Clinical pharmacists in general practice education

GP clinical supervisor handbook
Acknowledgements

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Welcome and contents

Thank you for taking on the role as a GP clinical supervisor and contributing to the development of a clinical pharmacist in general practice. This handbook will provide information on the training pathway, support for the GP clinical pharmacists and your role as a GP clinical supervisor.

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Section 1

Background to the NHS England programme for clinical pharmacists in general practice

The NHS England programme for clinical pharmacists in general practice

In July 2015 NHS England announced a pilot to support the development of clinical pharmacists in general practice. NHS England describes the role of the clinical pharmacist in general practice as follows:

“Clinical pharmacists will work in general practice as part of a multidisciplinary team in a patient-facing role to clinically assess and treat patients using their expert knowledge of medicines for specific disease areas. They will be prescribers, or training to become one, and will work with and alongside the general practice team, taking responsibility for patients with chronic diseases and undertaking clinical medication reviews to proactively manage people with complex polypharmacy, especially for the elderly, people in care homes and those with multiple comorbidities.”

NHS England, General Practice Forward View

The General Practice Forward View committed to over £100m of investment to support an extra 1500 clinical pharmacists in general practice by 2020/21. This is in addition to over 490 clinical pharmacists already working across approximately 650 GP practices as part of a pilot, launched in July 2015.

Learning pathway

The clinical pharmacist learning pathway is comprised of a number of different component parts:

<table>
<thead>
<tr>
<th>Component parts</th>
<th>Led by</th>
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<tbody>
<tr>
<td>Education and training programme –</td>
<td>Led and delivered by CPPE and partners (see</td>
</tr>
<tr>
<td>Clinical pharmacists in general practice education</td>
<td>Appendix 3 for details of partner organisations)</td>
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<td>Education supervision from a trained pharmacist supervisor</td>
<td>Led and delivered by CPPE</td>
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<tr>
<td>Clinical supervision from a trained GP clinical supervisor within an environment appropriate for learning heads of primary care/GP teams</td>
<td>Managed by Health Education England (HEE)</td>
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<td>Organisational development (OD)</td>
<td>Procured by NHS England</td>
</tr>
<tr>
<td>Independent prescribing (IP)</td>
<td>Procured by HEE</td>
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</table>
The Clinical pharmacists in general practice education programme

Health Education England (HEE) has awarded the contract to deliver the training pathway for clinical pharmacists in general practice until 2020/21 to CPPE, following an open procurement process and the success of our education pathway for the 490 clinical pharmacists on the phase 1 pilot.

Vision

The Clinical pharmacists in general practice education programme will train clinical pharmacists and senior clinical pharmacists who will:

- offer patient-facing and person-centred consultations
- work within a multidisciplinary general practice team, offering outcome-focused medication reviews for people with multimorbidities taking multiple medicines
- focus on high priority, common and long-term conditions or a broad range of medical conditions dependent on local needs
- improve access to primary care, which supports people to manage their own health, medicines and long-term conditions
- deliver medicines optimisation and offer high-quality, safe and cost-effective prescribing expertise
- deliver clinics via patient appointments or as drop-in services
- support enhanced liaison and closer working with local community pharmacy
- deliver NHS England priorities and plans for medicines optimisation, health and wellbeing.

Core principles

The core principles supporting this pathway will ensure the clinical pharmacists and senior clinical pharmacists will:

- be trained in a supervised setting supported by education providers and supervisors
- 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
- be supported by an education supervisor, GP clinical supervisor, senior clinical pharmacist, clinical mentor and peers
- work towards an independent prescribing qualification at an appropriate time, if not already held
- build on existing models of pharmacist work in general practice
- use established frameworks alongside this pathway:
  - NHS Healthcare Leadership Model\(^3\) and associated Royal Pharmaceutical Society (RPS) Leadership Development Framework 2015\(^4\)
  - RPS: a competency framework for all prescribers\(^5\)
  - Consultation skills for pharmacy practice: practice standards for England.\(^6\)
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 Clinical pharmacists in general practice education programme for clinical pharmacists on the NHS England programme for clinical pharmacists in general practice.

**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/about-cppe/about-cppe
Section 2

Delivery of the Clinical pharmacists in general practice education programme

Overview of the Clinical pharmacists in general practice education programme

The 18-month Clinical pharmacists in general practice education will equip clinical pharmacists and senior clinical pharmacists with the necessary knowledge, skills and experience to work in general practice 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 GP clinical supervisor, senior clinical pharmacist 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.

Clinical pharmacists and senior clinical pharmacists should 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; it is not pro-rata.
Multi-pathway approach

The Clinical pharmacists in general practice education programme is a multi-pathway approach, with a range of modules linked to learning outcomes. We offer three learning pathways to meet the different learning needs and experiences of clinical pharmacists and senior clinical pharmacists. This innovative approach recognises existing capabilities and offers learners a continuous, relevant learning experience. Details of the curriculum can be found in Appendix 1.

Clinical pharmacists and senior clinical pharmacists will have an early supportive discussion with their CPPE education supervisor to identify their individual learning needs in relation to the curriculum, discuss their role, and decide which of the three pathways best suits their needs. A learning needs analysis tool will be used to inform this discussion. At this early meeting the pharmacist will indicate preferences for the order and locations of modules and discuss a suitable time and provider for their independent prescribing (IP) course (if needed). The pharmacist will be enrolled onto the most suitable pathway following the initial meeting with their education supervisor and their learning needs analysis. The learning needs analysis will also support the pharmacist to develop a personal development plan (PDP) for the 18 month learning pathway.

Pathway 1

This pathway is suitable for pharmacists who have not completed a Higher Education Institution (HEI) clinical pharmacy postgraduate qualification and cannot evidence equivalent knowledge/experience. Pathway 1 enables pharmacists to build a strong foundation of clinical knowledge (module 2 delivered by our HEI partners) before progressing through modules 3, 4 and 5 supporting role development and leadership. Module 5 focuses on clinical assessment skills relevant to long-term condition management. This will prepare learners for IP training which will usually be completed after all of the Clinical pharmacists in general practice education modules.

Pathway 2

This pathway is suitable for pharmacists who have a postgraduate diploma or equivalent knowledge and skills in clinical pharmacy. This pathway will focus on clinical pharmacy in primary care, leadership and advanced clinical assessment skills (modules 3, 4 and 6). Module 6 focuses on clinical assessment skills for acute and long-term conditions. Appropriateness and timing of independent prescribing training (during or at the end of the pathway) will be agreed at the first meeting with the education supervisor.

The senior pathway

This pathway focuses on clinical pharmacy in primary care, advanced clinical assessment skills, advanced leadership, education and wider clinical capability (modules 3, 6 and 7). It is expected that most senior clinical pharmacists will already hold an independent prescribing qualification or be working towards one.
The table below lists the modules for each of the three pathways.

### Overview of the modules for the three pathways

<table>
<thead>
<tr>
<th>Modules</th>
<th>Pathway 1</th>
<th>Pathway 2</th>
<th>Senior pathway</th>
</tr>
</thead>
<tbody>
<tr>
<td>Module 1: Induction/senior induction</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes (senior induction)</td>
</tr>
<tr>
<td>Module 2: Clinical pharmacy</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Module 3: Clinical pharmacy in primary care</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Module 4: Leadership and management</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Module 5: Clinical assessment skills</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Module 6: Advanced clinical assessment skills</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Module 7: Senior leadership</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

After completion of module 1 and module 2 (pathway 1) pharmacists will study for one module at a time and they can choose to complete the modules in any order depending on availability of modules.

