

Primary care pharmacy education pathway

Clinical supervisor handbook

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Acknowledgements

Authors

Clare Smith, senior pharmacist, *Primary care pharmacy education pathway*

Updated by Emma Wright, lead pharmacist, primary care education (South), CPPE

Thanks to

The Clinical pharmacists in general practice education team who wrote the *Clinical pharmacists in general practice education* handbooks:

Deborah Howard, regional manager North West CPPE

Helen Middleton, lead pharmacist, primary care education (London and South East), CPPE

The Medicines optimisation in care homes team who wrote the *Medicines optimisation in care homes* handbooks:

Sally Greensmith, head of primary care education, CPPE

Shannon Nickson, senior pharmacist, *Medicines optimisation in care homes training pathway*

Bianca Glavin, senior pharmacy professional, *Medicines optimisation in care homes training pathway*

Reviewers

Emma Wright lead pharmacist, Primary Care education (South)

Editor

Sonia Mills, assistant editor

Published in 2021 by the Centre for Pharmacy Postgraduate Education, Division of Pharmacy and Optometry Faculty of Biology, Medicine and Health, Stopford Building (1st floor), The University of Manchester, Oxford

Road, Manchester, M13 9PT. www.cppe.ac.uk

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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 Funding has been available since July 2019 within the Network Contract Directed Enhanced Service (DES) to support the recruitment of clinical pharmacists under the Additional Roles Reimbursement Scheme (ARRS).² From April 2020, primary care networks (PCNs) have also been able to recruit pharmacy technicians under the ARRS.

To ensure national consistency in standards of patient care and safety across England, the primary care *Network Contract Directed Enhanced Service: Contract specification 2022/23* says that clinical pharmacists and pharmacy technicians being employed through the Network Contract DES funding will either be enrolled in, or have qualified from, an approved 18-month training pathway, currently the CPPE *Primary care pharmacy education pathway* that it has commissioned through Health Education England (HEE), or one of the previous CPPE pathways, the *Clinical pharmacists in general practice education* or the *medicines optimisation in care homes pathway*. This training programme equips all pharmacy professionals (clinical pharmacists and pharmacy technicians) with the knowledge, skills and behaviours to be able to develop their roles and practice and prescribe (in the case of pharmacists) safely and effectively in a primary care setting. It enables them to deliver the key responsibilities for clinical pharmacists and pharmacy technicians listed in the DES.^{2,3} For more details of the role and training for both the pharmacist and pharmacy technician roles, see **Appendix 2**.

Primary care pharmacy education pathway

At the request of HEE, CPPE has reviewed its extended education pathways for pharmacists and pharmacy technicians working in primary care to align with the NHS Long Term Plan and the PCN Contract DES.

This pathway, the *Primary care pharmacy education pathway* (PCPEP), is the education and development pathway for pharmacists and pharmacy technicians 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: www.england.nhs.uk/gp/investment/gp-contract

Please note when we use the term *pharmacy professionals* in this document, we are referring to pharmacists and pharmacy technicians.

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

For the NHS

- 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 in 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 (28 days over their pathway) to attend CPPE residential courses, study days, group tutorials and e-workshops. The 28 days protected study time is the same for full and part time staff, pharmacists and pharmacy technicians; not pro-rata
- commit to 25-30 days of self-directed learning in their own time as required during the pathway (this will vary depending on prior knowledge)
- 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 who are not independent prescribers will also work towards an independent prescribing qualification at an appropriate time within one year of finishing the pathway. Learners will make use of relevant established frameworks alongside this pathway.

The *Primary care pharmacy education pathway* is comprised of a number of components:

Components	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 but not necessarily employed by the same organisation. This support can be sourced from the wider geography for example, the integrated care system.
Clinical mentor support from a senior clinical 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 higher education institutes (HEIs)

About CPPE

The Centre for Pharmacy Postgraduate Education (CPPE) is part of the Division of Pharmacy and Optometry, in the Faculty of Biology, Medicine and Health at the University of Manchester. Our team of staff are committed to offering continuing professional development opportunities through high-quality services and learning materials. CPPE is 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 operations are 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

Look at our CPPE values document to find out more:

