

Foundation Trainee Pharmacist: Multi-Sector Rotation Guide

2023/24

Foundation Trainee Pharmacist Name: _____

Base Pharmacy Designated Supervisor Name: _____

Rotational Pharmacy Designated Supervisor Name: _____



Using this Guide

At the time of publication, Health Education England has come together with NHS England to create a new organisation. This means that the new NHS England will take responsibility for HEE's current activities. This includes planning, recruiting, educating and training the health workforce across England; ensuring that the healthcare workforce has the right numbers, skills, values and behaviours to deliver excellent healthcare and health improvement to patients and the public. In this transition period, several policy and guidance documents will refer to Health Education England and be hosted on the Health Education England website. Please contact pharmacyteam@hee.nhs.uk for any questions relating to the documents and policies contained within this guide.

This guide is intended as a resource for everyone involved in the trainee's foundation training, including:

- the trainee
- the designated supervisor (DS) in the host (employing) pharmacy
- the designated supervisor (DS) at rotation site(s)
- Other education/rotational supervisors and healthcare staff

The table on the next page highlights and links to sections that may be of particular interest to the different staff groups.

Sections of the handbook of greatest interest to different members of the team			
Trainee pharmacist	DS in the rotation site	DS in host pharmacy	Other healthcare staff
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Important changes for 2023/24

Please note the change in language in this handbook including:

- multi-sector replaces the term cross-sector
- rotation replaces the term placement.
- The Foundation Trainee Pharmacist Programme replaces the Foundation Training Year

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Welcome to your Foundation Trainee Pharmacist Multi-Sector Programme

Welcome to your trainee pharmacist multi-sector programme. We would like to take this opportunity to thank all the sites involved in hosting a trainee as well as the trainees who have successfully been appointed to one of these exciting training programmes.

We hope that this Foundation Training programme will be a successful and rewarding experience for everyone involved.

Background:

Multi-sector training programmes enable trainee pharmacists to experience practice and understand the roles of pharmacists and other health and social care staff across settings. It is hoped this will create a more flexible workforce with a better understanding of care delivery at the point of registration.

Multi-sector rotations give trainee pharmacists experience across sectors of practice whilst learning and evidencing their development against the GPhC learning outcomes.

The [NHS People Plan \(2020/21\)](#) emphasises the importance of multi-sector training for early career pharmacists to meet the workforce needs of integrated care systems (ICS) as part of the NHS Long Term Plan.

Changes outlined in the NHS Long Term Plan include:

- a greater focus on joined up care across the healthcare system with more care delivered closer to home
- an increasing focus on prevention as well as the treatment of illnesses
- a need to use medicines more judiciously, to improve health and wellbeing, while minimising the risks of harm
- a drive to include people in the decisions made about their treatment
- an even greater requirement for all healthcare professionals to work collaboratively in multi-disciplinary teams to deliver the best outcomes for patients
- a requirement for all healthcare professionals to utilise all their knowledge, skills and potential to provide the highest level of care for their populations.

The pharmacy profession is adapting to meet this need. You now have the opportunity to help make that future a reality, through engaging in this multi-sector training programme.

Employers are expected to make every effort to deliver a high-quality learning experience for trainees while managing staff and patient safety alongside service delivery. Designated Supervisors (DSs) in both sectors have a joint responsibility to support the trainee to complete appraisals, sign-off interim learning outcomes and escalate any concerns as appropriate (see [‘The role of the Designated Supervisor\(s\)’](#)).

Designated Supervisors in both sectors must plan out the training programme in line with their respective sites, working schedules and activities. This is to ensure that the training plan accommodates the trainee’s needs and guides the DS in how they can sign off the trainee’s competence.

Designated Supervisors should consider activities that are more site specific and align the training plan so that the learning outcomes can be met. This will ensure that the host and partner site DSs have a tailored approach to supervision and will avoid the trainee duplicating activities across both sites.

If at any point, there are any issues or concerns please do not hesitate to get in touch with your NHS ENGLAND regional training programme directors and facilitators.

Contacts

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Northwest	medicinesoptimisation.north@hee.nhs.uk
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We would like to thank all who have contributed material that has been included, or adapted to be included, in this guide, including the Centre for Pharmacy Postgraduate Education (CPPE), NHS England regional foundation training teams, Health and Justice Pharmacy Workforce Development Leads, Hannah Kinsey (University of East Anglia) and the Royal Pharmaceutical Society (RPS).

Introduction

Context

The [NHS Long Term Plan](#) commits to increasing the number of pharmacy professionals working in primary care over the coming years. The plan also sets out how patients and the public will increasingly rely on clinical care provided by pharmacy professionals across all healthcare sectors:

- *Clinical pharmacist prescribers will be a central part of multi-professional teams across Primary Care Networks.*
- *Community pharmacy teams will deliver consistent, high-quality care of patients with minor illnesses and support the public to live healthier lives.*
- *Hospital pharmacists will continue to be part of specialist teams but will extend their practice into primary care, including providing consultant pharmacist support.*
- *A focus to improve the wellbeing of people in prison, reduce inequalities and address health-related drivers of offending behaviours.*

Clinical pharmacists in all sectors will increase their activity in clinical research into new and existing medicines and professional interventions.

The challenge now is ensuring sustainability and consistency across the country, whilst maintaining workforce supply and development, so we have pharmacy professionals where they are needed with the right skills and support.

This will require new models of initial education and training for pharmacists, **including multi-sector foundation training pathways**, to develop a pipeline of pharmacists who have the skills and knowledge to work across sectors.

The Foundation training programme

In January 2021 the GPhC announced changes to the Standards for the Initial Education and Training of Pharmacists (IETP).

These standards introduced several important changes to make sure pharmacists are equipped for their future roles. These changes include:

- introducing a new set of learning outcomes that cover the full five years of education and training, and which can link to continued development after registration,
- incorporating the skills, knowledge and attributes for prescribing, to enable pharmacists to independently prescribe* from the point of registration, emphasising the application of science in clinical practice and including a greater focus on the key skills needed for current and future roles – including professional judgement, management of risk, and diagnostic and consultation skills,
- making the fifth year of initial education and training a foundation training year with strengthened supervision support, and collaborative working between higher education institutions, statutory education bodies and employers,

- having a greater emphasis on equality, diversity and inclusion to combat discrimination and deal with health inequalities.

*Note: independent prescribing is not included in the foundation training programme 2023/24. The GPhC has produced a set of interim learning outcomes to reflect this. For full details see the [GPhC Website](#).

Historically trainee pharmacists have spent most of their pre-registration/foundation training in one sector, hospital, or community pharmacy, with small rotations into other sectors.

Multi-sector placements aim to expose foundation trainee pharmacists to other sectors for a significant proportion of their training (at least 13 weeks) to prepare them for registration with the knowledge and skills defined in the learning outcomes and able to deliver pharmaceutical services across sectors in the NHS.

The GPhC stipulates that six months of foundation training needs to be spent in a 'patient facing environment'. Due to complex EU law this is currently only regarded as Community or Hospital Pharmacy. The remaining six months, or part thereof, can be spent in another sector or sectors of practice, for example:

- General Practice
- Commissioning organisations
- Industry

Trainee pharmacists studying in Great Britain have four routes to registration as a pharmacist:

Route 1: An initial four-year Master of Pharmacy (MPharm) degree followed by the foundation training programme.

Route 2: A five-year Master of Pharmacy (MPharm) degree including a pharmacy foundation degree followed by the foundation training programme.

Route 3: A five-year Master of Pharmacy (MPharm) degree including a preparatory year followed by the foundation training programme.

Route 4: A five-year Master of Pharmacy (MPharm) degree including the foundation training programme.

Those who have not trained in Great Britain must have completed a 1-year OSPAP (Overseas Pharmacists Assessment Programme) followed by the foundation training programme.

Trainee pharmacists may have had limited patient facing experience as an undergraduate and there may be a large degree of variance depending on the school of pharmacy they attended. This is being addressed with the introduction of clinical tariff-funded undergraduate placements in 2022. Trainee pharmacists may have gained patient facing experience via a summer rotational programme or part time jobs. The 52-week foundation year remains the main patient facing experience prior to registration, although this will change as the new initial education and

training standards are implemented and more undergraduate patient facing placements introduced.

The structure of multi-sector placements as part of the training programme

Our recommendations aim to allow sites to develop rotational structures in line with their own service delivery plan. Programmes will be established before the trainee starts and the information below made available to rotation providers and employers as part of the programme development.