More details about the content and delivery of induction and the modules can be found in Appendix 2.
Local learning sets

Pharmacists will attend monthly local learning sets which are facilitated by their education supervisor. Each learning set will last two hours followed by a one hour group supervision meeting or bid site meeting as decided locally. The learning sets will bring together pharmacists 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 address key NHS England priority topics. Pharmacists 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 clinical practice and the opportunity to discuss individual cases from the pharmacists’ own practice in depth.

Learning set topics:
- Working with community pharmacy
- Developing your patient-facing role
- Antimicrobial stewardship
- Patient safety
- Learning disabilities
- Multimorbidity
- Type 2 diabetes
- Dementia
- Inflammatory arthritis
- Medicines related admissions

Portfolio

Pharmacists will build an online portfolio of evidence which demonstrates their education and practice achievements. A well-constructed portfolio should describe the pharmacist’s learning journey towards the attainment of professional competence. The e-portfolio is an important part of the Clinical pharmacists in general practice education programme. The information in the pharmacist’s 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.

Clinical pharmacist in general practice role progression handbook

The role progression model for general practice pharmacists has been designed so that it is flexible for pharmacists with varying levels of medicines expertise and skills. There is no ‘one size fits all’ in relation to role progression for clinical pharmacists in general practice. The rate of a pharmacist’s role progression will be influenced by their baseline experience and skills, the needs of their practice and the practice’s patients and the level of work-based clinical supervision for safe clinical practice. Accordingly, general practice pharmacists will progress at varying rates and will deliver a variety of roles.

The clinical pharmacist in general practice role progression handbook describes the skills that pharmacists can bring to general practice, the variety of roles that clinical pharmacists may perform and how these roles may progress over time and with training. The content of the role progression handbook has been crafted from experience and feedback from phase one of the Clinical pharmacists in general practice education delivered by CPPE.

The role progression model has been designed so that:
- roles that are needed within general practice are described
- medicines leadership roles are clearly defined from the first day in practice
- patient-facing clinical roles are of increasing complexity
- specific patient assessment skills that may need to be acquired have been outlined
- role progression occurs alongside training for safe clinical practice
- pharmacists perform roles that use their medicines expertise
- pharmacists with the appropriate experience and training become skilled in managing multimorbidity and polypharmacy.
The role progression handbook makes the essential link between practice and education. Clinical pharmacists will use this essential resource to identify the clinical knowledge and skills they require for role progression within their current and future role as a clinical pharmacist or senior clinical pharmacist working in general practice. The role progression handbook is designed to be used flexibly and to take into account each pharmacist’s experience, the needs of individual GP practices and the needs of patient populations.

**Assessment**

There are three stages of assessment during the *Clinical pharmacists in general practice education* programme. 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. There will be additional assessments for pharmacists who study module 2 and each HEI will provide more information about these assessments.

**Pharmacists must complete all CPPE assessments and they cannot substitute these with local assessments or assessments completed as part of a diploma or independent prescribing course.**

Pharmacists should record their progress with assessments on the general practice activity series tracker on the CPPE website. Some assessments will be automatically populated in the trackers. Pharmacists must sign up for all trackers to initiate the automatic recording of the assessments on the CPPE website.

**Assessment stage 1**

Pharmacists will complete assessment stage 1 as part of their induction.

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safeguarding children and vulnerable adults*</td>
<td>e-assessment</td>
</tr>
<tr>
<td>Consultation skills</td>
<td>e-assessment</td>
</tr>
<tr>
<td>Equality, diversity and human rights (eLfH)</td>
<td>e-assessment</td>
</tr>
<tr>
<td>Fundamentals of working with GPs</td>
<td>e-assessment</td>
</tr>
</tbody>
</table>

*The purpose of completing this assessment is to prepare pharmacists 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

Pharmacists will start assessment stage 2 within six months of starting the Clinical pharmacists in general practice education programme. However, they do not have to complete all of the stage 2 assessments during the first six months on the pathway.

| Assessment                                      | Format                                                                 |
|------------------------------------------------|                                                                      |
| Case-based discussion (CbD)                    | CPPE CbD assessment tool. Assessed by clinical mentor during the learning sets. |
| Multisource feedback (MSF)                     | Online questionnaire – feedback provided by clinical and non-clinical staff in the pharmacist’s practice(s). Professional discussion with education supervisor. |
| Clinical examination and procedural skills assessment record (CEPSAR)* | Direct observation in the practice(s) by GPs, nurses, senior pharmacist, completion of clinical examination and procedural skills logbook, two case studies and a reflective essay. |

Assessment stage 3

Pharmacists will start assessment stage 3 between 6 and 12 months of starting the Clinical pharmacists in general practice education programme. Pharmacists need to complete all of the stage 3 assessments within 15 months of starting the pathway.

| Assessment                                      | Format                                                                 |
|------------------------------------------------|                                                                      |
| Case-based discussion (CbD)                    | CPPE CbD assessment tool. Assessed by clinical mentor during the learning sets. |
| Multisource feedback (MSF)**                   | Online questionnaire – feedback provided by clinical and non-clinical staff in the pharmacist’s practice(s). Professional discussion with education supervisor. |
| Consultation skills assessment                 | Direct observation of practice by GP clinical supervisor using the Medicines Related Consultation Assessment Tool (MR-CAT). |
| Reflection on patient feedback                 | CPPE Patient satisfaction questionnaire (PSQ) and reflective essay of the pharmacist’s learning from feedback from the PSQ. |

*The clinical examination and procedural skills assessment record (CEPSAR) is linked to modules 5 and 6 so the timing of this assessment will depend on when the pharmacist completes these modules. As some pharmacists will choose to complete these modules early in the pathway we have included the CEPSAR as part of assessment stage 2.

**Pharmacists 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 at the end of the pathway for pharmacists to receive a statement of assessment and progression from CPPE. The statement of assessment and progression will measure the pharmacist’s role progression and progression with the learning outcomes, core capabilities and competencies within the curriculum for the Clinical pharmacists in general practice education programme.

Pharmacists will submit evidence for a statement of assessment and progression within 15 months of starting the pathway. The pharmacist’s evidence will be reviewed by a CPPE reviewer who will provide feedback on examples of good practice and suggestions for further development.

Pharmacists can use their statement of assessment and progression as evidence when applying for jobs to demonstrate to future employers what knowledge, skills and experiences they have gained during the 18 month learning pathway and how they have applied the learning to develop their role in general practice.

**Independent prescribing**

Independent prescribing (IP) is a key part of the role of the clinical pharmacist in general practice. Pharmacists who are not already an independent prescriber will need to achieve IP status by 2020/21. Independent prescribing training will be commissioned separately by Health Education England (HEE) and places on an IP course for pharmacists on the pathway will be funded by HEE. You can find more information about the IP courses that HEE is funding for pharmacists on this programme on the HEE website [www.hee.nhs.uk/our-work/pharmacy/pharmacy-integration-fund/pharmacy-integration-fund-courses-pharmacists](http://www.hee.nhs.uk/our-work/pharmacy/pharmacy-integration-fund/pharmacy-integration-fund-courses-pharmacists).

All pharmacists must complete the induction module before enrolling for an IP course. Pharmacists on pathway 1 must also complete module 2 before enrolling on an IP course. Pharmacists will discuss and agree a suitable time to do their IP course with their CPPE education supervisor and pharmacists should also discuss their preferred date to study IP with their employer.

