Medicines optimisation in care homes training pathway for pharmacy professionals

Clinical supervisor and clinical mentor handbook

Version 2
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Acknowledgments

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Welcome and contents
Thank you for taking on the role as either a clinical supervisor or clinical mentor and contributing to the development of a pharmacy professional in a care home setting. This handbook will provide information on the training pathway, support for the care home pharmacy professional and your role as either a clinical supervisor or clinical mentor.

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Section 1

Background to the NHS England Medicines Optimisation in Care Homes programme

In March 2018 NHS England announced the introduction of the Medicines Optimisation in Care Homes programme. The programme aims to focus on care home residents across all types of care homes and aims to:

- provide care home residents with equity of access to a clinical pharmacist prescriber as a member of the multidisciplinary team, with the supporting infrastructure for achieving medicines optimisation according to need
- provide care homes with access to pharmacy technicians who will ensure the efficient supply and management of medicines within the care home, supporting care home staff and residents to achieve the best outcomes from medicines.¹

The programme has been funded by the Pharmacy Integration Fund (PhIF), the purpose of which is to develop schemes which integrate pharmacists and pharmacy technicians into the wider primary care workforce. This will improve access for patients, relieve the pressure on GPs and accident and emergency departments, ensure best use of medicines, drive better value and improve patient outcomes.

“The Medicines Optimisation in Care Homes programme will see pharmacists and pharmacy technicians trained to support older frailer people and other people living in care homes, to get the best from medicines and by doing so, reduce risk of harm, improve quality and save NHS and care home resources”.

Wasim Baqir, National lead,
NHS England Medicines Optimisation in Care Homes programme

Learning pathway

Following an open procurement process, Health Education England (HEE) has commissioned CPPE to deliver the training pathway for medicines optimisation in care homes programme.

The 18-month Medicines optimisation in care homes training pathway for pharmacy professionals has been developed to equip pharmacists and pharmacy technicians with the knowledge and skills necessary to meet the objectives of the NHS England Medicines Optimisation in Care Homes programme.

There will be a phased recruitment to the training pathway with five joining points starting in:

- April 2018
- September 2018
- January 2019
- April 2019
- September 2019
Vision
The intended outcomes of the *Medicines optimisation in care homes training pathway for pharmacy professionals* are:

**For care home users and their families**
- Improved quality of life for people using care home residential or nursing care services.
- Medicines are prescribed and administered as intended.
- All medicines prescribed for people living in a care home are optimised for their individual needs, as part of their holistic care.

**For pharmacists and pharmacy technicians**
- Enhancement of knowledge, skills and behaviours to work effectively in care homes.
- Greater capability to deliver care in changing care home service models.
- Improved confidence and resilience, demonstrate leadership in approach to patient care in care homes and care home services.
- Become part of the integrated multidisciplinary team in care homes and work with partners who support care homes.
- Ability to train other members of the multidisciplinary team in care homes.
- Greater visibility and recognition of the pharmacy professions’ contribution to care homes.
- Greater opportunity for career progression and advancement in clinical pharmacy service delivery.

**For the NHS**
- Improved continuity of care through the care home programme.
- Improvements in patient outcomes, safety and wellbeing.
- Promote and facilitate early identification of pharmaceutical care needs as part of holistic integrated programme.
- Improved communication between professionals providing healthcare to care home users or residents.
- Reduced hospital and A&E admissions.
- Reduced reliance on hospital care.

**For the care homes**
- Enhanced knowledge and skills of care home staff through training.
- Improved policies and procedures for the safe and effective use of medicines.
- Safer administration of prescribed and non-prescribed medicines (homely remedies).
- Supporting residents to look after their own medicines.
- Raised awareness of safeguarding issues to keep residents safe.
Core principles
The core principles supporting this pathway will ensure both pharmacists and pharmacy technicians will:

- take part in a work-based care home education and training programme
- be given protected learning time (up to 28 days over the 18-month pathway) to attend residential courses, study days, learning sets and webinars. Study time is the same for full time and part time staff; not pro-rata
- commit to self-directed learning in their own time as required during the pathway
- be supported by an education supervisor, clinical supervisor, clinical mentor and peers
- build on existing models of pharmacy professionals working in care homes in the Enhanced Health in Care Homes vanguards
- are encouraged to integrate themselves into the wider health and social care teams supporting the care homes.

Pharmacists on the pathway will also:

- work towards an independent prescribing qualification at an appropriate time, if not already held.

Pharmacy professionals will make use of relevant established frameworks alongside this pathway:

- Consultation skills for pharmacy practice: practice standards for England
- Enhanced health in care homes
- RPS: a competency framework for all prescribers.

The Medicines optimisation in care homes training pathway is comprised of number of different component parts:

<table>
<thead>
<tr>
<th>Component parts</th>
<th>Led by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education and training programme – Medicines optimisation in care homes training pathway</td>
<td>Led and delivered by CPPE or partner organisations. All training has been reviewed by the Care Quality Commission.</td>
</tr>
<tr>
<td>Education supervision from a trained pharmacy professional supervisor</td>
<td>Led and delivered by CPPE</td>
</tr>
<tr>
<td>Clinical supervision from a clinical supervisor from the learners employing organisation</td>
<td>Managed by the learners employing organisation</td>
</tr>
<tr>
<td>Clinical mentor support from a senior clinical</td>
<td>A senior clinical pharmacist, trained by CPPE to offer individual, local support and mentorship on a sessional basis</td>
</tr>
<tr>
<td>Independent prescribing</td>
<td>Procured by HEE through other universities</td>
</tr>
</tbody>
</table>
About CPPE
The Centre for Pharmacy Postgraduate Education (CPPE) is part of the Division of Pharmacy and Optometry, within the Faculty of Biology, Medicine and Health at the University of Manchester. Our team of staff are committed to offering continuing professional development opportunities through high-quality services and learning materials. CPPE is leading the Medicines optimisation in care homes training pathway for pharmacy professionals on the NHS England Medicines Optimisation in Care Homes programme.