Key principles to inform the development of rotational models include:

- Meeting the requirements of the General Pharmaceutical Council (GPhC), the pharmacy regulator
- Providing good experiential learning opportunities

How long should a multi-sector rotation be?

We recommend a minimum of 13 weeks (full time equivalent) to ensure trainee pharmacists have adequate opportunities to undertake the full range of activities, learn new skills and be part of the multidisciplinary team.

How should placements be split?

This is at the discretion of the host partners and dependent on the service delivery model of the hosts.

There are a range of potential models for structuring placements:

- block placements,
- multiple smaller blocks,
- split weeks.

In principle, the host partners are free to develop their own rotational plan. The training programme may incorporate one or more multi-sector placements of 13 weeks.

The model used will depend on a number of factors including the working pattern of the designated supervisor(s), the number of trainees at the training site and the distance between the rotation and the host pharmacy.

All models must ensure the trainee is based with the designated supervisor(s) for the appropriate number of hours per week, as set out by the GPhC (currently 28 hours across four days). Trainees must be supported to meet the rotation objectives and outcomes and have multidisciplinary learning opportunities facilitated.

Examples of 13-week multi-sector placements:

13-week single block placements

13 weeks with lead employer	13 weeks with 2 nd host	26 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, 2 days with 2 nd host	13 weeks with lead employer

Do multi-sector placements have to happen at specific times in foundation training?

The timing of placements within foundation training is at the discretion of the rotation providers. However, it is expected that the trainee starts their training with their lead 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 with their primary employer to allow consolidation of their learning.

Can the trainee pharmacist spend their multi-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 given the opportunity to embed themselves as part of the multidisciplinary team. To support this, it is expected that the trainee should spend the majority of their time in the multi-sector rotation at a single site. However, visiting other sites is acceptable and is encouraged.

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 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, other healthcare professionals and the wider multidisciplinary team involved in delivering care to patients.

The time spent with other healthcare professionals must cover clinical duties as well as non-clinical activities relevant to a pharmacist. It should include experience with practitioners delivering acute and chronic disease management, mental health services, substance misuse services and demonstrating the broad range of consultations and activities undertaken by the pharmacist.

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 multi-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 role of the Designated Supervisor(s)

The GPhC describes the role of the Designated Supervisor within the 2021 Standards for IETP:

“The designated supervisor is responsible for having oversight of the trainee’s training and for signing off the trainee’s competence at the end of the foundation training year. They should be a source of advice and guidance and will work with practice partners to support the trainee in meeting the learning outcomes in these standards.”

Trainee pharmacists must have a Designated Supervisor for any training location where they spend 13 weeks or more during the training programme, who, working with everyone involved, is responsible for co-ordinating their supervision, overseeing their progress and final sign off / declaration that all learning outcomes have been met.

This final declaration is part of the application for registration and includes confirmation that the trainee has demonstrated competence appropriate to a newly registered pharmacist by the end of their training and that they are a fit and proper person to be registered as a pharmacist. The designated supervisor must be a pharmacist and meet the [GPhC requirements for Designated Supervisors](#).

Most trainees will have a designated supervisor based at both the host pharmacy and the rotation site. The designated supervisors have several roles:

- Supporting the trainee to get the best from their training programme,
- Supervising the trainee’s practice and providing feedback,
- Providing support and guidance to other staff who are supervising the trainee,
- Providing regular feedback based on observation and review of submitted evidence,
- Completing formal training reviews for GPhC at weeks 13, 26, 39 and 52,
- Declaring if the trainee is competent, based on the evidence gathered throughout the programme, to join the register as a pharmacist.

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.

At times, the designated supervisor may also choose to delegate the supervision of the trainee pharmacist to another suitably experienced person, called a “practice supervisor”. The main responsibility of the practice supervisor is to ensure that trainees only carry out tasks which they are competent to do, or are learning under supervision to be competent, so that patient safety is always maintained.

Assessment activities may require a trainee pharmacist to complete an activity that would normally be conducted by a registered pharmacist or other appropriately registered healthcare professional. Where this is the case, the designated supervisor must ensure that there is appropriate supervision (e.g., direct observation / supervision) in place so that patient safety is maintained at all times.

There must be agreed systems for supervision in place in all practice environments to make sure safe, person-centred care is always delivered.

The practice supervisor may also be an appropriate person to supervise and assess some of the assessment activities using the associated assessment tools. The designated supervisor must be assured that any practice supervisor participating in assessment activities is appropriately experienced and trained to conduct assessments. The designated supervisor will retain responsibility for the final sign-off of learning outcomes against any evidence provided by supervised learning events (SLE) that are assessed by practice supervisors.

Getting involved – information for training sites:

Who can host a trainee?

Hospital or community pharmacies who have partnered with a rotation provider (e.g., health and justice setting, Integrated Care Board (ICB), PCN, general practice) to deliver a joint foundation training programme.

The GPhC stipulates trainees must spend 26 weeks of their foundation training 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 NHSE WT&E’s training contribution or the NHS training grant, as appropriate, for the entire year) and partnering with a rotation site to host the trainee for 13 to 26 weeks.

The rotation site must employ a 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 with relevant experience for the sector in which they will be supervising. The rotation 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 who can act in the capacity of a host and a rotation site who can work in delivering a multi-sector placement.

Consider the number of cross sector trainees you would like to host / employ, keeping in mind the designated supervisor requirements.

The next step is to decide length of placement. If a 13-week or 26-week rotation is preferred, then the below steps must be followed:

- Trainee pharmacists must be recruited via Oriel, the national recruitment system for trainee pharmacists.
- Successful cross sector placements will need to enter their placements into the Oriel system by 1st March each year (the year preceding the planned trainee start). This should be done by the host employer (community or hospital).
- Following the [Oriel](#) recruitment process, trainees will be allocated to placements with no need to recruit directly.

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 behaviors that patients and the public expect from a qualified pharmacist. The host organisation (community or hospital) sites must be registered as training providers with the GPhC and provide a training plan which is mapped to the interim learning outcomes.

We recommend that the host organisation and rotation site work together to produce a training plan. Refer to appendices for suggested activities that trainee pharmacists could complete within different rotation sites. These can be used to support the creation of a training plan.

Providers must have sufficient resources and capacity to meet the requirements of foundation training which include:

- **Enough suitably trained staff.** The rotation site must have a clinical pharmacist to act as a designated supervisor. The pharmacist must be in a patient-facing role to satisfy the requirement set by GPhC and must have been registered for at least 3 years when the trainee commences the programme. Other healthcare professionals **cannot** act as designated supervisors for trainee pharmacists. Training materials for designated supervisors are available from NHSE WT&E.
- **Appropriate 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, emails and e-portfolio.

Sharing responsibility for trainee pharmacists

Employment

All trainees will be employed by the pharmacy provider (either hospital or community) for the entirety of the 12 months. As the employer, they will retain overall responsibility for the trainee throughout, including the trainee's salary and all human resources (HR) processes and issues.

The employer will set the trainees' conditions of employment, meeting all legal and regulatory requirements, and is responsible for sharing all relevant information with the rotation partner e.g., hours of work etc.

The rotation site should assume responsibility for the day-to-day management of the trainee whilst on their rotation and provide a safe working environment to look after the health, safety and wellbeing of the trainee.

Each organisation must implement agreements in line with their HR and employment policies. Owing to the complexity of these employment arrangements, NHS England is not able to provide a template memorandum of understanding (MoU) or honorary contract for use.

Facilities

Each organisation must ensure that there are sufficient facilities for the trainee while they are undertaking their multi-sector placement. This should include adequate space and access to electronic hardware. It also includes appropriate IT access including an nhs.net e-mail address and smart card with the appropriate permission settings. (See [appendix 5](#) for information on obtaining an NHS Smart Card).

Supervision

As trainee pharmacists are not registered healthcare professionals, they must always have access to appropriate supervision. The rotation designated supervisor has overall responsibility for supervision of the trainee whilst in that rotation setting with a responsibility for ensuring appropriate and adequate supervision and support is available for the trainee.

Performance

It is expected that designated supervisors share all information that might impact on a trainee's development throughout the programme and their ability to successfully complete their foundation training.

Each designated supervisor is expected to manage any minor issues relating to performance in their respective organisations. Any significant or recurrent issues with performance must be referred to the employing organisation designated supervisor for escalation using the employer's mechanism for managing performance issues.