Qualified IPs who are not currently prescribing can attend the CPPE Return to Prescribing online course. This consists of a series of three 90-minute webinars over eight weeks with about an hour of pre-work in advance of each webinar. The whole programme will support clinical pharmacists to develop an action plan to get them back into prescribing. Courses will start in February, June and September each year.

Pharmacists studying for an IP qualification will require supervision from a designated medical practitioner (DMP). This is a separate role from the GP clinical supervisor. Further details about the role and responsibilities of a DMP are available from the HEI providing the IP course.

**Multiprofessional learning**

CPPE and GP deans and directors across England are working together to explore models for joint learning. There is potential to integrate educational activities between clinical pharmacists, GP educators and GP trainees. This might take the form of joint learning in surgeries, shared end-of-clinic debriefing and/or shared learning resources. In addition some shared sessions within the GP specialty half-day release programme may be appropriate. Learning together will enhance concordance of practice and a team-based approach. As learners from more disciplines at varying levels of experience are placed in primary care, educators and learners should develop interprofessional clinical education opportunities. Finally if GPs wish to further develop their skills, CPPE will work with local GP deans and directors to support access to further training and accreditation.

**FAQs**

Frequently asked questions about the Clinical pharmacists in general practice education can be found on the CPPE website: [www.cppe.ac.uk/career/cpgpe/faqs#gppptpMenu](http://www.cppe.ac.uk/career/cpgpe/faqs#gppptpMenu)
Section 3

Support for the pharmacists throughout the pathway

Support structure underpinning the learning pathway

A strong support structure underpins the learning pathway. Support will be provided by a CPPE education supervisor, senior clinical pharmacist, clinical mentor and workplace-based GP clinical supervisor.

Support for clinical pharmacists  

Support for senior clinical pharmacists

Clinical pharmacists and senior clinical pharmacists 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 pharmacists to develop their initial and ongoing education plan, which 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 pharmacist’s progress with the learning pathway, assessments and role progression quarterly. Supervision meetings may be face-to-face or by phone or Skype. Education supervisors will also conduct professional discussions with the pharmacists to support them to learn and reflect on their MSF feedback reports.

Each clinical pharmacist will be linked with a **senior clinical pharmacist**, who may also be learning and developing in their senior role. The senior clinical pharmacist will be able to oversee appropriate management guidance and professional development. The senior clinical pharmacist can advise the GP clinical supervisor and bid sites to ensure appropriate clinical work and clinical pharmacist role development. In future, as GP practices coalesce in to larger organisations, the senior clinical pharmacist will still be clinically active but they are likely to have a more managerial role, defining the service and the roles of other clinical pharmacists. Each senior clinical pharmacist will support up to five clinical pharmacists and will provide a minimum of one supervision session per pharmacist per month. The senior pharmacist does not need to be in the same geographical site as the clinical pharmacist but they need to be relatively available and to have the facility for instant messaging within the NHS Information Governance system to support clinical pharmacists when needed.

The **clinical mentor** is employed by CPPE on a sessional basis. The clinical mentor is a senior pharmacist who will either have experience in general practice clinical work or relevant clinical responsibilities in a primary care position. They will provide group mentoring at the start of the pathway to support the pharmacists to become patient facing and assess the pharmacist’s Case-based Discussions during learning sets. The clinical mentor will provide individual support and mentorship to senior clinical
pharmacists and support for role progression for clinical pharmacists on 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.

Each pharmacist will have a named GP clinical supervisor who will supervise them in the workplace, providing a rapid response to issues as they arise. You will support role development and integration into the practice, and work with the pharmacist to ensure safe patient services and management of workload. You will provide guidance and feedback in relation to the pharmacist’s immediate clinical work. This will include debriefs, after surgery/clinics or other patient-facing activities and regular developmental conversations. You will provide support for workplace-based assessments, acting as an assessor when required, and will provide feedback on the pharmacist’s progress to the education supervisor. You must have intimate knowledge of the working environment and the service and be instantly contactable. Initially you will need to be on the premises, but as confidence grows, could be remotely available providing this is almost instantaneous; this could be, for example, via a confidential Skype for business link including messaging, face-to-face conferencing and desktop/presentation sharing.

It is good practice for surgeries where clinical pharmacists are based to be approved for education by the local HEE School of General Practice and for the GP clinical supervisor to be trained through HEE’s local office and be approved as a GP clinical supervisor. CPPE is working with HEE local offices to ensure appropriate support is available for GP clinical supervisors and bid sites.

Practitioners requiring additional support (PRAS)

The CPPE ‘practitioners requiring additional support’ (PRAS) system ensures consistent responses by education supervisors across a wide variety of learners and geographical locations. The PRAS 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 GP clinical supervisors, practice managers/employers, senior clinical pharmacists and clinical mentors to support pharmacists requiring additional support. Additional local support will be accessed as appropriate.

The education supervisor will identify pharmacists requiring additional support and will assess the key and associated factors contributing to the issues the pharmacist requires support for. These issues are often multifaceted; for example, a pharmacist who has health issues alongside challenges developing their role in the practice. The education supervisor will work with the pharmacist to develop a support plan and will ensure regular review to monitor the effectiveness of the plan. Additional support may be provided by the GP clinical supervisor, senior clinical pharmacist and or the CPPE education supervisor. This may include referral to external organisations, eg, Pharmacist Support. Pharmacists may also be referred to the CPPE coaching service www.cppe.ac.uk/support/need-support.

Common reasons for PRAS are when pharmacists:

- are not integrated into the GP practice team and are working in isolation
- cannot establish or progress their patient-facing role in the practice
- have a lack of awareness about their professional competence
- are not receiving regular or honest clinical supervision from a GP
- 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. We will work with GP directors/deans and pharmacy deans to agree signposting and support mechanisms to trainees requiring additional support (TRAS) provision and local expertise.
The role of the GP clinical supervisor

Each clinical pharmacist or senior clinical pharmacist will have a named GP clinical supervisor who will supervise him or her in the workplace, providing a rapid response to issues as they arise. The role of the work-based GP clinical supervisor is to:

- support role development and integration of the clinical pharmacist into the practice
- provide urgent clinical supervision where necessary and help safe management of workload
- deliver a safe environment for the clinical pharmacists’ practice
- offer feedback to support the clinical pharmacist’s development
- provide support for workplace based assessments, acting as an assessor when required.

CPPE and the local GP dean need to know the names and contact details of GP clinical supervisors for each clinical pharmacist and senior clinical pharmacist. HEE local offices have processes for approval of GP clinical supervisors. Contact your HEE local office for more information about the approval process using the contact information from the following website [www.cogped.org.uk/organisation](http://www.cogped.org.uk/organisation).

Responsibilities of the GP clinical supervisor

Ensuring safe and effective patient care through training

- Act to ensure the health, wellbeing and safety of patients at all times.
- Ensure that clinical pharmacists have undertaken appropriate induction.
- Allow clinical pharmacists, when suitably competent, to take responsibility for care, appropriate to the needs of the patient.

Establishing and maintaining an environment for learning

- Ensure that clinical pharmacists receive the necessary instruction and protection in situations that might expose them to risk.
- Be open, approachable and available.
- Maintain good interpersonal relationships with clinical pharmacists and colleagues.
- Work toward offering protected time for supporting clinical pharmacists’ learning. This does not need to be onerous and may involve debrief after selected clinical sessions.