CPPE’s mission statement
Provider of educational solutions for the NHS pharmacy workforce across England, to maximise their contribution to improving patient care.
We have made a commitment to meet the aims set out in our mission statement by:
- providing high-quality professional learning programmes
- delivering an excellent customer-focused service
- working successfully as part of the CPPE team.

CPPE’s corporate governance and how we operate is explained in CPPE: A guide to governance and quality which you can find under the About CPPE tab on the homepage of our website. To underpin our mission statement we have developed five core values.

CPPE values
- Commitment to improve and achieve
- Commitment to communication
- Commitment to encouraging others
- Commitment to openness and honesty
- Commitment to working together

Have a look at our CPPE values document to find out more: www.cppe.ac.uk/wizard/files/about_cppe/cppe_values.pdf

FAQs
Frequently asked questions about the Medicines optimisation in care homes training for pharmacy professionals pathway can be found on the CPPE website.
www.cppe.ac.uk/wizard/files/carehomes/moch-faqs.pdf
Section 2

Delivery of the *Medicines optimisation in care homes training pathway for pharmacy professionals*

Overview of the *Medicines optimisation in care homes training for pharmacy processentials pathway*.

The 18-month pathway will equip pharmacy professionals with the necessary knowledge, skills and experience to work within care homes as part of a multidisciplinary team in a patient-facing role. The pathway includes a range of different study methods to suit a range of learning styles, three stages of assessment and support from a CPPE education supervisor. Local support is also available from a clinical supervisor and clinical mentor and the structure of the pathway is designed to develop strong networks and peer support.

The figure below shows an overview of the pathway.

**Medicines optimisation in care homes training pathway**

- **Induction to the pathway with education supervisor**
- **Medicines optimisation in care homes essentials (module 1)**
- **Assessment stage 1**
- **Modules 2-5**
  - Study days, e-learning, webinars, enquiry based learning, discussion forums
  - Local learning sets
- **Care home pharmacy professionals role progression handbook**
- **e-Portfolio**
- **Assessment stages 2 and 3**
- **Statement of assessment and progression**

**Pathway support**
- CPPE Education supervision
- Clinical mentor provided by CPPE
- Local clinical supervisor provided by employer and local peer support

* Independent prescribing (if required) will be studied towards or at the end of pathway

**Module approach**

The *Medicines optimisation in care homes training pathway for pharmacy professionals* has a range of modules linked to learning outcomes. The pathway has been designed to be flexible to meet all the learning needs and experiences of both pharmacists and pharmacy technicians, while also recognising existing capabilities and offering learners a continuous, relevant learning experience.
The pathway consists of five modules. All modules are compulsory, and the final module offers a choice to the learner based on their learning and development needs. The separate curriculum document gives full details.

The learner will have an early supportive induction meeting with their CPPE education supervisor to agree the learning contract, discuss the learner’s role and review previous experience and learning to determine the learner’s development needs in relation to the curriculum. This discussion will be informed by the self-assessment personal development planning (PDP) tool that the learner will be expected to complete before the induction meeting.

Overview of the modules for the pathway

<table>
<thead>
<tr>
<th>Modules</th>
<th>Length of module</th>
</tr>
</thead>
<tbody>
<tr>
<td>Module 1: Essentials for medicines optimisation in care homes</td>
<td>13 weeks</td>
</tr>
<tr>
<td>Module 2: Clinical pharmacy knowledge and its application to people living in care homes</td>
<td>26 weeks</td>
</tr>
<tr>
<td>Module 3: Clinical assessment skills</td>
<td>13 weeks</td>
</tr>
<tr>
<td>Module 4: Leadership and management</td>
<td>13 weeks</td>
</tr>
<tr>
<td>Module 5: Choice of units for advanced skills development</td>
<td>13 weeks</td>
</tr>
</tbody>
</table>

The modules will be studied in order and pharmacists who are not independent prescribers will also complete an independent prescribing course. This should be towards the end of the training programme or can be undertaken after Module 2 with a break in the pathway depending on the cohort start date. The modules are delivered using a range of learning formats including online learning, study days, residential courses and learning sets. The learners are required to be given 28 days of protected learning time for face-to-face activities and they will be required to spend 20-30 days of their own time over the 18 months for self-directed learning.

More details about the content and delivery of induction and the modules can be found in the separate curriculum document.

Learning sets
Within each learning module there will be one or two learning sets that the pharmacy professionals will be expected to attend. These will be facilitated by their education supervisor. Each learning set will last two hours followed by a one-hour group supervision meeting. The learning sets will bring together pharmacy professionals of different levels of experience and capability, offering support for each other’s learning and the opportunity to critically review and improve practice. We use structured learning materials to meet learning outcomes not met elsewhere in the pathway. Pharmacy professionals will be expected to complete pre-workshop activities prior to attending learning sets so the face-to-face time can be used to discuss cases and apply knowledge. The learning sets also provide protected time for reflection on the pharmacy professional’s own practice and develop a local support network which can be continued once the pathway
Medicines optimisation in care homes
training pathway for pharmacy professionals
Care home supervisor and clinical mentor handbook

Assessment stage 2
During assessment stage 2 and assessment stage 3 the clinical mentors will facilitate the case-based discussion learning sets.

Portfolio
Pharmacy professionals will build your online portfolio of evidence which demonstrates their education and practice achievements. A well-constructed portfolio should describe the pharmacy professional’s learning journey towards the attainment of professional competence. The e-portfolio is an important part of the Medicines optimisation in care homes training pathway. The information in your portfolio is used to track their progress throughout the pathway and provides evidence of how they meet the learning outcomes, core capabilities and competences within the curriculum.

