

# Primary care pharmacy education pathway

## Pathway and role progression handbook

Version 2

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## Acknowledgements

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### Section 1 – Background

#### Background to pharmacy professionals within primary care networks

In January 2019, NHS England and the British Medical Association's General Practitioners Committee agreed a five-year GP (General Medical Services) contract framework from 2019/20.<sup>1</sup> From July 2019, funding has been available within the Network Contract Directed Enhanced Service (DES) to support the recruitment of clinical pharmacists under a new Additional Roles Reimbursement Scheme.<sup>2</sup> Primary care networks (PCNs) are able to claim 70 percent of the salary costs of additional clinical pharmacists up to a maximum amount.

In 2019/20, all PCNs will be able to claim for one whole-time-equivalent (WTE) clinical pharmacist (two WTE if the PCN covers a population of 100,000 or more). Networks transferring staff from the existing national *Clinical pharmacists in general practice* and *Medicines optimisation in care homes* schemes are also able to claim reimbursement for those staff, subject to specific rules. From April 2020, PCNs will be able to claim a capitated amount towards the different additional roles in the scheme and so will decide, based on local priorities, whether or not they want to recruit more pharmacists.

To ensure national consistency in standards of patient care and safety across England, the primary care Network Contract Directed Enhanced Service Contract specification 2019/20 says that clinical pharmacists being employed through the Network Contract DES funding will either be enrolled in, or have qualified from, the CPPE *Primary care pharmacy education pathway* that it has commissioned through Health Education England (HEE). This training programme equips the pharmacist to be able to practise and prescribe safely and effectively in a primary care setting and to deliver the key responsibilities of the role.<sup>2,3</sup> For more details of the role and training, see Appendix 2.

#### Primary care pharmacy education pathway

At the request of HEE, CPPE has reviewed its extended education pathways for pharmacy professionals working in primary care to align with the NHS Long Term Plan and the PCN Contract DES. The pathway has been renamed the *Primary care pharmacy education pathway* (PCPEP). This new pathway is now the education and development pathway for all pharmacy professionals working in primary care network (PCN) roles including general practice and care homes. The pathway is delivered in a modular format. You can find out more about Primary Care Networks, the GP contract and the related directed enhanced service on the NHS England website.

You can find out more about the *Primary care pharmacy education pathway* 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
- work as part of a multi-disciplinary 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 the job safely and confidently.

The intended outcomes of the *Primary care pharmacy education pathway* are:

### 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 *Primary care pharmacy education pathway* will train pharmacy professionals to:

- offer patient-facing and person-centred consultations with an emphasis on shared decision making
- work within 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

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

### Core principles

The core principles supporting this pathway will ensure that learners will:

- take part in a vocational education and training programme
- be given protected learning time by their employer (up to 28 days over the 18-month pathway) to attend CPPE residential courses, study days, learning sets and e-workshops - study time is the same for full and part time staff; not pro-rata
- commit to 25 to 30 days of self-directed learning in their own time as required during the pathway (this will vary depending on prior knowledge)
- be 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 will also:

- work towards an independent prescribing qualification at an appropriate time within one year of finishing the pathway , if not already held.

Learners will make use of relevant established frameworks alongside this pathway:

- Consultation skills for pharmacy practice: practice standards for England: [www.consultationskillsforpharmacy.com/docs/docc.pdf](http://www.consultationskillsforpharmacy.com/docs/docc.pdf)
- Enhanced health in care homes: [www.england.nhs.uk/publication/the-framework-for-enhanced-health-in-care-homes/](http://www.england.nhs.uk/publication/the-framework-for-enhanced-health-in-care-homes/)
- 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 2015: [www.rpharms.com/resources/frameworks/leadership-development-framework](http://www.rpharms.com/resources/frameworks/leadership-development-framework)
- RPS Foundation Framework: [www.rpharms.com/resources/frameworks/foundation-pharmacy-framework-fpf](http://www.rpharms.com/resources/frameworks/foundation-pharmacy-framework-fpf)
- RPS Advanced Pharmacy Framework: [www.rpharms.com/resources/frameworks/advanced-pharmacy-framework-apf](http://www.rpharms.com/resources/frameworks/advanced-pharmacy-framework-apf)
- 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)
- RPS Competency Framework for Designated Prescribing Practitioners: [www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework](http://www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework)

The *Primary care pharmacy education pathway* is comprised of a number of different component parts:

Component parts	Led by
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
Clinical mentor support from a senior clinical pharmacist (where appropriate)	A senior clinical pharmacist, trained by CPPE to offer individual, local support and mentorship on a sessional basis
Independent prescribing	Procured by HEE through HEIs

### 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 *Primary care pharmacy education pathway* for pharmacy professionals on the NHS England programme for pharmacy professionals in primary care.

