

Primary care pharmacy education pathway

Clinical supervisor and clinical mentor handbook

Version 2

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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 2019/20.¹ 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.² 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.^{2,3} 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.

Vision

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

- perform clinical patient-facing roles
- 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 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 pharmacy professionals will:

- take part in a vocational education and training programme
- be given protected learning time (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 self-directed learning in their own time as required during the pathway
- 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.

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 other 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

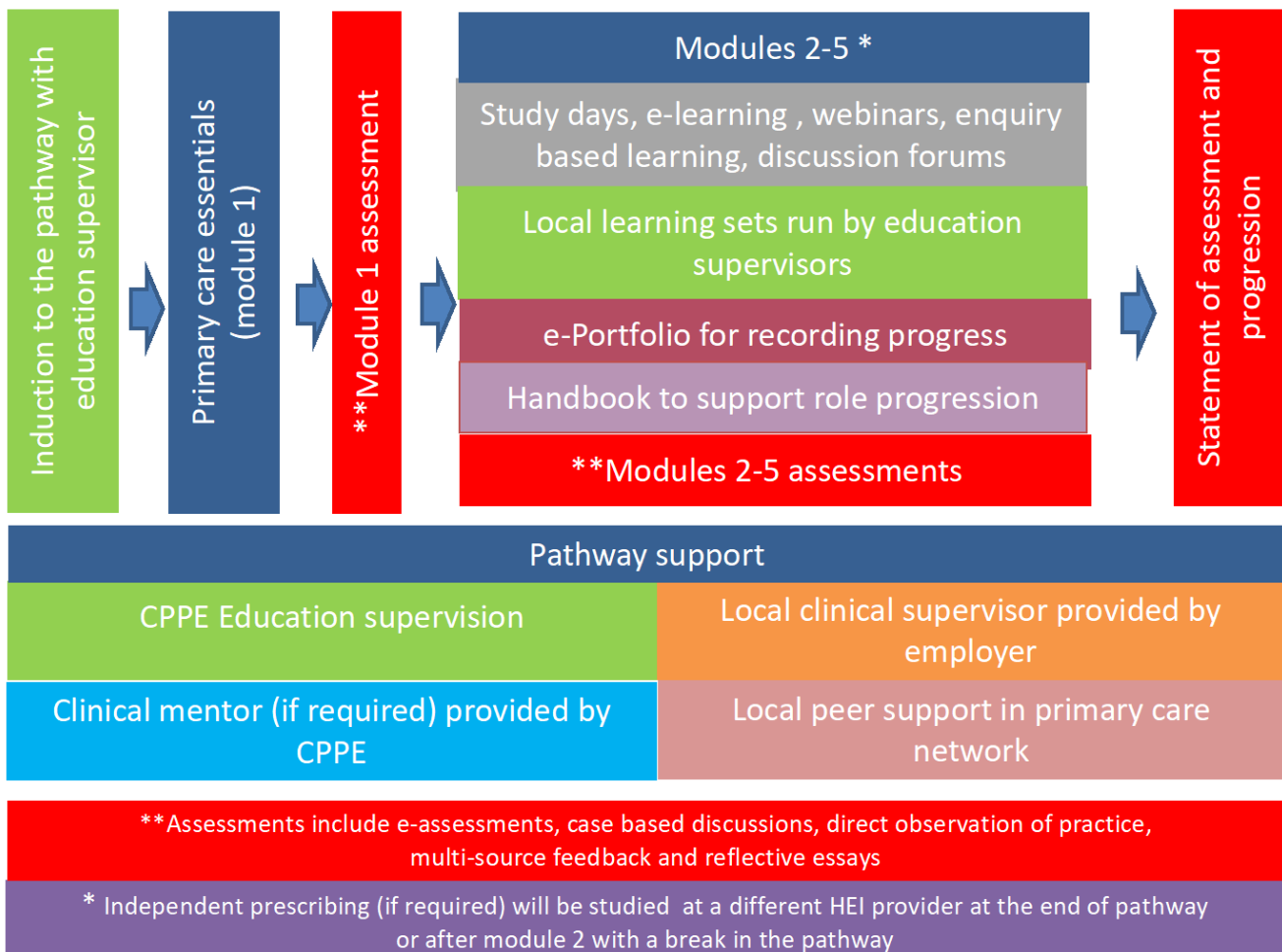
Section 2 – The learning pathway

Overview of the *Primary care pharmacy education pathway*

The 18-month pathway will equip 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.

Primary care pharmacy education 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 learners a continuous, relevant learning experience.

The learner will have an early induction meeting with their CPPE education supervisor to agree the learning contract, discuss the learner's role and review previous experience and learning to determine the learner's development needs in relation to the curriculum. This discussion will be informed by the learning needs analysis (LNA) tool that the learner will be expected to complete before the induction meeting. The purpose of the LNA is to assess previous experience and knowledge and to help identify any gaps in clinical knowledge and skills. Undertaking the LNA will enable the CPPE education supervisor to assess any prior learning/experience and facilitate the pharmacy professional's personal development plan (PDP) to enable role progression.