Assessment
There are three stages of assessment during the Medicines optimisation in care homes training pathway. We have provided a summary of the assessments at each stage of the pathway. More detail of the assessments is provided in the assessment handbook. The learner must complete all CPPE assessments and these cannot be substituted with local assessments or assessments completed as part of a diploma or independent prescribing course.

Pharmacy professionals should record their progress with assessments on the pathway progress tracker for the Medicines optimisation in care homes training pathway on the CPPE website. Some assessments will be automatically populated in the pathway progress tracker. Pharmacy professionals must sign up for all series of the pathway progress trackers to initiate the automatic recording of the assessments on the CPPE website.

Assessment stage 1
Pharmacy professionals will complete assessment stage 1 as part of your induction within three months of starting the pathway.

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care homes – Medicines optimisation essentials e-assessment</td>
<td>Available soon on CPPE website</td>
</tr>
<tr>
<td>Safeguarding children and vulnerable adults level 2 assessment*</td>
<td>e-assessment <a href="http://www.cppe.ac.uk/programmes/I/safegrdingl2-a-01">www.cppe.ac.uk/programmes/I/safegrdingl2-a-01</a></td>
</tr>
<tr>
<td>Consultation skills e-assessment</td>
<td>e-assessment</td>
</tr>
<tr>
<td>e-Learning for health equality, diversity and human rights e-assessment</td>
<td>e-assessment</td>
</tr>
</tbody>
</table>

*The purpose of completing this assessment is to prepare pharmacy professionals for their patient-facing role in general practice. All clinical staff must pass a level 2 safeguarding assessment. The CPPE Safeguarding children and vulnerable adults e-assessment is level 2. Safeguarding assessments should be repeated every two years as a minimum to ensure knowledge is kept up to date.
Assessment stage 2
Pharmacy professionals will start assessment stage 2 within six months of starting the *Medicines optimisation in care homes training pathway* and complete this within 14 months of starting the pathway.

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case-based discussion (CbD)</td>
<td>CPPE CbD assessment tool. Assessed by clinical mentor during the learning sets.</td>
</tr>
<tr>
<td>Multisource feedback (MSF)</td>
<td>Online questionnaire – feedback provided by clinical and non-clinical staff in the pharmacy professionals care home setting. Professional discussion with education supervisor.</td>
</tr>
<tr>
<td>Clinical examination and procedural skills assessment record (CEPSAR)</td>
<td>Direct observation in the care home setting by GPs, nurses, and senior pharmacy professionals, to complete a clinical examination and procedural skills assessment record (CEPSAR) logbook, two case studies and a reflective essay.</td>
</tr>
<tr>
<td>Reflection on patient feedback</td>
<td>CPPE patient satisfaction questionnaire (PSQ) and reflective essay on the pharmacy professional’s learning from feedback from the PSQ.</td>
</tr>
</tbody>
</table>

Assessment stage 3
Pharmacy professionals will start assessment stage 3 between 6 and 12 months of starting the *Medicines optimisation in care homes training pathway*. They need to complete all of the stage 3 assessments within 16 months of starting the pathway.

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case-based discussion (CbD)</td>
<td>CPPE CbD assessment tool. Assessed by clinical mentor during the learning sets.</td>
</tr>
<tr>
<td>Multisource feedback (MSF)*</td>
<td>Online questionnaire – feedback provided by clinical and non-clinical staff in the pharmacy professional’s care home role. Professional discussion with education supervisor.</td>
</tr>
<tr>
<td>Consultation skills assessment</td>
<td>Direct observation of practice by clinical supervisor using the Medicines Related Consultation Assessment Tool (MR- CAT).</td>
</tr>
</tbody>
</table>

*Pharmacy professionals should complete their second MSF approximately six months after their first MSF to allow sufficient time to action development needs identified in the first MSF.

**CPPE statement of assessment and progression**
There will be a process towards the end of the *Medicines optimisation in care homes training pathway* for pharmacy professionals to receive a statement of assessment and progression (SoAP) from CPPE. The SoAP measures their role progression and progression with the learning and assessments.
Pharmacy professionals will submit your SoAP and portfolio for review towards the end of your pathway. The pharmacy professional's education supervisor will review their SoAP and portfolio and provide feedback and suggestions for further development.

When the education supervisor has completed the review they will release the pharmacy professional's SoAP and they will be able to access a PDF copy via the CPPE website. The SoAP will confirm that they have completed the Medicines optimisation in care homes training pathway and the front page of the SoAP will include the badges for completion of assessment stage 1, 2 and 3.

Learners can use the SoAP and portfolio entries when applying for jobs to demonstrate their progression with learning and assessment and evidence of how they have applied your learning to develop as a pharmacy professional working in a care home.

**Independent prescribing (pharmacists only)**

Independent prescribing (IP) is a key part of the role of the pharmacist working in the care home setting. If the pharmacist is not already an independent prescriber they will need to achieve IP status within a year of finishing the CPPE pathway. Independent prescribing training has been commissioned separately by Health Education England (HEE) and the pharmacist's place on an IP course will be funded by HEE. In most cases pharmacists will start the IP course either at the end or near the end of the 18-month pathway.

Qualified IPs not currently prescribing will be offered a return to prescribing short course.
Role progression
Pharmacy professionals on the *Medicines optimisation in care homes training pathway* come from a variety of backgrounds and bring a range of different skills and experience to their role. Their progression in the role through their training is outlined in a role progression model. Please note this is only a guide to illustrate what progression might look like. Your progression will vary depending on your prior knowledge and experience and the care homes roles that you are undertaking.

