

Clinical pharmacists in general practice education

Clinical mentor handbook



Acknowledgements

Authors

Helen Middleton, lead pharmacist - General practice education (London and South East), CPPE
Emma Wright, lead pharmacist - General practice education (South), CPPE

Reviewer

Ceinwen Mannall, national lead, General practice and lead pharmacist, learning development, CPPE

Editor

Sarah Bromley, editorial assistant, CPPE

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Welcome and contents

Congratulations on your new role as clinical mentor and welcome to CPPE. This handbook will help you to settle in to your new role as a clinical mentor and provide you with lots of helpful information.

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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 View¹

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 2015.²

Learning programme

The clinical pharmacists education programme is comprised of a number of different component parts:

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

The *Clinical pharmacists in general practice education programme*

Health Education England (HEE) has awarded the contract to deliver the education programme 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-terms 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 programme 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 programme) 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 the programme:
 - NHS Healthcare Leadership Model³ and associated Royal Pharmaceutical Society (RPS) Leadership Development Framework 2015⁴
 - RPS: a competency framework for all prescribers⁵
 - 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 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

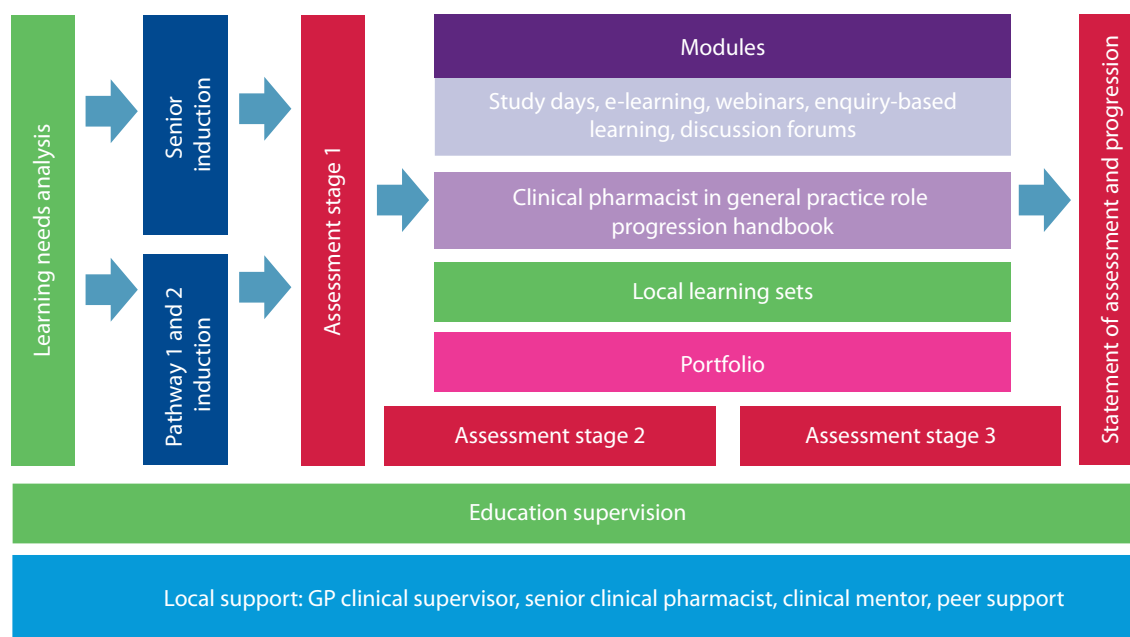
Section 2

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* programme 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.

Overview of the *Clinical pharmacists in general practice education programme*



Clinical pharmacists and senior clinical pharmacists have 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 their 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

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

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.

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*

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. Each pharmacist is required to complete two Case-based Discussion (CbD) assessments and we will provide training so that you can assess the CbDs during a learning set and provide feedback to the pharmacists afterwards.

You will also facilitate the *Developing your patient-facing role* learning set alongside an education supervisor to support the pharmacists to become patient facing.

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 1 of the *Clinical pharmacists in general practice education* programme 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 programme. 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.

Assessment	Format
<i>Safeguarding children and vulnerable adults*</i>	e-assessment
<i>Consultation skills</i>	e-assessment
<i>Equality, diversity and human rights (eLjH)</i>	e-assessment
<i>Fundamentals of working with GPs</i>	e-assessment

*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 their 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 programme.

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 programme 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 their 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 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 prescriber training will be commissioned separately by Health Education England (HEE) and places on an IP course for pharmacists on the programme 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

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.

