

Trainee Pharmacists in General Practice 2023/24



Information for prospective host sites

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Introduction

General practice is a rapidly developing sector of practice for pharmacy professionals. Over the last six years there has been rapid expansion in the number of GP practices that have a pharmacist working in a patient facing role.

The NHS recognises the important role that pharmacists play in general practice; never more so than during the roll out of the national covid-19 vaccination programme.

Since 2019 Health Education England has supported an increased number of trainee pharmacists to experience a cross-sector foundation training year in general practice. 2021 has seen over 450 trainees start a foundation training year in hospital or community pharmacy with at least 13 weeks' experience in general practice.

The new Initial Education and Training of Pharmacists (IETP), published in January 2021 by the General Pharmaceutical Council, (GPhC) will transform the education and training of pharmacists so they are able to play a much greater role in providing clinical care to patients and the public from their first day on the register, including through prescribing medicines. They will equip pharmacists with the skills, knowledge, and confidence to work flexibly within multi-professional teams across local health systems, providing the clinical services and leadership expected by patients and the NHS.

Newly qualified pharmacists will have access to enhanced training in consultation skills, helping them to work in partnership with patients to make shared decisions about care and medicines use, and those graduates joining the register from summer 2026 will be prescribers on registration.

Trainee pharmacists will need to be exposed to a breadth of patients and people in a range of environments of increasing complexity during their training. This will require us to consider new models of training, including increased cross-sector and integrated training provision. HEE is working with partners to support programmes that deliver against the new IETP standards. Changes include the introduction of an interim set of learning outcomes and a Foundation Training year in which trainees receive enhanced support, including the HEE assessment strategy and associated tools, and access to a national e-portfolio.

We would like to encourage pharmacy training providers to develop more cross-sector foundation training opportunities in general practice. This document is intended to support prospective host sites with the information they need to form a partnership and construct their training year programme. This guidance is based on the evidence of previous evaluations of cross-sector programmes^{1, 2}.

¹ Gray N. (2019) Review of experience of pre-registration pharmacist placements in the General Practice setting – Final Report.

² Hindi A, Willis S, Schafheutle (2021) Evaluation of pre-registration pharmacists training in General Practice project – Final Report, CPWS, Division of Pharmacy and Optometry, University of Manchester.

Why host a cross sector foundation trainee pharmacist in general practice?

This section highlights the benefits of hosting a placement.

This is a great opportunity to influence the development of future pharmacists and to support the pipeline of dynamic and flexible pharmacy workforce capable of working across the healthcare systems. Furthermore, it is an opportunity to showcase different sectors, roles and career pathways, demonstrating how effective and flexible cross sector working can benefit patients and provide enhanced job satisfaction.

'It's great! This is the third consecutive year we have taken on Trainee Pharmacists at the practice. We have continued to find their input extremely useful on a day-to-day basis and can certainly see value in their role within the team. As a practice, we are able to offer an environment where the Trainee Pharmacist is able to develop and expand on their clinical knowledge by applying it to practice on a daily basis. It is also nice to teach and be involved in their development as they look forward to a future in clinical pharmacy practice. I would highly recommend the HEE split training programme for Trainee Pharmacists.'

Siamak Rezazadeh, Clinical Pharmacist, Downend Health Group, Bristol.

Benefits for training providers

- Trainees will support service delivery during their training year
- Increased attractiveness of training programmes (Oriel fill rate for cross training places in 2022/2023 was 86%)
- Enhanced collaborative working between partner sites
- Trainee can educate colleagues (in all sites) regarding barriers and difficulties in communication and transfer of care
- Increased readiness to deliver the full GPhC Standards for the Initial education and Training of Pharmacists, including independent prescribing

Benefits for trainees

- Enhanced GPhC Assessment pass rate: July 2021 GPhC pass rate for General Practice cross sector programmes 88% vs 82% National Average³.
- Trainees will develop a broader skill set allowing them to more flexible, adaptable and prepared for future practice; better able to support service delivery in a system wide approach
- a much greater role in providing clinical care, benefiting patients, and enhancing career progression.

