

# Pre-registration Pharmacists in General Practice 2021/2022: Information for Prospective Host Sites



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## Contents

Introduction.....	3
Benefits of getting involved.....	3
Getting involved.....	4
Additional information .....	6
Structure of the placements.....	6
The General Practice placement .....	7
Pre-registration tutor arrangements.....	8
Support for host sites.....	10

## Introduction

Clinical pharmacists are increasingly working as part of general practice teams. They are highly qualified experts in medicines and can help people in a range of ways. This includes carrying out structured medication reviews for patients with ongoing health problems and improving patient safety, outcomes and value through a person-centred approach.

The [NHS Long Term Plan](#) commits to increasing the number of pharmacists working in primary care over the coming years. This will make it easier for patients to get a convenient appointment with the right expert health professional for their needs.

Starting in 2019 support has been provided to enable pre-registration pharmacists to undertake placements in general practice as part of their training year. Placements for trainees commencing in 2020 have already been agreed. The NHS recognises this important role that pharmacists have to play in general practice and are therefore investing in providing further training opportunities for pre-registration pharmacists commencing training in 2021.

Owing to the enthusiasm shown by all involved in the development and delivery of placements for both the 2019 and 2020 intake of trainees alongside the ongoing requirement to deliver integrated training that produces the skilled and talented clinicians the NHS, patients and the public need, the programme is being extended and expanded for those entering training in 2021.

Throughout the document the term clinical pharmacist is used to denote a pharmacist working in a patient facing role in general practice. There is no requirement for pharmacists to be employed as part of a national scheme in order to be eligible to supervise pre-registration pharmacist trainees.

## Benefits of getting involved

### **What are the benefits to hosting pre-registration pharmacist trainee as part of this project?**

There are a significant number of benefits for all host sites, including;

- Developing a pharmacist workforce capable of working across the healthcare system
  - Better able to undertake a role in general practice
  - 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
- Enhanced relationship development between partner sites
- Trainee can educate colleagues (in all sites) regarding barriers and difficulties regarding communication and transfer of care
- Increased attractiveness for trainees (Oriel fill rate for split pre-registration places in 2019/2020 was 90%)
- Promoting the role of pharmacists in general practice as part of a portfolio career, supporting future recruitment for all sectors
- Trainees will develop a broader skill set, allowing them to better support service delivery in hospital and community pharmacy.

## Pre-registration Pharmacists in General Practice 2021/2022

- In general practice, although the trainees will be supernumerary, they will support service delivery (particularly those who undertake a 6-month placement) e.g;
  - Carrying out audit/service improvement
  - Supporting the practice pharmacist with medicines reconciliation, answering medicines queries and medication review

### Getting involved

#### Who can host a pre-registration trainee?

Expressions of interest will be sought from partnerships between a pharmacy employer (hospital pharmacy or community pharmacy) and a general practice to deliver the joint pre-registration programme.

The general practice must employ a clinical pharmacist in a patient facing role. In order to satisfy the requirements of the pharmacy regulator (GPhC), the pharmacist must have been registered for at least 3 years at the point when the trainee commences the programme. Pharmacists who undertake a medicines management role or cost-saving activities only would not normally meet the necessary requirements for this programme.

#### How long is the general practice placement?

The general practice placement must 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 weeks or days or a combination of the two. Further information on structuring your programme is given below.

#### Who will be responsible for employing the trainee?

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

#### Will remuneration be provided?

Yes. To support new sites in developing the programme and preparing for the trainee, a placement fee will be provided. Alongside this a payment will be made to the general practice to support supervision of the trainee. The training grant or salary support will be provided in line with usual national rates.