For further guidance please refer to the [HEE Pharmacy Trainee Support Guide](#).

Leave

Annual leave entitlement will be included in the trainee's conditions of employment. There must be a clear process in place for booking leave and alerting both the employer and the rotation site of the trainee's leave. Similarly, there must be a clear process for how sickness and other absences are communicated to the employer to ensure they are appropriately recorded.

N.B. There are requirements, as set by the GPhC, regarding the total number of days the trainee can be absent within the 52-week period. See section 2.14 (Attendance) in [the GPhC Foundation Training manual](#).

Trainees will be required to attend regional and local study days as detailed in their GPhC training plan. These may be in person or virtually and rotation sites should enable trainees to attend these study days if these occur whilst on their rotation.

Indemnity

Both sites' must ensure that appropriate indemnity arrangements are in place to protect the trainee, their supervisors, and employers.

Change of Arrangements

If, for any reason, one of the host partners feels they can no longer facilitate the multi-sector placements as anticipated, this must be communicated immediately with the partner site. For any placements commissioned by NHS England, the NHS England regional team must also be informed.

The impact of any changes on the trainee's experience must be considered and all possible mitigations implemented.

If you are a trainee and have a change in designated supervisor, you must send a completed copy of the [GPhC Change of foundation training details form](#) to prereg@pharmacyregulation.org and trainee pharmacist@hee.nhs.uk. Your regional NHSE team should also be informed.

Mandatory Training

Each organisation must ensure that trainees have undertaken all appropriate mandatory training relevant to their sector or practice. More information can be found in the [induction process](#).

Formal Agreements

Each organisation must implement agreements in line with their HR and employment policies. Owing to the complexity of these employment arrangements NHS England are not able to provide a template memorandum of understanding (MoU) or honorary contract for use.

Occupational Health

Any person providing patient facing healthcare services should have occupational health screening. The purpose of this screening is two-fold; to identify any health issues which may pose a risk to patient and trainee safety and to identify any health issues which may require additional support to be provided during the training period. This may have been completed in the employing sector but need to consider the impact of the activities to be carried out in rotation site.

Induction

Please see [Appendix 6](#) for the induction checklist. A copy of this will also be available to trainees and designated supervisors via the e-portfolio.

Trainees must undergo an induction in both their host pharmacy and rotation setting. It is important for the trainee to orientate to the environment(s) in which they will be working.

The induction processes should ensure the trainee understands the key aspects of the training programme and how they will be supported. It also serves to identify any supportive needs or other factors which may affect the success of training. Most of the activities should have been conducted as part of the induction in the employing sector. However, this must be reviewed by the designated supervisor in the rotation to ensure that any statutory or additional requirements are met.

NHS England require that these induction processes are carried out during the first **TWO WEEKS** (10 working days) of training in the sector/placement. It may take longer for trainees undertaking a split-week arrangement to complete.

Assessment

During the foundation training programme each trainee must demonstrate and document their developing competence against the interim learning outcomes as set by the General Pharmaceutical Council (GPhC) and successfully pass the registration assessment. The designated supervisor(s) must be satisfied that their trainee has demonstrated competence against all the interim learning outcomes 'repeatedly and reliably' by the end of foundation training for the trainee to be eligible to register as a pharmacist.

Trainees are not expected to demonstrate each learning outcome in each setting if they undertake multi-sector training. The partner sites should work together to establish, via the training plan, which learning outcomes might be best met in each rotational setting to avoid duplication by the trainee.

NHSE has developed a common [Foundation Trainee Pharmacist Assessment Strategy](#) to support trainees and their supervisors. The NHSE Foundation Trainee Pharmacist Programme Assessment Strategy is designed to support practice-based assessment against, and sign-off of, the Learning Outcomes for year 5 of the GPhC Standards for the Initial Education and Training of Pharmacists (IETP).

The assessment strategy is provided to all foundation training sites in England, and we strongly recommend this is used to assess your trainee during their foundation training. Full details are available on the [HEE website](#).

A [series of training videos and templates](#) have been developed to help trainees and their designated supervisors collect evidence, including supervised learning events (SLEs).

E-portfolio for recording trainee progress

We have commissioned the Royal Pharmaceutical Society (RPS), in collaboration with Axia Digital, to deliver the e-portfolio system for all trainee pharmacists in England for the 2023/2024 foundation year.

This e-portfolio will directly support the use of the assessment strategy.

Recording evidence in an e-Portfolio facilitates better portability, flexibility, and accessibility to trainee evidence. The system also provides a method of ensuring the authenticity of trainees' work, using electronic signatures, and creates an audit trail for each trainee. The system allows

designated supervisors to monitor progress throughout training, comment on evidence, sign off learning outcomes and provide support where necessary.

It is highly recommended that all trainees use the e-portfolio. Details of the e-portfolio, assessment forms and video guides, supporting training materials and frequently asked questions including accessing the e-portfolio can be found on the [e-portfolio website](#).

Trainee Support

Across all professions, it is recognised that individuals sometimes encounter challenges during their training for a variety of reasons. For many trainees, this support will only be required for a short timeframe. In other cases, support and/or adjustments to training may be required for the full training period. Requests from trainees for additional support, advice and/or adjustments should be normalised within the training environment. Employers should ensure this is not associated with stigma or disadvantage.

NHS England does not employ pharmacy trainees but is responsible for commissioning training and providing a training contribution. It is the responsibility of NHS England to support and assure the delivery of high quality learning environments for trainee pharmacists. Therefore, NHS England has an interest in matters arising that relate to the education and training of pharmacy trainees in the employing organisation. In this context, NHS England has produced an England wide core [Trainee Support Guide](#). Employers should use the guidance to assist with decision making around the trainee's training and outcomes.

The reference guide is designed to complement, and should be read in conjunction with, employers' own local Human Resource and Occupational Health policies. The reference guide does not address issues relating to terms and conditions of employment.

Trainees have an employment relationship with their host employer and are therefore subject to their employing organisations' policies and procedures and related employment law and relevant legislation.

Trainees undertaking multi-sector training will be employed by their host site, this will be a hospital or community pharmacy. However, it is expected that they undertake an appropriate induction when commencing other placements and are made aware of relevant policies and procedures. See [induction](#) section.

Pharmacist Support – Pharmacist Support is an independent charity working for pharmacists and their families, former pharmacists and pharmacy students to provide help and support in times of need <https://pharmacistsupport.org/>

An information pack with specific information for trainee pharmacists is available at:

<https://pharmacistsupport.org/wp-content/uploads/2022/03/Pharmacist-Support-Trainee-Information-Pack.pdf>

Reporting to NHS England

NHS England, as the commissioner of training, is limited to providing support or guidance in the following areas:

- Signposting to additional support and guidance and ensuring all options have been explored.
- Advice regarding action planning.
- Advice regarding extensions or amendments to the training period, including requests for part time working or breaks in training.

Demonstrable consent **must** be obtained from the trainee prior to seeking the support and/or active involvement of NHS England in any situation where a trainee requires additional support.

The GDPR defines the consent of the data subject as: ‘any freely given, specific, informed and unambiguous indication of the data subject’s wishes by which he or she, by a statement or by a clear affirmative action, signifies agreement to the processing of personal data relating to him or her’.

‘Clear affirmative action’: Consent must be given through a clear affirmative act that reflects the willingness to accept the processing of personal data.

Trainees may contact NHSE directly. If contacting NHSE on behalf of a trainee consent must be obtained from the trainee and recorded using Appendix 6 of the [trainee support guide](#). When obtaining consent from the trainee, it should be explained to them that as NHS England is neither the regulatory body nor the employer its involvement is to ensure that all support and adaptations have been put in place to maximise the likelihood of a successful outcome to training.

To contact NHSE to seek trainee support use the appropriate survey link in [Appendix 4](#).

If consent is not obtained from the trainee, contact can only be made with NHS England which does not disclose any personal information about the trainee.

Direct reporting by trainee

If a trainee does not feel able to discuss their additional support needs with their designated supervisor(s) or any other individual within the employing organisation they can report issues and problems directly to the NHSE regional team by completing the appropriate survey in [Appendix 4](#). We encourage trainees to make every effort to seek help within the organisation before they do so.

If not directly related to trainee support, trainees and/or their supervisors can get in touch with NHSE regional pharmacy teams using the [contact](#) details above.