³ GPhC [July 2021 registration assessment results statistical breakdown \(pharmacyregulation.org\)](https://www.pharmacyregulation.org/news-and-events/2021/07/gphc-july-2021-registration-assessment-results-statistical-breakdown)

System benefits

- Developing a pharmacist workforce capable of working across the healthcare system:
 - Better prepared to deliver enhanced and advanced services in community pharmacy
 - Improved understanding of the transfer of care issues and how to support patients as they transition between care settings
 - Better able to undertake a role in general practice
- Promoting the role of pharmacists as part of a portfolio career, supporting future recruitment for all sectors

Getting involved

This section outlines the key considerations for providing a placement.

Who can host a trainee?

Expressions of interest are sought from hospital or community pharmacies who have partnered with a general practice to deliver a joint foundation training programme.

The GPhC stipulates trainees must spend 26 weeks of the foundation training year in a 'patient facing role'. Due to complex EU law this is currently classified as hospital or community pharmacy settings only and as such only these premises can register with the GPhC as training sites. We therefore recommend community or hospital training providers to be the lead employer (accessing HEE's salary support or the NHS training grant, as appropriate, for the entire year) and partnering with a general practice site to host the trainee for 13 weeks (minimum) to 26 weeks (maximum).

The general practice must employ a clinical pharmacist, in a patient facing role. To satisfy the requirements of the pharmacy regulator (GPhC) they must have been registered for at least 3 years at the point when the trainee commences the programme. The general practice site must then be named on the training plan submitted to the GPhC.

How can I get a trainee?

The first step is to form a partnership between a pharmacy employer and a general practice. Consider the number of trainees you would like to host (considering the designated supervisor requirements).

Once a partnership has been formed, please complete the expression of interest survey by 6pm on Monday 14th February. We will aim to give you a response by Friday 18th February, which will allow the lead pharmacy employer a full week to enter the place on to Oriol. It is therefore crucial that the lead pharmacy employer provides a contact who will be available to complete this registration in the week commencing 21st February.

Expression of interest form:

Expressions of interest must be completed online. There are different surveys for [existing](#) partnerships (who are currently or have previously delivered a HEE funded trainee pharmacist in general practice programme) and partnerships that are [new](#).

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If you are requesting multiple placements (above 5), please email GPPreRegPharm@hee.nhs.uk for an excel spreadsheet to complete.

Trainees must be recruited via Oriel, the national recruitment system for trainee pharmacists. Successful cross-sector partnerships will need to enter their placements into the Oriel system by 1st March 2022. This should be done by the [lead employer](#) (community pharmacy or hospital pharmacy).

Following the Oriel recruitment process trainees will be allocated to placements with no need to recruit directly. Further information on national recruitment, the assessment process for applicants and timelines can be found on the [website](#).

What do I need to provide?

Trainee pharmacists must train at a site which can provide them with the opportunity to develop and demonstrate the knowledge skills and behaviours that patients and the public expect from a fully qualified pharmacist. Hospital & Community Pharmacy sites must be registered as training providers with the GPhC and provide a training plan which is mapped to the interim learning outcomes. Providers must have sufficient resources and capacity to meet the requirements of foundation training which include:

- Enough suitably trained staff. The general practice host must employ a clinical pharmacist to act as a [designated supervisor](#). This pharmacist should work in a patient facing role and to satisfy the requirements of the pharmacy regulator (GPhC) must have been registered for at least 3 years at the point when the trainee commences the programme. Other healthcare professionals, including GP's, **cannot** act as a designated supervisor for trainee pharmacists.
- Appropriate learning resources (some suggested resources are listed at [HEE Trainee Pharmacist Learning Resources](#))
- Space for the trainee in the workplace, for example an area for confidential discussions and patient interactions
- Facilities that are fit for purpose, for example access to IT equipment.

Who is responsible for employing the trainee?

The trainee will be employed by the lead employer (community pharmacy or hospital pharmacy partner) to facilitate the payment of a training grant or salary support.

Trainees will be paid as per the employing organisation policy. It is recognised that this may potentially result in trainees being paid different amounts whilst working within a training site. Harmonisation of funding is currently being developed.

Cross-sector partnerships should agree their governance policies to support the presence of a trainee in another site, for example, with an honorary contract or memorandum of understanding.

How will cross-sector general practice placements be funded?

Trainees must be recruited via Oriel, the national recruitment system for trainee pharmacists to access HEE funding for cross-sector training. Only programmes entered prior to the 1st March deadline will be able to progress through the National Recruitment Scheme.

