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More information on clinical pharmacists in PCNs is available here: www.england.nhs.uk/gp/gpfv/investment/gp-contract/briefing-on-clinical-pharmacists-and-the-network-contract-des/

Please send any questions regarding the employment of pharmacists in primary care networks to: england.gpcontracts@nhs.net

NHSE will keep this site updated with the latest information.

National pathways

NHS England withdrew the Clinical Pharmacists in General Practice Scheme on 30 April 2019. What happens to my pharmacist who is halfway through their training?

We want to reassure you that all pharmacy professionals who are currently enrolled on the CPPE Clinical pharmacists in general practice education pathway will be able to complete their education pathway. The announcement in the NHS England Network Contract Directed Enhanced Service released on 29 March 2019 www.england.nhs.uk/wp-content/uploads/2019/03/network-contract-des-guidance-2019-20-v1.pdf refers to the withdrawal of the NHSE programme, not the CPPE training programme. Your pharmacist will continue their training as usual.
What happens to my pharmacy professional who has already begun their Medicines optimisation in care homes or Clinical pharmacist in general practice education training pathway?
Pharmacy professionals will continue on these pathways as usual. The last intake for pharmacists and pharmacy technicians on the Medicines optimisation in care homes pathway is September 2019. Pharmacists who have been recruited under the NHS England Clinical pharmacists in general practice education scheme who have not yet enrolled on a training pathway will be expected to enrol on the Primary care pharmacy education pathway, which starts in September 2019.

Due to delays, my GP pharmacist missed the May 2019 cohort of the Clinical pharmacist in general practice education pathway. What happens to them?
They will automatically enrol on the Primary care pharmacy education pathway. This pathway is suitable for all pharmacy professionals employed by practices, federations, PCNs or care homes.

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.

‘Clinical pharmacists being employed through the Network Contract DES funding will either be enrolled in or have qualified from an accredited training pathway that equips the pharmacist to be able to practice and prescribe safely and effectively in a primary care setting (currently, the CPPE Clinical Pharmacist training pathway [and an independent prescribing qualification]) and in order to deliver the key responsibilities of the role.’

Pharmacists who have already completed one of the CPPE extended education pathways and have a Statement of assessment and progression from the pathway will not need to take part in the Primary care pharmacy education pathway. CPPE has ensured that the training pathway meets the requirements of the Long Term Plan and the primary care Networks Directed Enhanced Service. Guidance has been developed for PCN employers regarding the accreditation of prior learning and the possibility of some module exemptions.

What benefit does the training provide 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.
The networking opportunities that the education pathway offers will help your pharmacy professional to progress and develop their role.

How are the 28 days of protected learning time used?
The 28 days are used for a mixture of face-to-face event and meetings. In addition to the 28 days of protected learning time, the pharmacists 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 their learning style.

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 per week, they will still have to do the same amount of learning. The 70 percent reimbursement provided by NHS England through the DES is partly to cover the paid study leave and the expenses associated with this. NHS England and Health Education England have agreed that pharmacy professionals working part time for you would struggle to complete the learning in their own time if they were not given the 28 days’ leave.

Clinical supervisors

What is the role of the clinical supervisor?
Each pharmacy professional on the training pathway will have a named clinical supervisor who will supervise him or her in the workplace, providing a rapid response to issues as they arise. The pathway handbook and clinical supervisor handbooks describe this role in more detail. This person can be a GP or an experienced senior clinical pharmacist with the relevant experience to support and assess the learner.

Our pharmacy professional is working across several practices in the PCN. Do they need several clinical supervisors?
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 contact with specific issues and who they would meet with regularly (one session per month). For more information on the role of the clinical supervisor, refer to the clinical supervisor handbook.

Can a pharmacist be the clinical supervisor?
Yes. 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.

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 your pharmacy professional will receive and under ‘Resources’ on the Canvas platform that they have access to. It is important that you both have realistic expectations of the PCN role. An overview of the areas of role progression in medical leadership and patient-facing practice can be found in the Pathway and role progression handbook on the CPPE website. Detailed suggestions for each of these areas can be found in the handbook.