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* programme can be found on the CPPE website: www.cppe.ac.uk/career/cpgpe/faqs#gpptpMenu

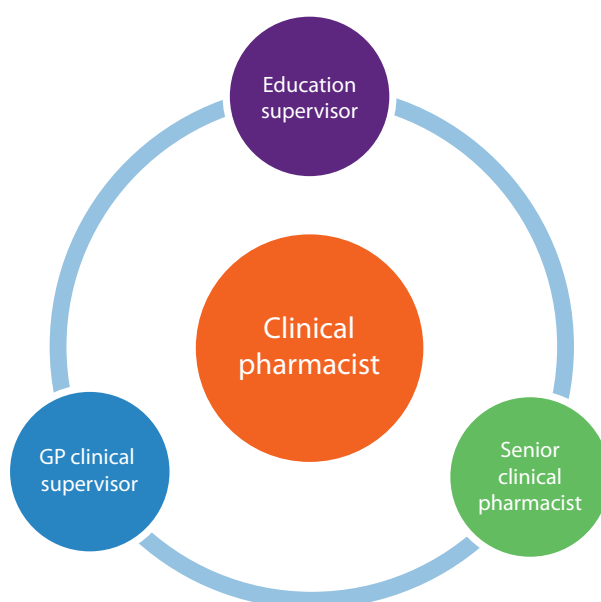
Section 3

Support for pharmacists throughout their pathway

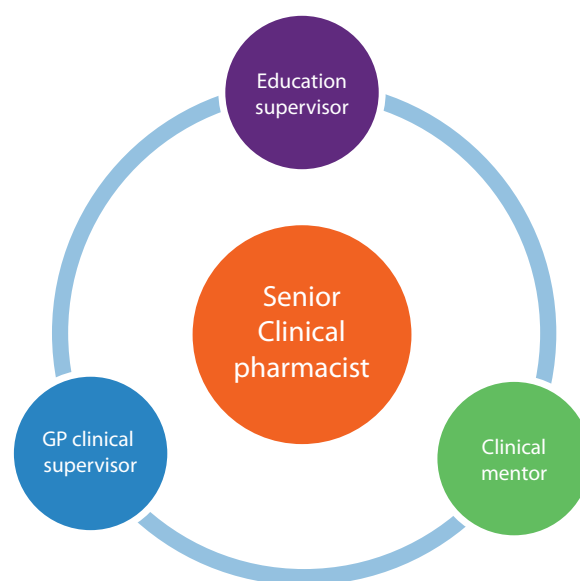
Support structure underpinning the learning programme

A strong support structure underpins the programme. 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 their 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 programme, 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. You 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. You will provide individual support and mentorship to senior clinical pharmacists

and support for role progression for clinical pharmacists on referral from the education supervisor. You do 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. The GP clinical supervisor will support role development and integration into the practice, and work with the pharmacist to ensure safe patient services and management of workload. The GP clinical supervisor 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. They 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. The GP clinical supervisor must have intimate knowledge of the working environment and the service and be instantly contactable. Initially they 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 programme
- 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 clinical mentor

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. The clinical mentor is employed by CPPE on a sessional basis.

Each clinical mentor will support a cohort of pharmacists for 12 months, after 12 months he/she will be assigned a new cohort of pharmacists. Pharmacists may start at various times during the 12 month period and delivery will be flexible to the needs of the pharmacists.

The role of the CPPE clinical mentor is to:

- provide group mentoring at the start of the programme to support pharmacists to become patient facing
- assess the pharmacist's Case-based Discussions during learning sets
- provide individual role support and mentorship to senior clinical pharmacists
- provide individual support for role progression for clinical pharmacists requiring additional support (PRAS) on referral from the education supervisor
- act as a role model.

Key duties and responsibilities

Learning sets

- Facilitate the *Developing your patient-facing role* learning set to support pharmacists to become patient facing and develop their patient-facing role.
- Prepare for the learning set using the CPPE learning materials and your own experience in general practice and primary care.

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 pharmacists on their strengths and development areas in relation to the case presented, and inform the pharmacists of the outcome of their assessment within one week of the CbD.
- Complete the CbD assessment form and send a copy to the pharmacist within one week of the CbD.

Role support and mentorship for senior clinical pharmacists

- Act as a mentor and role model to senior clinical pharmacists (up to six appointments per pharmacist in a six month period).
- Arrange individual mentoring appointments at a time convenient to you and the senior clinical pharmacist – this may be during working hours, or at evenings/weekends.
- Discuss confidentiality with the senior clinical pharmacist 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 senior clinical pharmacist at the initial session by completing the ***Clinical pharmacists mentoring form***.
- Provide advice and guidance based on your experience in general practice/primary care.
- Encourage the senior clinical pharmacist to express and discuss ideas and concerns affecting their experience in the workplace.
- Give the senior clinical pharmacist honest and constructive feedback.
- Agree an action plan with the pharmacist at each meeting.
- Avoid providing ongoing mentorship or adhoc advice outside of agreed appointment times.

