

# Primary care pharmacy education pathway

## Pathway and role progression handbook

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### Section 1 – Background to pharmacy professionals in primary care networks

In January 2019, NHS England and the British Medical Association's (BMA) General Practitioners Committee agreed a five-year general practice (GP) contract framework from 2019/20.<sup>1</sup> Funding has been available since July 2019 in the Network Contract Directed Enhanced Service (DES) to support the recruitment of clinical pharmacists under the Additional Roles Reimbursement Scheme (ARRS).<sup>2</sup> From April 2020, primary care networks (PCNs) have also been able to recruit pharmacy technicians under the ARRS.

To ensure national consistency in standards of patient care and safety across England, the 2022/23 primary care Network Contract DES states that clinical pharmacists and pharmacy technicians who are employed through Network Contract DES funding will either be enrolled in, or have qualified from, an approved 18-month training pathway – currently the CPPE *Primary care pharmacy education pathway* commissioned through Health Education England (HEE) – or one of the previous CPPE pathways – *Clinical pharmacists in general practice education* or the *Medicines optimisation in care homes pathway*.<sup>2</sup> CPPE's *Primary care pharmacy education pathway* equips all pharmacy professionals (clinical pharmacists and pharmacy technicians) with the knowledge, skills and behaviours they need in order to develop their roles, and practise and prescribe (in the case of pharmacists) safely and effectively in a primary care setting. It enables them to deliver the key responsibilities for clinical pharmacists and pharmacy technicians listed in the Network Contract DES.<sup>2, 3</sup> For more details about the role and training, see **Section 3** and **Appendix 1**.

#### Primary care pharmacy education pathway

At the request of HEE, CPPE reviewed its extended education pathways that were being delivered for pharmacy professionals working in primary care settings, including care homes, in order to align with the NHS Long Term Plan and the PCN Network Contract DES. CPPE's extended education pathways were combined into one pathway named the *Primary care pharmacy education pathway* (PCPEP). This pathway is now the education and development pathway for all pharmacy professionals working in PCN roles, including those in general practice and care homes. The pathway is delivered in a modular format. You can find out more about PCNs, the GP contract and the related Network Contract DES on the NHS England website.

You can find out more about PCPEP on the CPPE website: [www.cppe.ac.uk/career/pcpep/pcpep-training-pathway#navtop](http://www.cppe.ac.uk/career/pcpep/pcpep-training-pathway#navtop)

#### Vision

The pathway will help pharmacy professionals working in primary care to:

- perform clinical patient-facing roles within their scope of practice
- work as part of a multidisciplinary team in primary care
- provide leadership on person-centred medicines optimisation and integration into the wider healthcare teams
- be part of a professional clinical network and have access to appropriate clinical supervision
- receive support and supervision to allow them to do their job safely, competently and confidently.

The intended outcomes of PCPEP are as follows:

### For patients and their families:

- medicines are prescribed and administered as intended
- all medicines prescribed for individuals are optimised for their needs, as part of their holistic care
- patients and their families or carers are involved in shared decisions about their care
- improved quality of life for people using primary care services.

### For pharmacy professionals:

The CPPE PCPEP will train pharmacy professionals to:

- offer patient-facing and person-centred consultations with an emphasis on shared decision making within their scope of practice
- work in a multidisciplinary primary care team, offering outcome-focused medication review for people with multiple long-term conditions taking multiple medicines
- support person-centred medicines optimisation in care homes
- deliver medicines optimisation and offer high-quality, safe and cost-effective prescribing expertise
- focus on high-priority, common and long-term conditions or a broad range of medical conditions dependent on local need
- improve access to primary care, which supports people to manage their own health, medicines and long-term conditions
- 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.

### For the NHS:

- improve continuity of care through the Network Contract DES
- improve patient outcomes, safety and wellbeing
- promote and facilitate early identification of pharmaceutical care needs as part of a holistic integrated programme
- improve communication and encourage closer working across the wider healthcare team
- improve access to primary care, which supports people to manage their own health, medicines and long-term conditions
- reduce hospital and emergency department admissions.

### Core principles

The core principles supporting this pathway will ensure that learners:

- take part in a vocational education and training programme
- are given protected learning time by their employer (28 days over the pathway) to attend CPPE residential courses, study days, group tutorials and online workshops – study time is the same for full and part-time staff; not pro-rata

- commit to 25–30 days of self-directed learning in their own time as required during the pathway (this will vary depending on prior knowledge)
- are supported by an education supervisor, clinical supervisor, senior clinical pharmacist, clinical mentor and peers
- build on existing models of pharmacy professionals working in primary care
- integrate themselves into the wider health and social care teams.

Pharmacists on the pathway who are not already independent prescribers will also:

- work towards an independent prescribing qualification at an appropriate time within one year of finishing the pathway.

Alongside this pathway, learners will make use of the following relevant established frameworks:

- *Consultation skills for pharmacy practice: practice standards for England:* [www.consultationskillsforpharmacy.com/docs/docc.pdf](http://www.consultationskillsforpharmacy.com/docs/docc.pdf)
- *The framework for enhanced health in care homes:* [www.england.nhs.uk/wp-content/uploads/2020/03/the-framework-for-enhanced-health-in-care-homes-v2-0.pdf](http://www.england.nhs.uk/wp-content/uploads/2020/03/the-framework-for-enhanced-health-in-care-homes-v2-0.pdf)
- The NHS *Healthcare leadership model:* [www.leadershipacademy.nhs.uk/wp-content/uploads/2014/10/NHSLeadership-LeadershipModel-colour.pdf](http://www.leadershipacademy.nhs.uk/wp-content/uploads/2014/10/NHSLeadership-LeadershipModel-colour.pdf) and associated Royal Pharmaceutical Society (RPS) *Leadership development framework:* [www.rpharms.com/resources/frameworks/leadership-development-framework](http://www.rpharms.com/resources/frameworks/leadership-development-framework)
- The RPS *Core advanced pharmacist curriculum programme of learning:* <https://www.rpharms.com/development/credentialing/core-advanced-pharmacist-curriculum/core-advanced-curriculum-programme-of-learning>
- The RPS *A Competency framework for all prescribers:* [www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Prescribing%20competency%20framework/prescribing-competency-framework.pdf](http://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Prescribing%20competency%20framework/prescribing-competency-framework.pdf)
- The RPS *Designated prescribing practitioner competency framework:* [www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework](http://www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework)

PCPEP comprises a number of components:

Components	Leaders
Education and training programme – <i>Primary care pharmacy education pathway</i>	Led and delivered by CPPE or partner organisations.
Education supervision from a trained education supervisor	Led and delivered by CPPE.
Clinical supervision in the workplace	Managed by the employing organisation.
Senior clinical pharmacist support	Managed by the employing organisation but not necessarily employed by the same organisation.

	This support can be sourced from the wider geography, for example, the integrated care system.
Clinical mentor support from a senior clinical pharmacy professional (where appropriate)	Led by a senior clinical pharmacy professional, trained by CPPE to offer individual support and mentorship on a sessional basis.
Independent prescribing	Procured by HEE through higher education institutes (HEIs).

### About CPPE

The Centre for Pharmacy Postgraduate Education (CPPE) is part of the Division of Pharmacy and Optometry, in 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 also leading PCPEP for NHS pharmacy professionals in primary care in England.

### CPPE's mission statement

To be a provider of educational solutions for the NHS pharmacy workforce across England, to maximise their contribution to improving patient care.

We have committed to meeting 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 are explained on our website in a section titled *CPPE: A guide to governance and quality*, which you can find under the **About CPPE** tab on the homepage. To underpin our mission statement, we have developed five core values.

