

Guidance on demonstrating equivalent learning and experience to the *Primary care pharmacy education* pathway for clinical pharmacists working in primary care

Agreed by NHS England & NHS Improvement, Health Education England and CPPE

Version 1.6

Published June 2021

Equivalent learning for clinical pharmacists in primary care controlled document template

Version History

Version	Date	Description	Authors	Reviewed by
1.6	24/6/2021	Pathway Equivalence Guidance v1.6	Sally Greensmith, CPPE Head of national pathways for primary care education Nick Butler CPPE pathways lead (Midlands and East of England)	Rosalynne Cheeseman Pharmacy Dean, Midlands and East of England Trevor Beswick Pharmacy Education and Training Adviser

Contents

Clicking on a section heading or an appendix title will take you to that section of the guidance

Section 1	<u>The process of demonstrating equivalent learning and experience</u>	Page 4
Section 2	<u>Outcomes of the pathway equivalence process</u>	Page 5
Section 3	<u>Prior learning and experience that may be considered</u>	Page 6
Section 4	<u>When to apply</u>	Page 8
Section 5	<u>How to Apply</u>	Page 8
Section 6	<u>Preparing the reflective essay</u>	Page 9
Section 7	<u>Appealing the CPPE decision</u>	Page 10
Section 8	<u>Frequently asked questions</u>	Page 11
Appendix 1	<u>Diagram of the application process</u>	Page 15
Appendix 2	<u>Guidance on preparing the reflective essay</u>	Page 16
Appendix 3	<u>Criteria for assessing the reflective essay</u>	Page 20

Section 1 - The process of demonstrating equivalent learning and experience

A significant number of pharmacists have been working in primary care roles for a number of years. They are likely to have gained qualifications and experience, which would qualify them for exemption from the CPPE *Primary care pharmacy education pathway* (PCPEP) if they were eligible for the PCN training.

NHS England and NHS Improvement (NHSE&I) and Health Education England (HEE) have commissioned CPPE to develop a recognised route for PCN clinical directors and senior pharmacists to understand how their pharmacist's previous education and training aligns to the *Primary care pharmacy education pathway* (PCPEP). The recognition process is an offer to employers and individuals to show that they have the skills, knowledge and experience necessary for medicines optimisation roles including Structured Medication Reviews (SMRs).

This guidance explains the two-stage process and how to apply in detail. Please use the links within the contents page and in Section 8 (frequently asked questions) to help you navigate to the information you need.

The **Network contract DES structured medication review and medicines optimisation guidance 21-22** 31 March 2021 states:

3.18 PCNs must ensure that only appropriately trained clinicians working within their sphere of competence undertake SMRs. These professionals will need to have a prescribing qualification and advanced assessment and history taking skills or be enrolled in a current training pathway to develop these, and should be able to take a holistic view of a patient's medication. Although primarily it is clinical pharmacists that are expected to conduct SMRs, suitably qualified advanced nurse practitioners (ANPs) who meet the above criteria, as well as GPs, can also do so.

3.19 Specifically, pharmacists must have completed – or at least be enrolled on – the Primary Care Pharmacy Educational Pathway (PCPEP) or a similar training programme that includes independent prescribing. However, we recognise that there are a number of clinical pharmacists who have the necessary skills and experience to undertake SMRs but have not completed or enrolled on an approved training pathway (e.g. PCPEP). The Centre for Pharmacy Postgraduate Education (CPPE) is expected to offer a process by the 30 April 2021 to such primary care clinical pharmacists to enable their experience and training to be recognised, and such clinical pharmacists should only undertake SMRs having completed that recognition process.

This pathway equivalence process is designed to be a consistent, transparent way to recognise the knowledge, skills, experience and qualifications that they already have. To do this we need to understand:"

- the previous training and experience they have in the areas covered by the pathway modules. This learning may include CPPE pathways, academic qualifications, continuing professional development activities, and non-credit bearing courses.
- how they have applied their learning in their current or previous role(s).

Effective consultation skills are a fundamental part of person-centred medicines optimisation and shared decision making. These are key components of the role envisaged in the Network Enhanced DES contract. All pharmacy professionals are expected to be able to demonstrate that they meet the national Consultation skills for pharmacy practice: practice standards (CSfPP). The standards are available to download through this website <http://www.consultationskillsforpharmacy.com/>

To demonstrate that you meet these national standards you must have either successfully completed the CPPE Consultation skills for pharmacy practice **e-assessment** or an equivalent. An equivalent, is learning you have identified that meets the national standards and includes an assessment. Please email generalpractice@cppe.ac.uk before you start the process if you will be submitting evidence for an equivalent route of learning and assessment so that CPPE can explain how to do this.

We expect that pharmacists will have completed safeguarding training and assessment at level 2 or level 3 in the last two years. This could be CPPE's assessment or from other providers. Please ensure you have the details of the training you have completed before starting the process.

The application process includes:

1. Completion of an online form to provide some information about the pharmacist, a description of their role, and details of the relevant education and training they have completed
2. Writing and submitting a reflective essay by answering five questions giving more detail of their role and how they are applying their knowledge, skills and experience.

These guidance notes are to help pharmacists provide all the information CPPE needs to decide whether they have equivalent knowledge and skills to PCPEP.

Section 2 – Outcomes of the pathway equivalence process

NHSE&I and HEE have agreed three possible outcomes of this pathway equivalence process:

Outcome 1 - approved

Response to the pharmacist:

You applied to be considered as having equivalent knowledge, skills, experience and training to that gained during the 18-month Primary care pharmacy education pathway plus independent prescribing training.