Role support for pharmacists requiring additional support (PRAS)

- Provide individual support for role progression for clinical pharmacists requiring additional support (PRAS) on referral from the education supervisor (up to six appointments per pharmacist in a six month period). Role referrals for PRAS 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 pharmacist – this may be during working hours, or at evenings/weekends.
- Discuss confidentiality with the pharmacist 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 pharmacist at the initial session by completing the ***Clinical pharmacists mentoring form***.
- Provide advice and guidance based on your experience in general practice/primary care.
- Encourage the pharmacist to express and discuss ideas and concerns affecting their experience in the workplace.
- Give the pharmacist honest and constructive feedback.
- Agree an action plan with the pharmacist at each meeting.
- Avoid providing ongoing support or adhoc advice outside of agreed appointment times.

Record keeping

- Write a short summary of each appointment and email the summary of the discussion and agreed actions to the pharmacist. If more detailed notes are required, the pharmacist 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 pharmacists 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 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.
- 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 pharmacists who you will provide mentorship for and the expected time commitment. You will report to the regional lead pharmacist for general practice and work closely with the education supervisor(s) for the senior clinical pharmacists and clinical pharmacists 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 lead pharmacist for general practice.
- If you are unwell and unable to work on a day when you are due to have a mentoring meeting with a pharmacist, contact the pharmacist directly to cancel and the rearrange the meeting.
- You should address no-shows at appointments by email. If the pharmacist does not respond to two emails then the mentoring should be withdrawn. You should inform the CPPE education supervisor and the pharmacist 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. You can claim a fee of £50 to participate in this training which includes preparation time (one hour) and attendance at the webinar (one hour). 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 £75 to participate in this training which includes preparation time (two hours) and attendance at the webinar (one hour). 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.

Activity	Time commitment (over a 12 month period)	Notes	Fee
Facilitation of a learning set	One learning set (two hours face-to-face delivery time and preparation time)	The <i>Developing your patient-facing role</i> learning set will support pharmacists to become patient facing and develop their patient facing role. CPPE will provide the learning materials.	Fixed fee of £150 which includes the face-to-face delivery time and preparation time. Travel expenses.
Support and mentorship for senior clinical pharmacists	Up to six appointments per senior clinical pharmacist (75 minutes total per appointment – see notes)	Up to six appointments per senior clinical pharmacist over a six month period (by phone or Skype) as needed. Some senior clinical pharmacists 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).	£30 per appointment. You are expected to keep to time and cannot claim for additional time if the meeting over runs.
Role support for pharmacists requiring additional support (PRAS)	Up to six appointments per PRAS (75 minutes total per appointment – see notes)	Up to six appointments per PRAS over a six month period (by phone or Skype) as needed. Some pharmacists 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). PRAS are referred to you by the education supervisor. Pharmacists cannot approach you directly for additional support. If they approach you ask them to speak to their education supervisor.	£30 per appointment. You are expected to keep to time and cannot claim for additional time if the meeting over runs.
Case-based Discussion (CbD) assessments	The time commitment depends on the number of pharmacists in your local cohort. Each pharmacist will complete two CbD assessments.	CbD assessments take place during learning sets. Each pharmacist 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.	£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.

The time commitment is approximately half a day per month for a cohort of ten pharmacists (the exact number of senior clinical pharmacists, clinical pharmacists and pharmacists requiring additional support (PRAS) in each cohort will vary so it is not possible to exactly predict the time commitment over a 12 month period).

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.

The education supervisor regional lead pharmacist for general practice will send you 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 CPPE 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:

Michael Stott
 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 as this is the end of the financial year.

Fees and travel expenses should be paid two 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.

Notes

A large, empty, light orange rectangular area intended for taking notes.

Appendix 1: Curriculum for the *Clinical pharmacists in general practice* education programme

Learning outcome	Core capabilities and competences	Description
<p>Knowing yourself, general practice and relating to others</p>	<p>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.</p>	
	<p>1. Orientation to general practice</p>	
	<p>Demonstrating knowledge of GP systems and processes</p>	<p>Demonstrates knowledge of the general practice contract framework and commissioning of general medical services.</p> <p>Identifies how the NHS outcomes framework and care out of hospital is used to improve the quality of care in general practice.</p> <p>Demonstrates knowledge of quality drivers such as the Five year forward view report¹ and new models of care innovation.</p> <p>Identifies good-quality repeat prescribing processes and improve the local repeat prescribing policy and process.</p> <p>Demonstrates ability to use Docman, Pathlinks, templates and other practice IT systems.</p>
	<p>Establishing your position as a member of the general practice team</p>	<p>Manages formularies and advises on software to support prescribing decisions.</p> <p>Demonstrates understanding of roles and responsibilities for each member of the general practice team.</p> <p>Integrates with other members of the multidisciplinary team, providing enhanced patient-centred care.</p> <p>Delegates effectively.</p> <p>Confidently contributes to practice meetings.</p>