### 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 made a commitment to meet the aims set out in our mission statement by:

- providing high-quality professional learning programmes
- delivering an excellent customer-focused service
- working successfully as part of the CPPE team.

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

### CPPE values

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

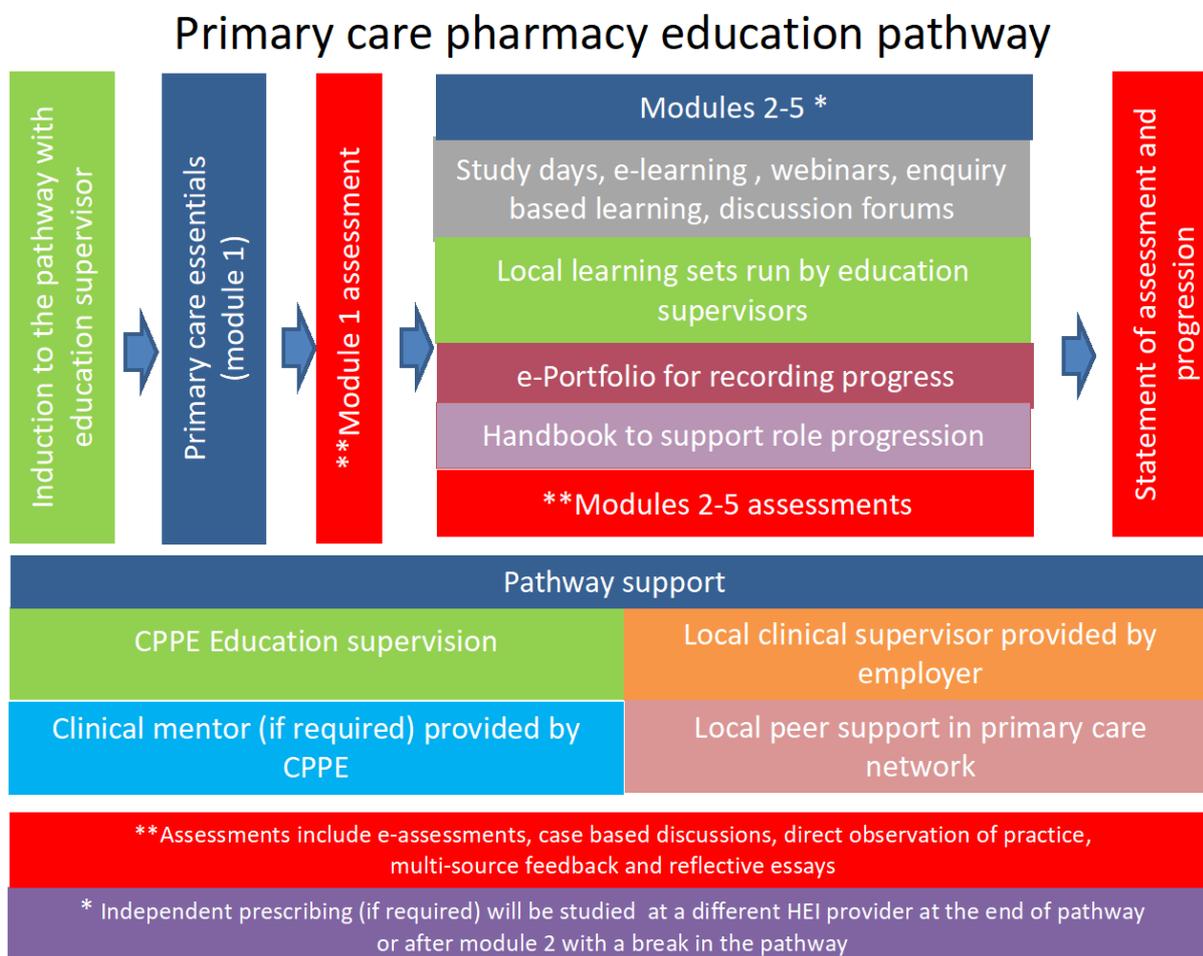
Have a look at our CPPE values document to find out more:  
[www.cppe.ac.uk/wizard/files/about\\_cppe/cppe\\_values.pdf](http://www.cppe.ac.uk/wizard/files/about_cppe/cppe_values.pdf)

## Section 2 – The learning pathway

### Overview of the *Primary care pharmacy education pathway*

The 18-month pathway equips pharmacy professionals with the necessary knowledge, skills and experience to work within 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 with 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

The *Primary care pharmacy education pathway* 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 induction 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 induction meeting. The purpose of the LNA is to understand your 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 learners' role progression. For more information about personal development planning, see Appendix 2.