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Funding for this programme is outlined in the table below. The Site Placement Fee is only available to sites participating in the programme for the first time. It is available to both the GP site and the pharmacy lead employer.

Payment	Amount	Covers
Placement Fee* (New Sites only)	£1000 per site	Backfill for development of placements
GP Practice support	£7000 per trainee per annum (pro rata)	Backfill to support supervision and education
NHS Training Grant (community pharmacy)	£18440	Support for training
Salary Support (2ry care)	Band 5 salary + on costs**	Salary for foundation pharmacist

* Placement fees are provided to allow backfill for attending training and developing the training programme. It is based on a payment of £250 per day.

** Salary support will be paid in line with your regional salary support offer directly via the education contract. This programme is not intended to provide extra secondary care trainees outside of regionally agreed posts.

What are the Designated Supervisor requirements?

The GPhC specify [requirements to become a designated supervisor](#). You must be a pharmacist who has been registered for three years or more and have been practicing in the sector, or related sector, of pharmacy in which you wish to supervise. Designated supervisors are responsible for signing of the trainee as competent at the end of their training period.

A trainee must have a designated supervisor for any training location where they spend 13 weeks or more during the training year, as part of a joint supervising arrangement throughout the year or as an individual designated supervisor for specified dates. It is important that the responsibility is shared in the case of joint designated supervisors or handed over appropriately between designated supervisors when they change over. Usually designated supervisors will only be responsible for one trainee at a time.

GPhC have provided further [guidance for foundation training supervisors](#). Further information can be found in the [Designated Supervisor section](#) of this guide.

The structure of placements

This section outlines the principles underpinning the development of placements and provides guidance on structuring a placement, including embedding the trainee in the multidisciplinary team.

Our recommendations aim to allow sites to develop placements in line with their service models. Evaluation of previous multi-sector placements indicate that flexibility was key to making the programme work for all sites and trainees, and the relationship between host sites is pivotal to a successful training experience. Key principles to inform the development of the placement models include:

- Meeting the requirements of the General Pharmaceutical Council (GPhC), the pharmacy regulator. More information can be found in the [GPhC Foundation Training Manual](#)
- Providing good experiential learning opportunities
- The [Health Education England quality framework](#)

How long should the cross-sector placement be?

Evidence from previous cross sector training evaluation suggests that 13 weeks is an appropriate minimum duration of placement. This provides trainees adequate opportunities to undertake a range of activities, learn new skills and embed into the multidisciplinary team.

We recommend placements to be a minimum of 13 weeks in total and can be up to 26 weeks. The placements can take several formats including block placements, split week, or a combination of the two. Further information on structuring your programme is given in the next chapter.

How should placements be split?

This is at the discretion of the host partners and dependent on the service delivery model of the hosts. It can take the form of a block placement, multiple smaller blocks, or a split week. Providers may also wish to use a mixed model, e.g., start with a block placement to support induction into the workplace and move to a split-week model.

The decision regarding how placements are delivered should facilitate the adequate supervision of the trainee. For example, if a split-week model is being used, the trainee's days should mirror those of their designated supervisors at the pharmacy and cross-sector placement respectively.

If, for example, a cross-sector site only has a clinical pharmacist on certain days of the week, then you would expect the trainee to undertake a split-week placement and be based at the site on the same days.

Examples of split placements:

13-week single block placement		
13 weeks with lead employer	13 weeks with 2 nd host	26 weeks with lead employer
26-week multiple block placement		

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8 weeks with lead employer	8 weeks with 2 nd host	8 weeks with lead employer	8 weeks with 2 nd host	4 weeks with lead employer	10 weeks with 2 nd host	6 weeks with lead employer
13-week split week placement						
13 weeks with lead employer	13 weeks of split weeks, 2 days with lead employer, 3 days with 2 nd host		13 weeks of split weeks, 3 days with lead employer, 3 days with 2 nd host		13 weeks with lead employer	
26-week split week placements						
52 weeks of split week placements, ensuring equal time at each placement						

Do cross-sector placements have to happen at specific times in the foundation training year?

The timing of placements within the foundation training year is at the discretion of the placement providers. However, it would be expected that the trainee starts their training with their primary employer (community pharmacy or hospital pharmacy) and is allowed a period to settle into the working environment. It may also be advisable that the trainee spends the final weeks or months of their training year with their primary employer to allow consolidation of their learning.