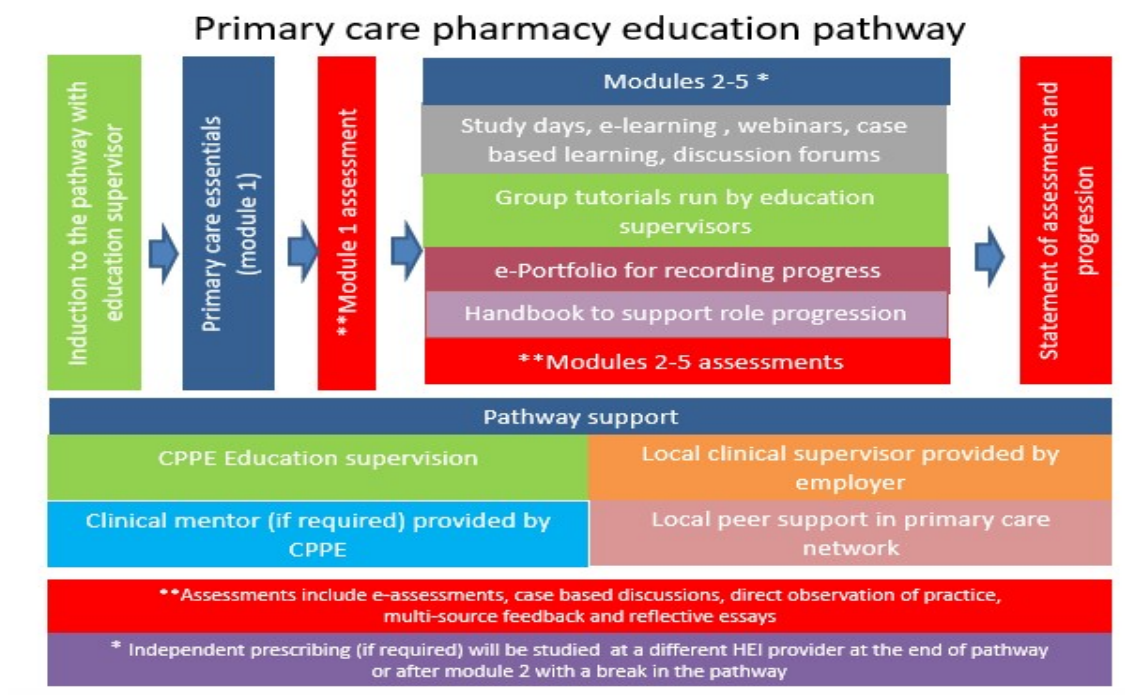
www.cppe.ac.uk/wizard/files/about_cppe/cppe_values.pdf

Section 2 – The learning pathway

Overview of the *Primary care pharmacy education pathway*

This pathway will equip pharmacy professionals with the necessary knowledge, skills and experience to work in the primary care setting as part of a multidisciplinary team in a patient-facing role. The pathway includes a range of different study methods to suit a variety of learning styles, a series of assessments linked with each module and support from a CPPE education supervisor. 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 covering medicines optimisation in both the general practice and care homes setting. 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 and where possible the clinical supervisor will attend for part of this. At this meeting, the learning contract is agreed; there is discussion about the learner's role and a review of previous experience and learning to determine the learner's development needs for the curriculum.

This discussion will be informed by the learning needs analysis (LNA) tool a document from the CPPE *Welcome pack* 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. The clinical supervisor will also meet with the pharmacy professional and discuss the needs of the workplace. They will complete Section 6 of the LNA paperwork with the pharmacy professional to determine areas they can focus on when they start their role. In the CPPE welcome pack, there is also an *Induction checklist* that employers may find useful to support the first few weeks of employment.

