

Frequently asked questions (FAQs)

This document contains frequently asked questions from employers about the *Primary care pharmacy education pathway* (PCPEP). Click on the underlined heading of each section below to access questions under that topic. You may also wish to read the *Learners FAQs* document, which is on the **CPPE website**.

We use the term **pharmacy professional** to mean pharmacist and pharmacy technician.

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More information on pharmacy professionals working in primary care networks (PCNs) is available here: www.england.nhs.uk/gp/investment/gp-contract/

NHS England (NHSE) will keep this site updated with the latest information.

There is also information on the British Medical Association website: www.bma.org.uk/advice-and-support/gp-practices/primary-care-networks/primary-care-network-funding

If you have any queries for NHSE, you will find contact details here: www.england.nhs.uk/gp/contact-us/

National training pathway

Why do the PCN pharmacy professionals have to do this training?

The NHSE Additional Roles Reimbursement Scheme (ARRS) in the PCN Network Contract Directed Enhanced Service (Network Contract DES) is intended to grow the PCN workforce in primary care, which includes pharmacy professionals.

NHSE and Health Education England (HEE) have a responsibility to ensure that the pharmacy workforce in primary care is competent and confident to carry out the roles that will be new to most pharmacy professionals employed in primary care. The pharmacy professional's additional roles are intended to be training posts, which is why the training is compulsory. The **Network Contract Directed Enhanced Service – guidance for 2022/23 in England** states:

- *'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'* (page 90).
- *PCNs must ensure that pharmacy technicians are '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 or courses approved by the Association of Pharmacy Technicians UK (APTUK) as meeting the requirements of the UK-wide APTUK/PCPA National Competency Framework for Primary Care Pharmacy Technicians'* (page 92).

CPPE continues to be the only approved training provider for pharmacy professionals working in primary care roles that is funded by HEE nationally.

What is the cost to the PCN for this training?

The training pathway is funded as part of the PCN Network Contract DES ARRS, so there is no cost for the actual training to the PCN. However, the PCN needs to release staff for the study days, group tutorial and supervision meetings, as well as provide travelling expenses and other incidental expenses linked to the training.

Would applications be accepted for applicants who have been offered a PCN role but have not yet started in post, eg, working out notice?

Yes, if they are starting their job within one month of the cohort starting. As part of the enrolment process, applicants must upload a completed CPPE *Proof of employment* form signed by their new employer. If the new employer is happy to sign this form while the pharmacy professional is working out their notice, then it is possible for the pharmacy professional to enrol. The form can be downloaded from the **CPPE website**. If the applicant is starting their job more than one month after the cohort has started, then they should defer to the subsequent cohort as they will find it difficult to keep up with the work if they are not in post.

Is this pathway exactly the same as the one that the NHSE GP clinical pharmacists completed?

Building on the success of the *Clinical pharmacists in general practice education* and *Medicines optimisation in care homes* pathways, the *Primary care pharmacy education pathway* is an amalgamation of the relevant parts of the two previous pathways. It has been designed to cater for pharmacy professionals working in patient-facing roles in primary care, both in general practice and care homes, delivering the requirements of the Network Contract DES.

Is this training still only for pharmacy professionals in NHSE salary-funded posts?

The pathway is currently free for pharmacy professionals whose salaries are supported by the NHSE PCN ARRS support schemes. The training is available to people who are not in PCN-funded roles in a couple of ways.

- As with previous pathways, some of the learning is available as core CPPE resources.
- Non-PCN pharmacy professionals or their employers can purchase a place on the pathway depending on local needs. Please email primarycare@cppe.ac.uk for further details.
- There is sometimes funding from HEE regional offices for places on the pathway for non-PCN pharmacy professionals. Please enquire with your local training hubs.

Do all pharmacy professionals working in or for a PCN with ARRS funding have to do the training with CPPE?

Yes, unless they have applied for and have been given exemption or equivalence. The CPPE training takes priority over any other training – for example, clinical diplomas and advanced clinical practitioner courses – and it cannot be substituted by other courses.

Pharmacy professionals may be exempt because they have completed a previous pathway or through prior qualifications or experience, as described in the CPPE exemptions guidance on our [website](#). CPPE is the commissioned provider for the training course mentioned in the Network Contract DES. Pharmacy professionals must enrol or apply for exemption as described in our exemption process. Proof of exemption may be requested by the local integrated care board (ICB) for post-payment verification or audit purposes.

A third party is employing the pharmacy professional on behalf of the PCN. Is the pharmacy professional eligible for training?