This decision will be determined by the duration of each placement and the approach to the split. Trainees undertaking six months at a cross-sector site, working split weeks for example, would be expected to start both their placements in the first week and continue throughout the foundation training year.

Can trainee pharmacists spend their cross-sector time rotating across several sites?

While there are several benefits to exposing the trainee to different sites and experiences, it is important that they are afforded the opportunity to embed themselves as part of the multidisciplinary team. To support this, it is expected that the trainee should spend at a majority of their time in the cross-sector rotation at a single site.

Should the trainee spend all their time working with pharmacists?

No. Trainees must be exposed to, and learn from, a wide range of professionals. It is expected that they would spend at least 25% of their time with other members of the healthcare team. This should be a range of professionals including Pharmacy Technicians, dispensers,

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healthcare assistants, reception, and administrative staff as well as clinical support workers and other healthcare professionals.

The time spent with other healthcare professionals must cover clinical duties as well as non-clinical activities relevant to a pharmacist in that sector. It should include experience with practitioners delivering acute and chronic disease management and demonstrating the broad range of consultations and activities undertaken in the cross-sector environment

If the designated supervisor is absent, can the trainee still be at the placement?

Yes. There will be times when the designated supervisor is absent, for example on annual leave, and the trainee is at their cross-sector site. This should be planned, and appropriate supervision and activities put in place for the trainee in these instances. Arrangements should also be in place for the management of unplanned supervisor absences, for example sickness, including who has responsibility for the supervision of the trainee. Unexpected, prolonged absences would need to be escalated to the lead employer.

The cross-sector placement from a trainee's perspective

This section considers the cross-sector placement from the perspective of the trainee, helping training providers to consider the outcomes of the placement and construction of the training plan.

A toolkit will be available to support the delivery of cross-sector placements in general practice, providing guidance on which of the GPhC learning outcomes and HEE Assessment Strategy activities might be best undertaken in various settings.

What is the cross-sector placement in GP expected to deliver for the trainee?

Alongside meeting the requirements of the regulator, a cross-sector placement is expected to support the trainee to:

- Understand the role of the pharmacist across healthcare settings and as part of the multidisciplinary team
- Develop communication and consultation skills to interact effectively with patients, healthcare professionals and the public
- Successfully conduct consultations for patients with a range of acute or chronic healthcare needs
- Be competent in undertaking a range of basic clinical assessment skills, recognising when they are appropriate and how the results inform ongoing patient care
- Competently respond to medication queries, complete medicines reconciliation, and undertake medication reviews
- Interpret clinical data (medical notes/patient medication record entries, laboratory, and other tests)
- Monitor ongoing treatment and make recommendations for common chronic conditions
- Understand the burden of multimorbidity and polypharmacy and the need to take an individualised and holistic approach to shared decision making
- Support public health promotion, healthy lifestyles and make every contact count

Can the trainee support service delivery?

Yes, however, as the trainees are not registered healthcare professionals, they must be adequately supervised at all times. The degree of autonomy with which they can operate will be determined by the professional supervising them at that time, based on their assessment of the trainee's knowledge and skills.

Trainees will be able to contribute to audits and other governance activities. However, the bulk of their time should be spent on activities relating to the delivery of direct clinical care. As they grow in confidence and competence, they may support in the resolution of patient queries as well as patient-facing activities they are deemed competent to carry out.

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While the trainees are supernumerary, they should be undertaking activities (with the appropriate supervision) that support them in developing the knowledge, skills and behaviours required to function as an accountable practitioner upon registration.

Should trainee pharmacists spend most of their time shadowing others?

No. This programme should provide trainees with significant hands-on practical experience, to prepare them for practice as accountable clinicians. It is therefore expected that they be given the opportunity to learn, by undertaking the range of tasks expected of a clinical pharmacist (with the appropriate level of supervision).

What activities is the trainee expected to be involved in?

Trainees will undertake a range of activities dependent on the sector in which they work, their knowledge and skills and their competence and confidence. Activities they would be expected to partake in, with the appropriate supervision, include (but are not limited to):

- Observe and reflect on acute and chronic disease clinics conducted by a range of healthcare professionals
- Answer medication queries
- Medicines reconciliation and actioning clinic letters
- Medication reviews (paper based, telephone and face to face, where possible)
- Produce letters in response to medication queries or medication reviews
- Undertake medication review or chronic disease consultations (with appropriate supervision)
- Undertake an audit or QI (Quality Improvement) programme

Designated supervisor arrangements

The new GPhC standards for the initial education and training of pharmacists outline the requirement for all trainee pharmacists to have a designated supervisor (DS). This section answers the most frequently asked questions about the role of the designated supervisor in a cross-sector placement.