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 essentials</i> Two different two-day residential courses and other online workshops Induction and information webinars Group education supervision tutorials 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 and other online workshops Multi-disciplinary team webinars Group education supervision tutorials Assessments 	26 weeks
Module 3: Clinical assessment skills <ul style="list-style-type: none"> E-course preparation workshops Two clinical assessment skills workshops for pharmacists; one for pharmacy technicians Other online workshops Group education supervision tutorials Assessments 	13 weeks
Module 4: Leadership and management <ul style="list-style-type: none"> Short e-course in preparation for two leadership online workshops and other online workshops Group education supervision tutorials Quality improvement project 	13 weeks
Module 5: Choice of clinical and leadership learning to meet individual learning needs <ul style="list-style-type: none"> Clinical webinars – learners can choose which ones to attend Study days – some core and optional study days based on learning needs E-courses – learners will be able to choose which units they complete Group supervision tutorials – compulsory for all Assessments and completion of electronic portfolio and Statement of assessment and progression for review as end of pathway recognition 	Webinars and study days will be available throughout the pathway for learners, according to their role and learning needs, once they have completed Module 1

Module exemption

Pharmacy professionals 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 will be exempt, but must apply for this exemption so that they have evidence for any post payment verification.

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.

Pharmacy professionals who think they may be exempt from the whole pathway should apply for exemption before enrolling on the pathway, where possible. Pharmacy professionals who are unsure, or who are seeking exemption from parts of the pathway, should enrol and then apply for exemption.

Self-directed online learning

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

Group learning and activities

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

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

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

Group tutorials

Regular group tutorial sessions are facilitated by an education supervisor. These events will bring together mixed groups of pharmacists and pharmacy technicians with different levels of experience and capability, offering support for each other's learning and the opportunity to critically review and improve practice.

Group tutorials are compulsory and are designed to become learner led sessions. These sessions provide protected time for reflection on individual practice and help to develop a local support network, which can be continued once the pathway has ended.

The group tutorials 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. Clinical supervisors will receive a brief update from the education supervisor after each group tutorial.

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 and will demonstrate the breadth of the pharmacy professional's role. The e-portfolio is an important part of the *Primary care pharmacy education 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.

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

- Evidence of impact of role
- Assessments
- Personal development plan (PDP)

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.

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 the full 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. No clinical supervisor involvement required.

Assessment	Format	Who is involved
<i>Primary care essentials</i> e-assessment	e-assessment	Learner only
<i>Safeguarding children and vulnerable adults</i> level 2 e-assessment* (cohorts 1–10 only)	e-assessment	Learner only
Statutory and mandatory training: Safeguarding children and adults training and assessment **	Various	Learner/employer
<i>Consultation skills for pharmacy practice (2022)</i> e-assessment	e-assessment	Learner only
e-learning for healthcare <i>Equality, diversity and human rights</i> e-assessment	e-assessment	Learner only
<i>Care homes: supporting people, optimising medicines</i> e-learning and e-assessment	e-assessment	Learner only
e-portfolio records	On the Canvas platform	Learner only

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

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

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

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

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

The minimum level of safeguarding training for pharmacy professionals is level 2. However, in some areas level 3 safeguarding training is recommended for all pharmacy professionals whilst other areas recommend level 3 safeguarding training only for healthcare professionals who work predominantly with children and young adults. Pharmacy professionals should check the local requirements for safeguarding training with their employer, local safeguarding lead and/or Local Safeguarding Children's board.

Module 2 assessment

Assessment	Format	Who is involved?
Case-based discussion (CbD) 1	CPPE CbD assessment tool - assessed by clinical mentor and presented to peers.	Clinical mentor as assessor
Multi-source feedback (MSF) 1	Online questionnaire – feedback provided by clinical and nonclinical staff in the pharmacy professionals practice setting. Professional discussion with education supervisor.	Clinical supervisor as participant
Inhaler technique	e-assessment for health professionals.	Learner only

Module 3 assessment

Assessment	Format	Who is involved?
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.	Clinical supervisor to complete the final sign off.

Module 4 assessment

Assessment	Format	Who is involved?
Quality improvement (QI) project	Each pharmacy professional will be expected to take part in a quality improvement project which they will share in a group tutorial in the last two months of the pathway to be peer reviewed. This will provide the opportunity for learners to not only share the work they have been doing, but also to get feedback from their peers. 300 word (max) abstract to be uploaded to e-Portfolio Copies of QI project abstracts are collated by the education supervisor to share good practice.	Clinical supervisor to support project