Yes, they are eligible and are required to take part. However, a PCN wishing to use an agency or alternative provider to access clinical pharmacy services under the ARRS must ensure that the role outline set out in Annex B of the **Network Contract DES** specification is being delivered, and that the clinical pharmacists meet the qualification requirements by being enrolled on the CPPE pathway or have applied successfully for exemption. Please see page 27 of the Network Contract DES guidance for more details on the requirements for third party employment:

Our pharmacists are working remotely, carrying out structured medication reviews for PCNs. Can these pharmacists access the CPPE training?

If these pharmacists are funded using the ARRS, then the employer must ensure they meet the Network Contract DES specification, which includes being engaged on the CPPE training pathway or to have successfully applied for exemption. Please see further guidance on remote working on page 30 of this document

The PCN wants to use locum pharmacists to help deliver the Directed Enhanced Service. Are these pharmacists eligible for the training?

If a pharmacist is being funded using the ARRS, then the employer must meet the requirements of the Network Contract DES, as described on page 23 of this document

This describes the required consistent approach to the clinical pharmacist(s) working with the PCN through a service agreement, with clinical pharmacist(s) working with the PCN's existing multidisciplinary team (MDT) to ensure they can consistently support and complement the existing workforce. For example, service provision by a different individual every shift would not fulfil the requirements. The Network Contract DES requires clinical pharmacists employed or engaged through the ARRS to be for a minimum of 0.5 whole time equivalent (WTE) while enrolled on an approved 18-month training pathway or equivalent. If the employment model meets the requirements of the ARRS, then the pharmacist is eligible for the training and must take part unless they have successfully applied for exemption.

How many people can join the pathway?

HEE and CPPE recognise how important it is to have timely training and will be as responsive as possible to the needs of pharmacy professionals enrolling on the national training pathway. There are typically three starting points (cohorts) for the pathway each year: January, May and September. There are currently up to 750 places in each cohort, which allows for the number of pharmacy professionals expected to be recruited by PCNs over the duration of the five-year GP contract. There is no waiting list but those who apply after a cohort has started will have to wait for the subsequent cohort. However, there is learning that they can start to do to get ahead.

How do CPPE and NHSE monitor that all PCN pharmacy professionals are registered with CPPE? Is it part of the PCN invoicing process?

We understand there will be some sort of audit process. As part of the post-payment verification process, the NHSE or local ICBs will check that the pharmacy professionals whom the PCNs are claiming for are undergoing the training or have been granted exemption. It is important that all those who qualify for exemption have this confirmed by CPPE by applying for exemption using the process described on our [website](#).

How can I ask questions about the training and find out more information?

The **CPPE website** contains a lot of resources, including pathway handbooks, information about independent prescribing (IP), exemption and equivalence processes, clinical supervisor training and more. In addition, the pathway leads run an employer information webinar regularly. There is a recording of a previous webinar on the **CPPE website**, or you can attend a live webinar with other employers and ask questions during our lunchtime hour-long webinars. Upcoming dates for live webinars can be found in the latest newsletter on the **CPPE website**.

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Training

We have recruited an experienced clinical pharmacist for the PCN role, so we don't think they will get anything out of doing CPPE education.

The NHSE ARRS in the PCN Network Contract DES is intended to grow the pharmacy workforce in primary care, and NHSE is funding training posts. The PCN is entitled to employ experienced pharmacists, but it is a requirement of the PCN Network Contract DES that all pharmacists must take part in the training unless they are exempt because they can provide evidence of equivalent learning and experience.

Pharmacists may be exempt if they:

- have already **completed** one of the CPPE extended education pathways and have a completed Statement of assessment and progression (SoAP) from the pathway
- are exempt due to prior learning and experience assessed by the CPPE panel.

Guidance has been developed for PCN employers regarding the accreditation of prior learning and the possibility of some module exemptions. This guidance is available on the **CPPE website**.

At the start of the PCN Network Contract DES in 2019, NHSE and HEE asked CPPE to provide an exemption process alongside the training pathway, so that those who had previous training and experience could apply for exemption from some or all of the pathway. Those who have already taken part in one of the previous CPPE pathways should also apply for exemption so that they have a record of this. The reason for this is that some pharmacy professionals may have taken part in a previous pathway but may not have fully completed it, and the PCN will require evidence of completion (and thus exemption) for the NHSE's post-payment verification process. If they did complete a previous pathway, then this process is fairly quick. If they did not finish a previous pathway, then CPPE will help them to complete the required learning or they may now be eligible for full exemption due to experience and/or other training.

If pharmacists with some experience find they are not exempt from all or some of the pathway, we ask them to take part in the training with an open mind to ensure they learn and develop their new roles with competence and confidence. CPPE has ensured that the training pathway meets the requirements of the NHS Long Term Plan and the PCN Network Contract DES.

What is the pathway equivalence process for non-PCN pharmacists?