**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 backgrounds. They are undertaking training in a new role. They are governed by the GPhC Standards for pharmacy professionals, which outline how they are to work within their competence. It is important that the clinical supervisor agrees with the pharmacy professional which tasks they are competent to do at the start of their pathway and which tasks progress to as their role develops. 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?**

NHS England contributes 70 percent towards the salary of your pharmacy professional. This funding allows them to attend training and for the PCN to provide on the job training and clinical supervision. The clinical supervision required is covered by this funding.

### Roles for PCN pharmacists

**What can the PCN pharmacist do on day 1?**

Each pharmacist will enter the Primary care pharmacy education pathway with different levels of experience, confidence and competence. For more information on the pathways see the CPPE website. The Pathway and role progression handbook specifically outlines activities pharmacists 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 significant impact. Pharmacists can also answer medication-related queries arising when repeat prescriptions are issued, which can save time and improve patient care. It is important that the clinical supervisor works with the pharmacy professional to agree suitable roles and continually reviews this during their training pathway.

**Does the PCN DES outline what the PCN pharmacist could do?**

The PCN DES section 4.5.15 sets out the key responsibilities for clinical pharmacists in delivering the additional PCN health services to patients:
i. The following clinical pharmacists will work as part of a multi-disciplinary team in a patient-facing role to clinically assess and treat patients using their expert knowledge of medicines for specific disease areas.

ii. They will be prescribers, or will be completing training to become prescribers, and will work with, and alongside the general practice team. They will take responsibility for the care management of patients with chronic diseases and undertake clinical medication reviews to proactively manage people with complex polypharmacy, especially the elderly, people in care homes, those with multiple co-morbidities (in particular frailty, COPD and asthma) and people with learning disabilities or autism (through STOMP – Stopping Over Medication Programme).

iii. They will 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.

iv. Clinical pharmacists will provide leadership on person-centred medicines optimisation (including ensuring prescribers in the practice conserve antibiotics in line with local antimicrobial stewardship guidance) and quality improvement, while contributing to the quality and outcomes framework and enhanced services. Through structured medication reviews, clinical pharmacists will support patients to take their medications to get the best from them, reduce waste and promote self-care.

v. Clinical pharmacists will have a leadership role in supporting further integration of general practice with the wider healthcare teams (including community and hospital pharmacy) to help improve patient outcomes, ensure better access to healthcare and help manage general practice workload. The role has the potential to significantly improve quality of care and safety for patients.

vi. They will develop relationships and work closely with other pharmacy professionals across PCNs and the wider health and social care system.

vii. Clinical pharmacists will take a central role in the clinical aspects of shared care protocols, clinical research with medicines, liaison with specialist pharmacists (including mental health and reduction of inappropriate antipsychotic use in people with learning difficulties), liaison with community pharmacists and anticoagulation.

Who determines what the PCN pharmacist does day-to-day?

It is up to the PCN to decide how it deploys the pharmacist and who actually employs them. The PCN itself will not be employing them as it is not an organisation, it is a network. The pharmacist might be employed by an overarching federation or a lead practice in the PCN.

How do we decide which practices and care homes get the PCN pharmacists’ time?

Some PCN pharmacists may work in one or two practices where the need is greatest and others may be visiting care homes that the network is responsible for. It is anticipated that there will be a variety of employment models and job roles emerging, eg, a community trust may employ pharmacists to do care home work on behalf of the PCN. It is clear that care homes are a priority in the national service specifications.

Can they see patients if they are not an independent prescriber?

Yes. 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 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*.

**Can they sign all repeat prescriptions if they are an independent prescriber?**
This is an area where pharmacists and GPs need to have a clear conversation about competence and the pharmacist concerned is responsible for ensuring that they have appropriate indemnity cover. Pharmacists are required to prescribe within their areas of competence. We advise pharmacists that they should not be signing repeat prescriptions if they do not feel competent or confident to do so. For example, 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.

If pharmacists do not, initially, feel confident to sign repeats, it would be better for them to support practices by looking at their prescribing processes to identify ways to save GP time. Leading change such as electronic prescribing and repeat prescribing initiatives, as well as training for prescription clerks can all have significant impact. Pharmacists can answer medicines-related queries that arise when repeat prescriptions are issued, and this may save GP time and use a suitably qualified professional to meet patient need.

**Independent prescribing**

**Why do the pharmacists need to do the CPPE training if they are IPs?**
The 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 cannot be underestimated.