### CPPE values

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

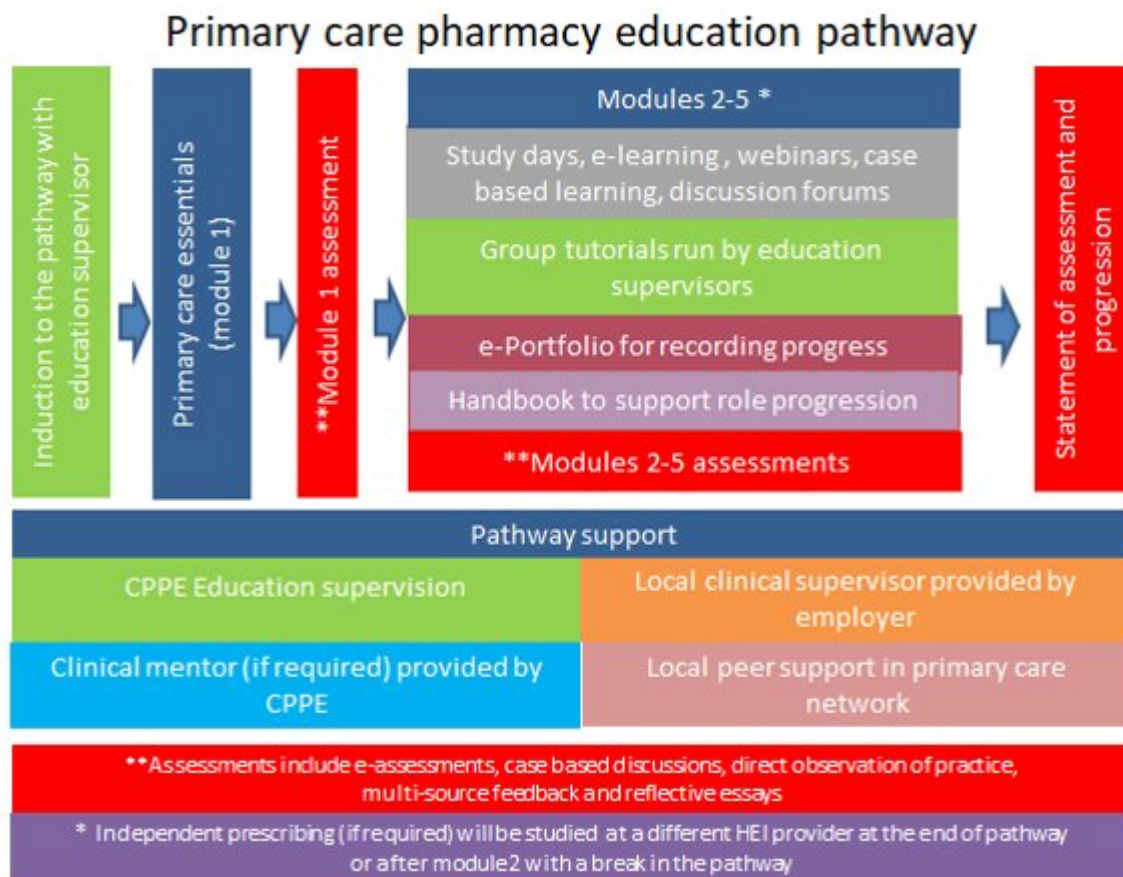
Have a look at our CPPE values document to find out more:  
[www.cppe.ac.uk/wizard/files/about\\_cppe/cppe\\_values.pdf](http://www.cppe.ac.uk/wizard/files/about_cppe/cppe_values.pdf)

## Section 2 – Your learning pathway

### Overview of PCPEP

The pathway equips pharmacy professionals with the necessary knowledge, skills and experience required to work in the primary care setting as part of a multidisciplinary team in a patient-facing role. The pathway includes a range of different study methods to suit a variety of learning styles, a series of assessments linked to each module, and support from a CPPE education supervisor. Local support is also available from a clinical supervisor and clinical mentor, and the structure of the pathway is designed to develop strong networks and peer support.

The figure below shows an overview of the pathway:



### Modular approach

PCPEP has a range of modules linked to learning outcomes. The pathway has been designed to have some flexibility to meet the learning needs and experiences of pharmacy professionals, while also recognising existing capabilities and offering you a continuous, relevant learning experience.



Pharmacy professionals enrolled on the pathway will have an early initial meeting with a CPPE education supervisor to agree the learning contract, discuss their role, and review previous experience and learning to determine their development needs in relation to the curriculum. This discussion will be informed by the *Learning needs analysis* (LNA) tool that they will be expected to complete before the initial meeting. The purpose of conducting the LNA is to understand their previous experience and knowledge, and to help identify any gaps in their clinical knowledge and skills. It will enable the CPPE education supervisor to assess any prior learning/experience and facilitate personal development planning (PDP) to enable the learner's role progression (see **Appendix 2** for more information about PDP).

### Overview of pathway modules

Modules	Length of module
Module 1: Induction <ul style="list-style-type: none"> <li>Extended e-course <i>Primary care essentials</i></li> <li>Two different two-day residential courses and other online workshops</li> <li>Induction and information webinars</li> <li>Group education supervision tutorials</li> <li>Assessments</li> </ul>	13 weeks
Module 2: Clinical pharmacy and its application in a primary care setting <ul style="list-style-type: none"> <li>Series of five short e-courses each with an associated study day and other online workshops</li> <li>Multidisciplinary team webinars</li> <li>Group education supervision tutorials</li> <li>Assessments</li> </ul>	26 weeks
Module 3: Clinical assessment skills <ul style="list-style-type: none"> <li>E-course preparation workshops</li> <li>Two clinical assessment skills workshops for pharmacists; one for pharmacy technicians</li> <li>Other online workshops</li> <li>Group education supervision tutorials</li> <li>Assessments</li> </ul>	13 weeks
Module 4: Leadership and management <ul style="list-style-type: none"> <li>Short e-course in preparation for two leadership online workshops and other online workshops</li> <li>Group education supervision tutorials</li> <li>Quality improvement project</li> </ul>	13 weeks
Module 5: Choice of clinical and leadership learning to meet individual learning needs <ul style="list-style-type: none"> <li>Clinical webinars – learners can choose which ones to attend</li> <li>Study days – some core and optional study days based on learning needs</li> <li>E-courses – learners will be able to choose which units they complete</li> <li>Group supervision tutorials – compulsory for all</li> <li>Assessments and completion of electronic portfolio and Statement of assessment and progression (SoAP) for review at end of pathway</li> </ul>	Webinars and study days will be available throughout the pathway for learners, according to their role and learning needs, once they have completed Module 1

### Module exemption – taking account of your existing knowledge and experience

NHS England and HEE have agreed that CPPE will decide if prior learning or experience is eligible for exemption from some or all of the pathway. All pharmacy professionals funded through the additional role reimbursement scheme must either enrol on the pathway or apply for exemption (even if they have taken part in a previous CPPE pathway).

Pharmacists employed through the Network Contract DES will have a range of prior experience, training and qualifications to consider. It may be possible for pre-existing qualifications and experience to be taken into account when considering exemption from some, or all, of the education pathway, if they meet the learning objectives of the CPPE pathway. Pharmacy technicians must take part in the whole pathway unless they have done some prior formal leadership training – in which case, they may apply to be considered for exemption from Module 4.

PCPEP exemptions guidance and how to apply can be found on the CPPE website:

[www.cppe.ac.uk/career/pcpep/exemptions](http://www.cppe.ac.uk/career/pcpep/exemptions)

Pharmacists who think they may be exempt from the whole pathway should apply for exemption before enrolling on the pathway where possible. Those who are unsure whether they would meet the criteria for full exemption, or who are seeking exemption from parts of the pathway, should enrol and then apply for exemption.

### Approaches to learning

#### Self-directed online learning

We use self-directed online learning throughout the pathway in the form of extended e-courses, e-assessments and an ePortfolio. This self-directed learning and any other pre-workshop activities are done in the learner's own time. We estimate that this will take between 25 and 30 days over the duration of the pathway, depending on the learner's prior knowledge and experience.