### Core clinical care
Roles that pharmacists should be able to perform immediately or once module 1 is complete

<table>
<thead>
<tr>
<th>Pharmacists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work with care home to ensure compliance with Care Quality Commission (CQC) standards regarding medicines issues</td>
</tr>
<tr>
<td>Work with care home staff to improve safety of medicines ordering and administration</td>
</tr>
<tr>
<td>Identify potential safeguarding issues in the care home setting, as well as their underlying causes and methods of prevention</td>
</tr>
<tr>
<td>Apply appropriate actions when raising concerns regarding the safeguarding of a resident</td>
</tr>
<tr>
<td>Understand the roles and responsibilities of service providers, eg, who can give out medicines, who has responsibility in the care home, etc, who can be involved in decisions about medicines if the person cannot make their own decisions – understanding the Deprivation of Liberty Safeguards (DoLs)</td>
</tr>
<tr>
<td>Provide expertise in clinical medicines advice</td>
</tr>
<tr>
<td>Work as part of a multidisciplinary team in a patient-facing role</td>
</tr>
<tr>
<td>Carry out medicines reconciliation on admission and at transfer of care</td>
</tr>
<tr>
<td>Conduct medication reviews</td>
</tr>
<tr>
<td>Field medicines and prescribing queries from patients/relatives/staff</td>
</tr>
<tr>
<td>Improve patient and carer understanding of, confidence in and adherence with their medicines</td>
</tr>
</tbody>
</table>
### Extended clinical care

Roles that pharmacists should be able to perform once completed **module 2** of the CPPE training pathway

<table>
<thead>
<tr>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish a programme of regular medicine reviews</td>
</tr>
<tr>
<td>Provide oversight of psychotropic medicines prescribed in care homes</td>
</tr>
<tr>
<td>Facilitate staff training</td>
</tr>
<tr>
<td>Develop bespoke medicines treatment plans for patients (particularly complex patients and those at high risk of admission)</td>
</tr>
<tr>
<td>Provide a clear and active link with community pharmacists and other stakeholders in the medicines supply chain to improve patient experience and manage issues</td>
</tr>
<tr>
<td>Promote self-management and develop patient support systems</td>
</tr>
<tr>
<td>Provide expertise in clinical medicines advice while addressing both public and social care needs of care home residents and patients</td>
</tr>
<tr>
<td>Work as part of a multidisciplinary team in a patient-facing role, promoting shared decision-making</td>
</tr>
<tr>
<td>Manage therapeutic drug monitoring systems and recall of patients taking high-risk medicines</td>
</tr>
</tbody>
</table>

### Advanced clinical care

Roles that pharmacists should be able to perform once completed **all the modules** of the CPPE training pathway

<table>
<thead>
<tr>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide leadership on person-centred medicines optimisation (including shared decision-making) and quality improvement while contributing to enhanced services and quality of care</td>
</tr>
<tr>
<td>Lead a programme of regular medicine reviews (level 3)</td>
</tr>
<tr>
<td>Provide pharmaceutical consultations to patients with long-term conditions including using clinical examination skills for diagnostic and monitoring purposes</td>
</tr>
<tr>
<td>Take responsibility for bespoke medicines treatment plans for patients (particularly complex patients and those at high risk of admission)</td>
</tr>
<tr>
<td>Take responsibility for areas of chronic disease management within the care home; undertake clinical medication reviews to proactively manage patients with complex polypharmacy</td>
</tr>
<tr>
<td>Deliver person-centred consultations, promoting shared decision-making as part of the multidisciplinary team approach for acute illness, including using clinical examination and diagnostic skills</td>
</tr>
</tbody>
</table>

Roles that pharmacists should be able to perform once completed **all the modules** in the CPPE training pathway and **independent prescribing training**

<table>
<thead>
<tr>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deliver person-centred consultations and prescribing, promoting shared decision-making as part of the multidisciplinary team approach for acute illness, including using clinical examination and diagnostic skills</td>
</tr>
</tbody>
</table>
### Pharmacy technicians

<table>
<thead>
<tr>
<th>Task</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensures allergy information for residents and patients in the care home is accurate and information shared as appropriate with the wider multidisciplinary team including community pharmacy.</td>
<td></td>
</tr>
<tr>
<td>Review medication administration record (MAR) charts for any discrepancies, missed doses and directions which do not comply with the legal requirements.</td>
<td></td>
</tr>
<tr>
<td>Ensures clear and accurate guidance on PRN (as and when necessary) medicines (PRN protocol is placed in the MAR chart file. Does the home have a ‘homely remedies policy’?)</td>
<td></td>
</tr>
<tr>
<td>Support the care home with the implementation of ‘homely remedy policy’ and bulk prescribing.</td>
<td></td>
</tr>
<tr>
<td>Conducts stock checks on medicines which includes:</td>
<td>Reviewing overstocked items and where appropriate reduce quantities.</td>
</tr>
<tr>
<td>• reviewing overstocked items and where appropriate reduce quantities</td>
<td>Reviewing the homes returns book checking all medicines have a valid reason for returning for destruction, identify any avoidable waste, discuss any avoidable waste found with the care home manager, ensure stock is carried over to the next cycle where appropriate</td>
</tr>
<tr>
<td>• reviewing the homes returns book checking all medicines have a valid reason for returning for destruction, identify any avoidable waste, discuss any avoidable waste found with the care home manager, ensure stock is carried over to the next cycle where appropriate</td>
<td>Ensuring the home is aware of the expiry dates for creams/drops, etc.</td>
</tr>
<tr>
<td>Ensures controlled drugs are all stored in cupboards that comply with legislation.</td>
<td></td>
</tr>
<tr>
<td>Ensures medicines are stored safely and securely at the right room temperature and fridge temperature.</td>
<td></td>
</tr>
<tr>
<td>Ensures clear guidance on appropriate use of covert administration of medicines in care homes.</td>
<td></td>
</tr>
<tr>
<td>Ensures medicine policies are up to date and reviewed regularly by senior managers/pharmacists.</td>
<td></td>
</tr>
<tr>
<td>Carries out audits and check medication records are up to date.</td>
<td></td>
</tr>
<tr>
<td>Work with care home staff to improve safety of medicines ordering, storing and administration.</td>
<td></td>
</tr>
<tr>
<td>Work as part of a multidisciplinary team moving towards a patient-facing role.</td>
<td></td>
</tr>
<tr>
<td>Carry out medicines reconciliation on admission and at transfer of care.</td>
<td></td>
</tr>
<tr>
<td>Identify potential safeguarding issues in the care home setting, as well as their underlying causes and methods of prevention.</td>
<td></td>
</tr>
<tr>
<td>Apply appropriate actions when raising concerns regarding the safeguarding of a resident.</td>
<td></td>
</tr>
</tbody>
</table>
## Extended clinical care