Module 5 assessment

Assessment	Format	Who is involved?
Case-based discussion (CbD)	CPPE CbD assessment tool - assessed by clinical mentor and presented to peers.	Clinical mentor as assessor
Multi-source feedback (MSF) 2*	Online questionnaire – feedback provided by clinical and nonclinical staff in the pharmacy professionals practice setting. Professional discussion with education supervisor..	Clinical supervisor as participant
Consultation skills assessment (MR-CAT) x2	Direct observation of practice by clinical supervisor using the Medicines Related Consultation Assessment Tool (MR- CAT) for two consultations. Both should be done in the final three months of the pathway on two separate occasions.	Clinical supervisor as assessor
Reflection on patient feedback	CPPE patient satisfaction questionnaire (PSQ) and reflective essay about the pharmacy professional's learning based on feedback from the PSQ.	Education supervisor

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

CPPE Statement of assessment and progression

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.³ The SoAP and e-portfolio can also be used to as a large part of the evidence required for recognition by the Royal Pharmaceutical Society's as an advanced practitioner.

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

Independent prescribing (pharmacists only)

NHS England expects all pharmacists it is funding in these primary care roles to become independent prescribers. Health Education England (HEE) funds independent prescribing (IP) courses. More information about course providers can be found in the HEE IP factsheet:

https://healtheducationengland.sharepoint.com/:w:/g/Comms/Digital/EXMqhPrMQiVFrMsRIOVhwPwB_Z_AOVjTcL9EfZgm9Zuuqw?rttime=XhBr6QNC2Ug

CPPE works closely with HEE 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 an IP course before they are ready. For those that are already IPs, there is a short optional e-course available to help them extend their scope of prescribing practice.

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

Timing of IP

Pharmacists require a solid foundation of clinical knowledge and 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 do not yet feel competent to do. This pressure can then mean the pharmacist disengages with the rest of the pathway and misses 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. We have had feedback from HEIs that pharmacists who complete the IP course *after* the pathway, progress with increased confidence through the course.

Becoming an IP does enhance the patient-facing role of a pharmacist in primary care. However, a practitioner without IP training, under appropriate supervision, can undertake a significant number of the roles and activities. 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 apply 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.

Multi-disciplinary learning and integration into the wider team

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

day release programme may be appropriate. Learning together will enhance coordination in the team and promote a team-based approach.

The clinical supervisor should assist with integration in the multidisciplinary team at the start of employment to help embed the pharmacy professionals in the wider team.

Indemnity insurance

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

You can find more detailed information here: <https://resolution.nhs.uk/services/claims-management/clinical-schemes/clinical-negligence-scheme-for-general-practice/>

Please contact NHS Resolution for any queries about indemnity cover: cnsgp@resolution.nhs.uk

FAQs

Frequently asked questions about the *Primary care pharmacy education pathway* programme can be found on the CPPE website: www.cppe.ac.uk/career/pcpep/pcpep-training-pathway

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 in 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 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 online conferencing with 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 learning can be split into two intersecting and overlapping domains:

- Clinical learning – understanding service provision, conventions, relevant guidance, tacit knowledge and skills to enable delivery of appropriate primary care – immediate local supervision needed.

- Professional development – understanding values, responsibilities, relationships and accountability of the pharmacy professional in general practice/primary care – less immediate, often reflective.

Support and supervision will be provided by CPPE and the employing organisation. CPPE will provide an education supervisor for each pharmacy professional, and a clinical mentor when required for 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 one-to-one with the education supervisor, then move to regular group tutorials. Education supervisors will also facilitate professional peer discussions to support learners to reflect on their MSF feedback reports.

The **clinical mentors** are employed by CPPE on a sessional basis. They are pharmacy professionals who have experience in working in a clinical patient-facing role in primary care. Clinical mentors are trained to assess the case-based discussions during a peer group 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 the **Practitioners requiring additional support** section of this document).

Supervision and support provided by the workplace

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

Professional clinical networks

The PCN DES requires all pharmacy professionals 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 Integrated care systems have set up

networks for pharmacy professionals; this should be encouraged wherever possible. The group tutorials organised by CPPE as part of the pathway provide a clinical network and peer support for pharmacy professionals during the 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 a PRAS. Additional local support will be accessed as appropriate.