#### Group learning and activities

The 28 days of protected study time is for the group learning during the pathway. This includes residential courses, study days, workshops, online workshops and group tutorials with an education supervisor.

The 28 days' protected study time is **not** pro-rata, and applies to both pharmacists and pharmacy technicians. Learners should be given paid study leave for all the group learning.

The total time commitment for each learner is estimated to be about three days per month (an average of 1.5 days per month for group learning and activities, and a similar amount for self-directed learning). Some events may be delivered by partner organisations.

### Group tutorials

Regular group tutorial sessions are facilitated by an education supervisor. These events will bring together mixed groups of pharmacists and pharmacy technicians with different levels of experience and capability, offering support for each other's learning and the opportunity to critically review and improve practice. Group tutorials are compulsory and are designed to become learner-led sessions. These sessions provide protected time for reflection on individual practice and help to develop a local support network which can be continued once the pathway has ended.

### ePortfolio

The online ePortfolio of evidence demonstrates education and practice achievements. A well-constructed ePortfolio should describe the learning journey towards the attainment of professional competence, and demonstrate the breadth of the pharmacy professional's role. The ePortfolio is an important part of PCPEP. The information in an ePortfolio is used to track progress throughout the pathway and provides evidence of how the learning outcomes, core capabilities and competences in the curriculum have been met.

Pharmacy professionals will record their ePortfolio entries on the pathways virtual learning environment and Canvas, and create the following folders in their portfolio:

- evidence of impact of role
- assessments
- PDP.

### Assessments

There is a series of assessments during PCPEP.

**Each learner must complete all CPPE assessments. These cannot be substituted with local assessments, or with assessments completed as part of a diploma or independent prescribing course.**

Progress with assessments is recorded on the pathway progress tracker for PCPEP on the CPPE website. Some assessments will be automatically populated on the pathway progress tracker. Learners must sign up for the full series of the pathway progress tracker in order to initiate the automatic recording of the assessments on the CPPE website.

We have provided a summary of the assessments below; comprehensive details of the assessments are provided in the *Assessment handbook*. You can download a copy of the *Assessment handbook* from the CPPE website: [www.cppe.ac.uk/career/pcpep/pathway-handbooks](http://www.cppe.ac.uk/career/pcpep/pathway-handbooks)

### Module 1 assessments

Pharmacy professionals will complete the following assessments as part of their induction, within three months of starting the pathway, ie, by the end of Module 1. You can access the e-assessments via the links in the Module 1 activity series: <https://www.cppe.ac.uk/career/pcpep/pathway-progress>

Assessment	Format
<i>Safeguarding children and vulnerable adults level 2 assessment* (cohorts 1–10 only)</i>	e-assessment – Activity 1
elearning for healthcare (elfh) <i>Equality, diversity and human rights</i> e-assessment	e-assessment – Activity 2
<i>Primary care essentials</i> e-assessment	e-assessment – Activity 3
<i>Care homes: supporting people, optimising medicines</i> e-learning	e-assessment – Activity 4
<i>Consultation skills</i> e-assessment	e-assessment – Activity 5
ePortfolio on Canvas	Set up and add link to <b>Activity 6</b> on the pathway progress tracker
<b>Statutory and mandatory training: Safeguarding children and adults – training and assessment**</b>	<b>Activity 7</b>

\***Safeguarding assessments** – please note, cohorts 1–10 were required, by HEE, to complete the CPPE *Safeguarding children and adults at risk: level 2* e-assessment as part of Module 1 of the pathway. The CPPE *Safeguarding children and adults at risk: level 2* e-assessment was withdrawn from the CPPE portfolio in September 2022 because safeguarding learning and assessment are now readily available via elfh and other providers. Cohort 11 onwards **will not** be required to complete the CPPE *Safeguarding children and adults at risk: level 2* e-assessment. Learners from all cohorts will be asked to declare on their pathway progress tracker that they have completed their employer’s statutory and mandatory safeguarding training within three years of starting the pathway.

\*\***Safeguarding statutory training** – the UK Core Skills Training Framework (CSTF) sets out 11 statutory and mandatory training topics for all staff working in health and social care settings. Safeguarding adults and safeguarding children are two of these topics.

Pharmacy professionals should complete the following as part of induction and refresher training every three years:

- Safeguarding adults – level 1 and 2 training and assessment
- Safeguarding children – level 1 and 2 training and assessment

The pharmacy professional and their employer are responsible for ensuring that statutory and mandatory training is completed during induction, and that refresher training is completed every three years.

The minimum level of safeguarding training for pharmacy professionals is level 2. However, in some areas, level 3 safeguarding training is recommended for all pharmacy professionals, while other areas recommend

level 3 safeguarding training only for healthcare professionals who work predominantly with children and young adults. Pharmacy professionals should check the local requirements for safeguarding training with their employer, local safeguarding lead and/or local safeguarding children boards.

### Module 2 assessments

Assessment	Format
Case-based discussion (CbD) 1	CPPE CbD assessment tool – delivered in small groups and assessed by a clinical mentor
Multisource feedback (MSF) 1	Online questionnaire – feedback provided by clinical and non-clinical staff in the pharmacy professional's practice setting and a professional discussion with peers at group tutorials
Inhaler technique for health professionals	CPPE e-assessment

### Module 3 assessment

Assessment	Format
Clinical examination and procedural skills assessment record (CEPSAR)	Activity 1 – direct observation in the practice setting by GPs, nurses and senior pharmacy professionals to complete a CEPSAR logbook Activity 2 – two case studies discussed with the clinical supervisor and written up on the CEPSAR case studies template Activity 3 – reflective essay marked by the education supervisor

### Module 4 assessment

Assessment	Format
Quality Improvement (QI) project	Each pharmacy professional will be expected to take part in a quality improvement project which they will share in a group tutorial in the last two months of the pathway to be peer reviewed. This will provide the opportunity for learners to share the work they have been doing, and to get feedback from their peers. 300-word (max) abstract to be uploaded to ePortfolio. Copies of QI project abstracts are collated by the education supervisor to share good practice.

### Module 5 assessments

Assessment	Format
Case-based discussion (CbD) 2	CPPE CbD assessment tool – delivered in small groups and assessed by a clinical mentor.
Multisource feedback (MSF) 2**	Online questionnaire – feedback provided by clinical and non-clinical staff in the pharmacy professional's practice setting and a professional discussion with peers at group tutorials.

Consultation skills assessment (MR-CAT) x 2	Direct observation of practice by clinical supervisor using the Medicines Related Consultation Assessment Tool (MR-CAT). Both assessments should be done in the final three months of the pathway on two separate occasions.
Reflection on patient feedback	CPPE patient satisfaction questionnaire (PSQ) sent out manually or electronically during Module 3. Anonymised collated feedback is used for reflection to inform a reflective essay.

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

### CPPE Statement of assessment and progression (SoAP)

The final award of PCPEP for pharmacy professionals is the CPPE SoAP. This award is recognised by NHS England as evidence of completion of the training required for pharmacy professionals working in primary care in a patient-facing role. It details the learning undertaken and confirms the assessments that have been passed. Pharmacy professionals can use their SoAPs and portfolio entries when applying for jobs to demonstrate their progression with learning and assessment. The SoAP also provides evidence of how they have applied their learning to develop their role in primary care. It is nationally recognised by NHS England and the BMA as evidence of training to any current or future employer.<sup>3</sup> The SoAP and ePortfolio can also be used to as a large part of the evidence required for recognition by the RPS as an advanced practitioner.

Learners will submit their SoAP and portfolio for review at least one month before the pathway completion deadline. An education supervisor will review the SoAP and portfolio, and provide feedback and suggestions for further development. When the review has been completed, the SoAP will be released, and learners will be able to access a PDF copy via the CPPE website.