Overview of the modules for the pathway

| Modules | Length of module |
|--|---|
| Module 1: Induction <ul style="list-style-type: none"> Extended e-course <i>Primary care pharmacy education pathway essentials</i> Two different two-day residential courses. Learning sets Assessments | 13 weeks |
| Module 2: Clinical pharmacy and its application in a primary care setting <ul style="list-style-type: none"> Series of five short e-courses, each with an associated study day Learning sets Assessments | 26 weeks |
| Module 3: Clinical assessment skills <ul style="list-style-type: none"> Three workshops with associated pre-workshop activities Learning sets Assessments | 13 weeks |
| Module 4: Leadership and management <ul style="list-style-type: none"> Short e-course in preparation for two study days Learning sets Quality improvement project | 13 weeks |
| Module 5: Choice of clinical and leadership learning to meet individual learning needs. <ul style="list-style-type: none"> Webinars – learners can choose which ones to attend Study days – core and optional study days based on learning needs e-courses – learners will be able to choose which units they complete Learning sets – compulsory for all Assessments and completion of pathway – compulsory for all | Webinars and study days will be run throughout the pathway for learners to access to meet their learning needs. Learners must complete Module 1 before starting Module 5. |

Module exemption

Pharmacists employed through the Network DES will have a range of prior experience, training and qualifications to consider. It is 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.

Pharmacy professionals who have completed a previous CPPE pathway or who are currently enrolled on a CPPE pathway must apply for an exemption.

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.

Pharmacists who think they may be exempt from the whole pathway should apply for exemption before enrolling. 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 the learner between 25 and 30 days over the 18 months depending, on 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 the learner's education supervisor. The 28-days are **not** pro-rata. The learner's employer should give the learner paid study leave for these days. The total time commitment for each learner with the face-to-face and self-directed learning 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

Learners will attend regular learning sets which are facilitated by their education supervisor. Each learning set will last three hours in total. It will comprise of group learning followed by a group supervision meeting. The learning sets will bring together pharmacy professionals of different levels of experience and capability, offering support for each other's learning and the opportunity to critically review and improve practice. We use structured learning materials to meet learning outcomes that are not met elsewhere in the pathway. Learners will be expected to complete pre-workshop activities prior to attending learning sets so that the face-to-face time can be used to discuss cases and apply knowledge.

The learning sets also provide protected time for reflection on the pharmacy professional's own practice and provide an opportunity to develop a local support network which can be continued once the pathway has ended.

e-Portfolio

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

Assessment

There are 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 and you can access a copy from the CPPE website: www.cppe.ac.uk/career/pcpep/pathway-handbooks.

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

Pharmacy professionals will record their progress with assessments 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. Pharmacy professionals must sign up for all series of the pathway progress trackers to initiate the automatic recording of the assessments on the CPPE website.

Module 1 assessment

Pharmacy professionals will complete the following assessment as part of their induction 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 |
| Consultation skills e-assessment | e-assessment |
| e-Learning for Healthcare <i>Equality, 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 will 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/ - once in the e-LfH pages 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 professionals 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 they have been doing but also to get feedback from their 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 care home role 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.

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. There is a short e-course available for pharmacists who are already IPs to help them to extend their scope of prescribing practice and a short *Return to prescribing* course for IPs who are not currently prescribing.

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 the pharmacy professional has passed. This SoAP is nationally recognised by NHS England and the British Medical Association as evidence of training to any current or future employer.³

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 professional requirement for registered pharmacists 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 providers 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: cnsqp@resolution.nhs.uk

Frequently asked questions about the *Primary care pharmacy education pathway* can be found on the CPPE website: <https://www.cppe.ac.uk/wizard/files/primary-care/pcpep-emp-faqs.pdf>

Section 3 – Pathway supervision and support

Supporting the pharmacy professionals 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 work place 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 pharmacist clinician 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 those who require additional support. The employing organisation will provide a workplace-based clinical supervisor and senior clinical pharmacist.



Support provided by CPPE

Pharmacy professionals will have a named **CPPE education supervisor** who will ensure that they have an effective learning experience throughout the pathway. The education supervisor will support the learner to develop their initial and ongoing education plan. The education supervisor will review the learner's progress with the learning pathway, assessments and role progression during each module. Initial induction meetings will be face-to-face, and subsequent meetings will be by phone or Skype. The education supervisor will also facilitate regular peer learning sessions. Education supervisors will also conduct professional discussions with learners to support them to learn and reflect on their MSF feedback reports.