Roles that pharmacy technicians should be able to perform once completed module 2 of the CPPE training pathway

<table>
<thead>
<tr>
<th>Work with care home to ensure compliance with CQC standards regarding medicines issues and labelling requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensures records are in place to offer staff guidance:</td>
</tr>
<tr>
<td>▪ when people exhibit pain</td>
</tr>
<tr>
<td>▪ when variable doses are prescribed the number of tablets given is annotated on the MAR</td>
</tr>
<tr>
<td>▪ when and where to apply topical cream and patches.</td>
</tr>
<tr>
<td>Ensures care plans for the management of conditions describe when to use the prescribed medicines for people's safety</td>
</tr>
<tr>
<td>Carryout medication review level 1</td>
</tr>
</tbody>
</table>

## Advanced clinical care

Roles that pharmacy technicians should be able to perform once completed all the modules of the CPPE training pathway

<table>
<thead>
<tr>
<th>Investigates, and escalates appropriately, medication incidents and safeguarding incidents within care homes connected to medicine processes and procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supports care home managers to conduct competency checks for care home staff on administering medicines and that there are systems in place to ensure staff received an annual check of their competency</td>
</tr>
<tr>
<td>Reviews all aspects of implementation of medicine management in the home, from ordering, storage, administration, recording and disposal and ensures it complies with CQC and NICE standards and NICE SC1 guideline on medicines management</td>
</tr>
<tr>
<td>Carryout medication review level 2 (and moving to level 3 depending on competence and previous experience)</td>
</tr>
<tr>
<td>Deliver person-centred consultations as part of the multidisciplinary team approach for acute illness, including using appropriate clinical examination and diagnostic skills</td>
</tr>
</tbody>
</table>

## Integration with the wider healthcare team

It is intended that pharmacy professionals working as part of the NHS England Medicines Optimisation in Care Homes programme will be integrate themselves into the wider health and social care system and they should be aligned to the framework for enhanced health in care homes.

They must engage with the GP practices that are responsible for the primary healthcare of the people they review who live in the care homes and they should work alongside the clinical pharmacists working in general practice. They should be allowed access to the care home residents’ GP care records and independent prescribing pharmacists should have access to prescribing capability with a supporting prescribing budget.

Pharmacy professionals working in care homes should work closely with local community pharmacies as well as other healthcare professionals providing care in care homes and local social care providers and commissioners.
Section 3
Support for the pharmacy professional throughout the pathway

A strong support structure underpins the learning pathway. Support will be provided by a CPPE education supervisor, clinical mentor and workplace-based clinical supervisor. Descriptions of these roles can be found further on in this document. There is also a system for pharmacy professionals requiring additional support.

Pharmacy professionals requiring additional support (PPRAS)
The CPPE ‘pharmacy professionals requiring additional support’ (PPRAS) system ensures consistent responses by education supervisors across a wide variety of learners and geographical locations. The PPRAS system provides a consistent framework to identify and address variation in practice, an early alert to support requirements and an assurance that patient safety is maintained. The CPPE education supervisors will work with clinical supervisors, employers, care home managers and clinical mentors to support pharmacy professionals requiring additional support. Additional local support will be accessed as appropriate.

The education supervisor will identify pharmacy professionals requiring additional support and will assess the key and associated factors contributing to the issues the pharmacy professional requires support for. These issues are often multifaceted; for example, a pharmacy professional who has health issues alongside challenges developing their role in the care home. The education supervisor will work with the pharmacy professional to develop a support plan and will ensure regular review to monitor the effectiveness of the plan. This may include referral to external organisations, eg, Pharmacist Support, the employer’s occupational health service, or may involve referral to the clinical mentor for additional support and guidance. Pharmacy professionals may also be referred to the CPPE coaching service: www.cppe.ac.uk/support/need-support.
Common reasons for PPRAS are when pharmacy professionals:

- are not integrated into the care home team and are working in isolation
- are not integrated into the wider healthcare teams supporting the care homes and are working in isolation
- cannot establish or progress their patient-facing role in their place of work
- have a lack of awareness about their professional competence
- are not receiving regular or honest clinical supervision
- have poor clinical knowledge leading to errors/patient safety concerns
- are experiencing issues of a personal nature, for example, relationship issues, bereavement or ill-health
- are struggling to progress with the education pathway
- have personal conduct issues.

While the CPPE education supervisor can provide initial triage and resolution of issues, significant issues regarding organisational concerns may need to be referred to NHS England. Significant issues impacting learners may require more specialist support.