### Independent prescribing (pharmacists only)

NHS England expects all the pharmacists it is funding in primary care roles to become independent prescribers. HEE funds independent prescribing (IP) courses. More information about course providers can be found on the HEE IP factsheet: <https://www.hee.nhs.uk/our-work/pharmacy/independent-prescribing>

CPPE works closely with HEE to plan and manage the number of IP places for pharmacists on the CPPE education pathways, and to ensure that pharmacists do not complete IP before they are ready.

For those who are already IPs, there is a short optional e-course available to help them extend their scope of prescribing practice.

IPs who are not currently prescribing are able to do the short CPPE *Return to prescribing* course.

### Timing of IP

Pharmacists require a solid foundation of clinical knowledge and they need to be well established in their working environment before they embark on an IP course. Therefore, it is expected that IP training will happen **after completion** of PCPEP, and pharmacists will need to achieve IP status within one year of finishing the CPPE pathway.

CPPE's experience with hundreds of pharmacists on the extended education pathways has shown that allowing pharmacists to do IP earlier can put pressure on them to take on work that they don't yet feel competent to do. This pressure can then mean the pharmacist disengages with the rest of the pathway and misses out on vital learning, as well as wasting NHS funding. Some GPs and practice managers think that they need pharmacists to be independent prescribers straight away, without understanding where they are in their competence and confidence. Doing IP training at the end of the pathway allows them to have two years' experience in their role before taking on prescribing.

Becoming an IP does enhance the patient-facing role of a pharmacist in primary care. However, a significant number of the roles and activities can be undertaken by a practitioner without IP training under appropriate supervision. The activities marked with an asterisk (\*) on the role progression self-assessment tool (Section 6 of the *Learning needs analysis*) do not require IP training.

There will be an opportunity for pharmacists to request to do IP training after Module 2 if they have completed pathway learning and assessments for Modules 1 and 2, and if they can demonstrate role progression and experience that would provide a solid foundation for IP training. A CPPE panel will review requests and make a decision.

### Multiprofessional learning and integration into the wider team

As with the previous CPPE *Medicines optimisation in care homes pathway*, PCPEP provides the opportunity for pharmacists and pharmacy technicians to learn together and find out more about the different healthcare professional roles in primary care. It is intended that pharmacy professionals working as part of the primary care network will integrate themselves into the wider health and social care team. There is potential to integrate educational activities between primary care pharmacy professionals, GP educators and GP trainees. This might take the form of joint learning in surgeries, shared end-of-clinic debriefing, meetings with other pharmacy professionals in the PCN and/or shared learning resources. In addition, some shared sessions in the GP specialty half-day release programme may be appropriate. Learning together will enhance co-ordination in the team and promote a team-based approach.

### Indemnity insurance

The General Pharmaceutical Council requires all registered pharmacy professionals to have adequate professional indemnity cover for their roles. The Clinical Negligence Scheme for General Practice (CNSGP) began in 2019. It is a state indemnity scheme covering NHS services provided by general practice. It covers clinical negligence liabilities arising in general practice in relation to incidents that occur on or after 1 April 2019. Pharmacy professionals still require their own professional indemnity insurance and should refer to their insurance provider for advice.

You can find more detailed information here: <https://resolution.nhs.uk/services/claims-management/clinical-schemes/clinical-negligence-scheme-for-general-practice/>  
Please contact NHS Resolution for any queries about indemnity cover: [cnsgp@resolution.nhs.uk](mailto:cnsgp@resolution.nhs.uk)

#### FAQs

Frequently asked questions about the PCPEP programme can be found on the CPPE website:  
[www.cppe.ac.uk/career/pcpep/pcpep-training-pathway](http://www.cppe.ac.uk/career/pcpep/pcpep-training-pathway)



## Section 3 – Role progression

### Starting your role in primary care

There will be a variety of roles for pharmacy professionals in PCNs, and the intention is that they will all progress to become patient-facing roles. Learners on the pathway will have come from a variety of backgrounds, and will bring a range of skills and experience to the role. The key responsibilities for pharmacy professionals in the PCN Network Contract DES are outlined in Appendix B of the Network Contract DES contract specification. This specification is intended to advance the practice of pharmacists and pharmacy technicians, and CPPE has created a primary care pathway to cater for the needs of pharmacists **and** pharmacy technicians in the PCNs.

It is important that learners work through an induction period, and work within their competence, at all times. They will have a leadership role in the organisations in which they work, ensuring there are robust medicines management and medicines safety processes in place. This will involve training staff and overseeing these processes. Learners should progress into a more patient-facing role as their competence and confidence develops.

The roles and responsibilities of primary care pharmacy professionals are grouped into three levels of practice.

**Primary care entry level** practice includes the core skills, knowledge and behaviours that are essential for all pharmacy practitioners. These provide a baseline for safe and effective practice. We expect everyone beginning the pathway to be able to practise at this level by the end of Module 1.

Those working at an **intermediate level** will be developing skills, knowledge and behaviours as they gather experience in their role.

**Advanced practice** describes the skills, knowledge and behaviours shown by advanced practitioners. Those working at this level will demonstrate expert professional practice in one or more clinical areas, along with expertise in areas such as leadership and management, research and evaluation, or education, training and development. We would expect all pharmacy professionals to be working towards an advanced level by the end of the CPPE pathway.

### Potential roles for pharmacy professionals in primary care at different levels

The PCN Network Contract DES lists specific clinical responsibilities for pharmacists (Section B1.3), and clinical and technical responsibilities for pharmacy technicians (Sections B2.2.1 and B2.2.2):

<https://www.england.nhs.uk/wp-content/uploads/2022/03/B1357-Network-Contract-Directed-Enhanced-Service-contract-specification-2022-23-primary-care-network-requireme.pdf>

Please refer to these and ensure that your clinical supervisor and line manager are aware of these lists so that your job description can reflect the vision for pharmacy technician roles as set out in the Network Contract DES. In addition, the tables below expand on the PCN Network Contract DES and list potential roles for

pharmacists and pharmacy technicians working in general practice and care homes at each of the three levels of practice. There are four tables:

1. Pharmacists – potential roles in optimising medicines and supporting individual patients in general practice
2. Pharmacists – potential roles in optimising medicines and supporting individual patients in a care home
3. Pharmacy technicians – potential roles in optimising medicines and supporting individual patients in general practice
4. Pharmacy technicians – potential roles in optimising medicines and supporting individual patients in a care home.

We suggest that individuals begin with the roles and activities with which they have some experience and knowledge, and which are also a priority for their organisation. By the end of the pathway, pharmacy professionals are likely to be undertaking activities that were identified as areas for development at the start of their pathway, linked to current or future priorities for their organisation.

Remember that everyone must always work within their scope of practice. Individuals should ensure that they have a plan for what to do when their competency is stretched and be able to escalate their concerns. This may include knowing how to obtain urgent advice when needed, how and when to make another appointment for someone, arrangements for regular debriefing sessions or speaking to their clinical supervisor about their competence and what they are being asked to do.

Finally, how an individual learns best should be included in the discussion with their clinical supervisor, as this will help them to develop their role more effectively.