In 2021, with the introduction of the structured medication review and medicines optimisation DES, NHSE and HEE asked CPPE to develop a process to enable pharmacists who are not eligible for the CPPE *Primary care pharmacy education pathway* to demonstrate whether their knowledge, skills and experience are at least equivalent to those of pharmacists who have taken part in one of the extended education pathways. This process is intended to help PCN clinical directors and employers to understand that their non-ARRS pharmacist workforce has the competence to carry out structured medication reviews. There is more information about this on the **CPPE website**.

What is the Statement of Assessment and Progression (SoAP)?

The SoAP is the end of pathway award. It is an academic transcript that provides evidence of all the learning and assessments that the pharmacy professional has completed, as well as the required training, as described in the PCN Network Contract DES specification. All the assessments must be completed (unless the pharmacy professional is exempt from a module) for the SoAP to be awarded. If all the learning has been completed, the SoAP is awarded with a badge. In some cases, if not all the learning has been completed, a SoAP may be awarded showing what has and hasn't been completed, but without a badge.

What benefit does the training provide to my pharmacy professional?

All pharmacy professionals will benefit from taking part in the workplace-based training pathway (unless they have already completed one of the CPPE extended pathways). Patient-facing roles are a natural progression for pharmacy professionals who have successfully taken on new roles in primary care, including general practice and care homes. Your pharmacy professional will benefit from enhanced clinical assessment skills, leadership training and clinical updates provided by CPPE and GP educators, even if they have had a number of years' experience in other sectors.

The networking opportunities that the education pathway offers will help your pharmacy professional to progress and develop their role. The skills that they will learn on the training pathway will also help the future development of their role, as well as their current role in primary care. We ask all pharmacy professionals to approach the training pathway with an open mind to get the most benefit from this NHSE-funded opportunity.

How are the 28 days of protected learning time used?

The 28 days are used for a mixture of face-to-face events and group tutorials. In addition to the 28 days of protected learning time, the pharmacy professionals will be expected to do a similar amount of self-directed learning in their own time during the pathway. This self-directed learning will vary depending on their prior knowledge and learning style. Once enrolled, the pharmacy professional will have access to the *Study time commitment fact sheet*, which describes in detail how the 28 days are allocated.

Why aren't the 28 days pro rata with the number of days the pharmacy professional is working for us?

Whether the pharmacy professional is working two-and-a-half or five days a week, they will still have to do the same amount of learning. The salary reimbursement provided by NHSE through the Network Contract DES indirectly covers the paid study leave, the expenses associated with this, and the clinical supervision required. NHSE and HEE have agreed that pharmacy professionals working part time would struggle to complete the learning in their own time if they were not given the 28 days' study leave.

Do pharmacy professionals on the CPPE pathway still need to complete the CPPE safeguarding training?

In September 2022, the CPPE safeguarding assessment requirements changed as HEE advised CPPE that it was acceptable for pharmacy professionals to only undertake the mandatory safeguarding training

and assessment required by their employer. Learners are now asked to declare on their pathway progress tracker that they have completed statutory and mandatory safeguarding training within three years of starting the pathway.

The minimum level of safeguarding training for pharmacy professionals is Level 2. However, some employers recommend Level 3 safeguarding training for all pharmacy professionals, and some employers recommend Level 3 safeguarding training only for healthcare professionals who work predominantly with children and young adults. Pharmacy professionals should check the local requirements for safeguarding training with their employer, CCG safeguarding lead and/or Local Safeguarding Children's Board. Pharmacy professionals and their employers are responsible for ensuring that statutory and mandatory training is completed during induction, and that refresher training is completed every three years.

How many residential events are there over the 28 days?

There are two 2-day residential events in Module 1; in Module 3, there is a respiratory and cardiovascular clinical assessment skills two-day residential for pharmacists. CPPE will pay for the accommodation in between the two days.

What evidence will NHSE ask for from the PCN to show that the funded pharmacy professional is complying with training?

CPPE provides regular reports to NHSE and HEE about various aspects of the pathway. If there are particular issues, the CPPE education supervisor will first raise these with the clinical supervisor and their CPPE regional lead. CPPE will then escalate to NHSE and HEE as appropriate. Employers may be asked for evidence that the pharmacy professional is taking part in the training (or is exempt) during audit or post-payment verification processes.

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Clinical supervisors and senior clinical pharmacists

What is the role of the clinical supervisor?

Each pharmacy professional on the training pathway will have a named clinical supervisor to supervise them in the workplace, providing a rapid response to issues as they arise. The ***Pathway and role progression handbook*** and ***Clinical supervisor handbook*** describe this role in more detail. All handbooks are available on the **CPPE website**. This clinical supervisor must have the relevant experience to support the pharmacy professional to embed their learning within the practice, provide clinical guidance and assess the learner's progress. Please see the table below.