2. Communication and consultation	
Establishing an effective partnership with patients and carers	Adopts a person-centred approach, demonstrating key consultation skills and behaviours described in the national standards for consultation skills.
	Communicates with a wide variety of professionals and patients using written and verbal communication.
Maintaining a continuing relationship with patients, carers and families	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.
	Applies an open approach to encourage exchange of information, establish understanding and explore patient's ideas, concerns and expectations.
	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.
	Demonstrates ability to use electronic systems to generate letters to patients and effectively communicate medical and medicines information in a patient-centred manner.
	Demonstrates ability to decide immediate treatment options, including referral, and negotiate with the patient regarding treatment decisions.
	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.
	Checks patient expectations of outcomes and next steps. Agrees a safety-net plan and ensures all patient questions are addressed.
	Establishes balanced equal discussions to demonstrate partnership with the patient in consultations. Patients are engaged throughout consultations.
	Demonstrates active listening skills and appropriate empathy. Outcomes are negotiated and patient-centred.

Learning outcome	Core capabilities and competences	Description
	<p>3. Fitness to practise</p> <p>Demonstrating attitudes and behaviours outlined in GPhC standards</p>	<p>Demonstrates evidence for appropriate professional insurance and liability cover.</p> <p>Demonstrates patient-centred professionalism.</p> <p>Demonstrates engagement with relevant pharmacy professional bodies.</p> <p>Adheres to information governance policies and procedures in using information and communication.</p> <p>Applies safeguarding children and vulnerable adults' principles.</p> <p>Demonstrates ability to communicate in a conflict situation.</p> <p>Manages risk and implements change to reduce risk and promote a safety culture.</p> <p>Meets the professional standards set out by the GPhC to enable registration to practice as an independent prescriber.</p> <p>Demonstrates ability to resolve conflict, report concerns and develop whistle-blowing policies for the practice or locality.</p> <p>Demonstrates resilience in professional situations.</p>
	<p>Managing the factors that influence your performance</p>	<p>Identifies own learning needs, develops clinical reasoning, advances own learning to sustain continuing professional development and works at the forefront of the profession.</p> <p>Engages in peer review.</p> <p>Prioritises workloads and negotiates conflicting responsibilities.</p> <p>Manages and survives change.</p>
<p>Applying clinical knowledge and skill</p>	<p>To meet this learning outcome you will have core physical examination, diagnostic and patient monitoring skills.</p> <p>1. Data gathering and interpretation</p>	
	<p>Applying a structured approach to data gathering and investigation</p>	<p>Assesses medicines-related questions and formulates an answer using effective communication.</p> <p>Demonstrates an ability to take a clinical history using clinical reasoning.</p> <p>Applies information mastery principles to finding relevant and valid summaries of high-quality evidence.</p>

	Interpreting findings accurately to reach a diagnosis	<p>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.</p> <p>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).</p>
	<p>2. Clinical examination and procedural skills</p> <p>Demonstrating a proficient approach to clinical assessment</p>	<p>Integrates the principles of anatomy and pathophysiology relevant to health problems presenting in a range of body systems.</p> <p>Contributes to urgent care support utilising clinical reasoning and examination skills.</p> <p>Monitors medical conditions in line with current recommendations and local/national guidance.</p> <p>Recognises commonly presenting conditions, both acute and long-term conditions, in a range of body systems.</p> <p>Demonstrates ability to make a clinical assessment including in patient groups where communication may be especially challenging.</p> <p>Demonstrates an ability to perform an examination of body systems in order to manage a range of medical conditions.</p> <p>Applies the principles of hygiene and infection control in the clinical setting.</p> <p>Understands how to request and interpret pathology reports.</p> <p>Understands how to request and interpret clinical biochemistry.</p> <p>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.</p>
	Demonstrating a proficient approach to the performance of procedures	