### Overview of the modules for the pathway

Modules	Length of module
Module 1: Induction <ul style="list-style-type: none"> <li>Extended e-course <i>Primary care pharmacy education pathway essentials</i></li> <li>Two different two-day residential courses</li> <li>Learning sets</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</li> <li>Learning sets</li> <li>Assessments</li> </ul>	26 weeks
Module 3: Clinical assessment skills <ul style="list-style-type: none"> <li>Three workshops with associated pre-workshop activities</li> <li>Learning sets</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 study days</li> <li>Learning sets</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>Webinars – learners can choose which ones to attend</li> <li>Study days – 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>Learning sets – compulsory for all</li> <li>Assessments and completion of pathway – compulsory for all</li> </ul>	Webinars and study days will be available throughout the pathway for learners to access according to their learning needs. Learners must complete Module 1 before starting Module 5.

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

Pharmacists employed through the Network 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.

NHS England and Health Education England 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).

*Primary care pharmacy education pathway (PCPEP) exemptions guidance and an exemptions application form 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. Pharmacists who are unsure or who are seeking exemption from parts of the pathway should enrol and then apply for exemption.

### Online learning

We use self-directed online learning throughout the pathway in the form of e-courses over several weeks, e-workshops, e-assessments and an e-portfolio. This 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 18 months, depending on your prior knowledge and experience.

### Face-to face learning

There are 28 days of face-to-face learning during the 18-month pathway, which include residential courses, study days, workshops, learning sets and one-to-one supervision with an education supervisor. The 28 days are **not** pro-rata. Learners should be given paid study leave for these days. The total time commitment for each learner is estimated at about three days per month (an average of 1.5 days per month for face-to-face learning and a similar amount for self-directed learning). Some of the face-to-face events will be delivered by partner organisations.

### Learning sets

Regular peer learning sessions are facilitated by an education supervisor. Each session will last three hours in total. It will comprise of group learning followed by a group supervision meeting. These events will bring together individuals with different levels of experience and capability, offering support for each other's learning and the opportunity to critically review and improve practice. We use structured learning materials to meet learning outcomes that are not met elsewhere in the pathway. You will be expected to complete pre-workshop activities prior to attending these meetings so the face-to-face time can be used to discuss cases and apply knowledge.

These sessions provide some protected time for reflection on individual practice and help to develop a local support network which can be continued once the pathway has ended.

### e-Portfolio

The online e-portfolio of evidence demonstrates education and practice achievements. A well-constructed e-Portfolio should describe the learning journey towards the attainment of professional competence. The e-Portfolio is an important part of the *Primary care pharmacy education pathway training pathway*. The information in an e-Portfolio is used to track progress throughout the pathway and provides evidence of how the learning outcomes, core capabilities and competences within the curriculum have been met.

### Assessment

There are a series of assessments during the *Primary care pharmacy education pathway*. We have provided a summary of the assessments here, more detail of the assessments is 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).

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

Progress with assessments is recorded on the pathway progress tracker for the *Primary care pharmacy education pathway* on the CPPE website. Some assessments will be automatically populated in the pathway progress tracker. Learners must sign up for all series of the pathway progress trackers to initiate the automatic recording of the assessments on the CPPE website.

### Module 1 assessment

The following assessments must be completed during Module 1 within three months of starting the pathway.

Assessment	Format
<i>Primary care essentials</i> e-assessment	e-assessment
<i>Safeguarding children and vulnerable adults</i> level 2 e-assessment*	e-assessment
<i>Consultation skills</i> e-assessment	e-assessment
e-Learning for Healthcare <i>Equality and diversity and human rights</i> e-assessment	e-assessment
<i>Care homes</i> e-learning and e-assessment	e-assessment