The role of the CPPE education supervisor
Pharmacy professionals will have a named CPPE education supervisor who will ensure that they have an effective learning experience throughout the pathway. The education supervisor will support the pharmacy professional to develop their initial and ongoing education plan (for example for pharmacists this will include deciding the most appropriate time for them to start their independent prescribing qualification if they are not yet a prescriber). The education supervisor will review the pharmacy professional’s progress with the learning pathway, assessments and role progression during each module. Initial induction meetings will be face-to-face, and subsequent meetings will be by phone or Skype. The education supervisor will also facilitate regular group contact within the learning sets as described above. As part of their modular contact education supervisors will also conduct professional discussions with the pharmacy professional to support them to learn and reflect on their MSF feedback reports.

The role of the clinical supervisor
Pharmacy professionals will have a named clinical supervisor, appointed by the employing organisation and should be a senior clinical pharmacist or senior clinical health professional with a knowledge of care home settings and the relevant skills and experience to be able to support pharmacists and pharmacy technicians and be easily contactable. They should also be able to introduce the pharmacy professional to the relevant GP practices to explain the programme and to ensure integration of these new roles. The clinical supervisor will provide supervision through regular discussions with the learner to reflect on their care home role. They will provide rapid responses to issues as they arise. The clinical supervisor will support role development (please see the Medicines optimisation in care homes pathway and role progression handbook for guidance on role progression for pharmacy professionals) and integration into the care home, and work with pharmacy professionals to ensure safe patient services and management of workload.
The role of the work-based clinical supervisor is to:

- provide guidance and feedback in relation to the pharmacy professional's immediate clinical work
- provide regular protected time for in-depth reflection of the pharmacy professional's development and offer feedback to support the pharmacy professionals development support role development and integration of the pharmacy professional into the care home setting
- ensure the pharmacy professional is integrated with the GP practices responsible for the care of residents within the care home, making introductions where necessary
- supporting the pharmacy professionals to work within their competence and support their role progression
- provide urgent clinical supervision where necessary and help safe management of workload
- deliver a safe environment for the pharmacy professionals practice
- provide support for workplace based assessments, acting as an assessor when required
- provide feedback on the pharmacy professional's progress to their education supervisor.

The time commitment of the clinical supervisor will depend on the needs of the learner but as a minimum they would be expected to:

- have an initial meeting to ensure the pharmacy professional is being given appropriate induction support
- have regular meetings depending on the learner's needs but at least once a month. This could be face-to-face, by phone or Skype/Facetime. In the first few months, contact may need to be more frequent to embed the learner into the care home environment.
- be available to act as an assessor when required to support the direct observation of practice of the pharmacy professional's consultation skills, and to sign off the pharmacy professionals' Clinical examination and procedural skills record (with or on behalf of the named GP responsible for that resident's care).

CPPE needs to know the names and contact details of clinical supervisors for each pharmacy professional, to facilitate the triangle of support for the pharmacy professional, which will be most effective when the clinical supervisor and education supervisor have good channels of communication.
Responsibilities of the clinical supervisor

Establish and maintaining an environment for learning

- Ensure safe and effective person centred care through training
- Act to ensure the health, wellbeing and safety of residents at all times.
- Ensure that the pharmacy professionals have undertaken appropriate induction.
- Allow pharmacy professionals, when suitably competent, to take responsibility for care, appropriate to the needs of the residents.
- Ensure that pharmacy professionals receive the necessary instruction and protection in situations that might expose them to risk.
- Be open, approachable and available.
- Maintain good interpersonal relationships with the pharmacy professionals and other colleagues delivering honest, and timely developmental feedback.
- Supporting pharmacy professionals to develop their own solutions to problems which arise.
- Ensure protected time for supporting the pharmacy professionals learning. This does not need to be onerous and may involve debrief after selected care home activities.

Facilitate learning

- Have up-to-date subject knowledge and/or skills.
- Provide direct guidance on work where appropriate.
- Have effective supervisory conversational skills.
- Support the pharmacy professional to develop self-directed learning.
- Support the role progression of the pharmacy professionals so that they practice in accordance with their developing competence.
- Ensure protected time for attendance at the CPPE pathway learning events and encourage access to other appropriate learning opportunities.

Enhance learning through assessment

- Support the pharmacy professional to plan workplace-based assessment activities, eg, consultation skills direct observation of practice, patient satisfaction questionnaire and their clinical examination and procedural skills assessment records and case studies.
- Assess the pharmacy professional’s consultation skills by direct observation or video using the CPPE Medicines Related - Consultation Assessment Tool (MR-CAT).
- Offer feedback that assists the pharmacy professional to acquire the knowledge, skills and behaviours specified in the curriculum for the training pathway.
- Participate in 360° feedback by providing feedback to the pharmacy professional using the CPPE multisource feedback questionnaire.

Support for the clinical supervisor

CPPE will provide training for clinical supervisors and run regular information webinars for employing organisations and clinical supervisors to advise about the clinical supervisor role and provide further information and guidance as required.
The role of the clinical mentor

The clinical mentor is employed by CPPE on a sessional basis. The clinical mentor will be a senior pharmacy professional who will either have experience in working in care home setting or relevant clinical responsibilities in a primary care position. Clinical mentors will provide group mentoring during the first module of the pathway to support pharmacy professionals to understand the safeguarding requirements in the care home environment and they will assess their case-based discussions during learning sets. The clinical mentor will provide support for role progression for pharmacy professionals via referral from the education supervisor. The clinical mentor does not need to be immediately available or local, and will use standard communications tools such as email, phone and Skype.

The clinical mentor is a senior pharmacist who will either have experience in a care home setting or relevant clinical responsibilities in a primary care position. The clinical mentor is employed by CPPE on a sessional basis. Fees for this work are set out on page 19.