Pharmacy professional	Clinical supervisor required
Pharmacist working in a GP practice and/or care home	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)

If there is an existing high-level senior clinical pharmacist in practice, can they be the clinical supervisor for a pharmacist?

No. The Network Contract DES is clear that clinical supervision of pharmacists must be undertaken by a GP. With these relatively new roles for pharmacy professionals in general practice, pharmacists will be doing tasks traditionally done by GPs; so, to ensure patient safety, the clinical supervisor will be a GP. In a care home setting, this would be a consultant geriatrician or a GP with experience of caring for residents of care homes. The clinical supervisor needs to have the skills and competence to observe the pharmacy professional in their role and sign off assessments. This can be undertaken by a named deputy if needed, with the final sign-off being completed by the named clinical supervisor.

What is the role of the local senior clinical pharmacist and who should this be?

A senior clinical pharmacist should be available to provide support to the pathway learner, as outlined in the PCN DES. They should be available for the learner to turn to when they have issues that may or may not be able to be resolved by the clinical supervisor. They should provide advice on the competence of the learner for role progression and help to ensure the learner is only working within their competence. The senior clinical pharmacist does not have to be employed by the PCN but could be someone in the wider integrated care system (ICS). It is good practice for there to be a wider support network within the ICS for these new roles in primary care.

Is there any training for the clinical supervisor as part of the CPPE programme?

Yes. CPPE provides free online training with two 1.5-hour online workshops. Training dates and details are outlined in the **PCPEP newsletter**. The links to the training courses (with keycode) and additional information can be found on the **CPPE website**. We cannot mandate the training, but we encourage all clinical supervisors to take part, as we know from our experience of running the pathways that early clinical supervisor training helps to manage expectations on all sides, as well as ensuring the pharmacy professionals receive the necessary support.

I am a GP trainer; do I need to attend the clinical supervisor training?

Yes. We ask all clinical supervisors to access training because it includes more detail about the pathway and practice using our specific workplace-based assessment tools. Our training is designed to build on skills that supervisors may already have as a GP trainer, and it provides the pharmacy context. There is a self-assessment tool in the **Clinical supervisor handbook** that the clinical supervisor can use to see if they are prepared for the role.

How do I sign up to the primary care newsletter email list?

We have created an email distribution list that is specifically focused on PCN training, updates and current news.

To subscribe:

- email: listserv@listserv.manchester.ac.uk from the email address you want to use to subscribe
- 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
- wait for the confirmation email from CPPE to complete the process – this may take up to three days.

Previous newsletters can be found on the **CPPE website**.

Our pharmacy professional is working across several practices in the PCN. Do they need several clinical supervisors?

No. They must have one named clinical supervisor, although the day-to-day supervision may be assigned to other named individuals, eg, a duty doctor at a practice. This would be someone who your pharmacy professional can easily contact with specific issues during the course of the day. The clinical supervisors should liaise with all named deputies to ensure they are aware of the competence and confidence of the pharmacy professional to ensure safe practice. For more information on the role of the clinical supervisor, refer to the ***Clinical supervisor handbook***.

We have a new pharmacy professional. What advice do you have on induction?

To support you, we have created an induction checklist that can be used alongside your PCN induction. This can be found in the induction welcome pack that your pharmacy professional receives via email once their application is approved, and under the *Programme overview and compulsory induction webinars section* on the Canvas platform, which they have access to once their application is approved. It is important that all parties have realistic expectations of the PCN role. An overview of the areas of role progression with detailed suggestions for each of these can be found in the ***Pathway and role progression handbook*** on the **CPPE website**.

Does the clinical supervisor need to assess competence and sign-off for all tasks before the pharmacy professional can do anything?

No. Your pharmacy professionals hold qualifications from a variety of sources. They are able to do a number of tasks as soon as they start in their role, but still need to undertake training for the new environments and for the new role they have taken on. They are governed by the GPhC standards for pharmacy professionals, which outline how they are to work within their competence. However, they should not be asked to undertake roles they do not feel competent to do. The CPPE ***Pathway and role progression handbook*** clearly sets out the progression of the pharmacy professionals' roles and is intended for use by the clinical supervisor and line manager.

Your pharmacy professional must have professional indemnity insurance to cover their full scope of practice.

Does CPPE, HEE or NHSE pay clinical supervisors? If not, why not? We have this for trainee GPs and it allows us to organise dedicated time.

NHSE contributes up to 100 percent (depending on the grade of the pharmacy professional) towards the salary of your pharmacy professional. This funding allows them to have 28 days of protected learning time for face-to-face events (not pro rata), and travel and other related expenses. The funding is also indirectly supporting the PCN to provide on-the-job training and clinical supervision. There is no extra funding.

Are any kind of records required for the supervision sessions in the workplace or will this be captured in the learner's portfolio?