\*The purpose of completing this assessment is to prepare pharmacy professionals for their patient-facing role in primary care. The minimum level of safeguarding training for pharmacy professionals is level 2 so all pharmacy professionals including those on CPPE pathways should pass the CPPE *Safeguarding children and vulnerable adults* level 2 e-assessment. Safeguarding assessments should be repeated every two years as a minimum to ensure knowledge is kept up to date. In addition, CCGs have local policies on which level of safeguarding training each profession should undertake and when. Some areas are recommending level 3 safeguarding training for all pharmacy professionals and some 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, CCG safeguarding lead and/or Local Safeguarding Children’s board. CPPE cannot provide level 3 training as it requires an element of multi-disciplinary discussion about case studies. E-learning can be used at level 3 and above but should not be the only form of learning. It can be used as preparation for reflective team-based learning. It is expected that around 50 percent of the learning time will be interactive and involve the multi-professional team wherever possible. This includes formal teaching/education, conference attendance and group case discussion as part of regular multi-professional and/or multi-agency staff meetings.

e-Learning for Healthcare (e-LfH) has e-learning programmes on safeguarding children as part of level 3 training which all healthcare professionals can access and pharmacy professionals on the pathway can access this through the CPPE website: [www.cppe.ac.uk/programmes//leaders-e-00](http://www.cppe.ac.uk/programmes//leaders-e-00) - once on the E-LfH page, search for ‘Safeguarding’. CCGs provide level 3 safeguarding training courses and some employers have access to online safeguarding training.

**Module 2 assessment**

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 pharmacy professional’s practice setting. Professional discussion with education supervisor.

**Module 3 assessment**

Assessment	Format
Clinical examination and procedural skills assessment record (CEPSAR)	Direct observation in the practice setting by GPs, nurses and senior pharmacy professionals to complete a clinical examination and procedural skills assessment record (CEPSAR) logbook, two case studies and a reflective essay.

**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 Module 5 learning set to be peer reviewed. This will provide the opportunity to not only share the work you have been doing but also to get feedback from your peers

**Module 5 assessment**

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 pharmacy professional’s practice setting Professional discussion with education supervisor
Consultation skills assessment	Direct observation of practice by clinical supervisor using the Medicines Related Consultation Assessment Tool (MR- CAT)
Reflection on patient feedback	CPPE patient satisfaction questionnaire (PSQ) and reflective essay on the pharmacy professional’s learning from feedback from the PSQ

\*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.

### Independent prescribing (pharmacists only)

Health Education England (HEE) funds independent prescribing (IP) courses. More information about course providers can be found in the HEE IP factsheet: [www.hee.nhs.uk/our-work/pharmacy/pharmacy-integration-fund/pharmacy-integration-fund-courses-pharmacists](http://www.hee.nhs.uk/our-work/pharmacy/pharmacy-integration-fund/pharmacy-integration-fund-courses-pharmacists).

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

Pharmacists require a solid foundation of clinical knowledge and their working environment before they embark on an IP course. Therefore, it is expected that IP training will happen **after completion** of the *Primary care pharmacy education pathway* and pharmacists will need to achieve IP status within a 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 the 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 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.

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

IPs who are not currently prescribing will be offered a short *Return to prescribing* course.

### CPPE Statement of assessment and progression

The final award of the *Primary care pharmacy education pathway* for pharmacy professionals is the CPPE *Statement of assessment and progression* (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. This SoAP is nationally recognised by NHS England and the British Medical Association as evidence of training to any current or future employer.<sup>3</sup>

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.

### **Multiprofessional learning and integration into the wider team**

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 within the GP specialty half-day release programme may be appropriate. Learning together will enhance co-ordination within the team, and promote a team-based approach.

### **Indemnity insurance**

There is a regulatory requirement for 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: [cnsnp@resolution.nhs.uk](mailto:cnsnp@resolution.nhs.uk)

### **FAQs**

Frequently asked questions about the *Primary care pharmacy education pathway* programme can be found on the CPPE website: [www.cppe.ac.uk/wizard/files/primary-care/pcpep-faqs.pdf](http://www.cppe.ac.uk/wizard/files/primary-care/pcpep-faqs.pdf)

### Section 3 – Role progression

#### Starting your role in primary care

There will be a variety of roles for pharmacy professionals within primary care networks, 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 pharmacists in the Primary Care Network DES are outlined in Appendix 2. Although this is currently focused on the role of the pharmacist, we have created a primary care pathway to cater for the needs of all pharmacy professionals within the PCN including pharmacy technicians.

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, which 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.

**Foundation 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.

The tables below list potential roles for pharmacists and pharmacy technicians working in GP surgeries and care homes at each of the three levels of practice.