If a trainee has concerns about malpractice, wrongdoing, or fraud, they can also call the ‘Speak Up’ helpline for specialist signposting, advice and guidance. Information regarding this is given below:

Raising a concern with NHS England

This provides another source for NHS employees across England to raise concerns and disclosures about their workplace in circumstances where a direct approach to their employer is not favoured, suitable or appropriate.

I need to raise a concern. What do I do?

When a concern feels serious because it might affect patients or people receiving care, colleagues, or your whole organisation, it can be difficult to know what to do. You may feel that raising the matter would be disloyal to colleagues, to managers or to your organisation.

However, everyone working in healthcare has a duty to follow their professional code of conduct and put patients and the people they care for first and protect their safety.

We would always encourage you to try to resolve any concern you have within your organisation first. If you feel unable to do so, you can speak to NHS England.

What types of concerns can I raise?

You can raise a concern about risk, malpractice or wrongdoing you think is harming the service your organisation delivers. Examples of a concern which NHS England can investigate include:

- Concerns about unsafe patient care,
- Poor clinical practice or other malpractice which may harm patients,
- Failure to safeguard patients,
- Maladministration of medicines,
- Untrained staff,
- Unsafe working conditions,
- Lack of policies,
- A bullying culture,
- Staff who are unwell or stressed and not seeking help.

Advice and support

If you are unsure about whether your concern is genuine, you can also contact: [Speak up](#) for free, independent, confidential advice on the speaking up process, [Protect](#), (formerly Public Concern at Work), your professional body or trade union representative.

Speak Up Helpline

This helpline is a free-phone service for employees, and organisations working within the NHS and social care sector.

Telephone: 08000 724 725 Web: <https://speakup.direct/>

Protect Helpline

This is a free and confidential helpline offering guidance and support on whistleblowing.

Telephone: 020 3117 2520 Web: <https://protect-advice.org.uk/>

Resources for Trainee Pharmacists

Recommended

GPhC Foundation training manual – All GPhC guidance and documents required for your foundation training, including the performance standards and assessment information:

<https://www.pharmacyregulation.org/sites/default/files/document/gphc-pharmacist-foundation-training-manual-2021-22.pdf>

The Trainee Pharmacist Foundation Programme

Access to [Foundation Trainee Pharmacist Assessment Strategy](#) and associated assessment tools, information for trainees and trainee pharmacist learning resources.

<https://www.hee.nhs.uk/our-work/pharmacy/trainee-pharmacist-foundation-year-programme>

Royal Pharmaceutical Society (membership required for some resources) – A number of professional and clinical resources including “A Practical Guide for Pharmacists in GP Practices” – with relevant resources for foundation pharmacists as well as considerations if they want to take this further post qualification: <https://www.rpharms.com/resources/ultimate-guide-and-hubs/ultimate-guide-to-working-in-a-gp-practice>.

Includes: [Medicines optimisation hub](#), [Medication history quick reference guide](#), [Medicines adherence quick reference guide](#), [Polypharmacy: Getting it right for people prescribed many medicines](#), [Counselling patients on medicines](#), [Medication Review quick reference guide](#), [Protecting vulnerable adults quick reference guide](#), [Protecting children and young people quick reference guide](#), [Handwashing](#).

Centre for Pharmacy Postgraduate Education (CPPE)

A wide range of resources to support you including e-learning and downloadable distance learning programmes. CPPE also runs workshops (online or face to face), facilitated by experienced tutors. Trainee pharmacists page: <https://www.cppe.ac.uk/career/pre-reg>.

Resources for Designated Supervisors

CPPE

Helping others learn e-learning. The aim of this learning programme is to provide you with an overview of teaching and learning theory for adults and includes case study examples available for use or adaptation in your workplace: <https://www.cppe.ac.uk/programmes/l/learn-e-02>

Feedback guide. This programme will provide you with step-by-step guidance on how to provide appropriate and timely feedback to people you work with in order to motivate them and improve performance. It will also help raise your self-awareness by encouraging feedback and provide you with some useful points of action as you work through the programme.

<https://www.cppe.ac.uk/programmes/l/feedback-g-01>

GPhC

GPhC designated supervisor suitability policy:

<https://www.pharmacyregulation.org/sites/default/files/document/designated-supervisor-suitability-policy-2021-22.pdf>

GPhC guidance for foundation training supervisors:

<https://www.pharmacyregulation.org/sites/default/files/document/guidance-for-foundation-training-supervisors-2021-22.pdf>

GPhC designated supervisor development resource:

https://www.pharmacyregulation.org/sites/default/files/document/designated-supervisor-development-resource-2021-22_.pdf

GPhC Foundation Training manual

<https://www.pharmacyregulation.org/sites/default/files/document/gphc-pharmacist-foundation-training-manual-2021-22.pdf>

GPhC Standards for the initial education and training of pharmacists:

<https://www.pharmacyregulation.org/sites/default/files/document/standards-for-the-initial-education-and-training-of-pharmacists-january-2021.pdf>

Health Education England (now NHS England)

Designated Supervisor Information and Resources

<https://www.hee.nhs.uk/our-work/pharmacy/trainee-pharmacist-foundation-year-programme/designated-supervisor-information-resources>

Quality Framework

The NHS ENGLAND Quality Framework for education and training sets out the expectations for quality within the work-based learning environment. <https://www.hee.nhs.uk/our-work/quality>

eLearning for Healthcare (eLfH) modules.

Provides access to a large number of clinical and skills-based topics within the e-Learning for Healthcare (e-LfH) portfolio.

Access through using NHS mail account, Athens account or via CPPE:

<https://www.cppe.ac.uk/programmes/l/leaders-e-00/> Includes:

Pharmacist Tutor Training

https://portal.e-lfh.org.uk/myElearning/Index?HierarchyId=0_38346_38346&programmeld=38346

Statutory and Mandatory training

https://portal.e-lfh.org.uk/myElearning/Index?HierarchyId=0_38346_38346&programmeld=38346

Resources for remote consultations –

e-LfH - https://portal.e-lfh.org.uk/Catalogue/Index?HierarchyId=0_45016&programmeld=45016

Full catalogue >Coronavirus (COVID-19) >Resources for Staff Working in a Primary Care and Community Setting >Telephone and video consulting

Appendices

Appendix 1 - Summary of Interim Learning Outcomes

Appendix 2 – General Practice Trainee Pharmacist Rotations

Appendix 3 – Health and Justice Trainee Pharmacist Rotations

Appendix 4 - Consent to involve NHS England in additional support and/or advice

Appendix 5 – Obtaining an NHS Smart Card

Appendix 6 – Induction Checklist

Appendix 1 – Summary of interim Learning Outcomes

Person centred care and collaboration		
1.	Demonstrate empathy and keep the person at the centre of their approach to care at all times	Does
2.	Work in partnership with people to support and empower them in shared decision-making about their health and wellbeing	Does
3.	Demonstrate effective communication at all times and adapt their approach and communication style to meet the needs of the person	Does
4.	Understand the variety of settings and adapt their communication accordingly	Does
5.	Proactively support people to make safe and effective use of their medicines and devices	Does
6.	Treat people as equals, with dignity and respect, and meet their own legal responsibilities under equality and human rights legislation, while respecting diversity and cultural differences	Does
7.	Obtain informed consent before providing care and pharmacy services	Does
8.	Assess and respond to the person's particular health risks, taking account of individuals' protected characteristics and background	Does
9.	Take responsibility for ensuring that personal values and beliefs do not compromise person-centred care	Does
10.	Demonstrate effective consultation skills, and in partnership with the person, decide the most appropriate course of action	Does
11.	Take into consideration factors that affect people's behaviours in relation to health and wellbeing	Does
12.	Take an all-inclusive approach to ensure the most appropriate course of action based on clinical, legal and professional considerations	Does
13.	Recognise the psychological, physiological and physical impact of prescribing decisions on people	Does
14.	Work collaboratively and effectively with other members of the multi-disciplinary team to ensure high-quality, person-centred care, including continuity of care	Does
Professional Practice		
15.	Demonstrate the values, attitudes and behaviours expected of a pharmacy professional at all times	Does
16.	Apply professional judgement in all circumstances, taking legal and ethical reasoning into account	Does
17.	Recognise and work within the limits of their knowledge and skills, and get support and refer to others when they need to	Does
18.	Take responsibility for all aspects of pharmacy services, and make sure that the care and services provided are safe and accurate	Does
19.	Take responsibility for all aspects of health and safety and take actions when necessary, particularly but not exclusively during the COVID-19 pandemic	Does