The education supervisor and clinical supervisor work together to 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 this is reviewed regularly 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 feedback
- have poor clinical knowledge leading to errors/patient safety concerns
- are experiencing issues of a personal nature, for example, relationship issues, bereavement or ill health
- are struggling to progress with the education pathway
- do not have a job description that reflects the requirements of the PCN DES so struggle to see the relevance of 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 role and information

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.

Pharmacy professional	Clinical supervisor required
Pharmacist working GP practice and/or care homes	GP or other medic eg, consultant community geriatrician for pharmacists working solely in care homes
Pharmacy technician working in a GP practice and/or care home	Pharmacist with experience of the work that the pharmacy technician will be doing (or a GP if a pharmacist is not available)

In addition, pharmacy professionals will also have senior pharmacist support. The table below provides an overview of these roles and further detail is on the following pages.

PCN DES	Best practice
All clinical pharmacists will have access to an assigned GP clinical supervisor for support and development.	GP clinical supervisors are expected to provide 'one session' of supervision per month to their pharmacist. 'One session' in GP time is four hours, which equates to one hour per week of supervision.
Each pharmacy professional will receive a minimum of one supervision session per month by a senior clinical pharmacist.	This senior (experienced) pharmacist is sourced by the practice and can be a pharmacist in the PCN, CCG or wider integrated care system. It could be a senior pharmacist who is also on the pathway.
The senior clinical pharmacist will receive a minimum of one supervision session every three months by a GP clinical supervisor.	The senior clinical pharmacist is the pharmacist supporting their peer pharmacy professionals on the pathway, as outlined by the PCN DES. They do not need to be on the pathway themselves.
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.	In addition to the senior clinical pharmacist provided by the employer, pharmacists meet in group tutorials, which are small peer support groups. It is also beneficial to the PCN for the pharmacy professionals to network with other pharmacy professionals in the area such as in community pharmacy, the CCG, hospital or integrated care system.
The pharmacy technician must be working under appropriate clinical supervision to ensure safe, effective and efficient use of medicines.	Appropriate clinical supervision for a pharmacy technician is a pharmacist experienced in the same area of practice. A GP can take on this role, but should liaise with a senior pharmacist to understand the scope of practice of pharmacy technicians and how they can develop.

The role of the clinical supervisor

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 pharmacy professionals are working in more than one practice, the day-to-day clinical supervision may be delegated to a 'deputy clinical supervisor', eg, the duty doctor.

Where the pharmacy professional works across multiple practices, they only require one clinical supervisor but there must be a GP in each practice. The GP must be aware of the need for support with clinical issues, as well as assessment support, if delegation of duties is for an extended period.

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.

Pharmacy technicians require appropriate supervision, which should be a pharmacist with experience of working in general practice or care homes. The clinical supervisor for a pharmacy technician could be a GP, but there would need to be senior-pharmacist input.

In addition to the GP clinical supervision, NHS England recommends that clinical pharmacists should receive a minimum of one supervision session per month by a **senior clinical pharmacist**. You can find further details of this role in Section 5 of this document.

The guidance for clinical supervision in general practice is 'one session per month'. In general practice, one session is four hours. This equates to approximately one hour a week of supervision time for the pharmacy professional. We recommend formal monthly support as well as more ad hoc, everyday support and development.

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 in 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 (eg, delegating to the duty doctor where appropriate) and ensure safe management of workload
- deliver a safe environment for the pharmacy professional's 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, eg, 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. A brief summary of progress will be communicated to the clinical supervisor after each group tutorial.

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 that 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.

The *Clinical supervisor self-assessment* form (**Appendix 2**) enables clinical supervisors to self-assess their suitability for this role, working through the statements in the form and accessing the links, if necessary, to update their knowledge. This form is for local use only and does not need to be submitted to CPPE.

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.

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 pharmacy professionals where possible. The senior clinical pharmacist needs to be relatively available and to have the facility for instant messaging in the NHS information governance (IG) system to support clinical pharmacists when needed.

For pharmacy technicians who are supervised by a pharmacist working in primary care as their clinical supervisor, they can fill both roles of clinical supervisor and senior pharmacist for their pharmacy technician.

What happens if we do not have a senior clinical pharmacist in the PCN yet?