Facilitating learning

- Have up-to-date subject knowledge and/or skills.
- Provide direct guidance on clinical work where appropriate.
- Have effective supervisory conversational skills.
- Support the clinical pharmacist to develop self-directed learning.
- Allow the clinical pharmacist to make contributions to clinical practice of graduated value and importance commensurate with their competence.
- Encourage access to formal learning opportunities, eg, study days.

Enhancing learning through assessment

- Support the clinical pharmacist to plan workplace based assessment activities, eg, consultation skills direct observation of practice, patient satisfaction questionnaire and clinical examination and procedural skills assessment.
- Assess the pharmacists consultation skills by direct observation or video using the CPPE Medicines Related - Consultation Assessment Tool (MR-CAT).
- Offer feedback that assists the clinical pharmacist to acquire the knowledge, skills and behaviours specified in the curriculum for the training pathway.
- Participate in 360° feedback by providing feedback to the clinical pharmacist using the CPPE multisource feedback questionnaire.
Additional responsibilities as part of the NHS England programme for clinical pharmacists in general practice

- Ensure the clinical pharmacist is clear about their role within the practice as described in the bid submitted to NHS England.
- Engage with the organisation development offered by the NHS Leadership academy as part of the NHS England programme for clinical pharmacists in general practice.
- Ensure that the GP clinical pharmacist is released to attend study days within the *Clinical pharmacists in general practice education* programme (28 days over 18 months for all pharmacists regardless of whether they are full time or part time). The clinical pharmacist is responsible for giving adequate notice when requesting study leave.
- Communicate information about the clinical pharmacist’s progress to the CPPE education supervisor.
## Appendix 1 – Curriculum for the Clinical pharmacists in general practice education programme

<table>
<thead>
<tr>
<th>Learning outcome</th>
<th>Core capabilities and competences</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowing yourself, general practice and relating to others</td>
<td>Knowledge for this learning outcome includes an understanding of NHS structure and how general practice fits into this, the role of pharmacy regulators and the role of the pharmacist and other professionals within the general practice team. You will be expected to have written and verbal skills that enable you to deliver effective patient care and services. You will know about your local community pharmacy, social care, and secondary and tertiary care providers.</td>
<td></td>
</tr>
<tr>
<td>1. Orientation to general practice</td>
<td></td>
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</tr>
<tr>
<td>Demonstrating knowledge of GP systems and processes</td>
<td>Demonstrates knowledge of the general practice contract framework and commissioning of general medical services.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Identifies how the NHS outcomes framework and care out of hospital is used to improve the quality of care in general practice.</td>
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<td></td>
<td>Demonstrates knowledge of quality drivers such as the Five year forward view report and new models of care innovation.</td>
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<tr>
<td></td>
<td>Identifies good-quality repeat prescribing processes and improve the local repeat prescribing policy and process.</td>
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<tr>
<td></td>
<td>Demonstrates ability to use Docman, Pathlinks, templates and other practice IT systems.</td>
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</tr>
<tr>
<td>Establishing your position as a member of the general practice team</td>
<td>Manages formularies and advises on software to support prescribing decisions.</td>
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<tr>
<td></td>
<td>Demonstrates understanding of roles and responsibilities for each member of the general practice team.</td>
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<tr>
<td></td>
<td>Integrates with other members of the multidisciplinary team, providing enhanced patient-centred care.</td>
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<tr>
<td></td>
<td>Delegates effectively.</td>
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<td></td>
<td>Confidently contributes to practice meetings.</td>
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</tbody>
</table>
### 2. Communication and consultation

<table>
<thead>
<tr>
<th>Establishing an effective partnership with patients and carers</th>
<th>Adopts a person-centred approach, demonstrating key consultation skills and behaviours described in the national standards for consultation skills.</th>
<th>Communicates with a wide variety of professionals and patients using written and verbal communication.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Can explain and demonstrate the principles of patient-centred care and shared decision-making, including explaining risks and benefits of treatments to patients/carers in ways meaningful to them.</td>
<td>Applies an open approach to encourage exchange of information, establish understanding and explore patient’s ideas, concerns and expectations.</td>
</tr>
<tr>
<td></td>
<td>Applies an open approach to encourage exchange of information, establish understanding and explore patient’s ideas, concerns and expectations.</td>
<td>Works in partnership with patients to discuss options. Whenever possible, adopts plans that respect the patient’s autonomy. When there is a difference of opinion the patient’s autonomy is respected and a positive relationship is maintained.</td>
</tr>
<tr>
<td>Maintaining a continuing relationship with patients, carers and families</td>
<td>Demonstrates ability to use electronic systems to generate letters to patients and effectively communicate medical and medicines information in a patient-centred manner.</td>
<td>Demonstrates ability to decide immediate treatment options, including referral, and negotiate with the patient regarding treatment decisions.</td>
</tr>
<tr>
<td></td>
<td>Demonstrates ability to decide immediate treatment options, including referral, and negotiate with the patient regarding treatment decisions.</td>
<td>Summarises the management plan (that has been created in partnership with the patient) clearly and concisely. Checks patient’s understanding of, and agreement to the plan.</td>
</tr>
<tr>
<td></td>
<td>Summarises the management plan (that has been created in partnership with the patient) clearly and concisely. Checks patient’s understanding of, and agreement to the plan.</td>
<td>Checks patient expectations of outcomes and next steps. Agrees a safety-net plan and ensures all patient questions are addressed.</td>
</tr>
<tr>
<td></td>
<td>Checks patient expectations of outcomes and next steps. Agrees a safety-net plan and ensures all patient questions are addressed.</td>
<td>Establishes balanced equal discussions to demonstrate partnership with the patient in consultations. Patients are engaged throughout consultations.</td>
</tr>
<tr>
<td></td>
<td>Establishes balanced equal discussions to demonstrate partnership with the patient in consultations. Patients are engaged throughout consultations.</td>
<td>Demonstrates active listening skills and appropriate empathy. Outcomes are negotiated and patient-centred.</td>
</tr>
<tr>
<td>Learning outcome</td>
<td>Core capabilities and competences</td>
<td>Description</td>
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</tr>
<tr>
<td>3. Fitness to practise</td>
<td>Demonstrating attitudes and behaviours outlined in GPhC standards</td>
<td>Demonstrates evidence for appropriate professional insurance and liability cover. Demonstrates patient-centred professionalism. Demonstrates engagement with relevant pharmacy professional bodies. Adheres to information governance policies and procedures in using information and communication. Applies safeguarding children and vulnerable adults’ principles. Demonstrates ability to communicate in a conflict situation. Manages risk and implements change to reduce risk and promote a safety culture. Meets the professional standards set out by the GPhC to enable registration to practice as an independent prescriber. Demonstrates ability to resolve conflict, report concerns and develop whistle-blowing policies for the practice or locality. Demonstrates resilience in professional situations.</td>
</tr>
<tr>
<td>Managing the factors that influence your performance</td>
<td></td>
<td>Identifies own learning needs, develops clinical reasoning, advances own learning to sustain continuing professional development and works at the forefront of the profession. Engages in peer review. Prioritises workloads and negotiates conflicting responsibilities. Manages and survives change.</td>
</tr>
</tbody>
</table>