20.	Act openly and honestly when things go wrong and raise concerns even when it is not easy to do so	Does
21.	Apply the science behind pharmacy in all activities	Does
22.	Demonstrate how the science behind pharmacy is applied in the discovery, design, development and safety testing of medicines and devices	Knows how
23.	Recognise the technologies that are behind developing advanced therapeutic medicinal products and precision medicines, including the formulation, supply and quality assurance of these therapeutic agents	Knows how
24.	Keep abreast of new technologies and use data and digital technologies to improve clinical outcomes and patient safety, keeping to information governance principles	Does
25.	Apply pharmaceutical principles to the safe and effective formulation, preparation, packaging and disposal of medicines and products	Shows how
26.	Consider the quality, safety and risks associated with medicines and products and take appropriate action when producing and supplying them	Shows how
27.	Take responsibility for the legal, safe and efficient supply and administration of medicines and devices	Does
28.	Demonstrate effective diagnostic skills, including physical examination, to decide the most appropriate course of action for the person. During the COVID-19 pandemic all relevant precautions must be taken to ensure the safety of the patient and foundation trainee when physical contact is necessary.	Shows How
29.	Apply the principles of clinical therapeutics, pharmacology and genomics to make effective use of medicines for people	Does
30.	Appraise the evidence base and apply clinical reasoning and professional judgement to make safe and logical decisions which minimise risk and optimise outcomes for the person	Does
31.	Critically evaluate and use national guidelines and clinical evidence to support safe, rational and cost-effective procurement for the use, and prescribing (by others) of, medicines, devices and services	Does
32.	Accurately perform calculations	Does
33.	Effectively promote healthy lifestyles using evidence-based techniques	Does
34.	Apply the principles of effective monitoring and management to improve health outcomes	Does
35.	Anticipate and recognise adverse drug reactions, and recognise the need to apply the principles of pharmacovigilance ¹	Does
36.	Apply relevant legislation related to prescribing	Does
37.	Prescribe effectively within the relevant systems and frameworks for medicines use	Does
38.	Understand clinical governance in relation to prescribing	Shows How
39.	Take responsibility for people's health records, including the legality, appropriateness, accuracy, security and confidentiality of personal data	Does

40.	Understand and implement relevant safeguarding procedures, including local and national guidance in relation to each person	Does
41.	Effectively make use of local and national health and social care policies to improve health outcomes and public health, and to address health inequalities	Does
42.	Proactively participate in the promotion and protection of public health in their practice	Does
43.	Identify misuse of medicines and implement effective strategies to deal with this	Does
44.	Respond appropriately to medical emergencies, including the provision of first aid	Shows how
Leadership and Management		
45.	Demonstrate effective leadership and management skills as part of the multi-disciplinary team	Does
46.	Make use of the skills and knowledge of other members of the multi-disciplinary team to manage resources and priorities	Does
47.	Develop, lead and apply effective strategies to improve the quality of care and safe use of medicines	Does
48.	Actively take part in the management of risks and consider the impacts on people	Does
49.	Use tools and techniques to avoid medication errors associated with prescribing (by others), supply and administration	Does
50.	Take appropriate actions to respond to complaints, incidents or errors in a timely manner and to prevent them happening again	Does
51.	Recognise when and how their performance or that of others could put people at risk and take appropriate actions	Does
52.	Demonstrate resilience and flexibility, and apply effective strategies to manage multiple priorities, uncertainty, complexity and change	Does
Education and Research		
53.	Reflect upon, identify, and proactively address their learning needs	Does
54.	Support the learning and development of others, including through mentoring	Does
55.	Take part in research activities, audit, service evaluation and quality improvement, and demonstrate how these are used to improve care and services	Does

More information is available on the [GPhC website](#).

Appendix 2 – General Practice

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 role of clinical pharmacists in general practice is now well established with continuously growing evidence of how the role is significantly benefiting patients. ‘Face to face’ consultations may be in the traditional ‘in person’ setting, however telephone and online consultations are increasingly adopted as they enable greater patient choice and accessibility.

Expectations of Trainee Pharmacist Rotations in General Practice

Rotations in general practice aim to provide trainees with an understanding of working within a multidisciplinary team and learning how pharmacy plays an integral role in patient care.

General Practice rotation expected outcomes:

The rotation in general practice will contribute to the trainee’s ability to meet the requirements of the regulator and, in addition, it is expected to support the trainee to:

- Demonstrate an understanding of the role of the clinical pharmacist in general practice as well as the systems and processes that apply in general practice
- Develop communication and consultation skills to interact effectively with patients and their carers, healthcare professionals and the public
- Respond to medication queries, complete medicines reconciliation and undertake medication reviews
- Conduct consultations with patients with a range of acute or chronic healthcare needs
- Use a range of basic clinical assessment skills, as listed in Box 1 below, demonstrating the rationale for undertaking each and how to interpret and act on the results
- Accurately interpret clinical data (medical notes entries, laboratory and other tests)
- Monitor ongoing treatment and make recommendations for common chronic conditions
- Evaluate the effect of multimorbidity and polypharmacy on individuals, take an individualised and holistic approach to shared decision making and make recommendations to adjust treatment appropriately. Including implementing deprescribing using a range of appropriate tools e.g. STOP/START
- Promote health and make every contact count.
- Undertake assessed patient medication reviews and receive feedback, for 13-week placements a minimum of two is expected, for 26-week placements a minimum of four with increasing complexity*.

**Examples of more complex reviews include the review of multiple medicines for more than one condition, patients with known adherence issues or patients with communication issues*

Box 1. Required Clinical Assessment Skills

All trainees should have exposure to and develop basic level of competence in, clinical assessment skills during their rotation in general practice. The focus should be on those clinical assessment skills that are most relevant to the pharmacist’s role in their practise. To support this, the CPPE clinical examination and procedural skills assessment record (CEPSAR) has been provided separately for recording progress with the expected clinical assessments.

Further details are available in the [CEPSAR](#) handbook, including information on how to undertake the clinical assessments, and a log for recording progress.

- | | |
|--------------------|---------------------------|
| - weight | - blood pressure |
| - height | - oxygen saturation |
| - BMI | - urinalysis |
| - heart rate | - capillary blood glucose |
| - respiratory rate | - peak flow |
| - temperature | |

Some trainees may have between 13 and 26 weeks of general practice experience. These trainees should work towards the outcomes of the 26-week placement.

These are the minimum expected outcomes for the duration described. Many trainees will undertake additional activities or may be performing more advanced or complex tasks.

[Table 2](#) has a list of suggested activities that may be completed in general practice and are linked to GPhC Learning Outcomes that completion of the activities may provide evidence towards. Further information linking suggested activities and Learning Outcomes can be found in the [Foundation Trainee Pharmacist Assessment Strategy](#).

Indemnity

The Clinical Negligence Scheme for General Practice (CNSGP) provides cover for clinical negligence claims for activities provided under a GMS, PMS or APMS contract or as enhanced primary care elements under Schedule 2L of the NHS Standard Contract.

In either case, all employees of the organisation contracted to deliver the care who provide care commissioned under a Primary Care Contract or direct sub-contract will receive cover under CNSGP.

If the services are not being provided under a Primary Care Contract, or a direct sub-contract to a Primary Care Contract, the services may still be covered if you can answer “yes” to all the following questions:

- 1) Are you carrying out an activity that consists of, or is in connection with, the provision of NHS services?

- 2) Are those NHS services being provided by, or under a contract with, a person or organisation whose principal activity to provide primary care under a Primary Care Contract?
- 3) Is the activity in question connected to the diagnosis, care, or treatment of a patient?

Where a GP practice meets the above criteria then employees of the practice *and any other individual otherwise engaged, or permitted, by the practice to carry out the services* that are covered will themselves be covered by CNSGP.

More information on the CNSGP can be found on the [NHS Resolution website](#).

It should be noted that the indemnity provided by the CNSGP covers clinical negligence only, therefore employers, the general practice, designated supervisors **and** trainees should have appropriate additional indemnity arrangements in place for their scope of practice.

General Practice Specific Resources:

Guide to Quality and Outcomes Framework (QOF) – Information on the QOF incentive programme through which GP practices are financially rewarded for achievement of quality indicators and outcome measures. <https://qof.digital.nhs.uk/>

CPPE learning programmes – All can be accessed via <https://www.cppe.ac.uk>

CPPE Primary care essentials e-course

The CPPE Primary care essentials (trainee pharmacist self-directed) e-course

The CPPE *Primary care essentials* e-course is an excellent introduction to working in a GP surgery. Trainee pharmacists who are working in general practice and their designated supervisors will be able to access this e-course via the CPPE website via the following link <https://www.cppe.ac.uk/programmes/l/pcp-ec-01>

The aim of the *Primary care essentials* e-course is to introduce the fundamentals of new roles in primary care.