The **clinical mentors** are employed by CPPE on a sessional basis. They are pharmacists who have experience in working in a clinical patient-facing role in primary care. Clinical mentors will assess the 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 18).

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 clinical pharmacists, and in all cases appropriate peer support and supervision must be in place.

The **clinical supervisor** will support the pharmacy professional's integration into primary care and role development. They will:

- work with the pharmacy professional to ensure safe patient care and management of workload
- provide guidance and feedback in relation to the pharmacy professional's immediate clinical work and provide support for workplace-based assessments, acting as an assessor when required
- provide feedback on progress to the pharmacy professional's education supervisor
- provide support when pharmacy professionals fail to progress with their role at the expected rate (see 'Practitioners requiring additional support' on page 18).

The clinical supervisor will have knowledge of the working environment and the service, and 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.

The clinical supervisor for pharmacists will usually be 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.

If there is not a senior pharmacist in a PCN already then the PCN should identify senior (or peer) support. This could be someone from the CCG or the wider integrated care system or sustainability and transformation partnership (STP). CPPE cannot fund clinical mentors to act as the regular senior support but we do provide the opportunity for peer support through the learning sets and other face-to-face events. The time at the end of learning sets is intended for this purpose and many education supervisors have facilitated this type of peer support. Clinical mentors can, of course, be used for those who need additional support.

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 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 programme.

Practitioners requiring additional support (PRAS)

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

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

Common reasons for PRAS are when pharmacy professionals:

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

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

Section 4 – Clinical supervisor handbook

The role of the clinical supervisor

Each pharmacy professional will have a named clinical supervisor who will supervise them in the workplace, providing a rapid response to issues as they arise. The clinical supervisor will be appointed by the employing organisation.

The role of the work-based clinical supervisor is to:

- provide regular protected time for in-depth reflection of the pharmacy professional's development and offer feedback
- ensure the pharmacy professional is integrated within the primary care network, making introductions where necessary
- support the pharmacy professionals to work within their competence and support their role progression
- provide urgent clinical supervision where necessary (delegating to the duty doctor where appropriate) and ensure safe management of workload
- deliver a safe environment for the pharmacy professionals practice
- provide support for workplace-based assessments, acting as an assessor when required.

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

- participate in associated CPPE training webinars or face-to-face training as appropriate
- sign up to the email list (see page 27 for details of how to sign up)
- have an initial meeting to ensure the pharmacy professional is being given appropriate induction support and regular meetings thereafter
- ensure that day-to-day supervision is in place, delegating to the duty doctor where appropriate
- be available to act as an assessor when required.

CPPE needs to know the names and contact details of clinical supervisors for each pharmacy professional to ensure that the clinical supervisor and education supervisor have good channels of communication.

Responsibilities of the clinical supervisor

Ensuring safe and effective person-centred care through training

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

Establishing and maintaining an environment for learning

- Ensure that pharmacy professionals receive the necessary instruction and protection in situations that might expose them to risk.
- Be open, approachable and available.
- Maintain good interpersonal relationships with the pharmacy professionals and other colleagues, delivering honest and timely developmental feedback.
- Supporting pharmacy professionals to develop their own solutions to problems which arise.
- Ensure protected time for supporting the pharmacy professional's learning. This does not need to be onerous and may involve debrief after selected clinical sessions.

Facilitating learning

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

Enhancing learning through assessment

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

Training for clinical supervisors

CPPE provides **free** training for clinical supervisors (face to face or by webinar) and we encourage all clinical supervisors to attend.

Half-day workshops include:

- Information about the CPPE education pathways for pharmacy professionals working in primary care and how this education supports role progression
- Advice on how to get the best out of your pharmacy professional. A clinical pharmacist who has completed the education pathway and their clinical supervisor will share their experiences. This is an opportunity for participants to ask questions and hear about top tips from the pharmacist and clinical supervisor.
- Workplace-based assessment methods and the role of the clinical supervisor in assessment
- Networking, sharing of practice between clinical supervisors, discussion of case studies and problem solving.

You can book your place via the CPPE website. Before you can book your place, you need to register for an 'other' CPPE account – see Appendix 2 for details of how to do this.

Booking link: www.cppe.ac.uk/programmes//mochcstr-w-02

To complete your booking you will need to use the key code: CSW2020

Clinical supervisors who are unable to attend one of our workshops, **or who prefer to learn online** can attend the two linked clinical supervisor training **webinars**. If you choose to attend the online training you must attend **both** webinars 1 and 2 and each webinar lasts for 90 minutes. You will need to book both webinars separately.

Clinical supervisor webinar 1 – *An introduction to the training pathways, clinical supervisor responsibilities and feedback models*

This webinar will provide a comprehensive introduction to the training pathway, your role as a clinical supervisor and feedback models.

You can book your place via the CPPE website.