Each clinical mentor will support a cohort of pharmacy professionals for 18 months. Pharmacy professionals may be local or they may work elsewhere if they need mentoring from a specific mentor who has relevant skills such as learning disabilities. The pharmacy professionals start the training pathway at various times and each clinical mentor will be allocated a number of pharmacy professionals depending on their capacity to support them. Support will be flexible to the needs of the pharmacy professionals.

The role of the CPPE clinical mentor is flexible but will include:

- acting as a role model.
- providing group mentoring during the first module of the pathway to support pharmacy professionals to understand the care home environment and their safeguarding responsibilities
- providing one-to-one mentoring on referral from the education supervisor
- assess the pharmacy professionals case-based discussions during learning sets.

It can also include:

- providing individual support for pharmacy professionals requiring additional support (PPRAS) on referral from the education supervisor
- acting as an expert at study days.

Key duties and responsibilities

Module 1 learning set

Attend the Module 1 learning sets for the cohorts that are being supported. This will be a safeguarding learning set and will be facilitated by the education supervisor but the clinical mentor should prepare for this using the CPPE materials and their own experience. At this learning set there will be the opportunity for group mentoring.
Assessment of case-based discussions (CbD)
- Work with the education supervisor to organise and assess CbDs during learning sets.
- Complete the CbD assessor training prior to assessing CbDs.
- Assess CbDs according to the assessment criteria and follow the process in the conducting CbD guide.
- Provide verbal and written feedback to the pharmacy professionals on their strengths and development areas in relation to the case presented, and inform the pharmacy professionals of the outcome of their assessment within one week of the CbD.
- Complete the CbD assessment form and send a copy to the pharmacy professional within one week of the CbD.

Role support and mentorship for pharmacy professionals
- Act as a mentor and role model to pharmacy professionals on referral from the education supervisor (up to three appointments per pharmacy professional (see table on pages 20 and 21).
- Arrange individual mentoring appointments at a time convenient to you and pharmacy professional – this may be during working hours, or at evenings/weekends.
- Discuss confidentiality with the pharmacy professional at the initial session and explain that information will be disclosed if you believe the pharmacist or others will come to harm (Standard 8 of the GPhC Standards for pharmacy professionals, speak up when you have concerns or things go wrong).
- Agree meeting ground rules with the pharmacy professional at the initial session including cancellations and no-shows (see below for further advice on no shows or cancellations).
- Provide advice and guidance based on your experience in care homes/primary care.
- Encourage the pharmacy professional to express and discuss ideas and concerns affecting their experience in the workplace.
- Give the pharmacy professional honest and constructive feedback.
- Agree an action plan with the pharmacy professional at each meeting.
- Avoid providing ongoing mentorship or ad-hoc advice outside of agreed appointment times.

Role support for pharmacy professionals requiring additional support (PPRAS)
- Provide individual support for pharmacy professionals requiring additional support (PPRAS) on referral from the education supervisor (up to six appointments per pharmacy professional in a six month period). Role referrals for PPRAS last for up to six months. If further support is required a new referral via the education supervisor is required.
- Arrange individual appointments at a time convenient to you and the pharmacy professional – this may be during working hours, or at evenings/weekends.
- Discuss confidentiality with the pharmacy professional at the initial session and explain that information will be disclosed if you believe the pharmacy professional or others will come to harm (Standard 8 of the GPhC Standards for pharmacy professionals, speak up when you have concerns or things go wrong).
● Agree meeting ground rules with the pharmacy professional at the initial session including cancellations and no-shows.
● Provide advice and guidance based on your experience in the care home setting.
● Encourage the pharmacy professional to express and discuss ideas and concerns affecting their experience in the workplace.
● Give the pharmacy professional honest and constructive feedback.
● Agree an action plan with the pharmacy professional at each meeting.
● Avoid providing ongoing support or ad-hoc advice outside of agreed appointment times.

Expert speaker at study days
● Prepare for and support the clinical study days by being an expert speaker (where appropriate) and helping with case study discussions and feedback.

Record keeping
● Write a short summary of each appointment and email the summary of the discussion and agreed actions to the pharmacy professional. If more detailed notes are required, the pharmacy professional is responsible for writing them.
● Store records (summaries of meetings, completed CbD assessment forms, etc) confidentially on the encrypted memory stick provided by CPPE.
● Record each activity on the CPPE website ‘My CPPE, data tab’ so that CPPE can capture overall activity and finance can align your activity with your fee claims. For example, if you have completed four CbD assessments on 24 May, record the date, select CbD assessments from the dropdown menu, record number of pharmacy professionals as four and total hours worked as four.

Practical aspects of the clinical mentor role

Communication
● You will use your own email account (you will not receive a CPPE email address).
● You do not need to be immediately available or local, and will use standard communications tools such as email, phone and Skype for mentoring meetings.
● It is essential that you provide us with current contact details so that we can deliver learning materials promptly. Should you change address, you must update your ‘My CPPE’ preferred delivery address immediately so that all relevant suppliers can update their records. Note: your new address will be received from the GPhC but there may be a delay in the GPhC sending this through to CPPE.
● As you will be working on a sessional basis you will not receive a contract from CPPE. You will receive a letter of appointment from CPPE which explains your role, the number of pharmacy professionals in the local cohort that has been agreed between you and CPPE and the expected time commitment. You will report to the a member of the CPPE Medicines optimisation in care homes training pathway team and work closely with the education supervisor(s) for the pharmacy professionals assigned to you.
• If you are unwell and unable to work on a day when you are due to facilitate a learning set or conduct case-based discussion assessments you will need to notify the relevant education supervisor or your CPPE care homes contact.

• If you are unwell and unable to work on a day when you are due to have a mentoring meeting with a pharmacy professional, contact the pharmacy professional directly to cancel and the rearrange the meeting.