Learning outcome	Core capabilities and competences	Description
	<p data-bbox="309 1570 336 1827">3. Making decisions</p> <p data-bbox="357 1093 416 1827">Demonstrating a proficient approach to undertaking medication review</p>	<p data-bbox="357 174 416 1037">Demonstrates understanding of the principles of medication review and the evidence for medication review.</p> <p data-bbox="437 367 464 1037">Identifies patients who will benefit from medication review.</p> <p data-bbox="485 405 512 1037">Documents medication review and appropriately refers.</p> <p data-bbox="533 174 624 1037">Completes a structured clinical medication review and shares good practice with others. Prioritises medication review when a new long-term condition is diagnosed, following an adverse event and when moving care setting.</p> <p data-bbox="644 286 671 1037">Uses clinical reasoning throughout the medication review process.</p> <p data-bbox="692 181 735 1037">Applies medicines optimisation, deprescribing and medicines reconciliation to improve patient outcomes when undertaking medication review.</p>
	<p data-bbox="764 1126 823 1827">Making appropriate referrals to senior colleagues and seeking second opinions</p>	<p data-bbox="764 197 791 1037">Practices safely, appropriately and cost-effectively as an independent prescriber</p> <p data-bbox="812 174 903 1037">Recognises a situation outside competence and refers patients appropriately within the multidisciplinary team, in a timely manner and with appropriate safety-netting.</p> <p data-bbox="924 344 983 1037">Refers patients to services and other practitioners outside the multidisciplinary team as appropriate.</p>
	<p data-bbox="1011 1088 1070 1827">Demonstrating clinical reasoning and judgment, problem solving and prioritisation</p>	<p data-bbox="1011 353 1038 1037">Develops a systematic, evidence-based approach to practice.</p> <p data-bbox="1059 219 1150 1037">Takes an accurate drug history, assesses adherence, supports self-care, discusses risks and benefits using decision aids as appropriate, negotiates treatment decisions and discusses prognosis.</p> <p data-bbox="1171 472 1198 1037">Agrees clinical and referral pathways with the GP.</p> <p data-bbox="1219 181 1262 1037">Uses clinical reasoning to assess medicines-related questions and formulate an answer using effective communication.</p> <p data-bbox="1283 197 1374 1037">Identifies patients who would benefit from deprescribing using clinical tools such as STOPP/START, including people taking multiple medicines (polypharmacy), older people and people with long-term conditions.</p> <p data-bbox="1394 174 1453 1037">Demonstrates ability to negotiate tensions between cost-effective prescribing and medicines optimisation.</p> <p data-bbox="1474 174 1533 1037">Understands and applies the major theories underpinning clinical reasoning in healthcare.</p>

		<p>Actively participates or influences the multidisciplinary team to participate in local prescribing incentive schemes and evidence-based medicine strategies supporting medication review.</p>
	<p>Applying an evidence based approach</p>	<p>Understands and applies national drivers and policy underpinning medicines optimisation.</p> <p>Identifies and applies trusted sources of evidence-based information to practice, using clinical reasoning, including advanced knowledge of evidence-based treatment to patient care.</p> <p>Applies the principles of evidence-based medicines and influences the multidisciplinary team to apply evidence-based medicine principles to prescribing.</p> <p>Rationalises drug regimens in light of clinical indicators and reported symptoms and supports adherence.</p> <p>Applies evidence-based medicine principles to specific patients and populations to implement NICE guidelines, act on audit findings and reduce variation in prescribing.</p> <p>Articulates the evidence base for decisions and negotiates treatment issues when the evidence base is lacking, conflicting or based on opinion.</p> <p>Influences the multidisciplinary team to access trusted sources of evidence-based information.</p>
	<p>Assuring antimicrobial stewardship</p>	<p>Supports local implementation of the UK five year antimicrobial resistance strategy 2013-2018² including taking action to optimise prescribing practice and improve professional education and public engagement.</p> <p>Takes action to reduce antimicrobial resistance, including promoting awareness of patients and professionals about how to use antibiotics in a responsible way.</p> <p>Demonstrates ability to negotiate patient expectations and influence patients and colleagues with regard to appropriate use of antibiotics and promotion of self-care.</p>

Learning outcome	Core capabilities and competences	Description
	<p data-bbox="312 1514 336 1827">4. Clinical management</p> <p data-bbox="360 1155 424 1827">Providing general clinical care to all ages and backgrounds including care planning and record keeping</p>	<p data-bbox="360 141 456 1037">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.</p> <p data-bbox="472 141 536 1037">Documents activity in the clinical system in an appropriate format, using read codes, available templates and free text.</p> <p data-bbox="552 141 576 1037">Supports positive care planning for current and future health needs.</p> <p data-bbox="592 141 655 1037">Demonstrates application of tidy and safe patient record management and trains individuals and small groups in patient record management.</p> <p data-bbox="671 141 735 1037">Documents activity relevant to the quality and outcomes framework (QOF) and accurately record information using read codes.</p> <p data-bbox="751 141 815 1037">Promotes rational and pragmatic use of diagnostic testing and manages patient expectations, especially in people over 75 years.</p> <p data-bbox="831 141 895 1037">Ability to run searches to identify groups of patients with a medical condition or taking a specific medicine.</p> <p data-bbox="911 141 943 1037">Demonstrates a structured process for undertaking medication review.</p> <p data-bbox="959 141 1023 1037">Demonstrates ability to use practice systems to obtain information and document consultations.</p> <p data-bbox="1038 141 1062 1037">Identifies red flags and agrees referral pathways with GP.</p> <p data-bbox="1078 141 1142 1037">Clear exploration of patient's agenda which is incorporated and balanced with the pharmacist's agenda for the consultation.</p> <p data-bbox="1158 141 1222 1037">Clearly structures consultations and summarises to guide the discussion whilst allowing flexibility for the patient's agenda.</p> <p data-bbox="1238 141 1302 1037">Demonstrates ability to negotiate issues or requests between the GP surgery and hospital departments.</p> <p data-bbox="1318 141 1382 1037">Demonstrates active participation in development of standard operating procedures and/or guidelines.</p> <p data-bbox="1398 141 1493 1037">Demonstrates ability to actively work with local common condition services and signpost to other local health promotion/other relevant services, with appropriate safety-netting.</p>
	<p data-bbox="1238 1155 1262 1827">Making appropriate use of other professionals and services</p>	