You are already an Independent prescriber and the CPPE assessors have agreed that your level of knowledge, skills and experience is at least equivalent to those who have completed the CPPE pathway. If not already completed, this will be added: We recommend taking part in the CPPE Shared decision making programme which has been commissioned by NHSE&I.

Outcome 2 – approved but need to do IP

Response to the pharmacist: *You applied to be considered as having equivalent knowledge, skills, experience and training to that gained during the 18-month Primary care pharmacy education pathway plus independent prescribing training.*

The CPPE assessors have agreed that your level of knowledge, skills and experience is at least equivalent to those who have completed the CPPE pathway, but you are not an independent prescriber. To carry out structured medication reviews under the terms of the current Network directed enhance service you should prioritise independent prescribing training. Access to funding for IP training will depend on local arrangements. If not already completed, this will be added: We also recommend taking part in the CPPE Shared decision making programme which has been commissioned by NHSE&I.

Outcome 3 – not approved

Response to the pharmacist: *You applied to be considered as having equivalent knowledge, skills, training and experience training to that gained during the 18-month Primary care pharmacy education pathway plus independent prescribing training*

The CPPE assessors have agreed that your level of knowledge, skills and experience is not equivalent to those that have completed the CPPE pathway. To successfully complete the recognition process further development is recommended, including independent prescriber training.

Note

Those who receive response 3 and require additional training will be encouraged to create a personal development plan. A template and summary of available learning will be provided as part of the pathway equivalence process. They will be able to resubmit their application once the training has been completed.

Section 3 - Prior learning and experience that may be considered (*this list is not exclusive*)

Previous or current course or learning	Explanation and associated experience required
Clinically enhanced pharmacy independent prescribing course (CEPIP) or IP plus additional level 7 advanced clinical examination skills training and recent experience in a patient-facing role in primary care.	(CEPIP) courses have a portfolio for clinical assessment skills and have 20 hours of practice for clinical assessment skills in addition to the 90 hours of practice for IP. Additional advanced clinical skills courses (level 7 courses at 20 credits) enhance IP qualification to the same level as CEPIP. Completion of a CEPIP course is not an automatic exemption. Pharmacists also need to demonstrate how they have been regularly using the clinical assessment skills they have learned in a patient-facing role.
Clinically enhanced pharmacy independent prescribing course (CEPIP) or IP plus additional level 7 advanced clinical examination skills training and recent experience in a patient-facing role in another setting (other than primary care).	(CEPIP) courses have a portfolio for clinical assessment skills and have 20 hours of practice for clinical assessment skills in addition to the 90 hours of practice for IP. Additional advanced clinical skills courses (level 7 courses at 20 credits) enhance IP qualification to the same level as CEPIP. Completion of a CEPIP course is not an automatic exemption. Pharmacists will need to show how they have had their competence assessed in a patient-facing role in primary care and provide evidence of how they have been regularly using those clinical assessment skills in a patient-facing role in primary care.
Independent prescribing training and recent experience in a patient-facing role in primary care.	The amount of learning and assessment of clinical assessment skills varies between courses. Pharmacists will be expected to have been taught a minimum range of clinical assessment skills during the IP, had their competence assessed in a patient-facing role and provide evidence of how they have been regularly using the clinical assessment skills they have learned in a patient-facing role.
Independent prescribing training and recent experience in a patient facing role in another setting (other than primary care).	The amount of learning and assessment of clinical assessment skills varies between courses. Pharmacists will be expected to have been taught a minimum range of clinical assessment skills during their IP course. If they have completed their IP training in a specific setting (eg, hospital or community pharmacy practice) they will need to show how their competence has been assessed in primary care, and how they have been applying the knowledge and skills from the course in a patient-facing role in primary care.

Previous or current course or learning	Explanation and associated experience required
MSc in clinical pharmacy, clinical pharmacy certificate or diploma.	Postgraduate courses may provide relevant underpinning knowledge or skills, which can be used in a variety of settings. Pharmacists will need to describe their role in primary care and explain how they have applied the knowledge and skills they have gained in a patient-facing role in primary care.
Pharmacy Integration Fund integrated urgent care training.	These courses will provide relevant underpinning knowledge and skills, but they do not cover all aspects of the role defined in the DES. Pharmacists will need to describe what additional training and experience they have, detail their role in primary care and explain how they have applied the knowledge and skills they have gained in a patient-facing role in primary care.
Completion of an Advanced clinical practitioner (ACP) course.	This is not automatically equivalent to the CPPE pathway. Currently, advanced clinical practitioner is not a protected title. Qualifications may be awarded at certificate, diploma and master's level, and there is marked variation in the content of courses around the UK. Pharmacists can claim accreditation of prior experiential learning (APEL) for both their master's degree and an independent prescribing (or CEPIP) course. The additional modules required for an ACP qualification may not cover key parts of the content of the CPPE pathway. The pathway is also a vocational training programme so pharmacists will need to provide details of their role in primary care and how they have applied the knowledge and skills gained in a patient-facing role in primary care.
Enrolled on an ACP Masters or Diploma course that is relevant to primary care	The reason why an ACP course is not automatically equivalent to the CPPE pathway is explained above. CPPE also cannot assume the equivalence of any learning pharmacists have not yet completed. The pathway is also a vocational training programme so pharmacists will need to provide details of their role in primary care and how they have applied the knowledge and skills gained from completed modules or courses in a patient-facing role in primary care.
Formal leadership courses, eg, CPPE <i>Leading for change</i> , <i>Leadership school</i> , <i>Chief pharmacists' development programme</i> , NHS Leadership Academy courses such as <i>Mary Seacole</i>	Pharmacists can describe how their role includes leadership and management as part of their application. They will also need to show how they have applied the knowledge and skills they have learned in a patient-facing role in primary care.
Other courses that provide relevant knowledge and skills	Pharmacists can describe what their role entails in their application. They will also need to show how they have applied the knowledge and skills they have learned in a patient-facing role in primary care.
Experience that is considered equivalent to one of the formal qualifications described above	Pharmacists can describe what their role entails in their application. They can also provide details of their experience and show how they have applied it in a patient-facing role in primary care.