**Table 1**

<b>Pharmacists</b>	
<b>1. Potential roles in optimising medicines and supporting individual patients in general practice</b>	
<b>Primary care entry level</b>	Developing policies and effective processes for medicines governance, including controlled drugs*
	Developing policies and effective processes for repeat prescribing and repeat dispensing*
	Developing effective systems for monitoring high-risk medicines*
	Ensuring effective antimicrobial stewardship*
	Ensuring that medicines policies and procedures meet the requirements of the Care Quality Commission (CQC)*
	Integration of the practice with local health and social care teams, including hospitals and care homes*
	Ensuring effective medicines reconciliation at transfer of care*
	Using software tools to monitor and improve prescribing*

	Participation in national and local Quality, Innovation Productivity and Prevention (QIPP) projects*
	Identifying topics for local QI projects and participating in the chosen projects*
	Facilitating education and training for staff and patients on medicines-related topics*
	Dealing with medicines-related queries from patients and colleagues*
	Using software tools to prioritise patients for medication review*
	Performing medication reviews for ambulant and housebound patients, and care home residents*
	Delivering person-centred consultations about medicines, encouraging shared decision making*
	Performing NHS health checks*
	Caring for individuals with one or more long-term conditions (LTCs)*
	Providing ongoing care for specific conditions (eg, secondary prevention of cardiovascular disease)*
	Managing musculoskeletal pain (eg, osteoarthritis)*
	Resolving queries, errors and omissions from medicines reconciliation at transfer of care*

<b>Intermediate level</b>	Caring for a range of clinical conditions, including: hypertension, atrial fibrillation, coronary heart disease, heart failure, peripheral vascular disease, asthma, chronic obstructive pulmonary disease (COPD), diabetes, chronic kidney disease, rheumatoid arthritis, osteoporosis, chronic pain, stable depression and anxiety
	Establishing a programme of regular structured medication reviews for targeted patients*
	Developing individualised treatment plans for patients taking multiple medicines, particularly those at risk of hospital admission*
	Delivering person-centred consultations for acute illness or long-term conditions using appropriate clinical examination and diagnostic skills as part of a multidisciplinary team
	Promoting self-management for patients with one or more long-term conditions*
	Caring for patients taking high-risk medicines*

<b>Advanced level</b>	Using clinical and pharmaceutical expertise to care for clinical conditions such as acute presentations of common illnesses, exacerbations of depression or anxiety, asthma, COPD, diabetes or heart failure
	Preventing falls*
	Optimising medicines for those with multiple long-term conditions*
	Reviewing complex medication regimens, including making suggestions about deprescribing where appropriate*
	Caring for older and frail patients, including those with dementia
	Offering end-of-life care
	Reducing treatment burden, including deprescribing

\* These roles can be undertaken by a pharmacist without an IP qualification under appropriate supervision.

Table 2

<b>Pharmacists</b>	
<b>2. Potential roles in optimising medicines and supporting individual patients in a care home</b>	
<b>Primary care entry level</b>	Ensuring medicines policies and procedures meet the requirements of the CQC*
	Ensuring care homes comply with the CQC standards on medicines-related issues*
	Working with care home staff to develop safe and effective processes for the ordering and administration of medicines*
	Developing effective systems for monitoring high-risk medicines*
	Using software tools to monitor and improve prescribing*
	Ensuring effective antimicrobial stewardship*
	Participation in national and local QIPP projects*
	Identifying topics for local QI projects and participating in the chosen projects*
	Providing advice about medicines to residents, staff and carers*
	Resolving queries, errors and omissions from medicines reconciliation at transfer of care*
	Working with care home staff and local GP practices to prioritise patients for medication review*
	Ensuring effective medicines reconciliation at transfer of care*
	Delivering person-centred consultations about medicines, encouraging shared decision making with residents and carers*
	Understanding who can be involved in decisions about medicines when an individual resident is unable to make their own decisions*
Performing NHS health checks on residents as appropriate*	

	Caring for individuals with one or more long-term conditions (LTCs)*
	Providing ongoing care for specific conditions (eg, secondary prevention of cardiovascular disease)
	Managing musculoskeletal pain (eg, osteoarthritis)*
	Identifying and raising any safeguarding concerns about residents*
<b>Intermediate level</b>	Establishing a programme of regular medication review for targeted patients*
	Developing individualised treatment plans for patients taking multiple medicines, particularly those at risk of hospital admission*
	Delivering person-centred consultations for acute illness or long-term conditions using appropriate clinical examination and diagnostic skills as part of a multidisciplinary team
	Promoting self-management and developing support systems for residents with one or more long-term conditions*
	Monitoring any residents taking high-risk medicines*
	Monitoring psychotropic medicines prescribed in care homes*
	Building links with community pharmacists and others involved in the medicines supply chain to resolve issues and improve resident experience*
	Facilitating staff training on all matters relating to medicines*
<b>Advanced level</b>	Leading a regular programme of structured medication reviews
	Taking responsibility for areas of chronic disease management in the care home*
	Supporting residents with complex medication regimens and/or multiple long-term conditions, including making suggestions about deprescribing where appropriate*
	Using clinical and pharmaceutical expertise to care for clinical conditions such as acute presentations of common illnesses, exacerbations of depression or anxiety, asthma, COPD, diabetes or heart failure
	Offering end-of-life care
	Reducing treatment burden, including deprescribing

\* These roles can be undertaken by a pharmacist without an IP qualification under appropriate supervision.

Table 3

<b>Pharmacy technicians</b>	
<b>3. Potential roles in optimising medicines and supporting individual patients in general practice</b>	
<b>Primary care entry level</b>	Implementing policies and effective processes for medicines governance, including controlled drugs
	Implementing policies and effective processes for repeat prescribing and repeat dispensing
	Ensuring allergy information is accurate and correctly documented, and that the information is shared with the wider multidisciplinary team, including community pharmacy
	Identifying missing information, discrepancies and errors on repeat prescription requests, and resolving them according to local policies and procedures
	Monitoring high-risk medicines according to local systems and processes
	Completing audits and reviews of the use of medicines according to local policies and procedures
	Using software tools to monitor prescribing
	Involvement in national and local QIPP projects
	Working in a patient-facing role to enable individuals to get the best out of their medicines (eg, identifying medication adherence issues, synchronising repeat prescriptions, dealing with supply issues, etc)
	Dealing with medication queries – from patients, staff and other parts of the health and social care services – according to local policies and procedures
	Completing effective medicines reconciliation at transfer of care and identifying any changes required
<b>Intermediate level</b>	Working to ensure compliance with CQC standards for managing medicines in the practice
	Educating other members of staff about the policies and procedures for medicines governance, dealing with medication queries, repeat prescribing or repeat dispensing
	Identifying topics for local QI projects and participating in the chosen projects
	Helping to ensure effective antimicrobial stewardship
	Ordering routine blood tests according to local clinical protocols
	Helping to ensure that Medicines and Healthcare products Regulatory Agency (MHRA) and National Reporting and Learning Service (NRLS) alerts are actioned
	Dealing with repeat prescription requests according to local policies and procedures

	<p>Liaising with patients and local community pharmacies to understand, advise upon and resolve medication supply issues</p> <p>Undertaking medicines reconciliation</p>
<b>Advanced level</b>	<p>Reviewing the implementation of policies and procedures related to medicines governance</p>
	<p>Supporting pharmacists to action National Institute for Health and Care Excellence (NICE) guidance</p>
	<p>Investigating and escalating appropriately any incidents (including safeguarding) relating to medicines or their use by patients or in the practice</p>
	<p>Switching medicines to a more cost-effective alternative according to local protocols</p>
	<p>Resolving medication adherence issues (eg, changing administration times, suggesting alternative delivery systems, etc)</p>
	<p>Completing effective medicines reconciliation at transfer of care according to local policies and procedures, actioning any changes required</p>
	<p>Supporting pharmacists with structured medication reviews as appropriate for the pharmacy technician's competence and experience (agreed by the clinical supervisor)</p>
	<p>Delivering person-centred consultations for acute illness or long-term conditions using appropriate clinical examination and diagnostic skills as part of a multidisciplinary team</p>
	<p>Advising on individualising dosing of medicines (eg, anticoagulants)</p>

Table 4

<b>Pharmacy technicians</b>	
<b>4. Potential roles in optimising medicines and supporting individual patients in a care home</b>	
<b>Primary care entry level</b>	<p>Involvement in national and local QIPP projects</p>
	<p>Identifying topics for local QI projects and participating in the chosen projects</p>
	<p>Using software tools to monitor prescribing</p>
	<p>Working in a patient-facing role to enable individuals get the best out of their medicines</p>
	<p>Dealing with medication queries from residents, staff, and carers according to local policies and procedures</p>
	<p>Ensuring allergy information is accurate and correctly documented, and that the information is shared with the wider multidisciplinary team including community pharmacy</p>
	<p>Identifying missing information, discrepancies, and errors on repeat prescription requests and resolving them according to local policies and procedures</p>