**Applying clinical knowledge and skill**

**To meet this learning outcome you will have core physical examination, diagnostic and patient monitoring skills.**

**1. Data gathering and interpretation**

Applying a structured approach to data gathering and investigation: **Assesses medicines-related questions and formulates an answer using effective communication.** Demonstrates an ability to take a clinical history using clinical reasoning. Applies information mastery principles to finding relevant and valid summaries of high-quality evidence. **
<table>
<thead>
<tr>
<th>Interpreting findings accurately to reach a diagnosis</th>
<th>Uses clinical reasoning to decide immediate treatment options, including appropriate referral, for commonly presenting conditions (including acute and long-term conditions) within a range of body systems. Demonstrates relevant diagnostic skills (physical assessment techniques, questioning skills, interpretation of normal and abnormal findings, and recognition of commonly presenting acute and long-term conditions).</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2. Clinical examination and procedural skills</strong></td>
<td>Integrates the principles of anatomy and pathophysiology relevant to health problems presenting in a range of body systems.</td>
</tr>
<tr>
<td>Demonstrating a proficient approach to clinical assessment</td>
<td>Contributes to urgent care support utilising clinical reasoning and examination skills.</td>
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<tr>
<td></td>
<td>Monitors medical conditions in line with current recommendations and local/national guidance.</td>
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<td></td>
<td>Recognises commonly presenting conditions, both acute and long-term conditions, in a range of body systems.</td>
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<td></td>
<td>Demonstrates ability to make a clinical assessment including in patient groups where communication may be especially challenging.</td>
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<td></td>
<td>Demonstrates an ability to perform an examination of body systems in order to manage a range of medical conditions.</td>
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<tr>
<td></td>
<td>Applies the principles of hygiene and infection control in the clinical setting.</td>
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<tr>
<td>Demonstrating a proficient approach to the performance of procedures</td>
<td>Understands how to request and interpret pathology reports.</td>
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<td></td>
<td>Understands how to request and interpret clinical biochemistry.</td>
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<td></td>
<td>Uses physical assessment techniques (inspection, palpation, percussion and auscultation) and applies these to clinical examination of a range of body systems. Interprets normal and abnormal findings on physical examination for a range of body systems.</td>
</tr>
<tr>
<td>Learning outcome</td>
<td>Core capabilities and competences</td>
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<tr>
<td>3. Making decisions</td>
<td>Demonstrating a proficient approach to undertaking medication review</td>
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<td></td>
<td>Making appropriate referrals to senior colleagues and seeking second opinions</td>
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<td></td>
<td>Demonstrating clinical reasoning and judgment, problem solving and prioritisation</td>
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<tr>
<td>Applying an evidence based approach</td>
<td>Actively participates or influences the multidisciplinary team to participate in local prescribing incentive schemes and evidence-based medicine strategies supporting medication review.</td>
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<td></td>
<td>Understands and applies national drivers and policy underpinning medicines optimisation.</td>
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<td></td>
<td>Identifies and applies trusted sources of evidence-based information to practice, using clinical reasoning, including advanced knowledge of evidence-based treatment to patient care.</td>
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<td></td>
<td>Applies the principles of evidence-based medicines and influences the multidisciplinary team to apply evidence-based medicine principles to prescribing.</td>
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<td></td>
<td>Rationalises drug regimens in light of clinical indicators and reported symptoms and supports adherence.</td>
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<td></td>
<td>Applies evidence-based medicine principles to specific patients and populations to implement NICE guidelines, act on audit findings and reduce variation in prescribing.</td>
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<td></td>
<td>Articulates the evidence base for decisions and negotiates treatment issues when the evidence base is lacking, conflicting or based on opinion.</td>
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<td></td>
<td>Influences the multidisciplinary team to access trusted sources of evidence-based information.</td>
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<tr>
<td>Assuring antimicrobial stewardship</td>
<td>Supports local implementation of the UK five year antimicrobial resistance strategy 2013-2018 including taking action to optimise prescribing practice and improve professional education and public engagement.</td>
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<tr>
<td></td>
<td>Takes action to reduce antimicrobial resistance, including promoting awareness of patients and professionals about how to use antibiotics in a responsible way.</td>
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<td></td>
<td>Demonstrates ability to negotiate patient expectations and influence patients and colleagues with regard to appropriate use of antibiotics and promotion of self-care.</td>
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<tr>
<td>Learning outcome</td>
<td>Core capabilities and competences</td>
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</tbody>
</table>
| 4. Clinical management | Providing general clinical care to all ages and backgrounds including care planning and record keeping | Uses the local clinical IT system to access patients’ clinical records, practically applying knowledge of confidentiality, data protection, equality and diversity, whistle-blowing and complaint-handling.  
Documents activity in the clinical system in an appropriate format, using read codes, available templates and free text.  
Supports positive care planning for current and future health needs.  
Demonstrates application of tidy and safe patient record management and trains individuals and small groups in patient record management.  
Documents activity relevant to the quality and outcomes framework (QOF) and accurately record information using read codes.  
Promotes rational and pragmatic use of diagnostic testing and manages patient expectations, especially in people over 75 years. |
|                  | Adopting a structured approach to clinical management                                              | Ability to run searches to identify groups of patients with a medical condition or taking a specific medicine.  
Demonstrates a structured process for undertaking medication review.  
Demonstrates ability to use practice systems to obtain information and document consultations.  
Identifies red flags and agrees referral pathways with GP.  
Clear exploration of patient’s agenda which is incorporated and balanced with the pharmacist’s agenda for the consultation.  
Clearly structures consultations and summarises to guide the discussion whilst allowing flexibility for the patient’s agenda. |
|                  | Making appropriate use of other professionals and services                                          | Demonstrates ability to negotiate issues or requests between the GP surgery and hospital departments.  
Demonstrates active participation in development of standard operating procedures and/or guidelines.  
Demonstrates ability to actively work with local common condition services and signpost to other local health promotion/other relevant services, with appropriate safety-netting. |
<table>
<thead>
<tr>
<th>Working as a safe and effective prescriber</th>
<th>Demonstrates ability to identify and apply the features of good-quality prescribing.</th>
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<tbody>
<tr>
<td></td>
<td>Acts as a non-medical prescriber and prescribes within competency.</td>
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<tr>
<td></td>
<td>Demonstrates understanding of the regulations regarding prescribers and prescribing.</td>
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<td></td>
<td>Promotes safe electronic prescribing.</td>
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<td></td>
<td>Demonstrates understanding of processes and regulations for controlled drugs prescriptions and influences processes for safe and legal controlled drugs storage.</td>
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<td></td>
<td>Demonstrates ability to negotiate requests from patients for medicines that are clinically unnecessary or not recommended for NHS prescribing.</td>
</tr>
<tr>
<td></td>
<td>Acts as an independent prescriber, prescribes within agreed local formularies and applies a personal formulary for common condition prescribing, agreed with the GP.</td>
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<tr>
<td></td>
<td>Demonstrates ability to apply national and local guidelines to prescribing and recommendations for common conditions.</td>
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<tr>
<td>Learning outcome</td>
<td>Core capabilities and competences</td>
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</tr>
<tr>
<td>Managing complex and long-term care</td>
<td>You understand disease state monitoring for long-term conditions, advising on evidence-based treatment. You identify and manage long-term conditions for specific patients, eg, those with multimorbidity, and patient groups, eg, older people, children or those with a mental health condition. You advise on management and/or avoidance of drug interactions and adverse drug reactions in specific patients.</td>
</tr>
<tr>
<td><strong>1. Managing complexity, multimorbidity and polypharmacy</strong></td>
<td>Participates in professional collaboration and long-term conditions improvement programme.</td>
</tr>
<tr>
<td></td>
<td>Advises on the evidence-based treatment of long-term conditions.</td>
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<td></td>
<td>Demonstrates the ability to involve patients in pathway design.</td>
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<td></td>
<td>Contributes to enhancing the quality of life for people living with long-term conditions.</td>
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<td></td>
<td>Identifies and manages specific patients with long-term conditions.</td>
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<tr>
<td></td>
<td>Demonstrates understanding of disease state monitoring for long-term conditions.</td>
</tr>
<tr>
<td>Managing concurrent health problems within an individual patient</td>
<td>Demonstrates ability to identify and manage long-term conditions for specific patients with multimorbidity.</td>
</tr>
<tr>
<td></td>
<td>Advises on the management and/or avoidance of drug interactions and adverse drug reactions in patients with concurrent health problems.</td>
</tr>
<tr>
<td>Adopting safe and effective approaches for patients with complex needs</td>
<td>Demonstrates safe and effective communication and clinical reasoning skills to improve the management of complex patients.</td>
</tr>
<tr>
<td></td>
<td>Successfully negotiates complex treatment issues with patients and the multidisciplinary team.</td>
</tr>
<tr>
<td>Supporting patients in line with NHS priorities, eg, learning disabilities, dementia, diabetes, end-of-life care, cancer and mental health</td>
<td>Demonstrates the ability to complete a mental health assessment.</td>
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<tr>
<td></td>
<td>Promotes medication review of psychotropic medication for people with learning disabilities.</td>
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<td></td>
<td>Demonstrates ability to liaise with the specialist psychiatrist and mental health pharmacy network regarding psychotropic prescribing for people with learning disabilities.</td>
</tr>
</tbody>
</table>
### 2. Working with colleagues and in teams