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. CPPE cannot fund clinical mentors to act as the regular senior support, but we do provide the opportunity for additional peer support through the group tutorials and other face-to-face events. Clinical mentors can be used for those who need additional support on referral from the CPPE education supervisor.

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
- Pharmacy professionals 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 pharmacy professional 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 pharmacy professionals embed themselves in their PCN. Depending on their previous experience, some pharmacy professionals 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 pharmacy professionals on the pathway. As the learners develop their competence and confidence, it may be appropriate to move to group supervision sessions. This will depend on the needs of individual pharmacy professionals. Senior clinical pharmacists working with clinical supervisors and CPPE education supervisors will also be able to identify pharmacy professionals requiring additional support at an early stage in their education pathway. They should work together to support the learner to gain competence and confidence in their role.

Structure of senior clinical pharmacist 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 pharmacy professional 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 pharmacy professional's role or pharmacy professionals 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 pharmacy professionals to agree the role and how the learner can best integrate into the team.

2. Role progression

Senior clinical pharmacists should encourage pharmacy professionals 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 pharmacy professionals 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 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 pharmacy professional that he/she wants support with, or feedback about. This section of the support session can be used to highlight any further learning needs or knowledge gaps that the pharmacy professional has and can encourage them to add these to their professional development plan.

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

4. Workload planning and prioritisation

Some pharmacy professionals, 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 pharmacy professional 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.

Practice based assessments - clinical supervisor input

Assessment	Clinical supervisor input
Multi-source feedback	Pharmacy professionals will undertake two multi-source feedback (MSF) exercises, approximately six months apart. The MSF is based on the MSF in GP training and consists of four questions for clinicians, and two questions for non-clinicians with a seven-point rating scale and free text feedback. Clinical supervisors are expected to provide feedback on the pharmacy professional as part of this assessment.
Clinical examination and procedural skills assessment record (CEPSAR)	Pharmacy professionals will undertake the CEPSAR assessment which consists of three aspects: 1: Competency log for clinical skills - please refer to the CEPSAR chapter in the Assessment handbook (on the CPPE website: www.cppe.ac.uk/career/pcpep/pathway-handbooks) for the list of clinical examination skills which pharmacy professionals must achieve competence in as a minimum requirement. Clinical supervisors are required to provide the final sign off for the competency log - see pages 37-39 of the CEPSAR handbook. 2: Case studies - pharmacy professionals are required to discuss two cases with their clinical supervisor relating to their use of clinical examination skills in practice and subsequently document learning and action points following this discussion. Please see CEPSAR handbook <i>Appendix 1</i> for details of the requirements of this assessment. 3: Reflective essay, which the pharmacy professional will complete once the above practice-based components of the assessment are complete. Please see CEPSAR handbook <i>Appendix 2</i> for details of the requirements of this assessment.
Medication-related consultation assessment tool (MRCAT)	The clinical supervisor is expected to undertake direct observation of practice in order to assess the pharmacy professional's consultation skills using the MR-CAT template on two separate occasions. Please see the Consultations skills direct observation of practice section in the Assessment handbook for more details (on the CPPE website: www.cppe.ac.uk/career/pcpep/pathway-handbooks)

Training for clinical supervisors

CPPE provides **free** training for clinical supervisors (by webinar), and we encourage all clinical supervisors to attend the online workshops.

Online workshops

Clinical supervisors are invited to attend two linked clinical supervisor training webinars. 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 will discuss scenarios and practise giving feedback.

- To book, you will first need to sign up to the CPPE website as a non-pharmacy professional. Details of how to do this can be found in **Appendix 3**.
- Once you have a CPPE login, 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 in the pathway and undertake an assessor standardisation exercise using one of the workplace-based assessment tools used on the training pathway.

- 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 an email from **noreply@zoom.us** with a link to join the Zoom webinar and a booking confirmation email from **noreply@cppe.ac.uk**. If you do not 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 cannot find the answer to on our website, please email: **primarycare@cppe.ac.uk**.

Section 6 – Clinical mentors appointed and funded by CPPE

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.

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

- assessing the pharmacy professional's case-based discussions in peer groups 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.

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.
- Agree to undertake a CbD assessment of at least two to three groups of learners every year.
- Assess CbDs in peer groups 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 ten working days of the CbD.