The new GPhC standards for initial education and training outline the requirement for all trainee pharmacists to have a designated supervisor (DS), who:

“Working with everyone involved, is responsible for co-ordinating their supervision, overseeing their progress and signing them off. The designated supervisor must be a pharmacist.

All supervisors must be trained and appropriately experienced to act as supervisors. Everyone supporting trainees must take into account the GPhC’s guidance. People carrying out assessments of the foundation training year or being involved in trainees’ sign-off must be appropriately trained, qualified and competent to assess the competence of trainee pharmacists.”

We would expect supervisors to meet the GPhC requirements as follows:

- Be a registered pharmacist in Great Britain
- Have been practising in the sector, or a related sector, of pharmacy in which they wish to supervise
- Meet the GPhC [designated supervisor suitability policy](#).

As the trainee will rotate between sites, will a joint DS arrangement be required?

Yes. We are recommending a minimum cross-sector placement of 13 weeks. As per the guidance provided by the GPhC this means that a joint designated supervisor arrangement will be needed. The DS from each site will be able to contribute to the trainee’s progress meetings and to the decisions regarding their suitability to sit the registration exam and to join the register. The GPhC require trainees to work with their DS for a minimum of 28 hours over 4 days each week. Under a joint DS agreement, trainees can split this requirement between both tutors.

Will there be a lead DS?

The DS based in the employing organisation (community pharmacy or hospital pharmacy) should act as the lead DS in most circumstances.

Do both DSs have to be registered for three years or more?

Yes. At the time that the trainee is in post, all supervisors will have to have been registered as a pharmacist for at least three years.

Each DS should also have been working in the sector in which they will be acting as a DS or a related sector, long enough to have become an established and experienced member of the team when they commence supervising the trainee.

How will trainees be assessed?

Training providers will be expected to use the [HEE assessment strategy](#) and associated tools to assess their trainee's progress against the GPhC's learning outcomes. All trainees will have access to the foundation training year e-portfolio and will be expected to use this for collecting their evidence.

Should both DSs have access to e-portfolio?

Yes. Each of the designated supervisors will have access to the e-portfolio to review and approve evidence submissions, as well as for recording progress meetings. Each DS should take responsibility for reviewing evidence obtained at their site. A learning outcome can be 'signed off' based on evidence obtained at a single site if demonstrated sufficiently.

How should the formal 13, 26, 39 and 52-week appraisals be conducted?

The DSs should work collaboratively when conducting the trainee's formal appraisals. Even if the trainee has only worked in one site in the preceding 13 weeks, it is good practice for both DSs to be involved, as it allows the development of robust training plans for the next 13 weeks.

If the trainee has spent time in both sites in the preceding 13 weeks, the appraisal must involve both DSs. Ideally, both would be present during the appraisal, but if this is not possible then the DSs must discuss the appraisal prior to it occurring.

The 39-week appraisal and final appraisal and sign-off must be carried out collaboratively between the two DSs.

If a pharmacist works in both sites, can they act as a single DS?

Yes, provided they can meet the GPhC requirement of working with the trainee 28 hours per week across four days/

Support for host sites

The new GPhC standards for the initial education and training of pharmacists outline the requirement for all sites hosting a trainee pharmacist to have support.

A range of additional support is available to HEE cross-sector host sites.

Who is available to provide support?

HEE regional facilitators are available to answer questions and provide support. Their contact details can be found [overleaf](#).

Will any training be provided?

All pharmacists who are acting as a designated supervisor will be required to undertake educational supervising training if they have not previously done so. Please contact your HEE regional facilitator for more information. Training for accessing and using the e-portfolio will also be provided.

What other support is available?

- A toolkit will be provided that will support the delivery of cross-sector placements in general practice
- A range of assessment tools are available as part of the HEE Assessment Strategy to support the supervisors in monitoring the trainee's progress
- HEE regional facilitators will support with the development of training plans for submission to the GPhC

If you have any questions, please contact your regional facilitator or the national lead, details of which are on the next page.

HEE Regional facilitators

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