	Completing effective medicines reconciliation at transfer of care according to local policies and procedures
	Completing audits and reviews of the use of medicines according to local policies and procedures
<b>Intermediate level</b>	Implementing policies and effective processes for medicines governance including controlled drugs
	Working to ensure effective antimicrobial stewardship
	Monitoring high-risk medicines according to local systems and processes
	Dealing with repeat prescription requests according to local policies and procedures
	Working to ensure compliance with CQC standards for managing medicines in care homes
	Liaising with staff, residents, carers and local community pharmacies to understand, advise upon, and resolve medication supply issues
	medicines reconciliation
<b>Advanced level</b>	Investigating and escalating appropriately, any incidents (including safeguarding) relating to medicines or their use by residents and staff
	Reviewing the implementation of policies and procedures related to medicines governance
	Supporting pharmacists with structured medication reviews as appropriate for the pharmacy technician's competence and experience (agreed by the clinical supervisor)
	Delivering person-centred consultations for acute illness or long-term conditions using appropriate clinical examination and diagnostic skills as part of a multidisciplinary team

The *Role progression and organisational needs self-assessment tool* (Section 6 of the *Learning needs analysis* form that is included in the welcome pack) includes a self-assessment in relation to the potential roles for pharmacists and pharmacy technicians, as well as an organisational needs assessment. This tool can be used to facilitate conversations between the learner and their clinical supervisor to come to a consensus about how and when their role will develop. It is designed to allow learners to assess their knowledge, skills and confidence in a range of tasks and responsibilities, and to allow the clinical supervisor to indicate the priorities for the role in the PCN.

The role progression and organisational needs self-assessment tool will enable a pharmacy professional to:

- identify where they can get started in primary care based on their prior experience, knowledge, skills and strengths, and the opportunities in the PCN
- plan and document future progression with patient-facing roles in line with the priorities of the organisation based on career aspirations, organisational priorities and knowledge, skills and confidence
- link learning and assessments on PCPEP to individual skills gaps and the planned role progression



- set realistic and achievable timescales for planned role progression, recognising readiness to take on new roles with appropriate supervision to ensure safe practice.

Some PCN pharmacy professionals work across multiple practices and/or care homes, so the self-assessment should consider all of these workplace settings so that the clinical supervisor can identify common priorities for the organisation to help develop the role. This may involve consultation with the PCN clinical director.

When self-assessing confidence in knowledge and skills, remember that working within an individual's scope of practice is a professional responsibility for all pharmacy professionals. This means individuals must practise in those areas where they have appropriate knowledge, skills and experience. They should always seek further advice or refer to another practitioner if the care or treatment needed is beyond their scope of practice. Individuals also have a personal responsibility to maintain and manage their own fitness to practise.

Learners will complete their self-assessment and *Learning needs analysis* prior to the initial meeting with their education supervisor. The clinical supervisor should complete the *Organisational priorities* assessment before their pharmacy professional attends Days 1 and 2 of the Module 1 residential workshops, or equivalent online workshops. Instructions for the scoring scale and completing the scoring are included in the self-assessment tool.

Learners will start to develop their PDP based on their scores and the *Organisational priorities* assessment. The PDP provides a framework for setting agreed short, medium and long-term objectives to develop the pharmacy professional's role according to the needs of their organisation and their own professional development. See **Appendix 2** for more information on how to complete a PDP.

Learners are expected to bring their completed self-assessment to the Module 1 residential workshop or equivalent online workshop, where they will be given time to discuss it with their peers. After the residential or equivalent online workshop, individuals will continue to develop their personal role progression plan, which will be discussed again with peers at the *Making an impact across systems* workshop.

## Section 4 – Supporting you throughout the pathway

### Supervision and support structure underpinning the learning pathway

A strong supervision and support structure underpins the learning pathway. For all pharmacy professionals, supervision should deliver:

- an appropriate induction programme to the local service, including resources, systems and people
- a supportive learning environment in which time for individual education is included in the service workload
- provision and signposting of appropriate learning resources and opportunities in the clinical service, informed by an individual learning needs assessment
- clinical oversight of service delivery by the learner in the workplace to ensure patient safety and learner support
- progressively increasing responsibility for patient care in the pharmacy professional's role and the services delivered in the clinical environment
- learner support to ensure curriculum coverage and programme completion
- programme support to ensure completion of workplace-based assessments
- regular learner feedback to the service environment
- pastoral care and equality of opportunity for the learner locally and regionally.

The learning can be split into two intersecting and overlapping domains:

- **Clinical learning** – understanding service provision, conventions, relevant guidance, tacit knowledge and skills to enable delivery of appropriate primary care – immediate local supervision needed
- **Professional development** – understanding values, responsibilities, relationships and accountability of the pharmacy professional in general practice/primary care – less immediate, often reflective

Support and supervision will be provided by CPPE and the employing organisation.



CPPE will provide an education supervisor for each pharmacy professional and a clinical mentor when required for practitioners who require additional support.

The employing organisation will provide a workplace-based clinical supervisor and identify a senior clinical pharmacist to provide guidance and support.

There is further detail below.

### Support provided by CPPE

Learners 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 them to develop an initial and ongoing education plan. The education supervisor will review progress through the learning pathway, assessments and role progression during each module. Initial meetings will usually be online. Subsequent meetings will take place as online group tutorials.

The **clinical mentor** is employed by CPPE on a sessional basis. The clinical mentor will be a pharmacy professional who has experience of working in a clinical patient-facing role in primary care. Clinical mentors assess case-based discussions during small group meetings and provide feedback. Clinical mentors will also provide individual support when required for role progression for pharmacy professionals requiring additional support via referral from the education supervisor (*see 'Practitioners requiring additional support (PRAS)' on page 29*).

### Supervision and support provided by the workplace

The PCN Network Contract DES states that all clinical pharmacists will be part of a professional clinical network and will have access to appropriate clinical supervision by a senior clinical pharmacist and GP clinical supervisor. In all cases, the frequency of support sessions will depend on the experience of the pharmacy professional **in a primary care setting**. CPPE recommends that the following supervision must be in place for senior clinical pharmacists and clinical pharmacy professionals:

- All clinical pharmacists will have access to an assigned GP clinical supervisor for regular support and development.
- All pharmacy technicians will have access to an assigned pharmacist clinical supervisor for regular support and development. If there is no pharmacist available, the supervisor can be a GP.
- Each clinical pharmacist will receive a minimum of one supervision session per month by a senior clinical pharmacist. The senior clinical pharmacist would ideally be employed by the same organisation as the clinical pharmacist, but the support could be sourced from the wider healthcare geography, eg, the integrated care system.
- A senior clinical pharmacist on the pathway will receive a minimum of one supervision session every three months by a GP clinical supervisor, as well as regular support when required.
- As the number of clinical pharmacy professionals working in PCNs increases, this should be on a ratio of one senior clinical pharmacist to five clinical pharmacy professionals, and in all cases appropriate peer support and supervision must be in place.

The **clinical supervisor** will support integration into primary care and role development for all pharmacy professionals. They will:

- work with learners to ensure safe patient care and management of workload
- provide guidance and feedback in relation to immediate clinical work and provide support for workplace-based assessments, acting as an assessor when required
- provide feedback on progress to the education supervisor
- provide support when pharmacy professionals fail to progress with their role at the expected rate (see '*Practitioners requiring additional support (PRAS)*' on page 29).