<table>
<thead>
<tr>
<th>Working as an effective team member</th>
<th>Demonstrates ability to identify and manage long-term conditions in specific groups of patients, for example, older people, children or those with a mental health condition.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensuring a team-based approach to the care of patients</td>
<td>Promotes appropriate use of antipsychotics in dementia and reviews antipsychotic prescribing in partnership with the multidisciplinary team and social care.</td>
</tr>
<tr>
<td></td>
<td>Prioritises review of key medicine issues arising from national or local policy or research.</td>
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<td></td>
<td>Demonstrates ability to identify and manage long-term conditions in specific groups of patients, for example, older people, children or those with a mental health condition.</td>
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<tr>
<td></td>
<td>Develops relationships with the wider multidisciplinary team and promotes networking opportunities.</td>
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<td></td>
<td>Participates in peer review and offers supportive feedback to others.</td>
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<tr>
<td></td>
<td>Demonstrates active participation in care-planning and co-ordination with the multidisciplinary team.</td>
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<tr>
<td></td>
<td>Demonstrates effective team working and the promotion of skill mix.</td>
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<tr>
<td></td>
<td>Supports the multidisciplinary team to improve medication review.</td>
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<tr>
<td></td>
<td>Evaluates and makes recommendations for improving local repeat prescribing and repeat dispensing based on good practice principles, aiming to promote adherence and patient-centred systems.</td>
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<td></td>
<td>Demonstrates ability to disseminate good practice in shared decision-making with the multidisciplinary team.</td>
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<td></td>
<td>Demonstrates active participation in multidisciplinary team meetings, discussing evidence-based treatments.</td>
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<td></td>
<td>Demonstrates ability to liaise with colleagues to improve local pathways of care and improve patient care and outcomes.</td>
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<td></td>
<td>Demonstrates a multidisciplinary team approach to improving outcomes for people who take multiple medicines (polypharmacy) and have long-term conditions.</td>
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<tr>
<td></td>
<td>Delivers medication reviews in care homes involving the resident/family member/carer and a team of health and social care practitioners.</td>
</tr>
<tr>
<td>Learning outcome</td>
<td>Core capabilities and competences</td>
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</tr>
<tr>
<td>Working well in organisations and systems of care</td>
<td>Fundamental knowledge of this learning outcome includes knowledge of audit and formularies, policy and guidance. It also includes communication to GP practice and external partners and the working principles of education and safety.</td>
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<td></td>
<td>Continuous evaluating and improving the care you provide</td>
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<td></td>
<td>Accesses practice-specific prescribing data, interrogates the data accurately, and uses the data to identify priorities for improving prescribing and patient care.</td>
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<td></td>
<td>Demonstrates understanding of the audit cycle and derives criteria and standards from good-quality guidelines.</td>
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<td></td>
<td>Promotes cost-effective use of health resources and understands the pharmacoeconomics of medicines that underpins NICE recommendations.</td>
</tr>
<tr>
<td></td>
<td>Supports GP audit activity.</td>
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<tr>
<td></td>
<td>Leads quality improvement in response to audit and local/national priorities.</td>
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<tr>
<td></td>
<td>Demonstrates effective decision-making, including taking feedback from stakeholders.</td>
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<tr>
<td></td>
<td>Adopting a safe and scientific approach to improve quality of care</td>
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</tbody>
</table>
### Supporting the education and development of colleagues

Delivers education and training about repeat prescribing management for clinical and non-clinical staff.

Delivers education and training about safe and effective medicines use for the general practice team.

Considers different learning styles and uses appropriate techniques and technologies to address different learning styles when delivering education.

Demonstrates ability to present to small and medium-sized groups of professionals using effective verbal and visual presentation skills.

Demonstrates ability to deliver education for individuals and small groups to improve systems and practice.

Demonstrates organisational responsibility for the medicines reconciliation process and offers education and training to support other competent health professionals to deliver quality medicines reconciliation.

Is sought as an expert to advise the multidisciplinary team about medicines-related questions.

Invites and acts on feedback.

Demonstrates ability to mentor others.

### 2. Organisation, management and leadership

Applying leadership skills to improve your organisation's performance

Influences the general practice team with respect to organisational change, prescribing decisions and implementation of the seven principles of medicines optimisation.

Demonstrates ability to produce written business cases and actively participate in implementing change and service development.

Demonstrates active involvement in strategic decisions about medicines and developing care pathways that involve medicines use.

Demonstrates awareness of the area prescribing committee and uses its decisions routinely to inform practice and share with colleagues.

Raises awareness of red amber green (RAG) or equivalent schemes and area formularies influencing adoption in practice.