	Working as a safe and effective prescriber	<p>Demonstrates ability to identify and apply the features of good-quality prescribing.</p> <p>Acts as a non-medical prescriber and prescribes within competency.</p> <p>Demonstrates understanding of the regulations regarding prescribers and prescribing.</p> <p>Promotes safe electronic prescribing.</p> <p>Demonstrates understanding of processes and regulations for controlled drugs prescriptions and influences processes for safe and legal controlled drugs storage.</p> <p>Demonstrates ability to negotiate requests from patients for medicines that are clinically unnecessary or not recommended for NHS prescribing.</p> <p>Acts as an independent prescriber, prescribes within agreed local formularies and applies a personal formulary for common condition prescribing, agreed with the GP.</p> <p>Demonstrates ability to apply national and local guidelines to prescribing and recommendations for common conditions.</p>
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Learning outcome	Core capabilities and competences	Description
<p>Managing complex and long-term care</p>	<p>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.</p>	
	<p>1. Managing complexity, multimorbidity and polypharmacy</p> <p>Enabling people living with long-term conditions to improve their health</p>	<p>Participates in professional collaboration and long-term conditions improvement programme.</p> <p>Advises on the evidence-based treatment of long-term conditions.</p> <p>Demonstrates the ability to involve patients in pathway design.</p> <p>Contributes to enhancing the quality of life for people living with long-term conditions.</p> <p>Identifies and manages specific patients with long-term conditions.</p> <p>Demonstrates understanding of disease state monitoring for long-term conditions.</p>
	<p>Managing concurrent health problems within an individual patient</p>	<p>Demonstrates ability to identify and manage long-term conditions for specific patients with multimorbidity.</p> <p>Advises on the management and/or avoidance of drug interactions and adverse drug reactions in patients with concurrent health problems.</p>
	<p>Adopting safe and effective approaches for patients with complex needs</p>	<p>Demonstrates safe and effective communication and clinical reasoning skills to improve the management of complex patients.</p> <p>Successfully negotiates complex treatment issues with patients and the multidisciplinary team.</p>
	<p>Supporting patients in line with NHS priorities, eg, learning disabilities, dementia, diabetes, end-of-life care, cancer and mental health</p>	<p>Demonstrates the ability to complete a mental health assessment.</p> <p>Promotes medication review of psychotropic medication for people with learning disabilities.</p> <p>Demonstrates ability to liaise with the specialist psychiatrist and mental health pharmacy network regarding psychotropic prescribing for people with learning disabilities.</p>

		<p>Promotes appropriate use of antipsychotics in dementia and reviews antipsychotic prescribing in partnership with the multidisciplinary team and social care.</p> <p>Prioritises review of key medicine issues arising from national or local policy or research.</p> <p>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.</p>
	<p>2. Working with colleagues and in teams</p>	
	<p>Working as an effective team member</p> <p>Ensuring a team-based approach to the care of patients</p>	<p>Develops relationships with the wider multidisciplinary team and promotes networking opportunities.</p> <p>Participates in peer review and offers supportive feedback to others.</p> <p>Demonstrates active participation in care-planning and co-ordination with the multidisciplinary team.</p> <p>Demonstrates effective team working and the promotion of skill mix.</p> <p>Supports the multidisciplinary team to improve medication review.</p> <p>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.</p> <p>Demonstrates ability to disseminate good practice in shared decision-making with the multidisciplinary team.</p> <p>Demonstrates active participation in multidisciplinary team meetings, discussing evidence-based treatments.</p> <p>Demonstrates ability to liaise with colleagues to improve local pathways of care and improve patient care and outcomes.</p> <p>Demonstrates a multidisciplinary team approach to improving outcomes for people who take multiple medicines (polypharmacy) and have long-term conditions.</p> <p>Delivers medication reviews in care homes involving the resident/family member/carer and a team of health and social care practitioners.</p>