The CPPE education supervisor will be checking that the learner has regular meetings with their clinical supervisor and will liaise with them to form a triangle of support. It is quickly apparent if learners do not have clinical supervision, as it is impossible to undertake the workplace-based assessments without full support. These assessments will form part of the final SoAP transcript. If the education supervisor has any concerns about the clinical supervision, they will first address this with the clinical supervisor and employer, and escalate to the CPPE regional leads and upwards to NHSE and HEE if required. If you are not receiving quarterly emails from your pharmacy professional's CPPE education supervisor, please email: primarycare@cppe.ac.uk

How do I know where to start with my pharmacy professional? How can I make sure that they prioritise the needs of the workplace?

It is important that the clinical supervisor and the pharmacy professional agree which tasks the pharmacy professional is confident and competent to do at the start of their pathway, and which tasks to progress to as their role develops. These roles are often new and may be quite different from other roles undertaken by the pharmacy professional. Near the start of their pathway, the clinical supervisor and the pharmacy professional will undertake a joint exercise as part of their learning needs analysis. During this exercise, the clinical supervisor will highlight the priorities of the workplace, and the pharmacy professional will highlight their current level of skill in a range of areas. This information is used to create an initial personal development plan (PDP) with the education supervisor. The senior pharmacist providing support can advise on the suitability of roles for a newly appointed pharmacy professional, taking their experience into account.

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Roles for PCN pharmacy professionals

Is the *Primary care pharmacy education pathway* available to pharmacy technicians like the *Medicines optimisation in care homes training pathway* was?

Yes. Since April 2020, pharmacy technicians have been part of the ARRS, and the pathway was designed for pharmacists and pharmacy technicians to be learning together.

How is the pathway different for pharmacy technicians?

Pharmacy technicians will undertake a 15-month pathway. Much of the learning will be undertaken with pharmacists on the training pathway. This is a model we have been commissioned to deliver, and it has worked very well in the *Medicines optimisation in care homes training pathway*. Although pharmacists' and pharmacy technicians' roles are different, the vision for the PCN Network Contract DES is for pharmacy technicians to develop their roles to support the pharmacists leading the medicines optimisation agenda in primary care. Pharmacy technicians are not expected to become pharmacists, but learning together helps both professions understand what the other can do, and enriches the learning experience much like when pharmacists and medics learn together.

Although the pharmacy technician pathway is shorter, they still have the 28 days' protected learning time during their pathway to ensure they have protected time to complete their patient-facing assessments, plus the quality improvement project.

Based on experience from the *Medicines optimisation in care homes training pathway*, pharmacy technicians have a bespoke clinical assessment skills one-day workshop (instead of the two-day residential for pharmacists) and four days in Module 5 (instead of seven days). This provides pharmacy technicians with an additional five days' study time to complete assessments.

What can the PCN pharmacy professional do on day one?

Each pharmacy professional will enter the *Primary care pharmacy education pathway* with different levels of experience, confidence and competence. The ***Pathway and role progression handbook*** specifically outlines activities pharmacy professionals can start with in the PCN.

For example, pharmacists, as medicines experts, can support practices to review prescribing and repeat prescribing processes. Implementing new initiatives for repeat prescribing or electronic prescribing, as well as training prescription clerks, can all have a significant impact. Pharmacists can also answer medication-related queries arising when repeat prescriptions are issued, which can save time and improve patient care. Pharmacy technicians can support pharmacists to prepare for structured medication reviews, reconcile medicines (eg, on transfer between secondary and primary care) and run audits to invite patients to clinics.

It is important that the clinical supervisor works with the pharmacy professional to agree suitable roles, and continually reviews this during their training pathway. The senior pharmacist providing support can advise on the suitability of roles for a newly appointed pharmacy professional, taking their experience into account.

Does the PCN Network Contract DES outline what the PCN pharmacy professional can do?

Annex B.1 and B.2 (pages 67-70) sets out the key responsibilities for both clinical pharmacists and pharmacy technicians in delivering the additional PCN health services to patients. In summary, both roles must be 'patient facing' and 'patient supporting roles', with a focus on medicines.

The **NHS England website** describes the role of pharmacists in primary care as follows:

‘Clinical pharmacists work in primary care as part of a multidisciplinary team in a patient facing role to clinically assess and treat patients using expert knowledge of medicines for specific disease areas. They work with and alongside the general practice team, taking responsibility for patients with chronic diseases and undertaking clinical medication reviews to proactively manage people with complex medication use, especially for the elderly, people in care homes and those with multiple conditions.’

