

Primary care pharmacy education training pathway

Policy on

- **Timing of independent prescribing training for pharmacists**
- **Studying another, non-mandatory, training programme at the same time as the CPPE pathway**

Agreed by NHS England, Health Education England and CPPE

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Guidance on IP timing and studying two training programmes at the same time

Clinical Pharmacists in Primary Care Controlled Document Template

Version History and Approval

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0.1	23/11/19	PCPEP policy on IP training timing and studying two courses at once	Prepared by: Sally Greensmith, CPPE Head of national pathways for primary care education
0.2	25/02/20	Amendments made - Clinical Pharmacy Oversight Board	
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Guidance on IP timing and studying two training programmes at the same time

Background

NHS England and NHS Improvement (NHSE&I) and Health Education England (HEE) have funded and commissioned CPPE to run the 18-month training pathway for pharmacists employed through the Primary Care network directed enhanced service additional role reimbursement scheme (ARRS) to provide national consistency in standards of patient care and safety across England. CPPE has robust quality procedures and standards which are overseen by external stakeholders to make sure its programmes and approach are fit for purpose. You can find out more about [CPPE's Guide to governance and quality](#).

In addition to the CPPE training, pharmacists supported with the ARRS are expected to undertake independent prescribing (IP) training if they have not already completed this training. The timing of this needs to be carefully managed to ensure the pharmacists have a solid foundation on which to build to become safe prescribers.

It is important that employers and pharmacists have a complete understanding of the competences of basic pharmacist training and the additional training and experience pharmacists require, before undertaking IP training. The CPPE pathway and the work experience provide solid foundations to build on with IP training so that pharmacists become competent, confident and safe prescribers in a primary care setting

The ARRS posts are training posts and as such pharmacists require support, supervision and protected time for learning. The pharmacists must build their capability, confidence, knowledge and skills over 2 to 3 years to be able to effectively support the PCN agenda. Employers and pharmacists should reflect on the long-term investment by NHSE/I and focus on long-term benefits to completing the training process in full.

All employers and pharmacists employed through the ARRS must adhere to the required training process and allocated funding for this; IP funding should not be accessed through alternative avenues such as local workforce sources. Please note that HEE only funds the courses that it has [commissioned](#).

This policy seeks to clarify the position of NHSE&I, HEE and CPPE with regard to the appropriate timing of independent prescribing training to keep patients and prescribers safe. It also seeks to clarify the position on learners on the CPPE pathway studying another non-mandatory training programme at the same time.

Timing of independent prescribing

Timing of independent prescribing training is crucial to ensure the safety of patients and the wellbeing of the pharmacist. This must be undertaken after the CPPE pathway has been completed or no sooner than half-way through the pathway with a 6-month break from the CPPE pathway if certain criteria are met. HEE will not fund IP training for pharmacists who enrol on courses before it has been agreed with CPPE.

NHSE/I, HEE and CPPE have come to this decision based on analysing evidence of previous pharmacy learner cohorts, which shows:

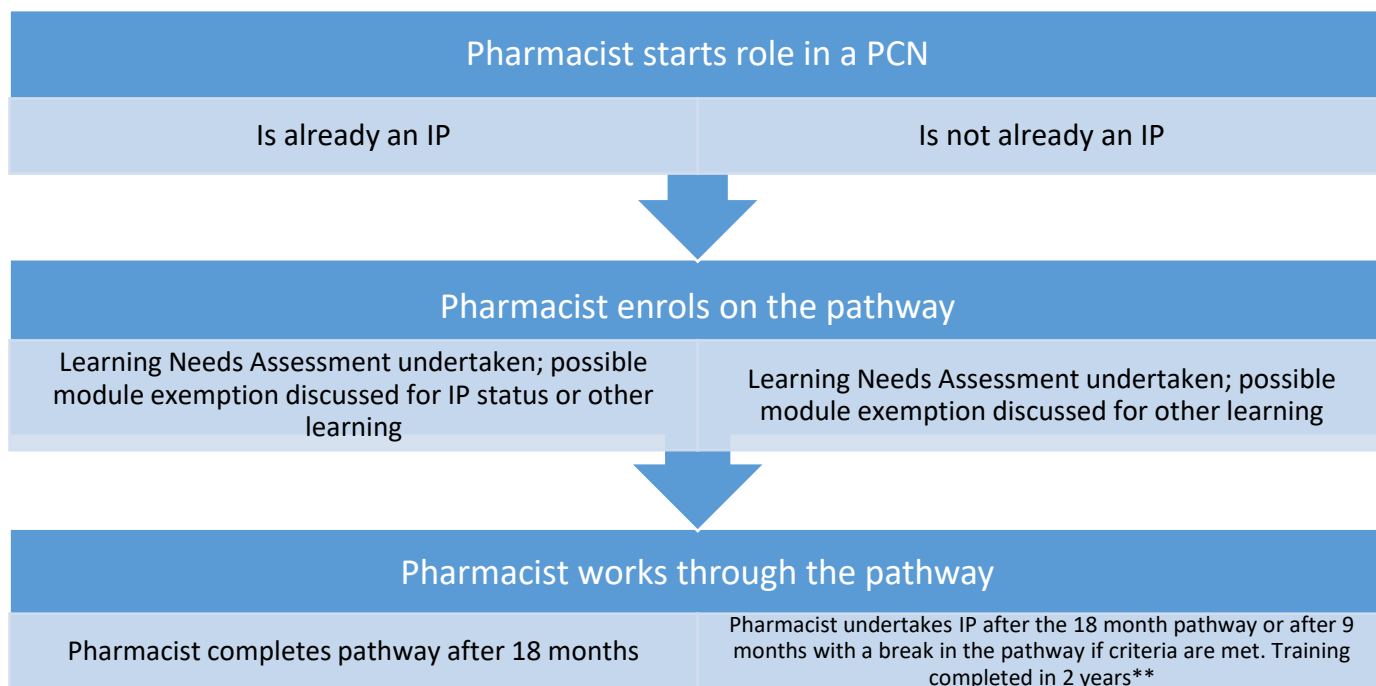
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- Pharmacists often disengage with the training pathway following completion of IP training
- Pharmacists require a solid foundation of clinical knowledge and their working environment before they are able to embark on an IP course
- Employers need to be aware of pharmacist competencies, and their expectations must not exceed the training and experience of the pharmacist. Leading to undue work pressure for the pharmacist and potentially unsafe practice
- Completing IP training alongside the pathway puts unnecessary pressure on the pharmacist
- The universities start dates and length of the courses are not uniform meaning pharmacists cannot easily step off and back onto the training pathway
- Allowing learners to do IP earlier can put pressure on them to take on work they are not competent in

Examples of evidence can be found in appendix A.

Becoming an independent prescriber (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 section of the *Pathway and role progression handbook* do not require IP training.

This is the recommended process for pharmacists training:



** Pharmacists can apply for IP after having been enrolled to the pathway for nine months if they have engaged with and completed all the learning, they have passed all the necessary assessments by this stage and the clinical supervisor and CPPE agree that they are ready to do this. The pharmacist applies for early IP to CPPE and a panel of senior pharmacists makes the decision.

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Studying another, non-mandatory, training programme at the same time as the CPPE pathway

Studying another course at the same time as the CPPE course adds a great deal of pressure to the pharmacist. NHSE, HEE and CPPE have made the decision that pharmacists should not enrol in any non-mandatory training whilst completing the CPPE training pathway, in order to remain focused on this. In some cases, pharmacists have already started another course when they start their new role in primary care; in which case there are three options for them shown below. (This does not apply if it is a mandatory course such as manual handling or fire safety, or business required training, such as for an electronic system).

Options for a pharmacist who is already enrolled on another course when starting in a PCN role

The pharmacist should enrol on the pathway and have the induction meeting with education supervisor to discuss the learning needs analysis and how to accommodate other course(s).

Option one

- Pharmacist has a break from the other course and completes it after the CPPE pathway has finished.

Option two

- Pharmacist works through module 1 (e-course and residential study days) to provide foundation for the new role, then has a break from the CPPE pathway until the other course is completed. The Pharmacist then re-joins the CPPE pathway with a different cohort.

Option three

- Pharmacist defers starting the CPPE course until after the other course is complete (only considered if they have had previous experience in primary care).

It needs to be noted that for Options 2 and 3, if the pharmacist has not started the pathway, or only completed module 1, then the activities that they will be competent to undertake in their PCN role will be severely limited for some time, until they re-engage with the pathway.