The clinical supervisor will have knowledge of the working environment and the service, and will be easily contactable. Initially, they will need to be on the premises, but as the pharmacy professional's confidence grows, they could be available remotely, providing this is almost instantaneous; this could be via a confidential online conferencing with desktop/presentation sharing, for example. In cases where PCN pharmacists are working in more than one practice, the day-to-day clinical supervision may be delegated to the duty doctor.

More details can be found in the pathway *Clinical supervisor handbook*. You can access a copy from the CPPE website: [www.cppe.ac.uk/career/pcpep/pathway-handbooks](http://www.cppe.ac.uk/career/pcpep/pathway-handbooks)

The clinical supervisor for pharmacists will be a GP, but if the pharmacist works in a care home, then the clinical supervisor could be a consultant geriatrician. A pharmacist with experience of working in general practice or care homes would be the clinical supervisor for a pharmacy technician, but this could be a GP in rare cases where there are no pharmacists in post yet.

With the vision of there being at least one senior clinical pharmacist for every five clinical pharmacists, NHS England recommends that clinical pharmacists should receive a minimum of one supervision session per month by a **senior clinical pharmacist**, as well as support from the GP clinical supervisor. CPPE recommends that pharmacy technicians should receive a minimum of one supervision session per month by the **senior clinical pharmacist**. These sessions are essential to support clinical pharmacy professionals to progress in their role and develop the clinical pharmacy team. The professional supervision role provided by senior clinical pharmacists will include some aspects of clinical supervision. The terms 'clinical' and 'professional' supervision are often interchangeable. We are using the term 'professional supervision' to describe the senior clinical pharmacist role, as they are in the same professional group as the clinical pharmacy professionals. This also makes a distinction from the GP clinical supervisor's role.

The senior clinical pharmacist does not need to be in the working environment but they need to have knowledge and experience of working in primary care. Senior clinical pharmacists will understand the developing role so that they can provide guidance or intercede to mitigate any challenges caused by workload and service demands. Preferably, we would want the senior clinical pharmacist to offer face-to-face support at agreed intervals for all clinical pharmacy professionals. The senior clinical pharmacist needs to be relatively available and to have the facility of instant messaging in the NHS information governance (IG) system to support clinical pharmacy professionals when needed.

The PCN Network Contract DES requires all pharmacy professionals to have access to appropriate clinical supervision. GP clinical supervisors should undertake regular supervision sessions, as well as be available for everyday support and development. CPPE cannot fund clinical mentors to act as the regular senior support, but clinical mentors can, of course, be available to those who need additional support on referral from the CPPE education supervisor.

### Professional clinical networks

The PCN Network Contract DES requires all clinical pharmacists to be part of a professional clinical network. CPPE recommends that all pharmacy technicians are also part of a professional clinical network. Flexible and innovative approaches to the formation of clinical networks can be adopted and promoted to enhance collaboration/integration across healthcare interfaces. Some integrated care systems (ICS) have already set up networks for pharmacy professionals; this should be encouraged to achieve the aim of having truly integrated care systems.

The group tutorials organised by CPPE as part of the pathway provide a clinical network and peer support for pharmacy professionals during the pathway, and learners are encouraged to continue these networks once the pathway is completed.

### Practitioners requiring additional support (PRAS)

The CPPE PRAS system ensures consistent responses by education supervisors when practitioners need additional support. The PRAS system provides a framework to identify and address variation in practice, an early alert when additional support is required, and an assurance that patient safety is maintained. CPPE education supervisors will work with clinical supervisors, senior clinical pharmacists, employers, managers and clinical mentors to provide additional support when needed.

The education supervisor will identify those requiring additional support and assess the factors contributing to the need for further support. These issues are often multifaceted, for example, a pharmacy professional who has health issues alongside challenges in developing their role. The education supervisor will work with the individual to develop a support plan and will ensure regular review to monitor the effectiveness of the plan. This may include referral to external organisations, eg, Pharmacist Support, the employer's occupational health service, the CPPE coaching service: [www.cppe.ac.uk/support/need-support](http://www.cppe.ac.uk/support/need-support) or a clinical mentor for additional support and guidance. Significant issues involving the PCN may need to be referred to NHS England.

Common reasons for additional support are when pharmacy professionals:

- are not integrated into the multiprofessional team and are working in isolation
- cannot establish or progress their patient-facing role in their place of work
- have a lack of awareness about their professional competence
- are not receiving regular or honest clinical supervision
- have poor clinical knowledge leading to errors/patient safety concerns

- are experiencing issues of a personal nature, for example, relationship issues, bereavement or ill health
- are struggling to progress with the education pathway
- do not have a job description that reflects the requirements of the PCN Network Contract DES, and so struggle to see the relevance of the education pathway
- have personal conduct issues.

### How to deal with issues of concern in the workplace

Things do not always go smoothly in a new job or role. The primary care team might not have worked with a pharmacy professional before and may not know what to expect from the role. Learners may struggle to engage the team, have concerns about safe practice, or feel that they do not have sufficient support locally for their learning and development.

The table below lists some possible concerns that might occur in the workplace. There is a suggested initial course of action for each issue. Learners should follow the suggested course of action before seeking further support.

Issues	Suggested initial course of action
Concerns about lack of induction to the primary care setting (eg, reporting procedures are unclear)	<ul style="list-style-type: none"> <li>• Speak to the manager of your employing organisation and/or your clinical supervisor in the first instance, and show them the induction checklist you need to complete.</li> <li>• Speak to your clinical supervisor.</li> </ul>
Worries about a lack of clarity regarding the role	<ul style="list-style-type: none"> <li>• Remember that your role is about progression; you will not be able to do everything in day one.</li> <li>• Think about your ‘lift pitch’ unique selling points – make sure you can articulate the benefits of your role and what it can become.</li> <li>• Build relationships and trust with your new colleagues in primary care.</li> <li>• Consider showing a video about the role of a pharmacy professional in primary care at a team meeting:  <a href="http://www.youtube.com/watch?v=jB_jsfAzHIU">www.youtube.com/watch?v=jB_jsfAzHIU</a> (GP pharmacist) or  <a href="http://www.youtube.com/watch?v=1uK2metDgPo">www.youtube.com/watch?v=1uK2metDgPo</a> (care home pharmacy professional).</li> <li>• Share the pathway handbook with the team to help them understand what your training involves.</li> <li>• Talk to all members of the primary care team about your role and find out about their roles too, so that you can work effectively together.</li> </ul>

Concerns about training needs, the need for protected time for group tutorials, online workshops and study days, or a lack of support or engagement from the employer	<ul style="list-style-type: none"> <li>• Seek support from your clinical supervisor.</li> <li>• Talk to your CPPE education supervisor.</li> <li>• Ask your education supervisor about referral to a clinical mentor.</li> </ul>
Worries about poor rapport and/or lack of support from the wider healthcare team	<ul style="list-style-type: none"> <li>• Seek support from your clinical supervisor.</li> <li>• Talk to your CPPE education supervisor.</li> </ul>
Failing to achieve an effective working relationship or rapport with your clinical supervisor	<ul style="list-style-type: none"> <li>• Arrange to speak to your clinical supervisor to discuss your concerns and work together to try and resolve the issues; make sure you listen to their point of view.</li> <li>• Talk to someone else in the team who works with your clinical supervisor and ask for their advice on how to build rapport and a good working relationship.</li> <li>• Speak to your line manager for support.</li> <li>• If the issue remains unresolved, speak to your education supervisor.</li> </ul>
Feeling that the scope and/or quantity of work expected is unrealistic, unsafe or unachievable	<ul style="list-style-type: none"> <li>• Speak to your line manager and/or clinical supervisor.</li> <li>• Agree a training plan to develop your skills so you can take on new roles.</li> <li>• If the quantity of work is too much, review what you are currently doing. Are there things you could stop doing or delegate to someone else?</li> <li>• Discuss the situation with the senior clinical pharmacy professional in your organisation.</li> </ul>
Concerns that inexperience or unfamiliarity with primary care is limiting your confidence and progress	<ul style="list-style-type: none"> <li>• Complete the <i>Primary care essentials</i> e-course.</li> <li>• Arrange to spend some time shadowing another primary care pharmacy professional and other members of the primary care team.</li> </ul>
Feeling that your employing organisation is not supporting you to become patient-facing	<ul style="list-style-type: none"> <li>• Discuss the situation with your line manager or clinical supervisor and signpost them to the expectations of the pharmacy professional role in the PCN Network Contract DES.</li> <li>• Discuss this with your education supervisor.</li> </ul>
Pharmacists – being asked to prescribe in areas outside your scope of practice	<ul style="list-style-type: none"> <li>• Explain your concerns to your clinical supervisor and/or line manager, including the legal and safety implications of prescribing outside your scope of practice.</li> <li>• Agree a plan with your clinical supervisor for how to develop competence and confidence to expand your scope of practice.</li> </ul>
Concerns about a clinical supervisor who seems unable to	<ul style="list-style-type: none"> <li>• Speak to your clinical supervisor and line manager about your concerns first to try to resolve the issue.</li> </ul>