Several of the courses and e-assessments, which are part of the pathway, are available to all pharmacists. They are not mandatory requirements to demonstrate equivalent learning to the pathway, but they do provide a way of demonstrating knowledge and awareness of safeguarding and the current organisation of primary care.

Structured medication review e-course is available on the CPPE website:
www.cppe.ac.uk/programmes//medrev-ec-01/

Primary care pharmacy education pathway essentials e-assessment is available on the CPPE website:
www.cppe.ac.uk/programmes//pcp-a-01

Care homes: supporting people, optimising medicines e-assessment is available on the CPPE website:
www.cppe.ac.uk/programmes/?t=SuppCareHome-A-13&evid=

Pharmacists will be asked to upload evidence of completing any course, eg, certificate of completion. If a pharmacist is already annotated as an independent prescriber (IP) on the General Pharmaceutical Council register an upload the IP certificate **is not needed** as the CPPE IT system can confirm this annotation, unless the applicant wants to show that they completed a clinically enhanced pharmacist independent prescribing (CEPIP) course.

If a pharmacist is not yet annotated as an IP, they will need to submit a copy of their IP certificate.

When uploading any certificates or evidence of completing relevant courses, there is a file size limit of 5MB, so several documents may need to be combined into one suitably sized file to upload them successfully.

Please ensure an appropriate file name is chosen and a file format which can be easily read as part of the application (eg, a PDF or JPEG file).

Section 4 – When to apply

Pharmacists can apply at any time, but they need to be in a patient-facing role in primary care because they will be asked to describe their role in their application. They also need to be an independent prescriber to undertake structured medication reviews (SMRs) which are a key part of the Network DES contract.

Pharmacists may still apply if they feel they meet all the criteria except being qualified as an independent prescriber (IP), for example, they could apply while they are completing an IP course.

The process is a recognised route for PCN clinical directors and senior pharmacists to understand how their pharmacist's previous education and training aligns to PCPEP. This means that pharmacists may be asked to apply by their employer, or they may choose to apply as part of their continuing professional development.

The answer to one or more of the questions in the reflective essay for this process could also be used as a revalidation entry as part of their continuing professional development.

The timescale for reviewing the reflective essays is based on the University of Manchester standards using the end of each calendar month as a deadline. Essays will be marked within 15 working days of this deadline. For example, if the deadline is 31 August, any essays submitted in August will be marked within 15 working days of this deadline.

If the pharmacists do not fully meet the criteria, they will be directed to complete further training before they re-apply.

Section 5 – How to apply

Pharmacists should read the CPPE guidance on demonstrating equivalent learning and experience to the **Primary care pharmacy education pathway (PCPEP)**. They should collect their evidence as advised in the guidance.

The pharmacists should then follow the instructions in this guidance on how to apply to demonstrate equivalent learning and experience to PCPEP. Applicants must start the application process through the CPPE website.

PCPEP concentrates on both acquiring knowledge and applying it in practice. Any application needs to provide confirmation that an applicant **already** has equivalent knowledge and skills to those provided by the pathway. Pharmacists also need to demonstrate how they are using that knowledge, skill and experience in a patient-facing role in primary care.

They will demonstrate this in their application in two steps:

1. Completing the online survey to provide some information about themselves, describing their role, and providing details of the relevant education and training they have completed.
2. Writing and submitting a reflective essay giving more detail of their role and how they are applying their knowledge, skills and experience in their clinical practice.

The survey asks for details of education and training. We recommend that pharmacists collect information about this (titles and dates of courses etc.) together before trying to complete the survey. The survey must be completed in one sitting as answers are not saved unless they are submitted.

Further guidance on how to prepare the reflective essay is given in Section 6 of this guidance. If the pharmacist has completed or is currently studying any relevant qualifications (eg, an Advanced Clinical Practitioner (ACP) Masters or diploma course; a pharmacist independent prescribing course, a CPPE leadership programme, or an NHS-funded or accredited leadership programme) they will need to provide details on the application form of the course(s) and upload evidence that they are currently enrolled on it, or they have successfully completed the course.

Please note: Pharmacists will only be given recognition for completed modules or courses, and they will need to provide evidence of how they have applied that learning in their reflective essay.

If they have other training, learning, or experience which they think is equivalent to some or all of the pathway, they will need to explain how this training, learning and experience helps them meet the requirements of the role outlined in the Network DES contract. This will include how they have applied that learning in their practice.

Please see the **Appendix 1** for a diagram explaining the exemption process.

Section 6 – How to prepare the reflective essay

Reflection helps identify gaps in knowledge, skills and experience which can be addressed as part of continuing professional development. It is also a robust way of demonstrating how knowledge and experiences are linked to competences.