Learning outcome	Core capabilities and competences	Description
<p>Working well in organisations and systems of care</p>	<p>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.</p>	
	<p>1. Maintaining performance, learning and teaching</p> <p>Continuously evaluating and improving the care you provide</p>	<p>Demonstrates knowledge of how prescribing data is produced and the strengths and limitations of the data.</p> <p>Accesses practice-specific prescribing data, interrogates the data accurately, and uses the data to identify priorities for improving prescribing and patient care.</p> <p>Demonstrates understanding of the audit cycle and derives criteria and standards from good-quality guidelines.</p> <p>Promotes cost-effective use of health resources and understands the pharmacoeconomics of medicines that underpins NICE recommendations.</p> <p>Supports GP audit activity.</p> <p>Leads quality improvement in response to audit and local/national priorities.</p> <p>Demonstrates effective decision-making, including taking feedback from stakeholders.</p>
	<p>Adopting a safe and scientific approach to improve quality of care</p>	<p>Chooses appropriate audit topics based on national guidelines, high-risk, high-volume or local priorities.</p> <p>Overcomes local barriers to change and supports service improvement.</p> <p>Influences organisational change with respect to initiatives such as key therapeutic topics and supporting patient access to clinically appropriate medicines approved by the National Institute for Health and Care Excellence (NICE).</p> <p>Demonstrates ability to identify patients at risk of drug-related admissions and influences the multidisciplinary team activity to reduce drug-related admissions.</p> <p>Demonstrates ability to design and undertake audits against national standards, evaluate change against baseline and persuade or influence the multidisciplinary team to improve practice.</p>

	Supporting the education and development of colleagues	<p>Delivers education and training about repeat prescribing management for clinical and non-clinical staff.</p> <p>Delivers education and training about safe and effective medicines use for the general practice team.</p> <p>Considers different learning styles and uses appropriate techniques and technologies to address different learning styles when delivering education.</p> <p>Demonstrates ability to present to small and medium-sized groups of professionals using effective verbal and visual presentation skills.</p> <p>Demonstrates ability to deliver education for individuals and small groups to improve systems and practice.</p> <p>Demonstrates organisational responsibility for the medicines reconciliation process and offers education and training to support other competent health professionals to deliver quality medicines reconciliation.</p> <p>Is sought as an expert to advise the multidisciplinary team about medicines-related questions.</p> <p>Invites and acts on feedback.</p> <p>Demonstrates ability to mentor others.</p>
	<p>2. Organisation, management and leadership</p> <p>Applying leadership skills to improve your organisation's performance</p>	<p>Influences the general practice team with respect to organisational change, prescribing decisions and implementation of the seven principles of medicines optimisation.³</p> <p>Demonstrates ability to produce written business cases and actively participate in implementing change and service development.</p> <p>Demonstrates active involvement in strategic decisions about medicines and developing care pathways that involve medicines use.</p> <p>Demonstrates awareness of the area prescribing committee and uses its decisions routinely to inform practice and share with colleagues.</p> <p>Raises awareness of red amber green (RAG) or equivalent schemes and area formularies influencing adoption in practice.</p> <p>Demonstrates ability to manage projects within the practice and the locality.</p>

Learning outcome	Core capabilities and competences	Description
	<p>Making effective use of information and communication systems</p>	<p>Accesses local information relating to formularies and medicines approved for use.</p> <p>Creates effective communication channels with community pharmacy, including patient referrals.</p> <p>Promotes and facilitates the role of community pharmacy and supports referrals for contractual and additional services.</p> <p>Demonstrates ability to persuade or influence using academic detailing and social marketing.</p> <p>Appropriately refers medicines information enquiries to UK medicines information and supports community pharmacy to appropriately access information.</p>
	<p>Co-ordinating medicines optimisation across the pharmacy sectors</p>	<p>Determines which patients and which medicines are suitable for repeat dispensing.</p> <p>Demonstrates ability to describe the principles of medicines reconciliation and to apply this to patients transferred across an interface, for example, discharged from hospital.</p> <p>Demonstrates working across the interface to build relationships and share information plans and resources with other pharmacy professionals.</p> <p>Demonstrates ability to negotiate issues or requests with hospital pharmacy teams.</p> <p>Completes medicines reconciliation for specific patients when they transfer between care settings in a timely manner and takes action to improve adherence.</p> <p>Demonstrates ability to work within existing networks or create a professional network to support medicines optimisation.</p> <p>Demonstrates understanding of the limitations of Scriptswitch and equivalent schemes and negotiates tensions with the medicines optimisation agenda.</p> <p>Demonstrates ability to influence and implement initiatives to reduce waste.</p>