**Who funds my pharmacist’s IP training?**
HEE funds independent prescribing for all pharmacists on the training pathway but the time required for studying is a local agreement between you and the pharmacist. The 28 days’ paid study leave does not include the time required for IP training.

**What happen if my pharmacist has not completed their IP training?**
Independent prescribing is included in addition to your pharmacist’s 18-month pathway, to ensure that they are confident and competent prescribers. This training is outside the 28 days’ study required for the pathway. This only forms part of your pharmacist’s training.
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 fully funded by HEE. These courses are scheduled to fit in with other pathway modules. Your pharmacist may still choose to self-fund an IP course, but, depending on which course they choose, the way it is delivered may impact on their workload and their ability to complete the pathway on time.

Who decides 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.

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 online Return to prescribing course during the pathway. There is also an e-course to extend the scope of prescribing for existing prescribers. More information will be available once they enrol.

Which IP courses are funded for pharmacists on the Primary care pharmacy education pathway?
A factsheet listing 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 the factsheet. HEE updates the factsheet regularly and more dates will be added in due course.

Does the employer have to give study leave for the academic study and supervised practice time for IP?
Health Education England does not provide any guidance or expectations to employers in terms of reasonable amount of protected study time to 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. This time can be taken as study leave or annual leave or a combination of both. NHSE provide salary support as 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, developing skills and on how closely they work with their designated medical practitioner (DMP).

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Recruitment

Who should be on recruitment panel?
The NHS guidance for phase 2 clinical pharmacists gives an example of a recruitment plan and timeline in Appendix G. It recommends one GP and one practice manager from each practice on the interview panel. We would also recommend a pharmacist who has worked in general practice or primary care. Your local CCG medicines optimisation team may provide some additional support.

What questions should we ask?
For some potential interview questions, see the NHS Networks document here.

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’.

Is there a job description for pharmacists?
The Primary Care Pharmacy Association (PCPA) has produced guidance for recruiting a pharmacist which is available on their website. PCPA will be developing a job description template for the primary care pharmacist roles.

We have heard that there are three intakes of cohorts per year in January, May and September. If they don’t start by January, do they have to wait till May to start working?
No, your pharmacist can start their job at any time. While they are waiting for the next cohort to start, they can have their learning needs analysis meeting with their education supervisor, go through induction to your practice, start the online Primary care essentials e-course, complete their stage 1 assessments and generally familiarise themselves with the learning pathway.

Can we recruit part time?
Yes. Your pharmacy professional can be employed at a minimum of 0.5wte.

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Employment issues and models

What happens if the pharmacy professional goes on maternity, paternity or adoption leave? Is there backfill?
We understand that the 70 percent reimbursement has to cover this type of leave and any backfill you require. If you want more information, please discuss this HR issue with your local NHS England office. A pharmacist providing backfill would be eligible to enrol on the training pathway but you should consider how they will complete the 18-month pathway and independent prescribing 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 try to offer them a place on the pathway on their return at the earliest opportunity that is convenient for them. They will need to contact their CPPE education supervisor as soon as possible.

Does the employer have to pay more after they have become an independent prescriber?
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 the pharmacist is expected to undertake.

Do we need to pay the pharmacist’s indemnity insurance?
No. The decision to pay some or all of your pharmacist’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 pharmacists 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-negligence-scheme-for-general-practice/
Please contact NHS Resolution for any queries about the cover: cnsgp@resolution.nhs.uk

Does CPPE provide accommodation the night before training days if our pharmacist has to travel?
No. But for the two-day residential courses CPPE will pay for one night’s accommodation for the night in between the training days. The number of training hubs/venues we run will depend on the number of learners in each cohort. 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. Some pharmacists may have to travel further to events than they would wish.

Does the employer have to pay travel expenses when trainee attends training?
Yes, it is expected that employers will pay travel expenses and any other incidental expenses using the funding received from NHS England. This is because self-funding of travel expenses may cause difficulty for the pharmacist and prevent them from attending this compulsory training, which would be a breach of the local enhanced service agreement.
Our pharmacy professionals will need to work across multiple practices. What is the best way to share them amongst several practices?

You could use one practice 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. Working across all the practices together is generally more effective than any form of rotational post. Please consider the travelling time between practices as it may be better for the pharmacy professional to do whole days in one practice rather than different sessions on the same day in different practices.