What does the e-course cover?

This e-course will cover NHS and primary care structure, introduction to local general practice and care homes, medicines optimisation, medication review, prescribing and repeat prescribing, prescribing data, clinical information technology systems, audits, evidence-based use of medicines, working within the multidisciplinary team and person-centred professionalism.

There is also a [CPPE Primary care essentials e-assessment](#) that you can use to test your knowledge after you have completed the e-course.

How will you learn?

To get the best learning experience from the Primary care essentials e-course we recommend that you take part in online discussion forums with your colleagues, share ideas of best practice

and take part in problem-solving exercises together, as well as completing the tasks in each unit.

We have structured the programme into ten learning units and we estimate that you will probably need to commit between eight to ten hours of learning per unit to gain maximum benefit from the programme. By working through the activities in each unit and focussing on the tasks relating to your role, you will develop knowledge, skills, experience, and behaviours to support you in a role in primary care.

We have designed the course so that you can dip in and out and focus on the areas of learning that are most relevant to you. You can start the e-course at any time during your foundation training so we suggest that you book onto the course before you start your general practice placement, look at the course overview to find out what learning is provided each week and work with your designated supervisor to plan which parts of the e-course you will do and when.

How do I book on?

- You need a username and password for the CPPE website before you can book onto this e-course. If you don't already have a username and password you can register at <https://www.cppe.ac.uk/mycppe/login>

You will need your GPhC pharmacist application number to register

- Log into the CPPE website at: www.cppe.ac.uk and type *fundamentals* into the search function at the top of the webpage.
- Click on the **Primary Care Essentials e-course** and then click on *Book a place*.
- You will receive a number of emails from noreply@cppe.ac.uk (check your junk/spam email if you don't receive these emails)
 - Booking confirmation email
 - Registration with CPPE Canvas confirmation email - this email provides details of your username and password for Canvas which is the virtual learning environment where the e-course is hosted.
 - CPPE course enrolment confirmation for CPPE Canvas – this email includes the link to log on to your account

If you have any problems with accessing the e-course contact info@cppe.ac.uk

Further support for trainee pharmacists from CPPE

As you start your foundation training it can seem a challenge to maintain your learning while you are working in practice. CPPE learning programmes support you to prepare for your exam and gain evidence towards GPhC learning outcomes. You can find out more in the **CPPE trainee leaflet** https://www.cppe.ac.uk/wizard/files/publications/leaflets/cppe_registration_mailer-web.pdf

You can also find CPPE and peer support through the CPPE **Pre-reg Facebook page**

Other recommended gateway pages (not essential and number of learning programmes undertaken will depend on GP rotation length and availability):



- Consultation skills
- General Practice
- Genomics
- Medication review



Table 2: Suggested activities in general practice, mapped to assessment strategy activities and learning outcomes See Foundation Trainee Pharmacist Assessment Strategy for further information.			
Assessment strategy activity	Sector example(s)	Learning outcomes	Example assessment tools
Group A: Clinical and patient facing activities			
Medicines reconciliation	Medicines reconciliation (patient discharge or transfer of care between settings e.g. hospital, care homes)	3, 7, 14, 15, 18, 39, 49	Mini-CEX, DOPs, Contribution to care log
Patient consultation: Medicines use	Undertake medication review or chronic disease consultations (with appropriate supervision)	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 16, 17, 18, 28, 30, 33, 34, 35, 36, 37, 38, 41, 42	DOPS, Mini-CEX, MRCF
Patient consultation: diagnose, assess, recommend	Observe experienced healthcare staff undertaking physical assessments	1, 3, 4, 5, 6, 7, 8, 9, 10, 14, 17, 34	Reflective summaries
	Develop, undertake (with appropriate supervision) and be assessed undertaking physical assessments		DOPS, Mini-CEX, MRCF
	Supported interpretation of medical history, physical, biochemical and other clinical assessments	10, 12, 13, 14, 16, 18, 21, 26, 27, 28, 30, 31, 34, 35, 46, 48	Contribution to care log
	Observe and reflect on acute and chronic disease clinics conducted by a range of healthcare professionals	4, 11, 13, 38, 53	Reflective summaries, contribution to care log
Medicines optimisation	Liaison with community/hospital pharmacy	3, 4, 10, 14, 15, 27, 39	DOPs, Contribution to care log
Patient focused public health intervention	Observe/contribute to a smoking cessation clinic and/or weight management clinic or vaccination service (seasonal flu).	1, 2, 3, 6, 7, 9, 10, 11, 14, 17, 18, 27, 33, 41	DOPs, Mini-CEX, MRCF

Responding to a medicine enquiry	Responding to medicines queries – patient and health care professionals	1, 2, 3, 4, 5, 6, 8, 9, 10, 11, 12, 14, 16, 17, 18, 21, 30, 31, 34, 35, 54	DOPs, Mini-CEX, Contribution to care log
Medicines safety activity	Reception duties & management of repeat prescriptions	1, 3, 4, 6, 7, 10, 14, 39, 49, 52	DOPs
	Identification and escalation or resolution of risk issues	3, 6, 15, 16, 17, 18, 19, 20, 31, 45, 47, 48, 49, 50, 51, 52	DOPs
	Action and respond to MHRA alerts	3, 4, 5, 12, 14, 19, 34, 40	DOPs, contribution to care log
Group B: Healthcare quality and improvement			
Service improvement	Completion of audit/QI project	47, 48, 49, 55	Completed project and reflection on activity
	Running reports and searches	14, 17, 18, 26, 31, 34, 35, 37, 39, 41, 43, 47, 48, 49, 55	Completed project and reflection on activity
	Undertake patient satisfaction survey	45, 47, 50, 53, 54, 55	Completed PSQs and reflection on activity
Teaching and mentoring	Prepare and deliver an educational session for the practice team	3, 4, 14, 45, 46, 51, 53, 54	Lesson plans, participant feedback, reflection on activity, peer assessment
Public health / health inequalities activity	Participate in public health campaigns	11, 33, 42, 46	Reflection on activity
Group C: Supplying medicines activities			
Dispensing prescriptions and	Observation/working with staff managing repeat dispensing process (reception staff, clerks, pharmacy staff)	17, 18, 19, 26, 27, 31, 34, 36, 37, 38, 39, 49,	Miscellaneous evidence (screening competency logs),

preparing medicinal products			MiniCEX, contribution to care log
Group E: Personal development and progression			
PDP and LNA	Completion of reflective records of evidence	53	MRCF,
	Reflecting on performance and producing SMART objectives for further development	53	Completion of PDP and LNA within e-portfolio
	Managing own timetable	52	
	Engagement in GPhC progress reviews with DS	20, 51, 52, 53	Completion of evidence in e-portfolio and GPhC reviews
Multisource feedback	Undertakes multisource feedback	51, 53	Completion of MSF and PSQ within e-portfolio

Appendix 3 – Health and Justice

As a result of the recent changes in initial education and training for pharmacists as published by the General Pharmaceutical Council (GPhC), NHS England are supporting a national expansion of embedding Trainee Pharmacist placements within the Department of Health and Justice.

In 2022 across England there were 120 prisons for adults, four under-18 young offender institutions (YOI) three secure training centres (STC) and 14 secure children's homes (SCH). More than 45 of these sites have an on-site dispensing pharmacy.

Prison sentences are getting longer, with an increasing population of older prisoners. The purpose of healthcare in prisons, YOIs and STCs, including medicines optimisation, is to provide an excellent, safe and effective service to all people in custody equivalent to that in the community. This means pharmacy service provision includes the supply of medicines, medicines handling and governance as well as clinical pharmacy services aligned with those provided in GP practices. People in custody expect to experience improvement in their health and wellbeing, particularly in respect of recovery from substance use, mental health problems, management of long-term conditions and access to public health interventions to prevent disease and illness.

Services in all custodial settings are subject to independent inspection and challenge by the Care Quality Commission (CQC), HM Inspectorate of Prisons, Independent Monitoring Boards, Local Authorities, Coroners and the Prison and Probation Ombudsman. National Offender Management Service, The UK Health and Security Agency and NHS England work together to assure transparency as health services are scrutinised and to support learning from incidents as well as good practice.