Payment	Amount	Covers
<b>Placement Fee* (New Sites)</b>	£1000 per site	Backfill for development of placements
<b>GP Practice support</b>	£7000 per trainee <b>per annum</b> (pro rata)	Backfill to support supervision and education
<b>Training Grant (community)</b>	£18440	Support for training of pre-registration pharmacist
<b>Salary Support (2ry care)</b>	first point Band 5 salary**	Salary for pre-registration pharmacist

## Pre-registration Pharmacists in General Practice 2021/2022

*\* 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 provided in line with the outcomes of the HEE funding reform programme**

### **How will trainees be recruited?**

All posts that are part of the project must be recruited to via Oriel – the national recruitment system for pre-registration pharmacists. Trainees will therefore be allocated with no need to recruit directly. Successful partnerships will need to enter their placements into the Oriel system, the deadline is likely to be at the start of March 2020. This should be done by the lead employer (community pharmacy or hospital pharmacy). Further information, including timelines, for national recruitment, once available, will be published [here](#) (the timeline for the 2020 intake of trainees is currently displayed).

### **How do I get involved?**

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

Further information will be provided in the coming weeks including a link to an expression of interest form.

If you have any questions, please get in touch with [GPPreRegPharm@hee.nhs.uk](mailto:GPPreRegPharm@hee.nhs.uk)

# Additional information

## Structure of the placements

The project aims to be flexible and allow sites to develop placements in line with their service models. However, key principles will inform the development of the placements models. These are based on:

1. Meeting the requirements of the General Pharmaceutical Council (GPhC), the pharmacy regulator. More information [here](#).
2. Evaluation of previous multi-sector placements that include general practice
3. The experience of established clinical pharmacists in general practice
4. Providing good experiential learning opportunities
5. The [Health Education England quality framework](#)

## How should the 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 (or placements), a split week or even split days if the hosts are co-located. 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 the placements are split 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 GP clinical pharmacist supervisor/tutor.

Or if, for example, a general practice only has a GP clinical pharmacist on site certain days of the week, then you would expect the trainee to undertake a split-week placement and be based at the practice on the same days.

## Does that mean that a trainee cannot be at the practice if the GP clinical pharmacist tutor is absent?

No. There will be times when the GP clinical pharmacist is absent, for example on annual leave, and the trainee is at the GP 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 tutor absences, for example sickness, including who has responsibility for the supervision of the trainee. Unexpected prolonged absences would need to be escalated to the regional facilitator.

## Do the general practice placements have to happen at specific times on the pre-registration year?

The timing of each of the component placements of the pre-registration training 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 in to 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 with a split week, undertaking six months in general practice, would be expected to start both their placements in the first week and continue throughout the pre-registration year.

### **Can pre-registration pharmacist trainees spend their time in general practice rotating across several sites?**

While there are several benefits to exposing the trainee to several sites and experiences, it is important that they are afforded the opportunity to embed themselves as part of the general practice multidisciplinary team. To support this, it is expected that the trainee should be based predominantly at a single general practice site.

### **Should the trainee spend all their time in general practice working with pharmacy professionals?**

No. The 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 in general practice with other members of the healthcare team. This should be a range of professionals including doctors, nurses, reception and administrative staff, 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 clinical pharmacist in a general practice role. It should include experience with practitioners delivering acute and chronic disease clinics and demonstrating the broad range of consultations seen in general practice.

## **The General Practice placement**

A handbook will be available to support the general practice site in the delivery of the placement.

### **What is the general practice placement expected to deliver for the trainee?**

Alongside meeting the requirements of the regulator, the placement in general practice is expected to support the trainee to:

- Understand the role of the clinical pharmacist in general practice as well as the systems and process that apply in general practice
- 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 a range of basic clinical assessment skills, including the rationale for undertaking, how to interpret and how to act on the results
- Competently respond to medication queries, complete medicines reconciliation and undertake medication reviews
- Interpret clinical data (medical notes 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
- Promote health and make every contact count

### **Can the trainee support the general practice in delivering its services?**

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.

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 autonomous practitioner upon registration.