The **NHS England website** describes the role of pharmacy technicians in primary care as follows:

‘Pharmacy technicians play an important role within general practice and complement the more clinical work of clinical pharmacists, through utilisation of their technical skillset. Working within primary care settings allows the pharmacy technician to apply their acquired pharmaceutical knowledge in tasks such as audits, discharge management, prescription issuing, and where appropriate, informing patients and other members of the primary care network (PCN) workforce. Work is often under the direction of clinical pharmacists as part of the PCN pharmacy team.’

Who determines what the PCN pharmacy professional does day-to-day?

It is up to the PCN to decide who actually employs the pharmacy professionals and how they deploy them. As the PCN itself is not an organisation, it will not be employing them. The pharmacy professional might be employed by an overarching federation or a lead practice in the PCN. The employer must consider competencies of pharmacists and pharmacy technicians on day one, as you would for a GP trainee. The senior pharmacist providing support can advise on the suitability of roles for a newly appointed pharmacy professional, taking their experience into account.

We want the pharmacists to be prescribing as soon as possible. Can pharmacists see patients if they are not an independent prescriber (IP)?

Yes. Pharmacists do not need to be prescribers to see patients. As a qualified health professional, there are many activities that your pharmacist can do. They can start their patient-facing role by doing the initial checks of patients at clinics and in-depth structured medication reviews. Other activities can include medicines queries, providing advice and mentoring other members of the team, titrating medicines according to protocol, etc. For more specific ideas, refer to the ***Pathway and role progression handbook***.

We want the pharmacists to be prescribing as soon as possible. How can we make this happen?

HEE has shared that pharmacists are more likely to pass and thrive as IPs if their IP course is completed at the end of their 18-month training pathway. NHSE, HEE and CPPE have developed a **policy** that seeks to clarify the position with regard to the appropriate timing of IP training to keep patients and prescribers safe. It also seeks to clarify the position of learners on the CPPE pathway studying another non-mandatory training programme at the same time. Please see the next section on IP.

Can pharmacists sign all repeat prescriptions if they are an IP?

This is an area where pharmacists and GPs need to have a clear conversation about competence. A pharmacist IP course develops a pharmacist to be competent in a discreet area of practice, the scope of which will only widen following adequate training once the pharmacist is an IP. The pharmacist prescriber must only work within their own competence and confidence. For example, it is not appropriate for newly qualified pharmacist prescribers to be signing repeat prescriptions if they do not feel competent or confident to do so. They may not feel confident to sign repeat prescriptions for patients they have never seen, or for patients on medicines that are outside of their prescribing scope of practice.

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Independent prescribing

When can my pharmacist do their IP training?

NHSE and HEE have developed a policy on the timing of IP and other training for pharmacy professionals who are required to take part in the pathway. This is available on the **CPPE website**.

In summary, it is expected that IP training will happen after **completion** of the *Primary care pharmacy education pathway*. Pharmacists require a solid foundation of clinical knowledge and their working environment before they embark on an IP course. 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 they don't yet feel competent to do. This pressure can then mean the pharmacist disengages with the rest of the pathway and misses out on vital learning as well as wasting NHS funding. Some GPs and practice managers think they need the pharmacists to be IPs 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. Feedback from the universities providing the prescribing training via HEE is that pharmacists who complete their IP course after completing the CPPE training pathway develop into more proficient practitioners than those who undertake their IP training earlier. Some who try to do IP training too early struggle with the course and are more likely to fail.

The earliest that pharmacists can apply to undertake early IP is after Module 2, provided they are up to date with their learning and assessments, progressing in their role and have sufficient previous experience. Pharmacists wishing to do IP before the end of the pathway should discuss this with their education supervisor at the six-month stage (six months after the start date of their cohort). Pharmacists would then need apply to pause the pathway to do IP early, and a CPPE panel will review their request and make a decision. The clinical supervisor will also need to agree with the CPPE panel decision before the pharmacist applies for the IP course.

Why do the pharmacists need to do the CPPE training if they are IPs?

The Network Contract DES specification includes the training pathway as part of the role. The IP and the training pathway are different, which is why pharmacists need both. The pathway equips pharmacy professionals to work in clinical patient-facing roles, transitioning from other sectors of practice. On the CPPE training, your pharmacist will additionally benefit from enhanced clinical assessment skills, leadership training and clinical updates provided by CPPE and GPs educators. In addition, the networking opportunities that the education pathway offers has been shown to be invaluable.

Who funds my pharmacist's IP training?

HEE funds IP for all pharmacists on the training pathway at specific universities commissioned by HEE. The time required for studying on the IP course is a local agreement between you and the pharmacist. The IP course is not delivered by CPPE and therefore the 28 days' paid study leave does not include the time required for IP training. PCNs will need to support their pharmacists by providing a designated prescribing practitioner to supervise them during the IP training.