<b>Pharmacists</b>	
<b>Potential roles in optimising medicines and supporting individual patients in a GP surgery</b>	
<b>Foundation 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 medicines policies and procedures meet the requirements of 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 quality improvement 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, eczema, psoriasis, irritable bowel syndrome (IBS)) *	
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: atrial fibrillation (AF), coronary heart disease (CHD), heart failure (HF), peripheral vascular disease (PVD), asthma, chronic obstructive pulmonary disease (COPD), diabetes, chronic kidney disease, rheumatoid arthritis, osteoporosis, stable depression and anxiety
	Establish a programme of regular medication reviews for targeted patients*
	Developing individualised treatment plans for patients taking multiple medicines, particularly those at risk of hospital admission*
	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, chronic obstructive pulmonary disease (COPD), diabetes, or heart failure
	Preventing falls*
	Optimising medicines for those with multiple long-term conditions*
	Reviewing complex medication regimes 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 independent prescribing (IP) qualification under appropriate supervision

<b>Pharmacists</b>	
<b>Potential roles in optimising medicines and supporting individual patients within a care home</b>	
<b>Foundation level</b>	Ensuring medicines policies and procedures meet the requirements of Care Quality Commission (CQC)*
	Ensuring care homes comply with Care Quality Commission (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 Quality, Innovation Productivity and Prevention (QIPP) projects*
	Identifying topics for local quality improvement 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, eczema, psoriasis, irritable bowel syndrome (IBS))*
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*
	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 level 3 medication reviews
	Taking responsibility for areas of chronic disease management within 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, chronic obstructive pulmonary disease (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 independent prescribing (IP) qualification under appropriate supervision

<b>Pharmacy technicians</b>	
<b>Potential roles in optimising medicines and supporting individual patients within a GP surgery</b>	
<b>Foundation 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 Quality, Innovation Productivity and Prevention (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 within 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 quality improvement 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 Medicines and Healthcare Regulatory Agency (MHRA) and National Reporting and Learning Service (NRLS) alerts are actioned
	Dealing with repeat prescription requests according to local policies and procedures
	Liaising with patients and local community pharmacies to understand, advise upon, and resolve medication supply issues
<b>Advanced level</b>	Undertaking level 1 medication reviews
	Reviewing the implementation of policies and procedures related to medicines governance
	Actioning National Institute of Health and Care Excellence (NICE) guidance
	Investigating and escalating appropriately, any incidents (including safeguarding) relating to medicines or their use by patients or within the practice
	Switching medicines to a more cost-effective alternative according to local protocols
	Resolving medication adherence issues (eg, changing administration times, suggesting alternative delivery systems etc.)
	Completing effective medicines reconciliation at transfer of care according to local policies and procedures actioning any changes required
	Undertaking level 2 and level 3 medication reviews (depending on competence and experience) within the practice or as domiciliary visit
Delivering person-centred consultations for acute illness or long-term conditions using appropriate clinical examination and diagnostic skills as part of a multidisciplinary team	
Individualising dosing of medicines (eg, anticoagulants)	

**Pharmacy technicians**

**Potential roles in optimising medicines and supporting individual patients within a care home**

<b>Foundation level</b>	Involvement in national and local Quality, Innovation Productivity and Prevention (QIPP) projects
	Identifying topics for local quality improvement projects and participating in the chosen projects
	Using software tools to monitor prescribing
	Working in a patient-facing role to enable individuals get the best out of their medicines
	Dealing with medication queries from residents, staff, and carers according to local policies and procedures
	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
	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 within care homes
	Liaising with staff, residents, carers and local community pharmacies to understand, advise upon, and resolve medication supply issues
	Undertaking level 1 medication reviews
<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
	Undertaking level 2 and level 3 medication reviews (depending on competence and experience)
	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 included in the welcome pack) includes a self-assessment in relation to the potential roles for pharmacists and pharmacy technicians and an organisation 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 within 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, strengths and the opportunities within 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 the *Primary care pharmacy education pathway* 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.

As most PCN pharmacy professionals will work across multiple practices and/or care homes, the assessment should take account of everywhere they will be working so that the clinical supervisor can identify the common priorities for the organisation to help develop the role. This may involve consultation with the PCN clinical director.

When assessing confidence in knowledge and skills, remember that working within your scope of practice is a professional responsibility for all pharmacy practitioners. 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. Instructions for the scoring scale and completing the scoring are included in the self-assessment tool. Learners will start to develop your personal development plan (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 the completed assessment and their PDP to the Module 1 residential workshop where they will be given time to discuss it with their peers. After the residential, individuals will continue to develop their personal role progression plan, which will be discussed again with peers at the *Making an impact in primary care* learning set.