Expectations of Trainee Pharmacist Rotations in Health and Justice

Trainee pharmacists will have an opportunity to be exposed to pharmacy practice within health and justice whilst learning to work with a wide multi-disciplinary team to deliver patient centred care in a safe and legal way.

Health and justice rotation expected outcomes:

The rotation in health and justice will contribute to the trainee's ability to meet the requirements of the regulator and, in addition, it is expected to support the trainee to:

- Have an in-depth understanding of health and justice and the role of the pharmacist as part of the wider healthcare team
- Differentiate between different types of, and understand how healthcare is delivered in, secure environments
- Develop communication and consultation skills to interact effectively with people within secure environments.
- Be competent with the clinical governance requirements, IT systems (e.g. SystmOne) and formularies within secure environments
- Develop close working relationships and understanding of mental health, substance use and prison staff to appreciate their roles to the delivery of healthcare to the patient
- Be competent with medicines reconciliation and reviews, provision of safe medicines and provision of advice around medicines within health and justice

- Be aware of the monitoring requirements for antipsychotics and other high-risk medicines used by mental health teams.
- Understand how to monitor for withdrawal symptoms and signs of potential overdose or continued use of illicit drugs.
- Implement strategies for risk reduction due to harm from misuse of prescribed medicines
- Use a range of basic clinical assessment skills, demonstrating the rationale for undertaking each and how to interpret and act on the results
- Monitor ongoing treatment and make recommendations for common chronic conditions.
- Understand the risk assessment strategies in place within health and justice such as risk assessment of medicines and in-possession risk assessments of patients
- Actively support transfer of care arrangements around medicines
- Complete a quality improvement project/audit cycle (optional - to be discussed with host organisation prior to starting placement)
- Promote health and wellbeing in line with public health initiatives

Clearance and Prison Induction

As trainees will be required to be onsite for a substantial period, they will require prison clearance. This can be a time-consuming event and can take up to three months. Once clearance is obtained the trainee will require a prison induction and key training. This should be arranged as soon as the identity of the trainee is made available.

The host organisation should contact the rotation site and inform of the trainee who will be undertaking the placement. The rotation site can then inform the prison security team to start the clearance process.

For shorter placements alternative arrangements can be in place. This is dependent on local security processes.

It is vital for this process to be considered in the planning of the placements.

Health and Justice Specific resources and support

NHS England Pharmacy Workforce Team england.hjpharmacyworkforce@nhs.net

Denise Farmer, National Pharmaceutical Adviser Health and Justice denisefarmer@nhs.net

[Pharmacy Workforce - Health & Justice Inclusive Workforce Programme](#)

NHS ENGLAND regional teams are available to answer questions and provide support.

CPPE Health & Justice resources

The CPPE Health and Justice (trainee pharmacist self-directed) e-course

The CPPE Health and Justice e-course is an introduction to working in Health and Justice. Trainee pharmacists who are working in Health and Justice will be able to access this e-course via the CPPE website via the following link:



Health and Justice pharmacy (prisons and secure environments) (cppe.ac.uk)

Table 3: Suggested activities in health and justice, mapped to potential learning outcomes and assessment tools

Assessment strategy activity	Sector example(s)	Learning outcomes	Example assessment tool
Group A: Clinical & Patient Facing Activities			
Medicines reconciliation	Medicines reconciliation	3, 7, 14, 15, 18, 39, 49	Mini-CEX, contribution to care log
Patient consultation: Medicines use	Undertake medication review	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 16, 17, 18, 28, 30, 33, 34, 35, 36, 37, 38, 41, 42	MRCF, Mini-CEX, contribution to care log, pharmacy peer assessment
Patient consultation: diagnose, assess, recommend	Observe experienced healthcare staff undertaking physical assessments	1, 3, 4, 5, 6, 7, 8, 9, 10, 14, 17, 28, 34	DOPS
	Supported interpretation of medical history, physical, biochemical and other clinical assessments	10, 12, 13, 14, 16, 18, 21, 26, 27, 28, 30, 31, 34, 35, 46, 48,	MRCF, Mini-CEX, contribution to care log, pharmacy peer assessment
	Undertake appropriate infection risk management processes before, during and after any patient contact	15, 18, 19, 28, 44, 48,	DOPS
	Observe and reflect on acute and chronic disease clinics conducted by a range of healthcare professionals	2, 3, 4, 5, 7, 8, 11, 13, 15, 17, 33, 38, 41, 45, 52, 53,	Reflective account
Medicines optimisation	Liaison with community and hospital pharmacy	2, 3, 4, 10, 14, 15, 27, 34, 38, 39	DOPS, Mini-CEX, contribution to care log
	Participate in multidisciplinary care plan management	14, 43	DOPS, CBD
Patient focused public health Intervention	Observe/contribute to a smoking cessation clinic	1, 2, 3, 6, 7, 9, 10, 11, 14, 17, 18, 27, 33, 41,	DOPs, MiniCEX
	Observe/contribute to a mental health clinic	1, 2, 3, 6, 7, 9, 10, 11, 14, 21	DOPs, MiniCEX
Medicines safety activity	Manage adverse drug reaction(s) and report a yellow card	34, 35, 39	DOPS

Responding to a medicines query	Responding to medicines queries – patient and HCP	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 16, 17, 18, 21, 30, 31, 34, 35, 54	DOPS, Mini-CEX, contribution to care log
Healthcare quality and improvement			
Service Improvement	Completion of audit/QI project	47, 48, 49, 55,	Completed project and reflection on activity
	Running reports and searches	14, 17, 18, 26, 31, 34, 35, 37, 39, 41, 43, 47, 48, 49, 55,	DOPS, CBD
	Implement strategies for risk reduction due to harm from misuse of prescribed medicine	16, 19, 27, 37, 43, 45, 47, 49	DOPS, CBD
Teaching and mentoring	Prepare and deliver an educational session for healthcare team	3, 4, 14, 45, 46, 51, 53, 54,	Lesson plans, participant feedback, reflection on activity, pharmacy peer assessment
	Prepare and deliver an educational session within host organisation describing healthcare within a secure environment.	3, 4, 14, 45, 46, 51, 53, 54,	Lesson plans, participant feedback, reflection on activity, pharmacy peer assessment
Public health / health inequalities activity	Participate in public health campaigns	11, 33, 42, 46,	Reflection on activity
Supplying medicines activities			
Technical and legal prescription issues: Identify and resolve	Dispense and accuracy check medications	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 18, 25, 26	Competency logs
	Clinical and legal check of prescriptions	1, 2, 3, 4, 5, 6, 9, 12, 14, 15, 16, 17, 18, 20, 24, 25, 26, 27, 29, 30, 31, 32, 34, 35, 36, 38, 39, 46, 43, 48, 49, 50, 51, 52	Screening logs, MiniCex, contribution to care log
Dispensing prescriptions and preparing medicinal products	Administration of medicines within substance misuse programmes	17, 18, 25, 26, 27, 32, 43, 48	Competency logs, DOPS
	Manage a MHRA medicines recall	47, 50	DOPS
	Fridge procedures and record keeping of temperature	4, 14, 18, 21, 22, 23, 25, 27, 34	DOPS

Mandatory and Specific Training			
Health and safety	Complete specific prison induction	6, 15, 16, 17, 18, 24, 40, 53	Certificate of completion, reflective account, learning needs analysis
Personal Development and Progression			
Multisource feedback	Undertakes multisource feedback	51, 53	Completion of MSF within e-portfolio
PDP & LNA	Engagement in GPhC progress reviews with DS	20, 51, 52, 53,	Completion of PDP and LNA within e-portfolio

Appendix 4 – Consent to involve NHS England in additional support and/or advice.

The following support can be offered to pharmacy trainees on NHS England commissioned placements:

- Signposting to additional support and guidance and ensuring all options have been explored
- Advice regarding action planning
- Advice regarding extensions or amendments to the training period, including requests for part time working or breaks in training

To request support from NHS England please complete the relevant survey link/email:

- East of England: <https://healtheducationyh.onlinesurveys.ac.uk/request-for-trainee-support-hee-east-of-england>
- London: <https://www.lasepharmacy.hee.nhs.uk/workforce-and-quality/> as
- Midlands: <https://healtheducationyh.onlinesurveys.ac.uk/request-for-trainee-support-hee-midlands>
- North East & Yorkshire: <https://healtheducationyh.onlinesurveys.ac.uk/tp-tras-request-ney-23-24-intake>
- North West: <https://healtheducationyh.onlinesurveys.ac.uk/tp-tras-request-nw-23-24-intake>
- South East: <https://healtheducationyh.onlinesurveys.ac.uk/request-for-trainee-support-south-east>
- South West: <https://healtheducationyh.onlinesurveys.ac.uk/request-for-trainee-support-NHS-England-sw>

On receipt of a request a member of the NHS England pharmacy team will contact the trainee and designated supervisor.