Booking link: www.cppe.ac.uk/programmes//mochcstr-ew-01

To complete your booking you will need to use the key code: CSW2020

Clinical supervisor webinar 2 – *The pathway assessment process*

This webinar will give you an opportunity to familiarise yourself with the assessment process within the pathway and gain experience of using one of the workplace based assessment tools used on the training pathway. You will discuss scenarios and practise giving feedback.

You can book your place via the CPPE website.

Booking link: www.cppe.ac.uk/programmes//mochcstr-ew-02

To complete your booking you will need to use the key code: CSW2020

There will be pre-workshop/pre-webinar tasks to complete and these will be sent by email prior to the events. You will receive from noreply@zoom.us with a link to join the zoom webinar and a booking confirmation email from noreply@cppe.ac.uk. If you don't receive these emails, please check your junk email.

Mailing list for clinical supervisors and employers

We want to be able to communicate in a timely manner with clinical supervisors and employers, so we encourage all clinical supervisors and line managers of the PCN pharmacists to subscribe to our email distribution list. We will then be able to notify you about clinical supervisor training, updates about the education pathway, success stories and other information that will help you support the learners.

To subscribe:

1. Email listserv@listserv.manchester.ac.uk from the email address you want to subscribe from.
2. Put the words *Subscribe CPPE-PC-SUPERVISOR* in the body of the email. **Please note:** if the email does not contain these words, the automated subscription will fail.
3. Wait for the confirmation email from CPPE to complete the process. This may take up to three days.

If you have any queries about the pathway that you can't find the answer to on our website, please email: primarycare@cppe.ac.uk.

Section 5 – Senior clinical pharmacists

The role of the senior clinical pharmacist

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.

Models of support

The employer and senior clinical pharmacist should determine which models of support are most appropriate. Senior clinical pharmacists can support clinical pharmacists to become effective and valued members of practice teams by any of the following:

- Giving an informal presentation to introduce the clinical pharmacist to the practice and explain the role, manage expectations and explain how the role will progress
- Senior clinical pharmacists working in the same practice as the clinical pharmacist periodically (eg, one day per week) to be available for immediate questions and support
- Debrief discussions after clinics
- Clinical pharmacists shadowing or working alongside the senior clinical pharmacist in their practice or care home
- Regular clinical pharmacist team meetings to share experiences, good practice and resolve issues
- One-to-one mentoring sessions
- Telephone support for ad hoc queries
- Team WhatsApp group

Providing effective support to clinical pharmacists particularly in the early stages of their role will enable them to develop their role more quickly. Initially we recommend that each clinical pharmacist has one-to-one sessions with the senior clinical pharmacist so that they can discuss any issues they may be experiencing in practice. This may need to be more frequent than once a month while the clinical pharmacists become embedded in their PCN. Depending on their previous experience, some clinical pharmacists may benefit from weekly sessions initially. This could involve shadowing the senior clinical pharmacist in their practice or care home as a learning opportunity.

Senior clinical pharmacists may provide one to one mentoring sessions for the clinical pharmacists. Each mentoring session should be about one hour. As the clinical pharmacists develop their competence and confidence it may be appropriate to move to group supervision sessions. This will depend on the needs of individual clinical pharmacists. Senior clinical pharmacists working with GP clinical supervisors and CPPE education supervisors will also be able to identify pharmacists requiring additional support at an early stage in their education pathway. They should work together to support the clinical pharmacist to gain competence and confidence in their role.

Structure of supervision sessions

The structure of supervision sessions needs to be flexible and can include any areas where the clinical pharmacist feels they need support. The topics and issues for each clinical pharmacist will be different and will change over time.

The following four topics could be used to structure the discussion.

1. Integration into the PCN

Discuss any issues with integration into the PCN, any misunderstanding about the pharmacist's role or pharmacists not feeling like a valued member of the clinical team. Senior clinical pharmacists may wish to use information in the role progression handbook to support integration. Action plans should be developed to address any issues. It may be helpful for senior clinical pharmacists to attend practice clinical meetings initially with clinical pharmacists to agree the role and how the pharmacist can best integrate into the team.

2. Role progression

Senior clinical pharmacists should encourage clinical pharmacists to continually progress their role, including identifying and addressing any activities which may not be appropriate for a pharmacist. Senior clinical pharmacists can work with clinical pharmacists to develop individualised role progression plans.

Pharmacist prescribers who are not currently using their qualification should be supported to overcome any barriers to prescribing. If the pharmacist is actively prescribing, senior pharmacists should ensure they are doing so within their competence and not being asked to prescribe inappropriately, for example by signing all repeat prescriptions. This should be discussed with the GP clinical supervisor, including how the scope of prescribing practice could be extended and identifying any learning needs associated with this.

3. Professional supervision

This should include discussion of patient cases provided by the clinical pharmacist that he/she wants support or feedback about. This section of the support session can be used to highlight any further learning needs or knowledge gaps that the clinical pharmacist has, and can encourage them to add these to their professional development plan.