<p>Leading on medicines safety</p>	<p>Demonstrates knowledge of monitoring required for common and high-risk medicines.</p> <p>Influences good-quality prescribing and safe and effective repeat prescribing.</p> <p>Monitors medicines including identifying high-risk drugs and shared care monitoring.</p> <p>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.</p> <p>Demonstrates a working knowledge of shared care agreements and effectively supports implementation.</p> <p>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.</p> <p>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.</p> <p>Leads implementation of processes to identify, report, prioritise, investigate and learn from medicines-related safety incidents locally.</p> <p>Demonstrates ability to manage introduction of new medicines safely and in line with NICE recommendations and local guidance.</p> <p>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.</p>
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Learning outcome	Core capabilities and competences	Description
<p>Caring for the whole person and the wider community</p>	<p>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.</p>	
	<p>1. Practising holistically and promoting health</p> <p>Demonstrating a holistic mindset</p>	<p>Understands the important role that general practice plays in supporting and delivering the prevention and public health agenda.</p> <p>Demonstrates ability to communicate across boundaries between health and social care.</p> <p>Actively encourages and helps people to make healthier choices to achieve long-term behaviour change (using Making Every Contact Count approach).</p> <p>Researches practice population demographics and disease prevalence.</p> <p>Demonstrates ability to identify the psychological aspects of long-term conditions and offer a holistic assessment.</p> <p>Uses a holistic approach to explore and discuss all external factors which may influence health and medicines use.</p>
	<p>Supporting people through experiences of health, illness and recovery</p>	<p>Delivers public health interventions to support the health and wellbeing of patients and the public.</p> <p>Demonstrates ability to reflect on patient-centred care and support patients to achieve better outcomes.</p> <p>Delivers personalised care which understands and supports the individual as an expert in their condition.</p> <p>Demonstrates ability to offer support and resources from charities and patient groups.</p> <p>Promotes a co-ordinated service delivering consistently safe and high standards of care.</p>

	<p>2. Community orientation</p> <p>Ensuring medicines optimisation across your local community, including care homes</p>	<p>Demonstrates understanding of the term medicines optimisation and how this can be used to improve patient outcomes relating to medicines.</p> <p>Supports systems for monitoring medicines prescribed under shared care protocols.</p> <p>Demonstrates knowledge of the role of community pharmacy in medicines optimisation.</p> <p>Demonstrates ability to manage prescription accuracy and hospital letters and address problems raised during medicines reconciliation.</p> <p>Promotes and embeds the role of pharmacists in care homes, with overall responsibility and accountability for medicines and their use.</p> <p>Supports community pharmacy in its role to train care home providers to deliver safe management and administration of medicines and reduce waste.</p> <p>Demonstrates participation in domiciliary and care home visits, effectively working with social care and the multidisciplinary team.</p> <p>Demonstrates ability to identify any impact on local provision of care regarding specialised services delivery.</p> <p>Actively participates in the NHS England medicines optimisation programme.</p>
	<p>Building relationships with the communities in which you work</p>	<p>Demonstrates effective working across the interface and with other care providers such as care homes.</p> <p>Supports and signposts to other local public health services via healthcare providers such as community pharmacy.</p> <p>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.</p> <p>Demonstrates participation in developing initiatives with community pharmacy and promoting new ways to deliver care to improve access, outcomes and quality.</p> <p>Promotes the professional role of pharmacists in the wider healthcare environment.</p> <p>Inspires and manages the local team, utilising a collaborative leadership approach.</p>

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 the role of 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 programme. 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 GPs** 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 person-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

Month 1	Month 2	Month 3	Month 4
<i>The fundamentals of working with GPs e-course</i> 13 weeks online, tutor-led, start dates available on the CPPE website			
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: <i>Working with community pharmacy</i>	Learning set: <i>Developing your patient-facing role</i>

Module 1 – senior pathway

Month 1	Month 2	Month 3	Month 4
Optional: <i>The fundamentals of working with GPs e-course</i> 13 weeks online, tutor-led, start dates available on the CPPE website			
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.	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.	Learning set: <i>Working with community pharmacy</i>	Learning set: <i>Developing your patient-facing role</i>

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

Study day	Delivery
<i>Musculoskeletal and chronic pain update</i>	Red Whale
<i>Mental health and wellbeing</i>	HEI partners
<i>Medicines optimisation in care homes essential skills</i>	CPPE
<i>Clinical pharmacist update</i>	Red Whale
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 and 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:

Pre-work	Month 1	Month 2
Myers-Briggs Type Indicator (MBTI) online e-workshops	Leadership study day 1: Leadership in general practice	Leadership study day 2: Lead, Manage, Thrive! (Red Whale) Learning set: quality improvement project focus
	Quality improvement project: Creating and implementing a practice-based quality improvement project.	

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:

Pre-work	Month 1	Month 2
Myers-Briggs Type Indicator (MBTI) online e-workshops	Two-day residential: Leadership of self and teams	Study day: System leadership Write a case for change
	Senior clinical pharmacists will keep a reflective journal of their development and engage with discussions on Canvas.	

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.



University of Brighton



UNIVERSITY OF LEEDS



**University of
Sunderland**



The University of Manchester

Red Whale

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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.

Email

info@cppe.ac.uk

Telephone

0161 778 4000

By post

Centre for Pharmacy Postgraduate Education (CPPE)
Division of Pharmacy and Optometry
1st Floor, Stopford Building
The University of Manchester
Oxford Road
Manchester M13 9PT



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