We suggest that individuals begin with the roles and activities where 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 identified as areas for development at the start of the pathway, and priorities for their organisation in the future.

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. This may include how to obtain urgent advice when needed, how and when to make another appointment for someone, and arrangements for regular debriefing sessions.

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

## Section 4 – Pathway supervision and support

### Support throughout the pathway

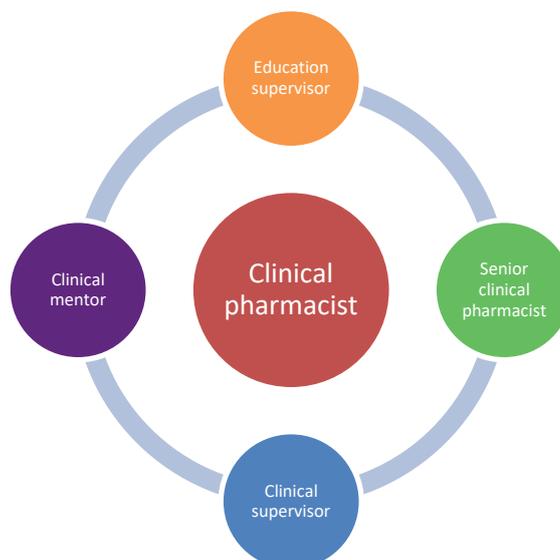
A strong supervision and support structure underpins the learning pathway. For all pharmacy professionals, supervision needs to deliver:

- an appropriate induction programme to the local service including resources, systems and people
- a supportive learning environment which ensures time for individual education is included within service workload
- provision and signposting of appropriate learning resources and opportunities within the clinical service informed by an individual learning needs assessment
- clinical oversight of service delivery in the specific service learning environment to ensure patient safety and learner support
- progressively increasing responsibility for patient care within the clinical pharmacist 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 ensuring 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 pharmacist and a clinical mentor when required for practitioners who require additional support. The employing organisation will provide a workplace-based clinical supervisor and senior clinical pharmacist.



### 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 with the learning pathway, assessments and role progression during each module. Initial induction meetings will be face-to-face, and subsequent meetings will be by phone or Skype. The education supervisor will also facilitate regular peer learning sessions. Education supervisors will also conduct professional discussions to support learning and reflection on the MSF feedback reports.

The **clinical mentor** is employed by CPPE on a sessional basis. The clinical mentor will be a pharmacy professional who will have experience in working in a clinical patient-facing role in primary care. Clinical mentors will assess case-based discussions during learning sets and provide feedback. The clinical mentor will also provide individual support for role progression for pharmacy professionals requiring additional support via referral from the education supervisor (see section on 'Practitioners requiring additional support' on page 22).

### Supervision and support provided by the workplace

The PCN DES says that all clinical pharmacists will be part of a professional clinical network and will always be clinically supervised by a senior clinical pharmacist and GP clinical supervisor. The following supervision must be in place for senior clinical pharmacists and clinical pharmacists:

- Each clinical pharmacist will receive a minimum of one supervision session per month by a senior clinical pharmacist.
- The senior clinical pharmacist will receive a minimum of one supervision session every three months by a GP clinical supervisor.
- All clinical pharmacists will have access to an assigned GP clinical supervisor for support and development.
- As the number of clinical pharmacists working within PCNs increases, this should be on a ratio of one senior clinical pharmacist to five junior clinical pharmacists, 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. 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' on page 22).

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, could be available remotely 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. 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 and clinical mentor handbook* and 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 usually be a GP but if the pharmacist works in a care home, the clinical supervisor could be a consultant geriatrician. The General Pharmaceutical Council requires pharmacy technicians to work under the supervision of a pharmacist, therefore a pharmacist with experience of working in general practice or care homes would be the clinical supervisor for a pharmacy technician.

NHS England recommends that clinical pharmacists should receive a minimum of one supervision session per month by the **senior clinical pharmacist**. These sessions are essential to support clinical pharmacists to progress in their role and develop the clinical pharmacist 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 pharmacists. This also makes the distinction with the GP clinical supervisor's role.

The senior clinical pharmacist does not need to be in the working environment but needs 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 conflicts between workload and service demands, and those of the learner or the bid site. Preferably we would want the senior clinical pharmacist to offer face-to-face support at agreed intervals for all clinical pharmacists where possible. The senior clinical pharmacist needs to be relatively available and to have the facility for instant messaging within the NHS information governance (IG) system to support clinical pharmacists when needed.