The reflective essay will demonstrate how the pharmacist is applying their knowledge, skill and experience in a patient-facing role in primary care. Reflection comes more easily to some than others, so this section of the guidance is designed to help pharmacists prepare their reflective essay, which is a required part of their application.

Pharmacists need to reflect on the key responsibilities of the patient-facing pharmacist role set out in the **network contract DES specification-PCN requirements and entitlements 2021-22** and how they use

their knowledge, skill and experience to deliver them. They include:

- 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 a prescriber, 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 while 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, while contributing to the quality and outcomes framework and enhanced services
- f) through structured medication reviews, support patients to take their medicines 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
- j) be part of a professional clinical network and have access to appropriate clinical supervision.

Medication review is a key part of the role. The National Institute for Health and Care Excellence (NICE) define a structured medication review as: *a critical examination of a person's medicines with the objective of reaching an agreement with the person about treatment, optimising the impact of medicines, minimising the number of medication-related problems and reducing waste.*¹

Appendix 2 includes a series of questions to help reflection, and suggestions about the type of evidence pharmacists could use to demonstrate their level of practice.

We suggest they gather details of their experience, education and training, and evidence of how they have applied in it practice before they start writing their reflection in the same way as they would when preparing or updating a CV. Including the appropriate quantity and detail in the reflective essay is likely to take several hours as they are being asked to demonstrate equivalent knowledge, skills and experience to an 18-month vocational training programme.

When writing the reflective account, the pharmacists should remember that we are looking for evidence that they are applying their knowledge, skills and experience to directly care for individual patients. They need to outline their experience of working in primary care and how they are performing the role outlined in the contract. They also need to use their reflective accounts to demonstrate how they are using clinical knowledge, clinical assessment skills and leadership and management skills in their role. **Appendix 3** describes the assessment criteria for the reflective essay.

The reflective essay must demonstrate equivalent learning, skills and experience to completing an 18-

Medicines optimisation: the safe and effective use of medicines to enable the best possible outcome NICE Guideline [NG5] Section 1.4. <https://www.nice.org.uk/guidance/ng5/chapter/1-Recommendations#medication-review>

month vocational training programme so the minimum expected word count is 1500 words.

Section 7 - Appealing the CPPE decision

Each application is considered within ten working days by a panel of trained assessors from CPPE using agreed criteria developed in conjunction with NHSE&I and Health Education England (HEE). Details of the outcome of each application and an explanation of each decision are recorded. Each applicant will be informed of the outcome of their application, including an explanation of the decision, by email. One of the three responses set out earlier in the document will be sent to the pharmacist

If a pharmacist fails to meet the criteria relevant further training will be suggested. That further training should be completed before and application is re-submitted.

If the pharmacist disagrees with the CPPE decision and wishes to appeal, they will need to go through the appeals process, which is in two stages:

Stage 1: An online conversation (sometimes referred to as a viva voce conversation). This conversation, which is recorded, is with two senior pharmacists from CPPE and will usually last 20-30 minutes. This is to help the applicant reflect and provide any further relevant information they can.

The outcome of this conversation is either:

- a. they have provided further information to meet the criteria, or
- b. they still have not provided enough information to meet the criteria.

Stage 2: If they still do not meet the criteria and they wish to appeal to HEE, they will be asked to complete an appeal form. CPPE will then submit the original application, a recording of the viva and an explanation of the CPPE decision, and the appeal from to the NHSE/I and HEE appeals panel. The appeals panel will review **the process** undertaken by CPPE; this will **not** be a third review of the application.

Section 8 – Frequently asked questions

Click on the underlined heading to access questions under that topic.

1. [Why is there a process for demonstrating equivalent knowledge and experience to PCPEP?](#)
2. [How do I know whether I need to demonstrate equivalent knowledge and experience to PCPEP? PCPEP?](#)
3. [Who decides whether my knowledge and experience is equivalent?](#)
4. [When should I apply?](#)
5. [What if I am already enrolled on another postgraduate course?](#)
6. [Where can I get further information?](#)
7. [I am a pharmacy technician, can I apply?](#)
8. [I have completed an advanced clinical practitioner \(ACP\) course so do I automatically have equivalent learning and experience to PCPEP?](#)
9. [My leadership course is not accredited by the NHS Leadership Academy; can I still use it in my application?](#)
10. [How do I apply?](#)
11. [What should the application contain?](#)
12. [What happens to my application?](#)
13. [How will I know the outcome of my application?](#)
14. [What support does CPPE provide if I need additional training?](#)

15. What is the process for making an appeal?

1. Why is there a process for demonstrating equivalent knowledge and experience to PCPEP?

Pharmacists working in primary care networks (PCNs) come from a wide range of backgrounds. Some have significant prior experience and learning which may be similar to what is covered by the *Primary care pharmacy education pathway* (PCPEP). The pathway is a vocational training scheme designed to develop skills and experience for pharmacy professionals working in a patient-facing role in primary care. The emphasis is not just on acquiring knowledge, but also on the application of that acquired knowledge.

NHS England and NHS Improvement (NHSE&I) and Health Education England (HEE) have commissioned CPPE to develop a recognised route for PCN clinical directors and senior pharmacists to understand how their pharmacist's previous education and training aligns to PCPEP. The recognition process is an offer to employers and individuals that they have the skills, knowledge and experience necessary for medicines optimisation roles including Structured Medication Reviews (SMRs).