Mentorship for practitioners requiring additional support (PRAS)

Clinical mentors will have received training by CPPE for this additional mentoring role. Pharmacy professionals can receive up to six one-hour appointments per pharmacy professional in a six-month period. If further support is required, the education supervisor will issue a new referral.

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 www.england.nhs.uk/wp-content/uploads/2019/03/network-contract-des-specification-2019-202019-20v1.pdf
3. NHS England. *Network Contract Directed Enhanced Service Guidance for 2019/20 in England*. May www.england.nhs.uk/wp-content/uploads/2019/03/network-contract-des-guidance-2019-20-v2.pdf20-v2.pdf
4. Network Contract Directed Enhanced Service Contract specification 2020/21 - PCN Requirements and Entitlements. www.england.nhs.uk/wp-content/uploads/2020/03/Network-Contract-DES-Specification-PCN-Requirements-and-Entitlements-2020-21-October-FINAL.pdf

Appendix 1 – PCN requirements for pharmacists and pharmacy technician

Network Contract Directed Enhanced Service Contract specification 2021/22 - PCN Requirements and Entitlements 17 September 2020

- Annex B.1 outlines the role of the clinical pharmacist within the primary care network (PCN).
- Annex B.2 outlines the role of the pharmacy technician within the PCN.

This document is available on the NHS England GP contract pages:
www.england.nhs.uk/gp/investment/gp-contract/

Here are the extracts:

B.1. Clinical Pharmacist

B1.1. Where a PCN employs or engages a Clinical Pharmacist under the Additional Roles Reimbursement Scheme, the PCN must ensure that the Clinical Pharmacist is enrolled in, or has qualified from, an approved 18-month training pathway or equivalent that equips the Clinical Pharmacist to: a. be able to practice and prescribe safely and effectively in a primary care setting (for example, the CPPE Clinical Pharmacist training pathways 82,83); and b. deliver the key responsibilities outlined in section.

B1.2. Where a PCN employs or engages one or more Clinical Pharmacists under the Additional Roles Reimbursement Scheme, the PCN must ensure that each Clinical Pharmacist has the following key responsibilities in relation to delivering health services:

- a. 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;
- b. be a prescriber, or completing training to become prescribers, and work with and alongside the general practice team;
- c. be responsible 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);
- d. 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) and to help in tackling inequalities;
- e. 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;
- f. through structured medication reviews, support patients to take their medications to get the best from them, reduce waste and promote self-care;
- g. 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;
- h. develop relationships and work closely with other pharmacy professionals across PCNs and the wider health and social care system;
- i. 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; and
- j. be part of a professional clinical network and have access to appropriate clinical supervision. Appropriate clinical supervision means: each clinical pharmacist must receive a minimum of one supervision session per month by a senior clinical pharmacist; the senior clinical pharmacist must receive a minimum of one supervision session every three months by a GP clinical supervisor; each clinical pharmacist will have access to an assigned GP clinical supervisor for support and development; and a ratio of one senior clinical pharmacist to no more than five junior clinical pharmacists, with appropriate peer support and supervision in place.

B.2. Pharmacy Technicians

B2.1. Where a PCN employs or engages a Pharmacy Technician under the Additional Roles Reimbursement Scheme, the PCN must ensure that the Pharmacy Technician:

- a. is registered with the General Pharmaceutical Council (GPhC);
- b. meets the specific qualification and training requirements as specified by the GPhC criteria to register as a Pharmacy Technician;
- c. enrolled in, undertaking or qualified from, an approved training pathway. For example, the Primary Care Pharmacy Educational Pathway (PCPEP) or Medicines Optimisation in Care Homes (MOCH); and
- d. is working under appropriate clinical supervision to ensure safe, effective and efficient use of medicines in order to deliver the key responsibilities outlined in section.