### **Should pre-registration pharmacist trainees 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 autonomous clinicians. It is therefore expected that they be given the opportunity to learn by undertaking the range of tasks expected of a clinical pharmacist in general practice (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 practice 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
- Answering medication queries
- Medicines reconciliation and actioning clinic letters
- Medication reviews (paper based, telephone and face to face)
- 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 project

## **Pre-registration tutor arrangements**

All pre-registration pharmacists must have a pre-registration tutor.

### **Who can be a pre-registration tutor?**

To become a pre-registration tutor, the GPhC states that you must;

- be a registered pharmacist in Great Britain
- have been practising for at least three years in the sector of pharmacy in which you wish to tutor
- meet the GPhC tutor suitability requirements which can be found [here](#).



### **As the trainee will rotate between sites will a joint tutoring arrangement be necessary?**

Yes. All the placements that are part of this programme will be for at least three months (13 weeks). As per the guidance provided by the GPhC this means that a joint tutoring arrangement will be needed. This means that the tutor 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 tutors for a minimum of 28 hours over 4 days each week. Under a joint tutoring agreement, trainees can split this requirement between both tutors.

### **Will there be a lead tutor?**

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

### **Do both tutors have to have been registered for three years or more?**

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

### **Does the pre-registration tutor in general practice need to have worked in general practice for three years?**

Each tutor should have been working in the sector in which they will be acting as a tutor for three years or in a sector which parallels the service they are providing. For GP pharmacists this may include community pharmacy or hospital pharmacy as long as there are parallels in the services that were provided.

The tutors working in GP practices should have been working in that sector for long enough to have become an established and experienced member of the team when they commence supervising the pre-registration pharmacist. If the general practice has yet to appoint a practice pharmacist then it is unlikely a new appointee would meet the necessary tutoring requirements by the time the pre-registration pharmacist commences employment.

### **What indicates an established and experienced clinical pharmacist in general practice?**

Consensus opinion from experienced GP pharmacists suggests several indicators that a clinical pharmacist has become an established and experienced member of the general practice team. These are:

- Attends regular practice meetings or other meetings with GP/practice staff
- Has an established clinical role within the practice, including an established clinic
- Has adequate access to consulting rooms/appropriate workspace
- Has clear and effective methods and protocols for working and communicating with practice staff
- Can describe effective interdisciplinary working with all members of practice staff such as admin staff, nursing, phlebotomy, GPs and midwives
- Good knowledge of signposting patients to other services

## Pre-registration Pharmacists in General Practice 2021/2022

- Advanced user of the clinical systems
- Not undertaking cost saving activities only

### Does a tutor have to meet all the indicators above?

The tutor does not necessarily have to meet all the indicators, but they would be expected to meet the majority.

### How should 13-week appraisals be conducted?

The tutors should work collaboratively when conducting the trainee's 13-week appraisals. Even if the trainee has only worked in one site in the preceding 13 weeks it is good practice for both tutors 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 tutors. Ideally, both tutors would be present during the appraisal, but if this is not possible then the tutors 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 tutors.

### If a tutor works in both sites, can they act as a single pre-reg tutor?

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

## Support for host sites

As well as the financial support offered for being involved in the project a range of additional support is available.

### Who is available to provide support?

There is a national lead for the project and several regional facilitators who are available to answer questions and provide support. In the first instance please contact

[GPPreRegPharm@hee.nhs.uk](mailto:GPPreRegPharm@hee.nhs.uk)

### Will the trainees have access to an e-portfolio?

Yes. All the trainees will have access to an e-portfolio and will be expected to use this for collecting their evidence. Each of the tutors will also have access in order to review and approve evidence submissions as well as for recording progress meetings.

### Will any training be provided?

All pharmacists who are acting as a pre-registration tutor will be required to undertake educational supervising training if they have not previously done so.

Training for accessing and using e-portfolio will also be provided.

### What other support will be available?

- Regular information will be provided that will support the delivery of the placement, including the opportunity to attend local/regional meetings
- Handbooks will be available for the trainee, the tutors in both sites and the general practice staff
- A range of assessments will be available to support the tutors in monitoring the trainee's progress
- Support with the development of training plans for submission to the GPhC

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