2. How do I know whether I need to demonstrate equivalent knowledge and experience to PCPEP?

NHS England and NHS Improvement (NHSE&I) and Health Education England (HEE) have commissioned CPPE to develop a recognised route for PCN clinical directors and senior pharmacists to understand how their pharmacist's previous education and training aligns to PCPEP. This provides assurance that they have the skills, knowledge and experience necessary for medicines optimisation roles including Structured Medication Reviews (SMRs),

You may be asked by your organisation to demonstrate how your knowledge and experience align to PCPEP. You may also decide to go through the process as part of your continuing professional development.

3. Who decides whether my knowledge and experience are equivalent?

A panel of trained assessors from CPPE reviews all applications using criteria developed in conjunction with NHS England and NHS Improvement (NHSE&I) and Health Education England (HEE).

4. When should I apply?

You can apply at any time, but you need to be in a patient-facing role in primary care because you will be asked to describe your role in your application. You also need to be an independent prescriber to undertake structured medication reviews (SMRs) which are a key part of the Network DES contract. If you do not fully meet the criteria, you will be directed to complete further training before you re-apply.

5. What if I am already enrolled on another postgraduate course?

You can still apply to compare your existing knowledge, skills and experience to PCPEP if you have already started another postgraduate course (eg, a clinical diploma, independent prescribing, or advanced clinical practitioner training). We can only consider qualifications and modules that you have completed and passed as part of your application. You will need evidence that you have successfully completed those courses or modules in your application, and how you have applied the knowledge and skills gained in a patient-facing role in primary care. If you do not fully meet the criteria, you will be directed to complete further training before you re-apply.

6. Where can I get further information?

Full information about how to apply to demonstrate equivalent learning and experience to the *Primary care pharmacy education pathway* is on our [website](#).

7. I am a pharmacy technician, can I apply?

Although some pharmacy technicians have undertaken post qualification training, they are not currently

eligible to apply for full exemption from the PCPEP. Pharmacy technicians cannot undertake the full SMR process (as they cannot prescribe). For both these reasons, they are not currently included in this process to demonstrate equivalent learning and experience to the Primary care pharmacy education pathway.

8. I have completed an advanced clinical practitioner (ACP) course so do I automatically have equivalent learning and experience to PCPEP?

This is not automatically equivalent to the CPPE pathway. Currently, advanced clinical practitioner is not a protected title. Qualifications may be awarded at certificate, diploma and master's level, and there is marked variation in the content of courses around the UK. Pharmacists can claim accreditation of prior experiential learning (APEL) for both their master's degree and an independent prescribing (or CEPIP) course.

The additional modules required for an ACP qualification may not cover key parts of the content of the CPPE pathway. The pathway is also a vocational training programme so you will need to provide details of your role in primary care and how you have applied the knowledge and skills gained in a patient-facing role in primary care.

9. My leadership course is not accredited by the NHS Leadership Academy; can I still use it in my application?

Yes, you can describe how your role includes leadership and management as part of your application. You will also need to briefly explain what the course covered and then you will need to show how you have applied the knowledge and skills you have learned in a patient-facing role in primary care.

10. How do I apply?

Read the CPPE *Guidance on demonstrating equivalent learning and experience to the Primary care pharmacy education pathway (PCPEP)*. Collect your evidence as suggested in the guidance. Then follow the instructions on how to apply to demonstrate equivalent learning and experience to PCPEP, which can be found on **the CPPE website**.

11. What should the application contain?

PCPEP concentrates on both acquiring knowledge and applying it in practice. Any application needs to provide confirmation that an applicant already has equivalent knowledge and skills to those provided by the pathway. You also need to demonstrate how you are using that knowledge, skill and experience in a patient-facing role in primary care.

The aim of the pathway is to train pharmacy professionals for a patient-facing role in primary care. The expectations of the role are set out in Annex B of the **network contract DES specification-PCN requirements and entitlements 2021-2022**. You will demonstrate all this in their application by

- a. completing the online survey to provide some information about you, details of their role, and a summary of the relevant education and training they have completed
- b. submitting a reflective essay, containing five questions, giving more detail of their role and how they are applying their knowledge, skills and experience. Further guidance on how to prepare the reflective essay is given in Appendix 2.

12. What happens to my application?

A panel of trained assessors from CPPE considers each application using agreed criteria developed in conjunction with NHSE&I and Health Education England (HEE). The timescale for reviewing the reflective essays is based on the University of Manchester standards using the end of each calendar month as a deadline. Essays will be marked within 15 working days of this deadline. For example, if the deadline is 31 August, any essays submitted in August will be marked within 15 working days of this deadline.

Details of the outcome of each application and an explanation of each decision are recorded. You will be informed of the outcome of your application including an explanation of the decision by email. If you have failed to meet the relevant criteria, further training will be suggested for you to complete before re-submitting your application. If you disagree with the decision of CPPE, you can appeal to CPPE and HEE.

13. How will I know the outcome of my application?

You will be informed of the outcome of your application including an explanation of the decision by email. If you have failed to meet the relevant criteria, further training will be suggested. We advise that you complete that additional training before re-submitting your application. If you disagree with the decision of CPPE you can appeal to CPPE and HEE.