PCNs and practices should not be seeking IP funding through local HEE training hubs or encouraging pharmacists to self-fund in order to do their IP training earlier than is advised by NHSE/Improvement and HEE.

What happens if my pharmacist has not completed the pathway but doesn't want to do their IP training?

IP is included in addition to your pharmacist's 18-month pathway, and NHSE expects all pharmacists in salary-supported roles to become IPs. This training is outside of the 28 days' study required for the pathway. Pharmacists who have taken part in the CPPE pathway but don't go on to do IP training will be followed up by HEE.

My pharmacist has applied for an IP place on a course not funded by HEE.

By joining the national *Primary care pharmacy education pathway*, your pharmacist is eligible for an IP course that is commissioned by HEE. HEE will only fund the courses they have commissioned. HEE does not want PCNs and practices to source IP funding elsewhere, for example, through local HEE training hubs.

The CPPE pathway must be prioritised over the IP course. Doing both at the same time puts too much pressure on the pharmacist, who is also in a training role in your organisation. If the pharmacist has already started an IP course when they start their job with you, they should email primarycare@cppe.ac.uk for advice. If they have enrolled on an IP course, but have not started, they should defer starting the IP course until they are able to pause the pathway.

Who decides the pharmacist's specialism for IP?

The pharmacist and their employer need to discuss and agree the specialism, considering the needs of the PCN and the pharmacist's interests. For example, if the PCN already has a respiratory nurse specialist,

you may not want your pharmacist to do respiratory for their IP specialism. If there is a locally commissioned community pharmacy service that is identifying patients with hypertension, you may decide you need a prescriber in this area to help you with these patients. It should be noted that once the pharmacist has qualified as a prescriber in whatever specialism, they will be expected to expand their scope of prescribing practice with suitable training.

My pharmacist has a prescribing qualification, but they are not currently prescribing. Do they need to renew their qualification?

They do not need to renew their qualification. They will have the opportunity to attend a **CPPE Return to prescribing** online workshop during the pathway.

Which IP courses are funded for pharmacists on the *Primary care pharmacy education pathway*?

A list of IP courses for pharmacists on the CPPE pathways can be found on the **HEE website**. HEE will only fund places on the IP courses listed on its website. HEE updates the list, and dates for future courses will be added in due course.

Does the employer have to give study leave for the academic study and supervised practice time for IP?

HEE does not provide any guidance or expectations to employers in terms of reasonable amount of protected study time for IP training, so you will need to discuss this with your pharmacist. The IP courses vary in terms of face-to-face and online study. All IP courses include the requirement for students to undertake 90 hours of supervised practice, in addition to the academic requirements of the course.

Employers are expected to release pharmacists for the IP course in order for them to meet attendance requirements, but this may or may not be in work time depending on the needs of the employer. However, NHSE is providing ongoing salary support for these PCN roles, as there is a recognition that your pharmacist will need to be released from work for training. Therefore, this should be taken into consideration when agreeing the amount of protected study time for IP.

The supervised practice time can be 'woven into' normal working hours, although the extent of this depends on how much your pharmacist needs to learn by observing others and developing skills, and on how closely they work with their designated medical practitioner (DMP).

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Recruitment of pharmacy professionals

Are there job descriptions for pharmacy professionals?

The Primary Care Pharmacy Association (PCPA) has produced **guidance for recruiting a pharmacist**, which is available on its website. PCPA has also developed **job description templates** for the primary care pharmacist and pharmacy technician roles.

Who should be on the recruitment panel?

It is a good idea to include experienced pharmacists from the wider ICS who will understand the experience applicants have and how much support they will need. This is a suggested interview panel:

- one GP
- one practice manager from each practice where the pharmacist will be working
- a senior pharmacist in the local ICS.

If you don't have any existing senior pharmacists in your area, HEE has clinical pharmacy ambassadors in some areas of the country who may also be able to help with interview panels.

What questions should we ask?

For some potential interview questions for a pharmacist, as well as for a pharmacy technician, see the [PCPA website – Dec 2021 and June 2020](#).

What should we look for in applicants?

PCPA has created a **guide** for GPs considering employing a pharmacist, with a specific section on *What to look for in a pharmacist*.

We have heard that there are typically three intakes of cohorts per year – in January, May and September. If they don't start by January, do they have to wait until May to start their job with us?

No, your pharmacy professional can start their job at any time. They should enrol as soon as they start their job. While they are waiting for the next cohort to begin, they can start the online **Primary care essentials e-course**, which is part of the pathway; complete their Stage 1 assessments; and generally familiarise themselves with the learning pathway. They could also start the **Shared decision-making** e-course, which is part of the pathway but also available for non-PCN pharmacy professionals.

Can we recruit part time?