As there are not enough senior clinical pharmacists in PCNs yet, our supervision guidance says that GP clinical supervisors should do monthly supervision sessions, as well as being available for everyday support and development. CPPE cannot fund clinical mentors to act as the regular senior support but can, of course, be used for those who need additional support on referral from the CPPE education supervisor.

### Professional clinical networks

The PCN DES requires all clinical pharmacists to be 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 clinical commissioning groups (CCGs) and sustainability and transformation partnerships (STPs) have already set up networks for pharmacy professionals; this should be encouraged wherever possible if we are going to truly have integrated care systems.

The learning sets organised by CPPE as part of the pathway provide a clinical network and peer support for pharmacy professionals during the 18-month learning pathway.

### Practitioners requiring additional support (PRAS)

The CPPE 'practitioners requiring additional support' (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. The 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 will 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 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 multi-professional 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
- have personal conduct issues.

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

Things don’t always go smoothly in a new job or a new role. The primary care team might not have worked with a pharmacy professional before and may not know what to expect of the role. Learners may struggle to engage the team, have concerns about safe practice or feel that they don’t 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 and you won’t be able to do everything on day one.</li> <li>▪ Think about your ‘lift pitch’ – 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) <a href="http://www.youtube.com/watch?v=1uK2metDgPo">www.youtube.com/watch?v=1uK2metDgPo</a> (care home)</li> </ul>

	<p>pharmacy professional).</p> <ul style="list-style-type: none"> <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 learning sets 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 within 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 the quantity of work expected is unrealistic, unsafe or unachievable.	<ul style="list-style-type: none"> <li>Speak to your line manager and/ or your clinical supervisor.</li> <li>Agree a training plan to develop your skills to 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>

<p>Concerns that inexperience or unfamiliarity with primary care is limiting your confidence and progress.</p>	<ul style="list-style-type: none"> <li>▪ Complete the <i>Primary care pharmacy education pathway 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>
<p>Feeling that your employing organisation is not supporting you to become patient facing.</p>	<ul style="list-style-type: none"> <li>▪ Discuss the situation with your line manager or clinical supervisor.</li> <li>▪ Discuss this with your education supervisor</li> </ul>
<p>Being asked to prescribe in areas outside your scope of practice.</p>	<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>
<p>Concerns about a clinical supervisor who seems unable to allocate regular and protected time for reviewing progress and providing support.</p>	<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>
<p>Concerns about personal safety while carrying out the primary care role.</p>	<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>
<p>Feeling that that workplace supervision is insufficient to develop competence and confidence.</p>	<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>
<p>Aware of or concerned about inappropriate behaviours by other team members that could undermine professional confidence.</p>	<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 for support and advice: <a href="http://wbhelpline.org.uk">http://wbhelpline.org.uk</a></li> </ul>
<p>A personal issue (such as health or relationship issue) that may affect work</p>	<ul style="list-style-type: none"> <li>▪ Refer yourself to Pharmacist Support: <a href="http://www.pharmacistsupport.org">www.pharmacistsupport.org</a>.</li> </ul>

<p>performance or learning.</p>	<ul style="list-style-type: none"> <li>• Refer yourself to your own GP.</li> <li>• Pharmacy technicians can refer to the CPPE pharmacy technician fact sheet: <b><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></b></li> <li>▪ Seek support from your education supervisor.</li> </ul>
<p>Concerns about an inappropriate learning environment, (eg, learning from critical incidents and near-misses is not shared openly and transparently.)</p>	<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>
<p>Difficulties accessing local training (eg, limited access to multidisciplinary events or meetings in the practice setting).</p>	<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>
<p>Falling behind with your learning.</p>	<ul style="list-style-type: none"> <li>▪ Seek advice from your education supervisor.</li> </ul>

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

## Appendix 1 – Network Contract Directed Enhanced Service Contract specification 2019/20 – April 2019

Section 4.5.15 outlines the role of the clinical pharmacist within the primary care network (PCN). Although this is focused on the pharmacist role presently, we have created a primary care pathway to be inclusive of all future pharmacy professional roles within the PCN.

