

Frequently asked questions (FAQ)

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 frequently asked questions document for learners, which is on our [website](#).

We use the term pharmacy professional to mean pharmacist or pharmacy technician, as these FAQs will also be relevant if pharmacy technicians become part of the primary care network (PCN) workforce.

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More information on clinical pharmacists in PCNs is available here:

- www.england.nhs.uk/wp-content/uploads/2019/03/network-contract-des-specification-2019-20-v1.pdf (page 20)
- www.england.nhs.uk/gp/gpfp/investment/gp-contract/briefing-on-clinical-pharmacists-and-the-network-contract-des
- www.england.nhs.uk/publication/network-contract-directed-enhanced-service-additional-roles-reimbursement-scheme-guidance

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

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

National pathways

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

The NHSE additional role reimbursement scheme in the PCN Directed Enhanced Service (DES) is intended to grow the pharmacy workforce in primary care. 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 of the pharmacy professionals employed in primary care. The pharmacy professional additional roles are intended to be training posts, which is why the training is compulsory. The Network Contract Directed Enhanced Service Guidance for 2019/20 in England (April 2019) states: *'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.'*

CPPE continues to be the training provider for the pharmacy professionals working in the primary care roles.

What is the cost to the PCN for this training?

The training pathway is funded as part of the PCN additional roles reimbursement scheme so there is no cost to the PCN. However, the PCN needs to release staff for the study days, learning sets and supervision meetings as well as providing travelling expenses and other incidental expenses linked to the training.

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

As part of the enrolment process, applicants have to complete a proof of employment form signed by their new employer, so as long as they can do that (the form is downloaded from the website) they can enrol.

NHSE 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-201920-v1.pdf) refers to the withdrawal of the NHSE programme, not the CPPE training programme. Your pharmacist will continue their training as usual.

Is this pathway exactly the same as the one the NHSE GP Clinical Pharmacists completed?

The PCPEP pathway is an amalgamation of the relevant parts of the *Clinical pharmacists in general practice education* and the *Medicines optimisation in care homes* pathways because pharmacy professionals working in primary care will be working in both general practice and care homes to deliver the requirements of the DES.

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

The pathway is currently free for pharmacists whose salaries are supported by one of the NHSE schemes (*Clinical pharmacists in general practice*). The training is available to people outside the PCN pathway in a couple of ways.

1. As with previous pathways, some of the workshops will be made available as core CPPE events.
2. People outside the pathway can purchase a place on the pathway depending on local needs. The approximate cost is £5300.

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

Yes, unless they are exempt. Pharmacy professionals may be exempt 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 DES contract. Pharmacy professionals must enrol or apply for exemption. Proof of exemption will be required by the clinical commissioning group (CCG) for post-payment verification or audit purposes.

If there are two pharmacy professionals working 0.5WTE each for the PCN and 0.5WTE each for an acute trust, can they both have a place on the CPPE pathway funded by HEE?

Yes. Each PCN can have 1.0WTE-funded pharmacist for 2019/20. This could be two pharmacy professionals at 0.5WTE.

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

Yes. If there is a named pharmacy professional employed by a third party on behalf of the PCN, the PCN is eligible to claim additional role funding and the pharmacy professional is eligible for the training. If, however, the third party is providing a service to the PCN and it is not with named pharmacy professionals, then it is our understanding that the PCN cannot claim the pharmacy professional additional role funding nor can any of the pharmacy professionals access the training.

The PCN wants to use locum pharmacists to help deliver the directed enhanced service. Are these pharmacists eligible for the training?

No, the pharmacists need to be employed by the PCN or an organisation acting on behalf of the PCN to be able to claim the additional role funding and access the training.

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 was September 2019. Pharmacists who have been recruited under the NHSE *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 at the very latest by January 2020.

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 should enrol on the *Primary care pharmacy education* pathway. This pathway is suitable for all pharmacy professionals working in practices or care homes.

How many people can join the pathway?

There are three starting points (cohorts) for the pathway each year: September, January and May. There will be up to 400 places in each cohort, which allows for the number of pharmacy professionals expected to be recruited by PCNs over the life of the five-year GP contract.

Each cohort is divided into groups of about 30-36 learners. This allows us to plan and book study days at different hubs across the country. The number of different hubs will depend on the number of learners enrolled on the pathway and where they live or work.

Where is the training run? How does CPPE/NHSE monitor that all PCN pharmacy professionals are registered with CPPE? Is it part of the CCG invoicing process?