If a pharmacist has enrolled on another course, but it has not started (IP or another postgraduate course) when they enrol on the CPPE pathway, they should defer the other course until after the CPPE pathway has finished. The CPPE pathway is the required training and takes priority.

Any queries about this policy or advice on what should be done in different scenarios please email primarycare@cppe.ac.uk in the first instance, your enquiry may then be referred to NHSE or HEE for response.

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Appendix A

Examples of scenarios that have influenced this policy

There are several scenarios that have arisen since CPPE started recruiting into the *Primary care pharmacy education pathway*

1. Employers or the pharmacists may want IP training to be undertaken early in the employment or training without suitable foundations being in place

There is a lack of understanding by some employers about the training of pharmacists and the level of competence they may or may not have when starting in a primary care post. For example, a pharmacist who has been qualified for a number of years but has only worked in community pharmacy may appear, on paper, to a primary care employer as if they are experienced but their experience is in a completely different sector.

Employers want the pharmacists to be able to prescribe as soon as they can without realising that there are a number of useful roles that the pharmacists can undertake without being prescribers. There is a list of roles that pharmacists would be expected to do at different stages of the CPPE pathway in the *Pathway and role progression handbook* on the CPPE website

<https://www.cppe.ac.uk/career/pcpep/pcpep-training-pathway>

There is also a misconception about what the pharmacist independent prescribing training provides – the pharmacists become prescribers in an area of practice e.g. frail and elderly, and would be expected to grow their field of practice through development as part of a service, and with appropriate professional support. How this translates in practice, is upon qualification the individual is not expected to be responsible for generalist prescribing e.g. for all repeat prescribing in a surgery. They should only prescribe within their scope of competence to ensure that patients are safe. The CPPE pathway helps to broaden their scope of practice and competence. This is inline with the 2019 guidance from the GPhC (<https://www.pharmacyregulation.org/sites/default/files/document/in-practice-guidance-for-pharmacist-prescribers-november-2019.pdf>).

2. Employers may have misunderstood the PCN DES or the guidance and have accessed CCG funding for independent prescribing before the pharmacist has enrolled on the CPPE pathway

The funding for the training for pharmacists working in the salary supported PCN posts has come from NHSE/I to HEE and these pharmacists should not be accessing separate funding for independent prescribing or advanced clinical practitioner courses through the CCGs or training hubs whilst currently completing the training pathway. The pharmacists need solid foundations before starting an IP course and the first two modules, at least, of the CPPE course will provide these foundations. Funding for ACP training can be accessed via CCGs on completion of the CPPE training pathway.

3. Employers or pharmacists may have misunderstood the PCN DES or the guidance, are self-funding IP training and asking for reimbursement from HEE

The funding for the training for pharmacists working in the salary supported PCN posts has come from NHSE/I to HEE.

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The independent prescribing training has been commissioned through a number of universities and the pharmacists in ARRS roles should access their IP training through this route. CPPE approves the training place with the HEI on behalf of HEE. <https://www.hee.nhs.uk/our-work/pharmacy/pharmacy-integration-fund/pharmacy-integration-fund-courses-pharmacists>

4. Pharmacists enrol on the pathway with little intention of engaging as they just want to access free IP training

From the experience of running extended education pathways CPPE is aware that a number of pharmacists seem only to be interested in the IP part of the funded training. Despite extensive support from CPPE and detailed learning needs analysis some pharmacist are unaware of what they do not know and so see the pathway as a hindrance. These pharmacists request to do IP early and then do not engage once they have finished IP which could put patient safety at risk. Clinical pharmacists working in a PCN and for which the PCN is claiming reimbursement through the Additional Roles Reimbursement Scheme are required to complete the training pathway and IP. None completion of the training pathway will have an impact on the ability of the PCN to claim this reimbursement.

5. Employers or pharmacists want to do the IP training alongside the CPPE pathway without understanding the amount of work involved in each course

As described in point 1 above, in some cases there is a rush to get the pharmacists qualified as IPs and this perceived need pushes the pharmacists into early IP training when they actually need the measured pace of the CPPE pathway and its content first to build solid foundations before starting on the IP training. Both courses have a considerable amount of studying as well as supervised practice and the wellbeing of the pharmacist is likely to suffer if they do both courses at once and try to hold down their patient-facing role; or the pharmacist disengages with the CPPE pathway. The safety and wellbeing of the pharmacist must be considered.