• You should address no-shows at appointments by email. If the pharmacy professional does not respond to two emails then the mentoring should be withdrawn. You should inform the CPPE education supervisor and the pharmacy professional and record on the CPPE recording system.
Training
CPPE will provide initial training for your role as a clinical mentor by webinar. This will include training on mentoring, confidentiality, agreeing a contract and professional goals. You must attend this training in order to undertake the clinical mentor role. A fee will be paid for participating in this training which includes preparation time and attendance at the webinar. You will need to record this activity on the CPPE website ‘My CPPE, data tab’.
CPPE will also provide training by webinar on assessing case-based discussions (CbD) within the first six months of you starting your clinical mentor role. You must attend this training before you can assess CbDs. You can claim a fee of £50 to participate in this training which includes preparation time and attendance at the webinar. You will need to record this activity on the CPPE website ‘My CPPE, data tab’.

Activities, time commitment and fees
The different activities within your role, time commitment and fees are described in the table below. The time commitment is approximately half a day per month for a cohort of ten pharmacy professionals (the exact number of pharmacy professionals requiring role support or additional support in each cohort will vary so it is not possible to exactly predict the time commitment over a 12 month period).

<table>
<thead>
<tr>
<th>Activity</th>
<th>Time commitment</th>
<th>Notes</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical mentor training</td>
<td>1.5 hours and 1 hour</td>
<td>Preparation and attendance at the webinars</td>
<td>£75</td>
</tr>
<tr>
<td>Facilitation of a learning set</td>
<td>One learning set (three hours face-to-face delivery time and preparation time)</td>
<td>The safeguarding learning set will run towards the end of Module 1 for each cohort. CPPE will provide the learning materials. The learning will be for two hours and there will also be a group mentoring session.</td>
<td>Fixed fee of £150 which includes the face-to-face delivery time and preparation time. Plus travel expenses.</td>
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<tr>
<td>Support and mentorship for pharmacy professional (on referral)</td>
<td>Initially up to three appointments per learner at an interval as needed (every two to four weeks depending on need) (75 minutes total per appointment – see notes) further appointments may be agreed with the education supervisor</td>
<td>Up to three appointments over a six month period (by phone or Skype) as needed after referral by the education supervisor. Some pharmacy professionals may not need all three appointments. Allow 5 minutes preparation, 60 minutes discussion time and 10 minutes recording time after the appointment (total 75 minutes per appointment).</td>
<td>£30 per appointment. You are expected to keep to time and cannot claim for additional time if the meeting over runs.</td>
</tr>
<tr>
<td>Role support for pharmacy professionals requiring additional support (PPRAS)</td>
<td>Up to six appointments per PPRAS (75 minutes total per appointment – see notes)</td>
<td>Up to six appointments per PPRAS over a six month period (by phone or Skype) as needed. Some pharmacy professionals may not need all six appointments. Allow 5 minutes preparation, 60 minutes discussion time and 10 minutes recording time after the appointment (total 75 minutes per appointment). PPRAS are referred to you by the education supervisor. Pharmacy professionals cannot approach you directly for additional support. If they approach you ask them to speak to their education supervisor.</td>
<td>£30 per appointment. You are expected to keep to time and cannot claim for additional time if the meeting over runs.</td>
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<tr>
<td>Case-based discussion (CbD) assessments</td>
<td>The time commitment depends on the number of pharmacy professionals in your local cohort. Each pharmacy professional will complete two CbD assessments.</td>
<td>CbD assessments take place during learning sets. Each pharmacy professional has 30 minutes during the learning set (15 minutes presentation and 15 minutes of questions and answers) and 30 minutes for you to provide feedback and complete the assessment form after the learning set (phone or Skype). There is time for four CbD assessments in a two hour learning set and six CbD assessments in a three hour learning set.</td>
<td>£37.50 per CbD which includes 30 mins during the learning set and 30 minutes for feedback. You are expected to keep to time and cannot claim for additional time if the learning set or feedback takes longer than the allocated time.</td>
</tr>
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</table>

**How to claim your fees and travel expenses**

What travel expenses can you claim for?

- Standard rail fare.
- 45p per mile for the first 150 miles (return trip) and 25p thereafter (make sure you state “home-based worker” for your mileage claims).
- Parking and road tolls.
CPPE will send a copy of the PR7 expenses form and PR7 guidance when you start your role as a clinical mentor. Complete a PR7 expenses and fees claim form electronically, then print it off, sign it and send it with accompanying receipts to CPPE head office. Please write ‘EXPENSES’ on the envelope so that your claims are processed promptly. Keep the online record at least until you have been paid, in case of any mishap. Ensure your claims align to the activity recorded on the CPE website.

You must provide original receipts. Any claims submitted without original receipts will be taxed. Your receipts should be stapled to a sheet of A4 paper ensuring that each one is displayed separately. Attach this sheet to the printed expenses claim form. Don’t use paper clips on expense forms as paperwork gets lost easily. Make a copy of your receipts just in case your claim is lost in the post or goes astray in Manchester.

Claims should be made quarterly and sent to:
CPPE finance team
Centre for Pharmacy Postgraduate Education
School of Health Sciences, Division of Pharmacy and Optometry
Faculty of Biology, Medicine and Health
Stopford Building (1st floor), The University of Manchester, Oxford Road, Manchester, M13 9PT

Do not send your claim form directly to HR at the University of Manchester as it must be authorised by the CPPE finance team before you can be paid.
Claims for expenses and fees need to be made within three months, and before the end of March each year as this is the end of the financial year.
Fees and travel expenses should be paid six to eight weeks after correct paperwork is received by central finance. Payment will be made directly into your bank account. You will be paid as an individual and taxed at source. The University of Manchester cannot pay other organisations.

Social responsibility
You are expected to contribute to the social responsibility of CPPE by using public transport or low carbon alternatives when possible, only printing documents when necessary.
References