Primary care is incredibly busy and another opportunity for clinical supervision and learning could be for the clinical pharmacists to work alongside each other and use live patient queries for further discussion and learning opportunities. GP clinical supervisors should liaise with senior clinical pharmacists to ensure that the GP is satisfied with the clinical pharmacist's level of competence to perform their role.

4. Workload planning and prioritisation

Some clinical pharmacists, particularly those who are new to primary care, can find working in a PCN overwhelming. Senior clinical pharmacists can offer support in workload planning. This will help the clinical pharmacist prioritise their workload to ensure they meet the needs of patients and the PCN. Time management techniques can be helpful and shared by senior clinical pharmacists.

Section 6 – Clinical mentors

The role of the clinical mentor

The clinical mentor is a pharmacist with experience and relevant clinical responsibilities in a primary care position. The clinical mentor is employed by CPPE on a sessional basis. Fees for this work are set out on page 27.

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

- assessing the pharmacy professional's case-based discussions during learning sets and providing verbal and written feedback
- undertaking training for the role (see below).

It can also include:

- providing individual support for practitioners requiring additional support (PRAS) on referral from the education supervisor
- acting as an expert at study days
- attendance at the quality improvement learning sets.

Key duties and responsibilities

Assessment of case-based discussions (CbD)

- Complete the CbD assessor training prior to assessing CbDs and complete CbD refresher training every two years.
- Assess CbDs during learning sets according to the assessment criteria and following the process in the conducting CbD guide.
- Provide verbal and written feedback to the pharmacy professionals on their strengths and development areas in relation to the case presented, and inform the pharmacy professionals of the outcome of their assessment within one week of the CbD.
- Complete the CbD assessment form and send a copy to the pharmacy professional within one week of the CbD.

Mentorship for practitioners requiring additional support (PRAS)

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

Expert speaker at study days

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

Record keeping

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

Practical aspects of the clinical mentor role

Communication

- You will use your own email account (you will not receive a CPPE email address).
- You do not need to be immediately available or local, and will use standard communications tools such as email, phone and Skype for mentoring meetings.
- It is essential that you provide us with current contact details so that we can deliver learning materials promptly. Should you change address, you must update your 'My CPPE' preferred delivery address immediately so that all relevant suppliers can update their records.
- As you will be working on a sessional basis, you will not receive a contract from CPPE.
- You will report to one of the regional leads in the CPPE pathway team and work closely with the education supervisor(s) for any pharmacy professionals assigned to you for mentorship or for CbD assessments.
- If you are unwell and unable to work on a day when you are due to facilitate a study day or conduct CbD assessments, you will need to notify the relevant education supervisor or workshop tutor.
- If you are unwell and unable to work on a day when you are due to have a mentoring meeting with a pharmacy professional, contact the pharmacy professional directly to cancel and rearrange the meeting.
- You should address no-shows at appointments by email. If the pharmacy professional does not respond to two emails then the mentoring should be withdrawn. You should inform the CPPE education supervisor and the pharmacy professional and record on the CPPE recording system.

Training for clinical mentors

CPPE will provide initial training for your role as a clinical mentor by e-workshops. This will include training on mentoring, confidentiality, agreeing a contract and professional goals. You must attend this training in order to undertake the clinical mentor role. A fee will be paid for participating in this training which includes preparation time and attendance at the webinar.

CPPE will also provide training by webinar on assessing CbDs within the first six months of you starting your clinical mentor role. You must attend this training before you can assess CbDs and you will be expected to attend refresher training for the assessor role every two years. You can claim a fee to participate in this training which includes preparation time and attendance at the webinar.

You will need to record the training that you have attended as an activity on the CPPE website by clicking on *My CPPE*, and then the *Data* tab.

You will also be observed undertaking case-based discussion assessments every two years by an education supervisor to ensure that you are following the process outlined in the guide to conducting case-based discussion assessments.

Communication with clinical mentors

We need to be able to communicate in a timely manner with clinical mentors and we will keep a list of your contact details so that we will be able to notify you about clinical mentor training, updates about the education pathway, success stories and other information that will help you support the learners. We will record your name, email address and telephone number and what you are available to do in addition to clinical mentorship such as expert speaker at workshops or an expert reviewer for learning materials. We will also invite you to join our clinical mentor WhatsApp group.