Demonstrates ability to manage projects within the practice and the locality.
<table>
<thead>
<tr>
<th>Learning outcome</th>
<th>Core capabilities and competences</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Making effective use of information and communication systems</td>
<td>Accesses local information relating to formularies and medicines approved for use.</td>
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<td>Creates effective communication channels with community pharmacy, including patient referrals.</td>
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<td></td>
<td>Promotes and facilitates the role of community pharmacy and supports referrals for contractual and additional services.</td>
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<td>Demonstrates ability to persuade or influence using academic detailing and social marketing.</td>
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<td></td>
<td>Appropriately refers medicines information enquiries to UK medicines information and supports community pharmacy to appropriately access information.</td>
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<td></td>
<td>Co-ordinating medicines optimisation across the pharmacy sectors</td>
<td>Determines which patients and which medicines are suitable for repeat dispensing.</td>
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<td>Demonstrates ability to describe the principles of medicines reconciliation and to apply this to patients transferred across an interface, for example, discharged from hospital.</td>
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<td></td>
<td>Demonstrates working across the interface to build relationships and share information plans and resources with other pharmacy professionals.</td>
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<td>Demonstrates ability to negotiate issues or requests with hospital pharmacy teams.</td>
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<td></td>
<td>Completes medicines reconciliation for specific patients when they transfer between care settings in a timely manner and takes action to improve adherence.</td>
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<td></td>
<td>Demonstrates ability to work within existing networks or create a professional network to support medicines optimisation.</td>
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<td></td>
<td>Demonstrates understanding of the limitations of Scriptswitch and equivalent schemes and negotiates tensions with the medicines optimisation agenda.</td>
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<td></td>
<td></td>
<td>Demonstrates ability to influence and implement initiatives to reduce waste.</td>
</tr>
<tr>
<td>Leading on medicines safety</td>
<td>Demonstrates knowledge of monitoring required for common and high-risk medicines.</td>
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<td></td>
<td>Influences good-quality prescribing and safe and effective repeat prescribing.</td>
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<td></td>
<td>Monitors medicines including identifying high-risk drugs and shared care monitoring.</td>
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<td></td>
<td>Creates procedures for cascade to the multidisciplinary team and action required by drug safety updates and national patient safety alerts, within specified or locally agreed timeframes and promotes a safety culture.</td>
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<td>Demonstrates a working knowledge of shared care agreements and effectively supports implementation.</td>
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<td>Demonstrates the ability to advise about the safe prescribing, procurement, supply and use of specials and advises on choice of high-quality specials that are appropriate to patient needs and cost-effective.</td>
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<td></td>
<td>Demonstrates ability to advise on patient safety including regarding recalls, audits and incident recording and advise on appropriate systems to promote a safety culture, for example, Datix or equivalent.</td>
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<td></td>
<td>Leads implementation of processes to identify, report, prioritise, investigate and learn from medicines-related safety incidents locally.</td>
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<td></td>
<td>Demonstrates ability to manage introduction of new medicines safely and in line with NICE recommendations and local guidance.</td>
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<td></td>
<td>Assesses the training needs of the multidisciplinary team to help patients and practitioners to identify and report medicines-related patient safety incidents and obtain regular feedback on progress.</td>
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</tbody>
</table>
### Learning outcome
**Caring for the whole person and the wider community**

This learning outcome is underpinned by the understanding of the important role that general practice plays in supporting and delivering the prevention and public health agenda. It relies on the ability to communicate across boundaries between health and social care.

<table>
<thead>
<tr>
<th>Core capabilities and competences</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Practising holistically and promoting health</td>
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<tr>
<td>Demonstrating a holistic mindset</td>
<td>Understands the important role that general practice plays in supporting and delivering the prevention and public health agenda.</td>
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<tr>
<td></td>
<td>Demonstrates ability to communicate across boundaries between health and social care.</td>
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<tr>
<td></td>
<td>Actively encourages and helps people to make healthier choices to achieve long-term behaviour change (using Making Every Contact Count approach).</td>
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<td></td>
<td>Researches practice population demographics and disease prevalence.</td>
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<td></td>
<td>Demonstrates ability to identify the psychological aspects of long-term conditions and offer a holistic assessment.</td>
</tr>
<tr>
<td></td>
<td>Uses a holistic approach to explore and discuss all external factors which may influence health and medicines use.</td>
</tr>
<tr>
<td>Supporting people through experiences of health, illness and recovery</td>
<td>Delivers public health interventions to support the health and wellbeing of patients and the public.</td>
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<tr>
<td></td>
<td>Demonstrates ability to reflect on patient-centred care and support patients to achieve better outcomes.</td>
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<td></td>
<td>Delivers personalised care which understands and supports the individual as an expert in their condition.</td>
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<td></td>
<td>Demonstrates ability to offer support and resources from charities and patient groups.</td>
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<td></td>
<td>Promotes a co-ordinated service delivering consistently safe and high standards of care.</td>
</tr>
<tr>
<td>2. Community orientation</td>
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</tbody>
</table>
| Ensuring medicines optimisation across your local community, including care homes | Demonstrates understanding of the term medicines optimisation and how this can be used to improve patient outcomes relating to medicines.  
Supports systems for monitoring medicines prescribed under shared care protocols.  
Demonstrates knowledge of the role of community pharmacy in medicines optimisation.  
Demonstrates ability to manage prescription accuracy and hospital letters and address problems raised during medicines reconciliation.  
Promotes and embeds the role of pharmacists in care homes, with overall responsibility and accountability for medicines and their use.  
Supports community pharmacy in its role to train care home providers to deliver safe management and administration of medicines and reduce waste.  
Demonstrates participation in domiciliary and care home visits, effectively working with social care and the multidisciplinary team.  
Demonstrates ability to identify any impact on local provision of care regarding specialised services delivery.  
Actively participates in the NHS England medicines optimisation programme. |
| Building relationships with the communities in which you work | Demonstrates effective working across the interface and with other care providers such as care homes.  
Supports and signposts to other local public health services via healthcare providers such as community pharmacy.  
Demonstrates understanding of the services, clinics and specialties existing in a local general practice and the network of healthcare professionals and services in a locality.  
Demonstrates participation in developing initiatives with community pharmacy and promoting new ways to deliver care to improve access, outcomes and quality.  
Promotes the professional role of pharmacists in the wider healthcare environment.  
Inspires and manages the local team, utilising a collaborative leadership approach. |
Appendix 2 – Modules of study for the Clinical pharmacists in general practice education programme

Module 1 – Induction

Clinical pharmacists on pathways 1 and 2 will complete the induction module and the senior pharmacists will complete the senior induction module. The key components of module 1 are described here and in the tables below:

The induction residential (pathways 1 and 2) provides an intensive introduction to the core skills required for a clinical pharmacist in general practice. The induction residential creates the opportunity for pharmacists to network with other clinical pharmacists and build strong collegiality to achieve success as part of the NHS England scheme.

The senior induction residential (senior pathway) provides an intensive introduction to clinical leadership in primary care and the senior clinical pharmacist’s role as a mentor for the clinical pharmacists on the pathway. There is also an optional introduction to the core skills required (consultation skills and clinical assessment skills and history-taking). The induction residential creates the opportunity for networking with other senior clinical pharmacists and build strong collegiality to achieve success as part of the NHS England scheme.

Our General practice – the fundamentals of working with GP’s e-course is available online. This e-course is an excellent introduction to working in a GP surgery. The e-course covers NHS structure and general practice, introduction to local general practice, medicines optimisation, medication review, prescribing and repeat prescribing, prescribing data, clinical information technology systems, audits, evidence-based use of medicines, working with the multidisciplinary team and patient-centred professionalism. All pharmacists who are new to general practice will be expected to complete this e-course as part of module 1. Pharmacists with previous experience of working in a GP practice will still find the course a useful resource. We have designed the course so that pharmacists can dip in and out and focus on the areas of learning that are most relevant to them. All pharmacists on all three pathways are expected to pass the fundamentals of working with GPs e-assessment.

The tables below and opposite describe how the pharmacists will study module 1.