[www.england.nhs.uk/wp-content/uploads/2019/03/network-contract-des-specification-2019-20-v1.pdf](http://www.england.nhs.uk/wp-content/uploads/2019/03/network-contract-des-specification-2019-20-v1.pdf)

### 4.5.15 Clinical pharmacist

- a. Clinical pharmacists being employed through the Network Contract DES funding will either be enrolled or they will have qualified from an accredited training pathway that equips the clinical pharmacists to be able to practise and prescribe safely and effectively in a primary care setting in order to deliver the key responsibilities outlined below.
- b. The following statements set out the key responsibilities for clinical pharmacists in delivering the additional PCN health services to patients:
  - i. Clinical pharmacists will work as part of a multi-disciplinary team in a patient-facing role to clinically assess and treat patients using their expert knowledge of medicines for specific disease areas.
  - ii. They will be prescribers, or will be completing training to become prescribers, and will work with and alongside the general practice team. They will take responsibility for the care management of patients with chronic diseases and undertake clinical medication reviews to proactively manage people with complex polypharmacy, especially the elderly, people in care homes, those with multiple co-morbidities (in particular frailty, COPD and asthma) and people with learning disabilities or autism (through STOMP – Stop Over Medication Programme).
  - iii. They will provide specialist expertise in the use of medicines whilst helping to address both the public health and social care needs of patients at the PCN's practice(s)<sup>3</sup> and to help in tackling inequalities.
  - iv. Clinical pharmacists will provide leadership on person-centred medicines optimisation (including ensuring prescribers in the practice conserve antibiotics in line with local antimicrobial stewardship guidance) and quality improvement, whilst contributing to the quality and outcomes framework and enhanced services. Through structured medication reviews, clinical pharmacists will support patients to take their medications to get the best from them, reduce waste and promote self-care.
  - v. Clinical pharmacists will have a leadership role in supporting further integration of general practice with the wider healthcare teams (including community and hospital pharmacy) to help improve patient outcomes, ensure better access to healthcare and help manage general practice workload. The role has the potential to significantly improve quality of care and safety for patients.
  - vi. They will develop relationships and work closely with other pharmacy professionals across PCNs and the wider health and social care system.
  - vii. Clinical pharmacists will take a central role in the clinical aspects of shared care protocols, clinical research with medicines, liaison with specialist pharmacists (including mental health and reduction of inappropriate antipsychotic use in people with learning difficulties), liaison with community pharmacists and anticoagulation.
- c. All clinical pharmacists will be part of a professional clinical network and will have access to appropriate clinical supervision as outlined in the Network Contract DES guidance. As the number of clinical pharmacists working within PCNs increases, this should be on a ratio of one senior clinical pharmacist to five junior clinical pharmacists, and in all cases appropriate peer support and supervision must be in place.

## 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 self-assessment tool at the beginning of the pathway and create a PDP. You should revisit your PDP at regular intervals to see if the learning you have undertaken has helped you to meet your learning objectives.

The *Primary care pharmacy education pathway* curriculum document, which will be available to learners on the Canvas platform shows you which modules will help you to meet each of your learning objectives.

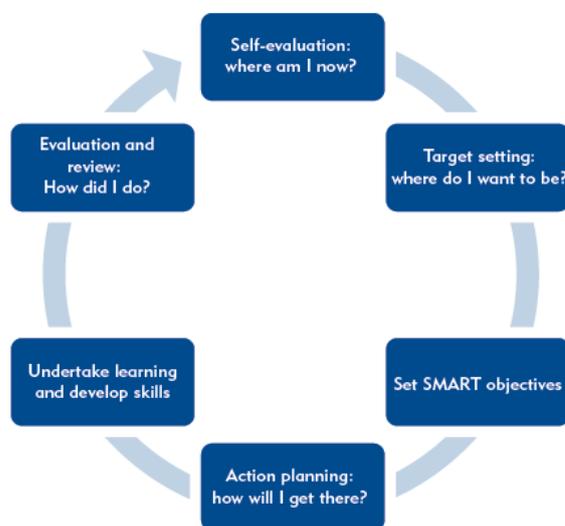
### The personal development planning cycle

#### 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 learning needs self-assessment 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. For more information regarding SWOT analysis take a look at the final section of appendix 2.

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

The curriculum for the *Primary care pharmacy education pathway*, which will be available on the Canvas platform, describes the learning outcomes and core capabilities and competences for pharmacy professionals working in a primary care setting. You will be working towards achieving these capabilities and competences throughout the 18-month training 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 learning needs and objectives.

**Undertake learning and develop skills**

- Undertake the *Primary care pharmacy education pathway*, eg, modules, study days, workshops, learning sets, e-learning, etc.
- Undertake learning in the workplace, eg, work shadowing, case-based learning, 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

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