If you have any queries about the pathway that you can't find the answer to on our website, please email: primarycare@cppe.ac.uk

Activities, time commitment and fees

The different activities within your role, time commitment and fees are described in the table below.

| Activity | Time commitment | Notes | Fees – based on £25 per hour |
|--|---|--|--|
| Clinical mentor training | Mentoring webinar – one hour plus one hour preparation Case-based discussion webinar – 90 minutes plus two hours preparation | Preparation and attendance at the webinars | Mentoring webinar - £50 CbD webinar £90 |
| Attendance at quality improvement learning set | One learning set (three hours face to face) | This learning set runs towards the end of the pathway and the clinical mentors are invited to provide additional peer support. There is no feedback after the event. | Fixed fee of £75 which is for attendance at the learning set plus travel expenses. No preparation is required. |
| Role support for practitioners requiring additional support (PRAS) | Up to six appointments per PRAS (75 minutes total per appointment – see notes) | Up to six appointments per PRAS over a six month period (by phone or Skype) as needed. Some pharmacy professionals may not need all six appointments. Allow five minutes preparation, 60 minutes discussion time and 10 minutes recording time after the appointment (total 75 minutes per appointment). PRAS are referred to you by the education supervisor. Pharmacy professionals cannot approach you directly for additional support. If they approach you ask them to speak to their education supervisor. | £32 per appointment. You are expected to keep to time and cannot claim for additional time if the meeting overruns. |

| | | | |
|--|--|--|--|
| <p>Case-based discussion (CbD) assessments</p> | <p>The time commitment depends on the number of pharmacy professionals in your local cohort. Each pharmacy professional will complete two CbD assessments during the 18-month pathway.</p> | <p>CbD assessments take place during learning sets. For each pharmacy professional:</p> <ul style="list-style-type: none"> • 30 minutes during the learning set (15 minutes for presentation and 15 minutes for questions and answers) • Up to 60 minutes for you to provide feedback and complete the assessment form after the learning set (phone or Skype). <p>There is time for four CbD assessments in a two-hour learning set and six CbD assessments in a three-hour learning set.</p> | <p>£37.50 per CbD which includes 30 minutes during the learning set and 60 minutes for verbal and written feedback afterwards. You are expected to keep to time and cannot claim for additional time if you overrun.</p> |
|--|--|--|--|

How to claim your fees and travel expenses

What travel expenses can you claim for?

- Standard rail fare.
- 45p per mile for the first 150 miles (return trip) and 25p thereafter (make sure you state 'home-based worker' for your mileage claims).
- Parking and road tolls.

CPPE will send a copy of the PR7 expenses form and PR7 guidance when you start your role as a clinical mentor. Complete a PR7 expenses and fees claim form electronically, then print it off, sign it and send it with accompanying receipts to CPPE head office. Please write 'EXPENSES' on the envelope so that your claims are processed promptly. Keep the online record at least until you have been paid, in case of any mishap. Ensure your claims align to the activity recorded on the CPE website.

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

Claims should be made quarterly and sent to:

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

Do not send your claim form directly to HR at the University of Manchester as it must be authorised by the CPPE finance team before you can be paid. Claims for expenses and fees need to be made within three months, and before the end of March each year as this is the end of the financial year. Fees and travel expenses should be paid six to eight weeks after correct paperwork is received by central finance.

Payment will be made directly into your bank account. You will be paid as an individual and taxed at source. The University of Manchester cannot pay other organisations.

Social responsibility

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

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

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)³ 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

Thank you for supporting the *Primary care pharmacy education pathway* (PCPEP).

This self-assessment form is for you to self-assess your suitability as a clinical supervisor. We suggest that you complete this after the clinical supervisor training to provide assurance to your employer and the clinical director in your primary care network (PCN) that you can support a learner on the *Primary care pharmacy education pathway*. In this document you will indicate if you can provide the specified action or if you are working towards providing it in the future.

The clinical supervisor role is outlined in the *Clinical supervisor* handbook:

'The clinical supervisor will support role development and integration into the primary care network, and work with pharmacy professionals to ensure safe patient services and management of workload. The clinical supervisor will provide guidance and feedback in relation to the pharmacy professional's immediate clinical work. They will provide support for workplace-based assessments, acting as an assessor when required, and will provide feedback on the pharmacy professional's progress to their education supervisor. The clinical supervisor must have knowledge of the working environment and the service and be easily contactable. They should also be able to introduce the pharmacy professional to the relevant GP practices and care homes within the primary care network to explain the programme and to ensure integration into these new roles.'

We recognise that within your employing organisation your learner may be working across multiple practices and consequently, as a clinical supervisor, you will not be able to provide supervision in all settings. You are responsible to ensure that supervision is in place for your learner at all times. When your learner is working in different premises to you, you can supervise remotely or you can deputise a named clinician who will liaise with you on your learner's progress.

This form is for local use only and does not need to be submitted to CPPE but you may wish to share this with your clinical director in your PCN.