Module 1 – pathway 1 and pathway 2

<table>
<thead>
<tr>
<th>Month 1</th>
<th>Month 2</th>
<th>Month 3</th>
<th>Month 4</th>
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<tbody>
<tr>
<td><em>The fundamentals of working with GPs e-course</em> 13 weeks online, tutor-led, start dates available on the CPPE website</td>
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</table>

- **Induction residential day 1 and 2:** Days 1 and 2 focus on patient engagement, developing your role in general practice, an introduction to leadership and consultation skills.
- **Induction residential day 3 and 4:** Days 3 and 4 focus on clinical assessment skills and history-taking, medicines reconciliation, complex cases and resilience.
- **Learning set:** Working with community pharmacy
- **Learning set:** Developing your patient-facing role
Module 1 – senior pathway

<table>
<thead>
<tr>
<th>Month 1</th>
<th>Month 2</th>
<th>Month 3</th>
<th>Month 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optional: <em>The fundamentals of working with GPs e-course</em> 13 weeks online, tutor-led, start dates available on the CPPE website</td>
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<tr>
<td>Optional: Induction residential: Senior clinical pharmacists can choose to attend a maximum of two days of the clinical pharmacists induction residential. This will be discussed at the initial meeting with the CPPE education supervisor.</td>
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<tr>
<td>Senior induction residential: The senior induction residential focuses on patient engagement, developing your senior clinical pharmacist role in general practice, mentoring, quality improvement, stakeholder engagement, influencing skills, resilience and developing peer support networks.</td>
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<tr>
<td>Learning set: Working with community pharmacy</td>
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<td></td>
<td></td>
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<tr>
<td>Learning set: Developing your patient-facing role</td>
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</table>

After completing the induction module clinical pharmacists and senior clinical pharmacists will progress through the other modules for their pathway of learning.

**Module 2 – clinical pharmacy (pathway 1 only)**

**Duration:** four months

Module 2 will enable pharmacists to build a strong foundation of clinical knowledge before progressing through modules 3, 4 and 5 supporting role development and leadership. The focus of module 2 is on respiratory and hypertension in the context of the complexity of other conditions. On completion of the module pharmacists will be able to:

- apply pharmaceutical knowledge and skills to practice
- plan, manage, monitor, advise and review pharmaceutical care plans for patients
- make decisions requiring analysis, comparison of a range of options and interpretation of the evidence base
- understand the wider complexity of patient care, working with the patient.

**Delivery structure:**

Module 2 is a continuing professional development (CPD) module delivered by our partner HEIs. Pharmacists on pathway 1 will complete module 2 at a partner HEI of their choice. More information about module 2 is available on each of our partner HEI’s factsheets. CPPE will share names and contact details of pharmacists on pathway 1 with our partners for the purposes of enrolment onto HEI modules.
Module 3 – clinical pharmacy in primary care (all pathways)

Duration: four months

Module 3 focuses on building confidence in managing medical complexity and polypharmacy. The learning is led by experts and GPs on key areas for primary care.

<table>
<thead>
<tr>
<th>Study day</th>
<th>Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Musculoskeletal and chronic pain update</td>
<td>Red Whale</td>
</tr>
<tr>
<td>Mental health and wellbeing</td>
<td>HEI partners</td>
</tr>
<tr>
<td>Medicines optimisation in care homes essential skills</td>
<td>CPPE</td>
</tr>
<tr>
<td>Clinical pharmacist update</td>
<td>Red Whale</td>
</tr>
</tbody>
</table>

Webinar

Red Whale and CPPE will deliver six interactive webinars focusing on long term conditions. Topics are chosen to compliment the content of the Clinical pharmacist update study day and may include the following: chronic heart failure, monitoring, polypharmacy, respiratory, atrial fibrillation, cancer and end of life care, acute kidney injury.

Online course

Red Whale will deliver a type 2 diabetes online course. This consists of one live webinar and three recorded webcasts.

Delivery structure:

You will attend one study day per month. Webinars and the diabetes online course are spread out through the module.

Module 4 – leadership and management (pathways 1 and 2)

Duration: two months

Module 4 focuses on developing your leadership and management skills and introduces clinical pharmacists to tools to understand, improve and maintain professional relationships and manage change. During this module clinical pharmacists will lead on quality improvement projects for the benefit of patient care and develop personal resilience, wellbeing and effectiveness in their general practice role.

Delivery structure:

<table>
<thead>
<tr>
<th>Pre-work</th>
<th>Month 1</th>
<th>Month 2</th>
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</thead>
<tbody>
<tr>
<td>Myers-Briggs Type Indicator (MBTI) online e-workshops</td>
<td>Leadership study day 1: Leadership in general practice</td>
<td>Leadership study day 2: Lead, Manage, Thrive! (Red Whale)</td>
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<tr>
<td></td>
<td></td>
<td>Learning set: quality improvement project focus</td>
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<tr>
<td></td>
<td></td>
<td>Quality improvement project: Creating and implementing a practice-based quality improvement project.</td>
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</tbody>
</table>
Module 5 – clinical assessment skills (pathway 1 and pathway 2)

Pharmacists on pathway 2 can choose module 5 or module 6

**Duration:** two months

Module 5 focuses on clinical assessment skills and clinical decision-making applicable to caring for patients with chronic conditions and during medication reviews.

Module 5 consists of three study days focusing on general examination of the patient, dermatological conditions, infections, respiratory and cardiovascular assessment.

**Delivery structure:**
- study days led by medical tutors on acute and chronic presentations and associated clinical assessment skills, supported by professional medical actors
- self-directed e-learning on history-taking
- self-directed anatomy learning.

Module 6 – advanced clinical assessment skills (pathway 2 and senior pathway)

Pharmacists on pathway 2 can choose module 5 or module 6

**Duration:** two to four months

Module 6 focuses on clinical assessment and clinical decision-making skills in the context of caring for patients with a wide range of conditions and during medication reviews.

Module 6 consists of five study days focusing on general examination of the patient, dermatological conditions, infections and examination and assessment skills in a range of systems including respiratory, cardiovascular, neurological, musculoskeletal and gastrointestinal.

**Delivery structure:**
- study days led by medical tutors on acute and chronic presentations and associated clinical assessment skills, supported by professional medical actors
- self-directed e-learning on history-taking and differential diagnosis
- self-directed anatomy learning.

Module 7 senior leadership (senior pathway)

**Duration:** two months

Senior clinical pharmacists are key to the success and sustainability of the Clinical pharmacists in general practice programme. Senior clinical pharmacists are a valuable resource to lead improvement and service transformation relating to medicines optimisation. Module 7 focuses on exploring the individual, the team and the wider NHS and care landscape. This will enable senior clinical pharmacists to become more confident leaders so that they can have a greater impact on patient outcomes. The study days are delivered by Alliance Manchester Business School in partnership with CPPE.

**Delivery structure:**

<table>
<thead>
<tr>
<th>Pre-work</th>
<th>Month 1</th>
<th>Month 2</th>
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</thead>
<tbody>
<tr>
<td>Myers-Briggs Type Indicator (MBTI) online e-workshops</td>
<td>Two-day residential: Leadership of self and teams</td>
<td>Study day: System leadership</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Write a case for change</td>
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<tr>
<td>Senior clinical pharmacists will keep a reflective journal of their development and engage with discussions on Canvas.</td>
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</tbody>
</table>
Appendix 3 – Partner organisations

The education programme is led by CPPE and includes HEI partners and a national GP education provider. All of our partners have expertise in delivering GP pharmacist education.

UEA University of East Anglia

University of Brighton

UNIVERSITY OF BATH

UNIVERSITY OF LEEDS

UNIVERSITY OF EXETER MEDICAL SCHOOL

University of Sunderland

The University of Manchester

Red Whale
References

1. General Practice Forward View April 2016.

2. NHS England Clinical Pharmacists in General Practice.


4. RPS Leadership development framework: developing leadership, wherever you are. January 2015.


   www.consultationskillsforpharmacy.com/docs/docc.pdf
Contacting CPPE
For information on your orders or bookings, or any general enquiries, please contact us by email, telephone or post. A member of our customer services team will be happy to help you with your enquiry.

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