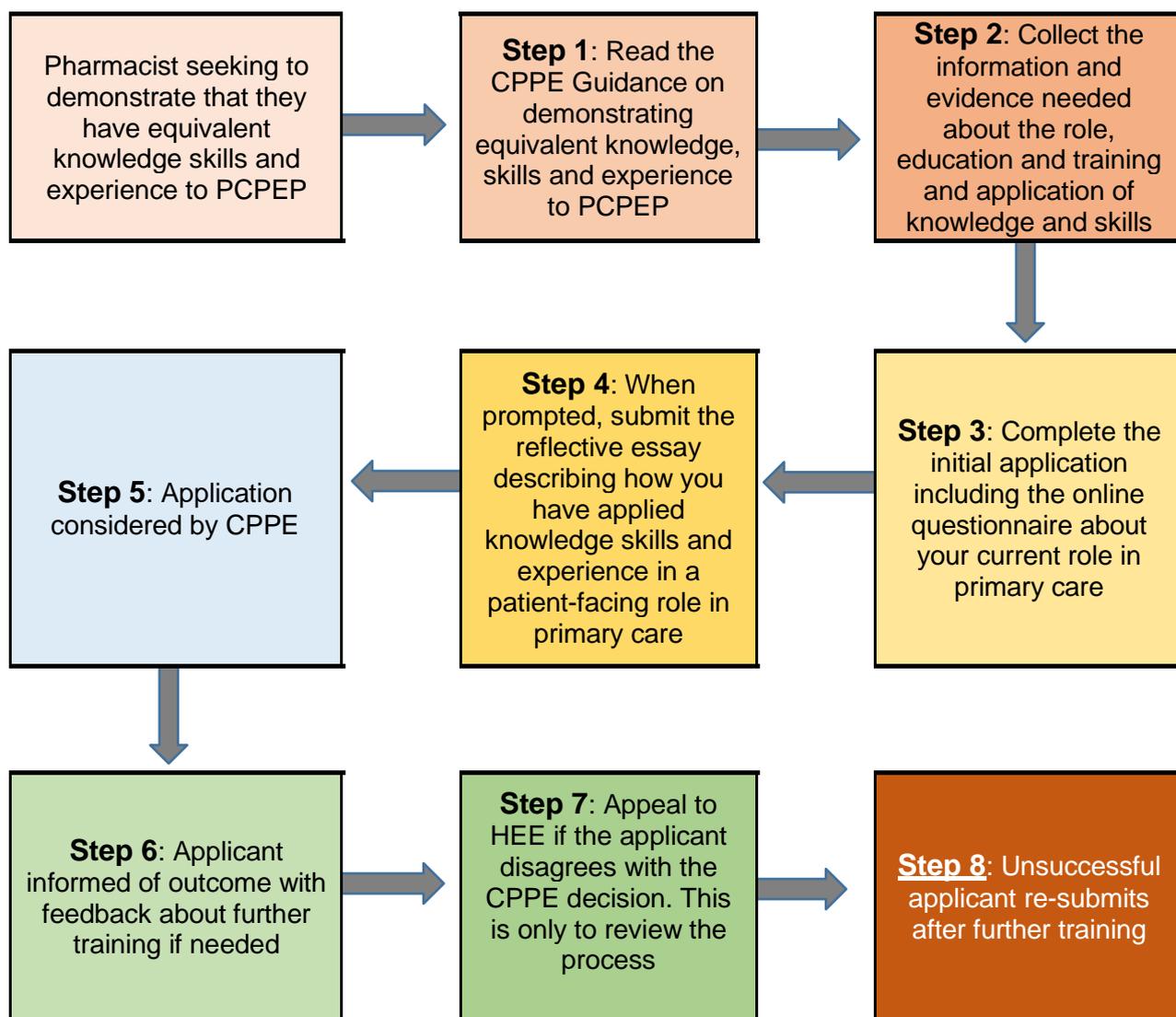
14. What support does CPPE provide if I need further training?

The **network contract DES specification-PCN requirements and entitlements 2021-22** explains how SMRs can be undertaken by appropriately trained clinicians who have a prescribing qualification and advanced assessment and history taking skills. If you are not already a prescriber then you will need to undertake independent prescribing training. If you need to undertake other training (eg, a leadership or management course or specific training in SMRs) we will provide details of training (from CPPE and other providers) which are available.

15. What is the process for making an appeal?

The appeals process is the same as for the *Primary care pharmacy education pathway (PCPEP)* and has two stages. It is described in detail **Section 7 of the guidance document**.

Appendix 1: Diagram to illustrate the process for demonstrating equivalent knowledge skills and experience to the *Primary care pharmacy education pathway (PCPEP)*



Appendix 2 – Guidance on how to prepare your reflective essay

Prepare to pass

We are looking for a personal account of your knowledge, skills and experience of working as a pharmacy professional in primary care to demonstrate that you have equivalent knowledge, skills and experience to the CPPE *Primary care pharmacy education pathway* (PCPEP). This includes specific details of what your role entails, and how you use your expertise in medicines optimisation. PCPEP is a vocational training programme so we are looking for specific examples of how you have used the knowledge skills and experience that you have gained. We are particularly interested in how you have delivered person-centred care and impacted on individual patients.

When we review your essays there are some key things that we will be looking for in your reflections. The table below suggests some questions to consider, and evidence which may demonstrate this under each heading. It may help to ask yourself the following specific questions as you write.

- Have you provided some evidence that you have applied your learning and experience?
- What impact has your learning and experience had on your practice? What do you do differently as a result of your learning?
- How has your learning and experience benefited you, your team and the people who you care for?

