma reviews.</p>	<p>Can claim at both review points</p> <p>Total of 20 points (£1,280)</p>
<p>7</p>	<p>NHS Choices entry</p> <p><i>On the day of the review, the NHS Choices entry for the pharmacy must be up to date.</i></p> <p>This is a gateway criterion and it must therefore be complied with before any payment can be achieved.</p> <p>NHS Choices (www.nhs.uk) was launched in 2007 and is the official website of the NHS in England. With over 48 million visits per month, it has become the UK's biggest health website accounting for a quarter of all health-related web traffic.</p> <p>NHS Choices contains a directory of services available to patients which can be searched to identify services that are appropriate to the individual. Community pharmacies are</p>	<p>Gateway criterion – must be completed</p>

	<p>listed on this directory and they have been able to register to self-manage the content of most of their individual NHS Choices profile for several years.</p> <p>To meet this gateway criterion, contractors will need to ensure that the pharmacy’s NHS Choices profile is accurate on the day of the review.</p> <p>At the time of publication of this PSNC Briefing, NHS England and the NHS Choices team are planning how NHS Choices will need to be amended to allow pharmacies to document that they have reviewed or edited their profile; this is the reason that the requirement appears at this point in the suggested plan.</p> <p>Consideration is also being given to how profiles for distance selling pharmacies can be made available.</p> <p>Further information will be published shortly on when the necessary changes to NHS Choices are likely to be made. Until the changes have been made, contractors cannot undertake their review of their profile information in a way which will meet the requirements of the gateway criterion. Contractors can however ensure they have registered to self-manage the content of their NHS Choices profile and they could review the contents of their pharmacy profile prior to a ‘formal’ review for the purposes of the gateway criterion.</p> <p>PSNC website page on NHS Choices and self-management of pharmacy profiles</p>	
<p>8</p>	<p>NHSmial</p> <p><i>On the day of the review, Pharmacy staff at the pharmacy must be able to send and receive NHS mail (Note: For the April 2017 Review, evidence of application for an NHS Mail account by 1 February 2017 will be acceptable).</i></p> <p>This is a gateway criterion and it must therefore be complied with before any payment can be achieved.</p> <p>Some pharmacies already have an NHSmial account which they use for exchanging patient data with other healthcare providers. These accounts have been set up by local NHSmial administrators.</p> <p>At the time of publication of this PSNC Briefing, NHS England and NHS Digital are considering how NHSmial accounts for pharmacies could be set up via a centralised process, rather than via local NHSmial administrators. This process may involve a rollout on an area by area basis to phase the work. NHS England currently advise contractors without an NHSmial address to await further information on the rollout process; this is the reason that the requirement appears at this point in the suggested plan.</p> <p>Further information will be published as soon as it become available.</p>	<p>Gateway criterion – <u>must</u> be completed</p>
<p>9</p>	<p>NHS 111 Directory of Services</p> <p><i>On the day of the review, the pharmacy’s NHS 111 Directory of Services entry is up to date.</i></p> <p>The Directory of Services (DoS) is a central directory which provides NHS 111 call handlers and clinicians with real time information about services available to support a particular patient. Pharmacies are included in the DoS and it is important to the efficient working of NHS 111 and some other urgent care providers that information on pharmacy services is accurate in order to allow patients to be appropriately referred to community pharmacies.</p>	<p>Can claim at both review points</p> <p>Total of 5 points (£320)</p>