We suggest you work through the statements and use the links, if necessary, to update your knowledge.

| | |
|----------------------|------------------------|
| Name: | Date completed: |
| Organisation: | Role: |

Please indicate your role and your learner.

| Learner | Please tick | Clinical Supervisor required | Please tick |
|--|-------------|---|-------------|
| Pharmacist working mainly in a GP practice | | GP | |
| Pharmacist working mainly in a care home | | GP, consultant geriatrician, pharmacist experienced in care homes, advanced nurse practitioner, community matron | |
| Pharmacist working in both areas | | GP or consultant geriatrician | |
| Pharmacy technician working in a GP practice | | Pharmacist experienced in GP practice or GP | |
| Pharmacy technician working in a care home | | Pharmacist experienced in a care home, GP, consultant geriatrician, pharmacist experienced in care homes, advanced nurse practitioner, community matron | |

If the role and learner do not match on this table, please contact your regional CPPE lead.

Core role

| Role development and integration | I can provide this now | I will action this in the future |
|--|------------------------|----------------------------------|
| <p>I am able to support the role development and integration into the primary care network of my pharmacy professional, and help ensure safe patient services and management of workload because I:</p> <ul style="list-style-type: none"> • have worked through the pharmacy professional's <i>Role progression</i> self-assessment with the pharmacy professional and agreed what to focus on • provide regular protected time for in-depth reflection of the pharmacy professional's development and offer feedback • ensure the pharmacy professional is integrated within the primary care network, making introductions where necessary • ensure that the pharmacy professional has undertaken appropriate induction • support the pharmacy professional to work within their competence and support their role progression • meet with the pharmacy professional regularly (ie, half a day over one month). | | |

| | | |
|---|-------------------------------|---|
| <p>Safe and effective person-centred care</p> <p>I am able to ensure safe and effective person-centred care through training because I:</p> <ul style="list-style-type: none"> • allow the pharmacy professionals, when suitably competent, to take responsibility for care appropriate to the needs of the patients • provide urgent clinical supervision where necessary and help safe management of workload • deliver a safe environment for the pharmacy professional's practice • have met with the pharmacy professional and agreed the clinical skills to focus on based on the learner's role progression self-assessment. These skills have been agreed with other named deputy supervisors when a learner is working across multiple practices. | <p>I can provide this now</p> | <p>I will action this in the future</p> |
| <p>Learning environment</p> <p>I am able to establish and maintain an environment for learning because I:</p> <ul style="list-style-type: none"> • ensure that the pharmacy professionals receive the necessary instruction and protection in situations that might expose them to risk • am open, approachable and available • maintain good interpersonal relationships with the pharmacy professionals and other colleagues delivering honest, and timely developmental feedback • support pharmacy professionals to develop their own solutions to problems which arise • ensure protected time for supporting the pharmacy professional's learning. If I cannot provide this on a particular day, I make sure this is in place (eg, debrief after selected clinical sessions). | <p>I can provide this now</p> | <p>I will action this in the future</p> |
| <p>Facilitation of learning</p> <p>I can facilitate learning because I have/will:</p> <ul style="list-style-type: none"> • support the pharmacy professional to plan workplace-based assessment activities, eg, consultation skills direct observation of practice, patient satisfaction questionnaire and their clinical examination and procedural skills assessment records and case studies • assess the pharmacy professional's consultation skills by direct observation or video using the CPPE Medicines Related - Consultation Assessment Tool (MR-CAT) or delegate this to a suitable assessor • offer feedback that assists the pharmacy professional to acquire the knowledge, skills and behaviours specified in the curriculum for the training pathway • participate in 360° feedback by providing feedback to the pharmacy professional using the CPPE multisource feedback questionnaire. | <p>I can provide this now</p> | <p>I will action this in the future</p> |

| | | |
|--|-------------------------------|---|
| <p>Training and resources</p> <p>Following the clinical supervisor training and accessing resources such as the <i>Clinical mentor and clinical supervisor handbook</i>, I:</p> <ul style="list-style-type: none"> • understand the policy and background behind the NHSE <i>Primary care pharmacy education pathway</i> • understand the triangle of support offered to the PCPEP learner and know when to refer the learners to the education supervisor or the clinical mentor • understand when it would be appropriate to delegate the assessment of the learner's clinical assessment skills to another healthcare professional • have read the PCPEP <i>Clinical mentor and clinical supervisor handbook</i>. | <p>I can provide this now</p> | <p>I will action this in the future</p> |
| <p>Pharmacist supervisors only (Other clinicians will have completed their own consultation skills training and assessment)</p> <ul style="list-style-type: none"> • I meet (or I am actively working towards) the <i>Consultation skills for pharmacy practice: practice standards for England</i> as determined by Health Education England because I have: <ul style="list-style-type: none"> ○ visited the www.consultationskillsforpharmacy.com website ○ read the <i>National practice standards for consultation skills</i> ○ worked through the medication-related consultation framework (MRCF) self-assessment process and identified the standards that I need to develop further. • I have done at least one of the following: <ul style="list-style-type: none"> ○ attended a CPPE consultations skills workshop ○ worked through the CPPE <i>Consultation skills for pharmacy practice: taking a patient-centred approach</i> distance learning ○ completed the CPPE <i>Consultation skills: what good practice looks like</i> e-learning • I have completed the CPPE <i>Consultation skills for pharmacy practice</i> e-assessment. | <p>I can provide this now</p> | <p>I will action this in the future</p> |

I have completed the clinical supervisor self-assessment tool and I can demonstrate the majority of competencies. I have a PDP in place to develop the knowledge and skills required so that I can demonstrate the remaining competencies.