We understand there will be some sort of audit process whereby CCGs will check as part of post-payment verification that the pharmacy professionals the PCNs are claiming for are undergoing the training or have been exempted. 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](#).

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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 additional role reimbursement scheme in the PCN 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 DES that all pharmacists must take part in the training unless they are exempt. Pharmacists may be exempt if they have already **completed** one of the CPPE extended education pathways and have a *Statement of assessment and progression* (SoAP) from the pathway or they 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 is available on the CPPE [website](#).

As agreed by NHSE and HEE, pharmacy professionals must apply to CPPE for exemption event if they have already taken part in one of the CPPE pathways. The reason for this is that some pharmacy professionals may have taken part but may not have completed a previous pathway and the PCN will require evidence of completion (and thus exemption) for the CCG's post-payment verification process.

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 primary care Networks Directed Enhanced Service.

What is the statement of assessment and progression?

The *Statement of assessment and progression* summarises all the learning and assessments that the pharmacy professional has completed. All the assessments have to be completed (unless exempt) for the SoAP to be awarded at all. If not all the learning is completed, a partial SoAP will be awarded showing what has and hasn't been completed.

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 events and supervision meetings. 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 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 NHSE through the DES is partly to cover 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.

Is the *Safeguarding* CPPE assessment considered up to date enough to replace an employer training course?

The purpose of completing this safeguarding assessment is to prepare pharmacy professionals for their patient-facing role in primary care and provide quality assurance to NHSE and HEE. The minimum level of safeguarding training for pharmacy professionals is level 2 so all pharmacy professionals, including those on CPPE pathways, should pass the CPPE *Safeguarding children and vulnerable adults* level 2 e-

assessment. Safeguarding assessments should be repeated every two years, as a minimum, to ensure knowledge is kept up to date. In addition, CCGs have local policies on which level of safeguarding training each profession should undertake and when. Some areas are recommending level 3 safeguarding training for all pharmacy professionals and some 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 Board. CPPE cannot provide level 3 training as it requires an element of multi-disciplinary discussion about case studies. e-learning can be used at level 3 and above but should not be the only form of learning. However, it can be used as preparation for reflective team-based learning. It is expected that around 50 percent of the learning time will be interactive and involve the multi-professional team wherever possible. This includes, for example, formal teaching/education, conference attendance and group case discussion, sometimes as part of regular multi-professional and/or multi-agency staff meetings. e-learning for Health (e-LfH) has e-learning on *Safeguarding children* as part of level 3 training, which all healthcare professionals can access. Pharmacy professionals on the pathway can access this through the CPPE website at www.cppe.ac.uk/programmes/l/leaders-e-00. Once in the e-LfH pages, search for safeguarding. CCGs provide level 3 safeguarding training courses and some employers have access to online safeguarding training.

How many residential events are there over the 28 days?

There are two two-day residential events in Module 1. CPPE will pay for the accommodation in between the two days.

What evidence will NHSE ask for from the PCN 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. The CCGs may require 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 and clinical mentor* handbooks describe this role in more detail. This clinical supervisor must have the relevant experience to support and assess the learner. Please see the table below.

| Pharmacy professional | Clinical supervisor required |
|--|---|
| Pharmacist working mainly in a GP practice | GP |
| Pharmacist working mainly in a care home | GP, consultant geriatrician, pharmacist experienced in care homes |
| Pharmacist working in both areas | GP or consultant geriatrician |
| Pharmacy technician working in a GP practice | Pharmacist experienced in a GP practice |
| Pharmacy technician working in a care home | Pharmacist experienced in a care home |

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

The clinical supervisor needs to be appropriate to the roles that the pharmacy professional is going to carry out, ie, in general practice the pharmacists will be doing tasks traditionally done by GPs and so to ensure patient safety the clinical supervisor will be a GP. In a care home setting, this could be either an experienced clinical pharmacist or a consultant geriatrician. 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.

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

A senior clinical pharmacist should be available to provide support to the pathway learner. They should be available for the learner to refer 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 pharmacists does not have to be employed by the PCN but could be someone on the wider integrated care system. It is good practice for there to be a wider support network within the integrated care system (ICS) or sustainability and transformation partnership (STP) for these new roles in primary care.

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

Yes. CPPE provides either face-to-face training or two 1.5-hour webinars. Training dates and details are sent to the primary care supervisor email list. Alternatively, email primarycare@cppe.ac.uk and ask for the clinical supervisor training dates.

Is the clinical supervisor training only needed if the supervisor doesn't already have the skills?