	<p>The DoS is not publicly available, as it contains information such as private telephone numbers for use by healthcare professionals, but some pharmacies can already access DoS (via a web-based tool such as MiDoS) and can therefore check their DoS entry is accurate. NHS Digital is currently finalising the development of the Mobile Directory, which is designed to allow real time access to the DoS via a web browser or mobile device (such as a mobile phone or tablet). It is likely that this will be the route by which most pharmacies will be able to check their DoS entry.</p> <p>At the time of publication of this PSNC Briefing, NHS England and NHS Digital are considering how pharmacies will be able to access their DoS entry and the process by which errors can be notified to NHS 111 DoS leads; this is the reason that the requirement appears at this point in the suggested plan and currently no action can be taken by contractors to comply with this QP criterion.</p> <p>Further information will be published as soon as it become available.</p>	
<p>10</p>	<p>Healthy Living Pharmacy (HLP) self-assessment</p> <p><i>On the day of the review, the pharmacy is a Healthy Living Pharmacy level 1 (self-assessment).</i></p> <p>Many pharmacies have worked over the last few years to become accredited as HLPs, with accreditation being organised by local commissioners or LPCs.</p> <p>In July 2016, the Pharmacy and Public Health Forum developed a new process for the implementation of level 1 HLPs. The involved a move from a commissioner-led HLP accreditation system to a profession-led self-assessment process, based on clear quality criteria and underpinned by a proportionate quality assurance process (led by the Royal Society for Public Health (RSPH)). PHE published a letter explaining this in more detail.</p> <p>The Healthy Living Pharmacy: Level 1 quality criteria set out the quality criteria that pharmacies must achieve to gain HLP level 1 status. At the time of publication of this PSNC Briefing, the commencement of the RSPH HLP level 1 registration and quality assurance process is expected very soon; contractors will be notified via a news story on the PSNC website when this commences.</p> <p>PSNC has asked NHS England to consider a ‘grandparenting’ approach for pharmacies that have achieved HLP status within the last two years, in order that their prior accreditation would enable them to automatically meet the requirements of this QP criterion. At the time of publication of this PSNC Briefing, this is still being considered by NHS England; further information on this matter will be published as soon as it become available.</p> <p>This QP criterion can only be claimed at one review point, so contractors do not have to undertake this task by the April 2017 review point.</p> <p>Many LPCs and a range of other providers offer contractors and their teams support on achieving HLP status and details of resources that PSNC is aware of are highlighted on the HLP page of the PSNC website.</p>	<p>Can claim at ONE review point</p> <p>Total of 20 points (£1,280)</p>
<p>11</p>	<p>Community Pharmacy Patient Questionnaire (CPPQ) results</p> <p><i>On the day of the review, the results of the Community Pharmacy Patient Questionnaire from the last 12 months is publicly available on the pharmacy’s NHS Choices page.</i></p> <p>All pharmacies must ask a sample of patients to complete the CPPQ on an annual basis. Since 2012 there has also been a requirement that once analysed, the results must be</p>	<p>Can claim at ONE review point</p>

	<p>published by the contractor. This QP criterion requires the publication of the results on the pharmacy's NHS Choices profile. This will be possible by uploading a PDF of the results to the NHS Choices website.</p> <p>At the time of publication of this PSNC Briefing, discussions are still ongoing with NHS England and the NHS Choices team about how this is to be undertaken by contractors, but note that this QP criterion can only be claimed at one review point, so contractors do not have to undertake this task by the April 2017 review point.</p> <p>Further information on how to upload the results to NHS Choices will be published as soon as possible.</p>	<p>Total of 5 points (£320)</p>
<p>12</p>	<p>Patient safety report</p> <p><i>Written safety report at premises level available for inspection at review point, covering analysis of incidents and incident patterns (taken from an ongoing log), evidence of sharing learning locally and nationally, and actions taken in response to national patient safety alerts.</i></p> <p>Since 2005, pharmacies have been required to record patient safety incidents in an incident log and report these to the National Reporting and Learning Service (NRLS).</p> <p>This QP criterion requires pharmacy teams to write an annual report covering the incidents that have occurred in the last year.</p> <p>At the time of publication of this PSNC Briefing, discussions are still ongoing with NHS England about the details of what should be included in the report, but note that this QP criterion can only be claimed at one review point, so contractors do not have to undertake this task by the April 2017 review point.</p> <p>Further information on how to meet this criterion and resources to support contractors to write the report will be published as soon as possible.</p>	<p>Can claim at ONE review point</p> <p>Total of 20 points (£1,280)</p>

As outstanding information on the QP requirements becomes available, we will publish it at psnc.org.uk/quality. Resources to help contractors to comply with the requirements are also available via that page of the PSNC website.

Collating your evidence and NHS England monitoring of the scheme

Contractors can use the resources referenced above to collate their evidence of compliance with the various QP criteria. This could then be stored in a file within the pharmacy, or alternatively it may be possible in due course to record some of this information in PharmOutcomes.

Contractors' declarations of compliance with QP criteria will be subject to spot checks by NHS England as part of their usual monitoring process for the CPCF.

If you have queries on this PSNC Briefing or you require more information please contact [Zainab Al-Kharsan, Service Development Pharmacist](#).