B2.2. Where a PCN employs or engages one or more Pharmacy Technicians under the Additional Roles Reimbursement Scheme, the PCN must ensure that each Pharmacy Technician has the following key clinical, and technical and administrative responsibilities, in delivering health services:

B2.2.1. Clinical responsibilities of the Pharmacy Technician:

- a. undertake patient facing and patient supporting roles to ensure effective medicines use, through shared decision-making conversations with patients;
- b. carry out medicines optimisation tasks including effective medicine administration (eg, checking inhaler technique), supporting medication reviews, and medicines reconciliation. Where required, utilise consultation skills to work in partnership with patients to ensure they use their medicines effectively;
- c. support, as determined by the PCN, medication reviews and medicines reconciliation for new care home patients and synchronising medicines for patient transfers between care settings and linking with local community pharmacists.
- d. provide specialist expertise, where competent, to address both the public health and social care needs of patients, including lifestyle advice, service information, and help in tackling local health inequalities;
- e. take a central role in the clinical aspects of shared care protocols and liaising with specialist pharmacists for more complex patients;
- f. support initiatives for antimicrobial stewardship to reduce inappropriate antibiotic prescribing;
- g. assist in the delivery of medicines optimisation and management incentive schemes and patient safety audits;
- h. support the implementation of national prescribing policies and guidance within GP practices, care homes and other primary care settings. This will be achieved through undertaking clinical audits
- i. (eg, use of antibiotics), supporting quality improvement measures and contributing to the Quality and Outcomes Framework and enhanced services.

B2.2.2. Technical and Administrative responsibilities of the Pharmacy Technician:

- a. work with the PCN multi-disciplinary team to ensure efficient medicines optimisation, including implementing efficient ordering and return processes, and reducing wastage;
- b. supervise practice reception teams in sorting and streaming general prescription requests, so as to allow GPs and clinical pharmacists to review the more clinically complex requests;
- c. provide leadership for medicines optimisation systems across PCNs, supporting practices with a range of services to get the best value from medicines by encouraging and implementing Electronic Prescriptions, safe repeat prescribing systems, and timely monitoring and management of high-risk medicines;
- d. provide training and support on the legal, safe and secure handling of medicines, including the implementation of the Electronic Prescription Service (EPS); and
- e. develop relationships with other pharmacy technicians, pharmacists and members of the multidisciplinary team to support integration of the pharmacy team across health and social care including primary care, community pharmacy, secondary care, and mental health.

Appendix 2 - Clinical supervisor self-assessment form

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 in the primary care network to explain the programme and to ensure integration into these new roles.'

We recognise that in 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 or consultant geriatrician	
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	I can provide this now	I will action this in the future
<p>Role development and integration</p> <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:</p> <ul style="list-style-type: none"> • I have worked through the pharmacy professional's <i>Role progression</i> self-assessment with the pharmacy professional and agreed what to focus on. • I provide regular protected time for in-depth reflection of the pharmacy professional's development and offer feedback. • I ensure the pharmacy professional is integrated in the primary care network, making introductions where necessary. • I ensure that the pharmacy professional has undertaken appropriate induction. • I support the pharmacy professional to work within their competence and support their role progression. • I 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:</p> <ul style="list-style-type: none"> • I allow the pharmacy professionals, when suitably competent, to take responsibility for care appropriate to the needs of the patients. • I provide urgent clinical supervision where necessary and help safe management of workload. • I deliver a safe environment for the pharmacy professional's practice. • I 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>Learning environment</p> <p>I am able to establish and maintain an environment for learning because:</p> <ul style="list-style-type: none"> • I ensure that the pharmacy professionals receive the necessary instruction and protection in situations that might expose them to risk. • I am open, approachable and available. • I maintain good interpersonal relationships with the pharmacy professionals and other colleagues delivering honest, and timely developmental feedback. • I support pharmacy professionals to develop their own solutions to problems which arise. • I 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>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 		

<p>studies</p> <ul style="list-style-type: none"> • 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 <p>participate in 360° feedback by providing feedback to the pharmacy professional using the CPPE multisource feedback questionnaire.</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>:</p> <ul style="list-style-type: none"> • I understand the policy and background behind the NHSE <i>Primary care pharmacy education pathway</i>. • 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. • I understand when it would be appropriate to delegate the assessment of the learner's clinical assessment skills to another healthcare professional. • I have read the PCPEP <i>Clinical mentor and clinical supervisor handbook</i>. 		
<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. 		

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: _____

Print name: _____

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

Appendix 3 - Registering for a CPPE account

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