allocate regular and protected time for reviewing progress and providing support	<ul style="list-style-type: none"> <li>• Seek support from your education supervisor if the situation is not resolved.</li> </ul>
Concerns about personal safety while carrying out the primary care role	<ul style="list-style-type: none"> <li>• Speak to your line manager about your concerns first to try to resolve the issue.</li> <li>• Seek support from your education supervisor if the situation is not resolved.</li> </ul>
Feeling that that workplace supervision is insufficient to develop competence and confidence	<ul style="list-style-type: none"> <li>• Speak to your clinical supervisor and line manager about your concerns first to try to resolve the issue.</li> <li>• Seek support from your education supervisor if the situation is not resolved.</li> </ul>
Aware of, or concerned about, inappropriate behaviours by other team members that could undermine professional confidence	<ul style="list-style-type: none"> <li>• Speak to your clinical supervisor and line manager about your concerns first to try to resolve the issue.</li> <li>• Seek support from your education supervisor if the situation is not resolved.</li> <li>• Contact the whistleblowing helpline: <a href="https://speakup.direct/">https://speakup.direct/</a> and GPhC: <a href="http://www.pharmacyregulation.org/raising-concerns">www.pharmacyregulation.org/raising-concerns</a> for support and advice.</li> </ul>
A personal issue (such as a health or relationship issue) that may affect work performance or learning	<ul style="list-style-type: none"> <li>• Refer yourself to Pharmacist Support: <a href="http://www.pharmacistsupport.org">www.pharmacistsupport.org</a></li> <li>• Refer yourself to your own GP.</li> <li>• Pharmacy technicians can refer to the CPPE <i>Pharmacy technicians factsheet</i>: <a href="http://www.cppe.ac.uk/wizard/files/supporting_you/technicians-ps-cppe-joint-factsheet.pdf">www.cppe.ac.uk/wizard/files/supporting_you/technicians-ps-cppe-joint-factsheet.pdf</a></li> <li>• Seek support from your education supervisor.</li> </ul>
Concerns about an inappropriate learning environment (eg, learning from critical incidents and near-misses is not shared openly and transparently)	<ul style="list-style-type: none"> <li>• Speak to your clinical supervisor and other relevant members of the team about your concerns first to try to resolve the issue.</li> <li>• Seek support from your education supervisor if the situation is not resolved.</li> </ul>
Difficulties accessing local training (eg, limited access to multidisciplinary events or meetings in the practice setting)	<ul style="list-style-type: none"> <li>• Speak to your clinical supervisor and line manager about your concerns first to try to resolve the issue.</li> <li>• Seek support from your education supervisor if the situation is not resolved.</li> </ul>
Falling behind with your learning	<ul style="list-style-type: none"> <li>• Seek advice from your education supervisor.</li> </ul>

If none of these suggestions work or are appropriate, then the CPPE education supervisor can escalate concerns to the CPPE pathway leadership team and onwards to HEE or NHS England and NHS Improvement (NHSE/I).



## Appendix 1 – Network Contract Directed Enhanced Service (DES) documents

Please access the GP contract pages on the NHS England and NHS Improvement (NHSE/I) website for the most up-to-date versions of the documents: [www.england.nhs.uk/gp/investment/gp-contract/](http://www.england.nhs.uk/gp/investment/gp-contract/)

## Appendix 2 – Personal development planning

A personal development plan (PDP) is '*a structured and supported process undertaken by an individual to reflect upon their own learning, performance and/or achievement and to plan for their personal, educational and career development*'.<sup>4</sup>

The purpose of the PDP is to encourage you to develop and plan for the future by becoming more aware of your capabilities and the opportunities around you. You will work through the LNA tool at the beginning of the pathway and create a PDP, which you will upload to your ePortfolio periodically throughout the pathway. You should revisit your PDP at regular intervals to see if the learning you have undertaken has helped you to meet your learning objectives.

Information on the Canvas platform will help you to understand which modules will help to meet each of your learning objectives.

### The PDP cycle

#### Self-evaluation: where am I now?

Your learning needs will be influenced by your previous experience, your role and the priorities of the primary care network where you are working. It is important to develop a PDP to prioritise your learning throughout the duration of the training pathway. Your first meeting with your education supervisor will include discussing the LNA tool you will receive in your welcome pack. This tool will be used to identify your specific development needs to help develop your PDP. Another useful method to help you identify your learning needs is undertaking a SWOT (strengths, weaknesses, opportunities and threats) analysis in relation to your job description.

#### Target setting: where do I want to be?

The PCN Network Contract DES sets out the roles and responsibilities for pharmacists and pharmacy technicians in primary care. This is also covered in the *Primary care essentials* e-course. You will be working towards achieving the capabilities and competences to carry out these roles throughout the pathway. Use the role progression section in this handbook to set targets for your learning and development to support your role progression.

#### Set SMART objectives/goals

- Ensure your objectives are SMART: specific, measurable, achievable, relevant and timely.
- Think about how you will apply your learning to practice.

**Action planning: how will I get there?**

- Identify how you can meet your learning needs and objectives.

**Undertake learning and develop skills**

- Undertake PCPEP, eg, modules, study days, workshops, learning sets, e-learning, etc.
- Undertake learning in the workplace, eg, work shadowing, case-based learning, clinical debrief, being observed and receiving feedback on your practice.

**Apply your learning to practice**

- Reflect on your learning.
- Document your learning and experiences in your portfolio.

**Evaluate and review**

- Reflect on outcomes of your learning.
- Evaluate your achievements.
- Review progress in relation to your objectives.
- Record your achievements in your portfolio.



## References

1. NHS England. *A five-year framework for GP contract reform to implement the NHS Long Term Plan*. January 2019. [www.england.nhs.uk/publication/gp-contract-five-year-framework/](http://www.england.nhs.uk/publication/gp-contract-five-year-framework/)
2. NHS England. *Network Contract Directed Enhanced Service – contract specification 2022/23 – PCN requirements and entitlements*. April 2022. <https://www.england.nhs.uk/publication/network-contract-directed-enhanced-service-contract-specification-2022-23-pcn-requirements-and-entitlements/>
3. NHS England. *Network Contract Directed Enhanced Service: guidance for 2022/23 in England*. March 2022. <https://www.england.nhs.uk/publication/network-contract-directed-enhanced-service-guidance-for-2022-23-in-england/>
4. The Quality Assurance Agency for Higher Education. *Personal development planning: guidance for institutional policy and practice in higher education*. 2009. [www.qaa.ac.uk/docs/qaas/enhancement-and-development/pdp-guidance-for-institutional-policy-and-practice.pdf?sfvrsn=4145f581\\_8](http://www.qaa.ac.uk/docs/qaas/enhancement-and-development/pdp-guidance-for-institutional-policy-and-practice.pdf?sfvrsn=4145f581_8)