Yes. Page 28 of the PCN **Network Contract DES** states that pharmacy professionals should be employed at a minimum of 0.5 WTE. If they are employed any less than this, they will be out of practice for quite a high proportion of time when they attend their mandatory 28 days' study leave. If they are recruited for less than 0.5 WTE, then they must still enrol on the pathway if employed using ARRS funds.

Is it possible to recruit a pharmacy professional for six months, as I have a PCN looking at recruiting short-term on a locum basis?

There is guidance on locum and short-term arrangements on page 30 of the 222/23 PCN **Network Contract DES**.

If the PCN is using locums or a locum service where the pharmacy professionals may vary from week to week, then they cannot claim ARRS funding for these roles and these people are not eligible for the pathway.

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Employment issues and models

What happens if the pharmacy professional goes on maternity, paternity or adoption leave? Is there backfill?

No. We understand that the 100 percent reimbursement has to cover this type of leave and any backfill you require. If you want more information, please discuss this human resources (HR) issue with your local NHSE office. A pharmacy professional providing backfill would be eligible to enrol on the training pathway, but you should consider how they will complete the 18-month pathway and IP if they only have a 12-month maternity cover role.

If our pharmacy professional goes on parental leave, will they be able to complete the training?

Yes. If your pharmacy professional needs to pause engagement with the pathway due to maternity leave, parental leave, adoption leave or a health-related leave of absence, we will offer them a place on the pathway upon their return, at the earliest opportunity that is convenient for them. They will need to contact their CPPE education supervisor as soon as possible. Should the pathway no longer be available, HEE will endeavour to provide the equivalent learning required.

Does the employer have to pay the pharmacists a higher salary after they have become an IP?

This is the employer's decision. NHSE does not provide additional funding. The employer should consider their retention strategy and other factors, including the salary relative to the role that the pharmacy professional is expected to undertake. The maximum funding is only a contribution towards the salary.

Do we need to pay the pharmacy professional's indemnity insurance?

The decision to pay some, or all of your pharmacy professional's indemnity insurance is a local decision, although we would suggest you consider what you do for other members of your practice. Please be aware that pharmacy professionals have a professional responsibility to have their own indemnity arrangements, which may be in addition to an employer's policy. There is now a **Clinical Negligence Scheme for General Practice (CNSGP)**, which is a state indemnity scheme covering NHS service. It covers clinical negligence liabilities arising in general practice in relation to incidents that occur on or after 1 April 2019.

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

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

It is also advisable to take legal advice about whether additional indemnity insurance is required. CPPE cannot advise on this.

Does CPPE provide accommodation the night before training days if our pharmacy professional has to travel?

No. For the two-day residential courses, CPPE will pay for one night's accommodation in between the training days. The number of training hubs/venues we run will depend on the number of learners in each cohort, but these are planned to minimise travel for the majority of people. We cannot run events with low numbers as this does not provide the best learning experience for the learners and it is not a cost-effective use of NHS resources, so depending on where learners are based, some pharmacy professionals may have to travel further to events than they would wish. We do advise learners to book the events as soon as they are launched so they do not miss out on their most convenient event.

Does the employer have to pay travel expenses when the trainee attends training?

Yes. It is expected that employers will pay travel expenses and any other incidental expenses using the funding received from NHSE. This is because self-funding of travel expenses and other expenses may create hardship for the pharmacy professional and prevent them from attending this compulsory training, which would be a breach of the PCN Network Contract DES agreement.

Do pharmacy professionals need to be enrolled on the training pathway before they can work for a PCN?

Pharmacy professionals don't need to enrol before they can work for a PCN – the training pathway is designed to help them transition into the role as quickly as possible. However, it is in the best interests of the employer, and is a requirement of the PCN DES, the pharmacy professional and CPPE, for them to enrol as soon as possible, as this has been shown to increase their understanding of their role and integrate them into the primary care team faster.

Our pharmacy professionals will need to work across multiple practices. What is the best way to share them among several practices?

The practices all need to agree how this will work and all be prepared to support the pharmacy professional. However, feedback from pharmacy professionals indicates that the PCN gets the most benefit from the pharmacy professionals that work in one or two practices rather than several.

Each practice that the pharmacy professional works at will need to carry out an induction process with them, and there should be a named person at each practice to provide delegated clinical supervision and to support the workplace-based assessments.

You could use one practice where the clinical supervisor works as the main base, with your pharmacy professional working sessions at the other practices and performing a similar role in all the practices. Alternatively, the pharmacy professional could be based in the main practice and undertake one or more specific projects at other sites.

If pharmacy professionals are expected to work across more than one practice on the same day, then travelling will be undertaken in work time, so it may be better for the pharmacy professional to do whole

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days in one practice rather than different sessions on the same day in different practices. Please be aware that pharmacists will integrate faster in the practices the more time they spend in each one.

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