We ask all clinical supervisors to access training because it includes more detail about the pathway and practice using the workplace-based assessment tools. Our training is designed to build on skills that supervisors may already have as a GP trainer and provides the pharmacy context.

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

We have created a new email list that is specifically focussed on the primary care network 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.

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 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 the senior clinical pharmacist (if appropriate) fulfil both the clinical supervisor and clinical mentor role?

No. The clinical mentor cannot be from the same employing organisation as the learner. CPPE will allocate a clinical mentor. The roles of the senior clinical pharmacist and the clinical supervisor are different. Please refer to the [CPPE website](#) and the pathway 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 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 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. 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. 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.

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

NHSE contributes 70 percent 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 for the PCN to provide on the job training and clinical supervision. There is no extra funding.

Is there any kind of return required to evidence supervision sessions from the practice 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. It is quickly apparent if learners do not have clinical supervision as it is impossible to undertake the workplace based assessments without this in place. These assessments will form part of the final statement of assessment and progression 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.

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Roles for PCN pharmacy professionals

Is the pathway available for pharmacy technicians as the *Medicines optimisation in care homes pathway* was?

There will be a pilot for pharmacy technicians from January 2020. This will be limited to one region to ensure there is a critical mass of pharmacy technicians at learning events. We are hopeful that they will become part of the workforce in primary care in the future and able to access the training.

What can the PCN pharmacist do on day one?

Each pharmacy professional 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 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 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.

The specifications for each directed enhanced service will be published by NHSE as required.

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

It is up to the PCN to decide how it deploys the pharmacy professional and who actually employs them. The PCN itself will not be employing them as it is not an organisation, it is a network. The pharmacy professional 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 pharmacy professionals' time?

Some PCN pharmacy professionals 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 pharmacy

professionals to do care home work on behalf of the PCN. It is clear that care homes are a priority in the national service specifications.

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

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 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. The pharmacist prescriber must only work within their own competence and confidence. 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.

There is now the National clinical negligence scheme for general practice but the pharmacy professionals and the employers are responsible for ensuring that this provides sufficient indemnity cover for all situations.

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Independent prescribing

When can my pharmacist do their IP training?

It is expected that independent prescribing (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.

The earliest that pharmacists can do IP is after Module 2, provided that 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 review meeting (six months after the start date of their cohort). Pharmacists would then complete a request to pause the pathway to do IP early and a CPPE panel will review their request and make a decision.

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 and HEE expects all pharmacists in salary supported roles to become IPs. This training is outside 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. Your pharmacist may still choose to self-fund an IP course but they should not do this at the same time as the CPPE pathway as it puts too much pressure on the pharmacist who is also in a training role in your organisation.

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?

HEE 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. NHSE is providing salary support for five years 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, 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 and a PCN clinical director. Your local CCG medicines optimisation team or senior pharmacists in the local integrated care system may provide some additional support. HEE have clinical pharmacy ambassadors around the country who may be able to help with interview panels, if you don't have any existing senior pharmacists in your area.

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*.

Are there job descriptions for pharmacy professionals?

The Primary Care Pharmacy Association (PCPA) has produced [guidance for recruiting a pharmacist](#), which is available on their website. PCPA has developed a job description template for the primary care pharmacist roles, which is also available on their [website](#).

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 until 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.

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?

A PCN can employ a pharmacy professional in any position for any length of time, but the additional role funding and training is only available for pharmacy professionals employed in permanent positions, as outlined in the PCN DES and the NHSE five year forward view.

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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 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 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 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 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. Should the pathway no longer be available HEE will endeavour to provide the equivalent learning required.

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 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: cnsqp@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 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 pharmacy professionals 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 NHSE. This is because self-funding of travel expenses and other expenses may cause difficulty for the pharmacy professional and prevent them from attending this compulsory training, which would be a breach of the local enhanced service agreement.

Can the employer be a community pharmacy organisation or a LPC?

Yes. Different organisations can employ the named pharmacy professionals on behalf of the PCN but they must ensure that the pharmacy professionals are supported in the workplace and there is appropriate clinical supervision in place.

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, the pharmacy professional and CPPE if they enrol as soon as possible as this has been shown to increase their understanding of their role and integrate into the primary care team faster.

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

The practices all need to agree how this will work and all be prepared to support the pharmacy professional. Each practice will need to carry out an induction process with the pharmacy professional and there should be a named person at each practice to provide delegated clinical supervision.

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.

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.

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