We will not be marking your literary skills, but we will be looking for something that makes sense and has a good narrative flow. Sometimes we may return the essay to you unmarked. This will be when the essay, in the opinion of the assessor, has not been written as a narrative or where it is not comprehensible. Your essay will be marked as a pass or a fail, you will not be allocated a specific mark. If you do not achieve the criteria for pathway equivalence on your first submission we will provide feedback to support you in your next attempt.

Essay submission

Once you access the assessment and press the 'submit' button, you will see our terms and conditions for reflective essays. You must answer five questions to complete the reflective essay. Once you click 'begin' for one of the questions you will see a page to enter your reflective piece to answer that question.

At this point you will not be able to exit the page and come back to the essay later.

We suggest you write your essay in a word document or other suitable file and then copy and paste your final submission into the assessment submission area when you wish to submit your answers to one of the questions. This allows time for true reflection and ensures you have a personal copy as evidence of your continuing professional development.

Use the five questions to help you organise the information you wish to include in your essay. Please note that if your answer to any of the questions contains more than the permitted number of words, your essay will be truncated at the word limit. If this happens you will be able to see what text has been included in your answer before you submit it. You can edit your submission either in the original document or in the assessment submission area before you submit.



Question	Suggested questions to help you write your reflection	Suggested evidence to support your application
<p>1. How are you working as part of a multi-disciplinary team in a patient-facing role in primary care using your expert knowledge of medicines</p>	<ul style="list-style-type: none"> • What does a typical week look like? (What type of patients do you see, who makes the referrals, what type of consultation are they (face-to-face, telephone or on-line, or home visits)?) • What do you do when you visit a local care home? • Do you have any clinical specialties or expertise which is used by your colleagues? • Which specific examples can you include to demonstrate these points? 	<ul style="list-style-type: none"> • Examples of working with other professions to provide person-centred care • Details of referrals made to you, and those you have made to colleagues in the multi-disciplinary team (MDT) • Examples of how you have used your expert knowledge to provide person-centred care or help a colleague
<p>2a. How do you use your independent prescriber training to support those with chronic diseases? What is your role in structured medication review as defined by the Network Directed Enhanced Service (DES) contract?</p>	<ul style="list-style-type: none"> • What does a typical medication review clinic look like? • How are patients for SMR identified and who makes referrals to your SMR clinic? • What sort of referrals do you make from your SMR clinic? • How do you ensure a person-centred approach to your consultations? • Have you any specific examples of successful prescribing and deprescribing? • How have your consultation skills and your practice evolved now you are using clinical assessment skills? • How do you establish and act on any red flags and how do you include safety netting in your consultations? • Do you have any specific examples of this? 	<ul style="list-style-type: none"> • Your involvement in developing and using the organisation's SOP for Structured Medication Review (SMR) • Examples of prescribing, deprescribing, responding to red flags and the outcomes of safety netting in your practice • Details of referrals made and received and your involvement in a successful episode of care

Question	Suggested questions to help you write your reflection	Suggested evidence to support your application
<p>2b. Although you are not an independent prescriber, how do you support those with chronic diseases? What is your role in structured medication review as defined by the Network Directed Enhanced Service (DES) contract?</p>	<ul style="list-style-type: none"> • What does a typical medication review clinic look like? • How are patients for SMR identified and who makes referrals to your SMR clinic? • What sort of referrals do you make from your SMR clinic? • How do you ensure a person-centred approach to your consultations? • How have your consultation skills and your practice evolved as you have gained experience in medication review? • Have you any specific examples of successful medication review? 	<ul style="list-style-type: none"> • Your involvement in developing and using the organisation's SOP for Structured Medication Review (SMR) • Details of referrals made and received from your medication review clinic • Examples of successful medication review
<p>3. Describe how you provide specialist expertise in the use of medicines in your organisation</p>	<ul style="list-style-type: none"> • How have you been involved in tasks such as answering medicine queries, improving medicines safety and antimicrobial stewardship? • Do you have any specialisms? If so, how do you use them in your role? • Are there any areas where you are the lead for your organisation? • Are you involved in deciding priorities, topics or projects for the practice or the organisation to work on? 	<ul style="list-style-type: none"> • Examples of how you have improved the processes around medicines prescribing and use in your organisation • Examples of how you have responded to and learned from incidents and near misses • Examples of how you have contributed to the quality and outcomes framework or how you have enhanced services related to medicines in your organisation • Details of successful quality improvement projects related to medicines • Specific examples of how your specialist knowledge has significantly impacted on the care of an individual patient

Question	Suggested questions to help you write your reflection	Suggested evidence to support your application
<p>4. How do you provide leadership on person-centred medicines optimisation both in your organisation and in wider healthcare teams (including community and hospital pharmacy)</p>	<ul style="list-style-type: none"> • Are there any things that you lead on for your organisation? • Are you involved in deciding priorities, topics or projects for the practice or the organisation to work on? • What were the key things you learned during any management or leadership training you have completed? • How have you used what you learned on the course(s) in your role? • How has it affected how you approach your work? • Have you received any feedback from colleagues on how your practice has changed? 	<ul style="list-style-type: none"> • How you have responded to and learned from incidents and near misses • How you have organised or led responses to MHRA alerts • How you have identified and resolved issues related to a CQC inspection or report • How you have been involved in improving the supply, use and communication about medicines across the sectors of pharmacy practice • Successful quality improvement projects related to medicines • How your work in medicines optimisation has impacted on the care of an individual patient
<p>5. Describe how you are part of a professional clinical network and have access to appropriate clinical supervision</p>	<ul style="list-style-type: none"> • How is your competence to use skills or undertake tasks assessed in your organisation? • How do you develop new skills and competencies? How do you develop new roles? • What sort of de-briefing, mentoring or other support do you receive from colleagues? • How do you de-brief, mentor or support your colleagues in the organisation? • Are you involved in any regular meetings to discuss difficult cases or challenging situations that have occurred in your practice? 	<ul style="list-style-type: none"> • A description of how you have taken on a new role which has involved developing new skills and competencies • Examples of how you have taken advice and guidance from more experienced colleagues • Examples of how you have used your experience as a learning point for yourself or others • Examples of how clinical supervision has helped you develop your practice