Signed: _____

Date: _____

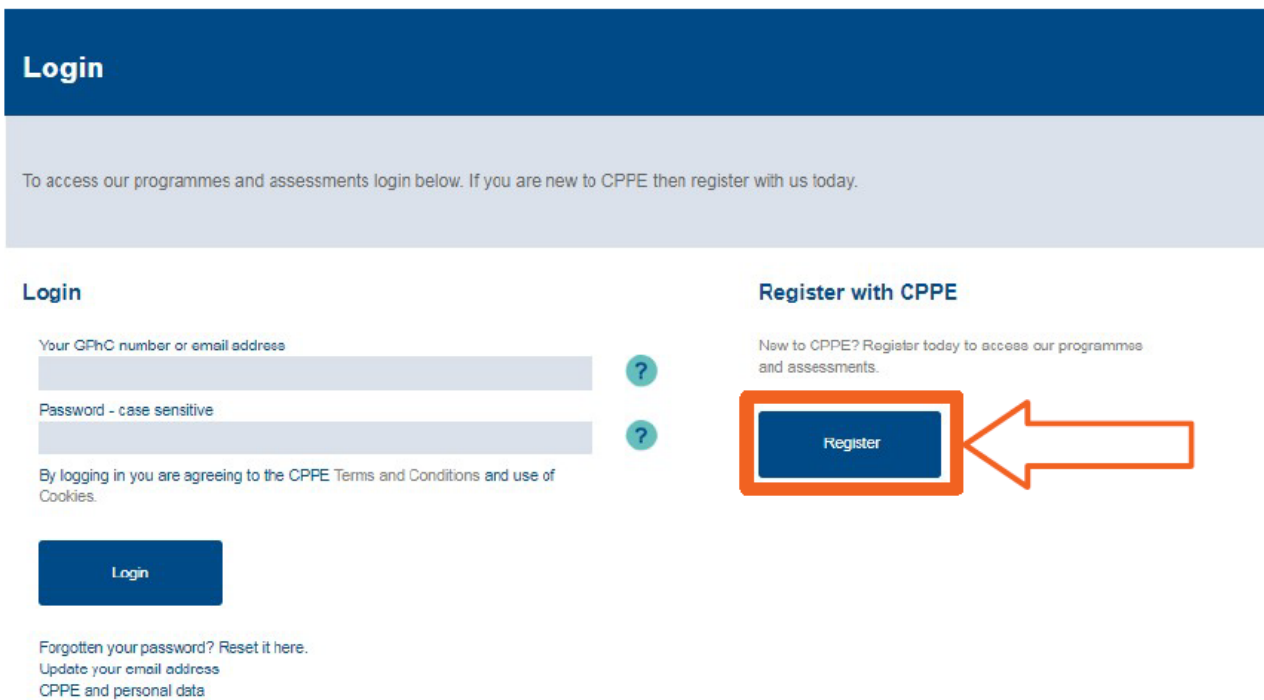
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If you have any questions, please email primarycare@cppe.ac.uk.

Appendix 3

How to register for an 'other' CPPE account if you are not a pharmacy professional

- Go to www.cppe.ac.uk.
- Click on the *Login* in button in the top right-hand corner of the CPPE homepage and follow the instructions below.
- Click on *Register* on the right-hand side.



Login

To access our programmes and assessments login below. If you are new to CPPE then register with us today.

Login

Your GPhC number or email address

Password - case sensitive

By logging in you are agreeing to the CPPE Terms and Conditions and use of Cookies.

Login

Forgotten your password? [Reset it here.](#)
[Update your email address](#)
CPPE and personal data

Register with CPPE

New to CPPE? Register today to access our programmes and assessments.

Register

- Click on the *Other* button and complete the registration.
- When you have an account you can book your place on the clinical supervisor workshops or webinars.

Any queries please contact: primarycare@cppe.ac.uk

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/
2. NHS England. *Network Contract Directed Enhanced Service Contract specification 2019/20*. April 2019. www.england.nhs.uk/wp-content/uploads/2019/03/network-contract-des-specification-2019-20-v1.pdf
3. NHS England. *Network Contract Directed Enhanced Service Guidance for 2019/20 in England*. May 2019. www.england.nhs.uk/wp-content/uploads/2019/03/network-contract-des-guidance-2019-20-v2.pdf