Appendix 3 – Criteria for assessing the reflective essay

These tables show how each question to be answered in the reflective essay is linked to the key responsibilities of a pharmacist from the Network Direct Enhanced Service (DES) contract. They also show the competencies which the answer to that question is designed to demonstrate. The competencies are classified (and shaded) as **essential** or **desirable**

Key responsibilities from the Network DES contract	Question 1	Competence required
<ul style="list-style-type: none"> 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. 	<p>How are you working as part of a multi-disciplinary team in a patient-facing role in primary care using your expert knowledge of medicines?</p>	Successfully working in a patient-facing role in primary care
		Working co-operatively as part of an MDT
		Colleagues in the MDT seeking their advice and using their expertise about medicines
		Provided specific examples of working in an MDT in a patient-facing role
		Evidence of collaborative working in local care homes

Key responsibilities from the Network DES contract	Question 5	Competence required
<ul style="list-style-type: none"> Be part of a professional clinical network and have access to appropriate clinical supervision 	<p>Describe how you are part of a professional clinical network and have access to appropriate clinical supervision.</p>	Member of a clinical network receiving de-briefing, support and advice about practice
		Member of a clinical network providing de-briefing, support and advice about practice for colleagues
		Expands scope of practice appropriately taking advice from others with further training and competence assessment when needed
		Specific examples of how clinical supervision has helped develop and enhance practice

Guidance on demonstrating equivalent learning and experience to the *Primary care pharmacy education pathway*

Key responsibilities from the Network DES contract	Question 2a	Competence required
<ul style="list-style-type: none"> Be a prescriber, or completing training to become a prescriber, and work with and alongside the general practice team. 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). Through structured medication reviews, support patients to take their medicines to get the best from them, reduce waste and promote self-care. 	<p>How do you use your independent prescriber training to support those with chronic diseases? What is your role in structured medication review as defined by the Network Directed Enhanced Service (DES) contract?</p>	Providing person-centred care for individuals with one or more chronic conditions
		Expertise in caring for those with one or more long-term conditions
		Successfully undertaking SMR including prescribing
		Successfully undertaking SMR including prescribing and deprescribing
		Using a person-centred approach during consultations
		An appropriate response to red flags and inclusion of safety netting during consultations
		Specific examples of successful SMR including prescribing
		Specific examples of successful SMR including prescribing and deprescribing

Key responsibilities from the Network DES contract	Question 2b	Competence required
<ul style="list-style-type: none"> 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) Through structured medication reviews, support patients to take their medicines to get the best from them, reduce waste and promote self care 	<p>Although you are not an independent prescriber, how do you support those with chronic diseases? What is your role in structured medication review as defined by the Network Directed Enhanced Service (DES) contract?</p>	<p>Providing person-centred care for individuals with one or more chronic conditions</p> <p>Expertise in caring for those with one or more long-term conditions</p> <p>Currently involved in all aspects of SMR except prescribing and deprescribing</p> <p>Using a person-centred approach during consultations</p> <p>An appropriate response to red flags and inclusion of safety netting during consultations</p> <p>Specific examples of successful SMR (apart from prescribing and deprescribing)</p>

Key responsibilities from the Network DES contract	Question 3	Competence required
<ul style="list-style-type: none"> • Provide specialist expertise in the use of medicines while 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 • 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, while contributing to the quality and outcomes framework and enhanced services • 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 	<p>Describe how you provide specialist expertise in the use of medicines in your organisation.</p>	<p>Important role in answering medicine queries for the organisation</p>
		<p>Clear role in improving medicine safety in the organisation</p>
		<p>Clear role in addressing antimicrobial resistance in the organisation</p>
		<p>Clear role in providing person-centred medicines optimisation in the organisation</p>
		<p>Clear role in contributing to QoF and enhanced services in the organisation</p>
		<p>Specific examples of involvement in leading, and /or successfully completing, initiatives to improve the quality of medicines supply or use in the organisation</p>

Key responsibilities from the Network DES contract	Question 4	Competence required
<ul style="list-style-type: none"> • 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 • Develop relationships and work closely with other pharmacy professionals across PCNs and the wider health and social care system 	<p>How do you provide leadership on person-centred medicines optimisation both in your organisation and in wider healthcare teams (including community and hospital pharmacy)?</p>	Leading on specific projects relating to medicines optimisation in the organisation
		Taking a lead role on medicines safety in the organisation
		Taking a lead role on implementing person-centred medicines optimisation in the organisation
		Leading work to improve medicine supply and enhance person-centred medicines optimisation across primary and secondary care
		Changing practice and successfully implementing principles and approaches taught during leadership and management training
		Effective supervision and/or line management of colleagues
		Specific examples of how their work on medicines optimisation has impacted on the care of individual patients