How do we process your personal data?

NHS England complies with its obligations under the GDPR by keeping personal data up to date; by storing and destroying it securely; by not collecting or retaining excessive amounts of data; by protecting personal data from loss, misuse, unauthorised access and disclosure and by ensuring that appropriate technical measures are in place to protect personal data.

The information that you supply to request additional support from NHS England will be collected electronically via Jisc Online Surveys. It will be stored safely in accordance with all the relevant information governance standards and NHS England policies and procedures. It will be kept for no longer than two years after the completion of training and will be securely deleted in accordance with our governance procedures.

We use your personal data for the following purposes:

1. To provide additional guidance and/or support to a trainee and/or the designated supervisor

2. To inform NHS ENGLAND finance teams of any change to the training period and/or breaks in training

Transfer of Data Abroad

We will not transfer your data abroad. Please note, however, that AWS hold their information in the Republic of Ireland.

We may share information, where necessary, to assist in the administration of justice, for the purposes of seeking legal advice or exercising or defending legal rights or as otherwise required by the law.

Where the data is used for analysis and publication by a recipient or third party, any publication will be on an anonymous basis, and will not make it possible to identify any individual. This will mean that the data ceases to become personal data.

Your Rights

The GDPR provides the following rights for individuals:

1. The right to be informed
2. The right of access
3. The right to rectification
4. The right to erasure
5. The right to restrict processing
6. The right to data portability
7. The right to object
8. Rights in relation to automated decision making and profiling.

To exercise all relevant rights, or for queries or complaints please in the first instance contact your relevant regional team.

Our Legal Basis for Processing

You can obtain further information relating to NHS England's legal basis for processing by viewing our privacy notice at <https://hee.nhs.uk/about/privacy-notice>

Further processing

If we wish to use your personal data for a new purpose, not covered by this Data Protection Notice, then we will provide you with a new notice explaining this new use prior to commencing the processing and setting out the relevant purposes and processing conditions. Where and whenever necessary, we will seek your prior consent to the new processing.

If you wish to withdraw your consent at any point, please contact the relevant regional team:

E-mail address

Northwest	medicinesoptimisation.north@hee.nhs.uk
Northeast and Yorkshire	medicinesoptimisation.north@hee.nhs.uk
Midlands	foundationpharmacy.midlands@hee.nhs.uk
East of England	Pharmacy.eoe@hee.nhs.uk
South West	Pharmacy.sw@hee.nhs.uk
London	Pharmacy.london@hee.nhs.uk
South East	Pharmacy.se@hee.nhs.uk

Appendix 5 – Obtaining an NHS Smart Card

To obtain a smart card the trainee pharmacist will need to meet with a Local Smartcard Administrator (known as a sponsor) at either the practice or pharmacy as soon as possible after starting, to show the required identity documents and have their photograph taken. The sponsor can then request a smartcard from the local registration authority. It is expected that most GP practices and many community pharmacies will have a member of staff that holds this role, but should trainees have difficulty in obtaining a smart card they should contact their local registration authority, a list of these is available at:

<https://digital.nhs.uk/services/registration-authorities-and-smartcards/primary-care-service-provider-contact-details>

The sponsor will then need to allocate the trainee pharmacist a role and an organisation. The role should be agreed locally depending on the requirements of the practice and pharmacy, and the trainee pharmacist may have different roles for each organisation or sector of practice. Suitable roles may include R8004 Healthcare Student Access Role or R8008 Admin/Clinical Support Access Role. Depending on local arrangements, sponsors may be able to add roles and organisations outside of their own organisation, for example a GP practice sponsor may be able to add a pharmacy organisation and appropriate role, however the trainee may need these to be added by each separate organisation. Some trainee pharmacists may already have a smartcard; in these cases, the sponsor can add the new organisation and roles to the existing smartcard.

For information on the required identity documents, please see <https://www.NHSEnglandemployers.org/publications/identity-checks>

For further information on smart cards, please see <https://digital.nhs.uk/services/registration-authorities-and-smartcards> or contact your local registration authority.

Appendix 6 – Induction checklist

Before Induction - for trainees to complete

Preparing for your training			
Item	Details	Issues identified yes/no	Completed (date and initial) and any action needed
DSs in each sector	Find out who your DSs are in each sector (fill in their names on the title page of this handbook) and contact each before your placement		
Access multi-sector rotation website	Access the website of your multi-sector rotation provider to identify services they deliver		
Opportunities in cross sector placement	Consider experiences or shadowing opportunities you would like to complete during your rotation to discuss with your DS. Can use the following tool to support conversations		

Induction for designated supervisors to complete:

This section outlines the local induction processes for trainee pharmacists undertaking a multi-sector placement. The aim of the induction processes is to ensure the trainee understands the key aspects of the training programme and how they will be supported. It also serves to identify any supportive needs or other factors which may affect the success of training. Most of the activities should have been conducted as part of the induction in the employing sector but should be reviewed by the designated supervisor in the rotation site as there may be additional requirements or adjustments.

NHS England require that these induction processes are carried out during the first **TWO WEEKS** (10 working days) of training in general practice. It may take longer for trainees undertaking a split-week arrangement to complete.

PLEASE NOTE:

A number of these induction processes must begin at the pre-employment stage, for example DBS checks and occupational health screening to ensure no delay to the start of training. Please also see section on [shared responsibility for trainees](#).

NHS England Foundation Training e-portfolio induction

Please see section on [resources](#) for guidance from the General Pharmaceutical Council (GPhC).

Please review each element of the induction checklist, date and initial once completed. Record if any actions are necessary and refer to the [Trainee Support guidance](#) if needed.

If additional support or information is required, please [contact the NHS England team](#).

Statutory and mandatory training required for all staff working in healthcare settings in the UK				
Item	Details	Completed yes/no	Action (SMART)	DS sign off
Relevant training provided by employer or through packages from e-learning for healthcare at	e-LfH Safeguarding - Level 2 or CPPE Safeguarding children and adults at risk: a guide for the pharmacy team e-learning and Safeguarding children and adults at risk - Level 2 e-assessment			
	elfh Fire safety - Level 1			
	elfh Health, Safety and Welfare - Level 1			

portal.e-lfh.org.uk/	elfh Moving and Handling – Level 1			
	elfh Infection Prevention and Control – Level 1			
	elfh Equality and Diversity and Human Rights - Level 1			
	CPPE Culturally competent communication in person-centred care e-learning			
	elfh Speak Up - Core Training for all Workers			
	Data Security Awareness – Level 1			
	Conflict Resolution Level 1			
	Preventing Radicalisation			

Workplace policies and procedures				
Item	Details	Completed yes/no	Action/Follow up needed	DS sign off
Trainees should have a thorough orientation of the working environment(s)	Key policies which outline working hours/absence/annual leave			
	Key members of staff and workplace structure			
	Key departments			
	Review of relevant standard operating procedures			
	Computer systems including electronic prescribing systems as appropriate			
	Smart cards and ID cards			
	E-mail (to include data security and contractability)			
	OpenAthens account			

	Electronic Staff Record (or equivalent system)			
	Supervision arrangements			
	Appropriate workspace in all sectors of working			
	Workplace facilities (toilets, lockers, canteen, etc)			
	Workplace Fire Procedures (fire assembly points, fire exits, etc)			
	Security and personal safety arrangements			
	Personal Protective equipment (PPE) guidance			

Expectations and professionalism				
Item	Details	Completed yes/no	Action needed	DS sign off
What the trainee can expect and what will be expected of them should be outlined at the beginning of the training year.	Discuss expectations of GPhC (See section 3. Starting your training in GPhC foundation training manual)			
	Discuss expectations of HEE (See section 3. Foundation Trainee Pharmacist Programme Assessment Strategy in Foundation Trainee Pharmacist Assessment Strategy)			
See	Expectations of organisation to include:			
	Learning contract discussed and signed			
	Frequency of meetings with designated and practice supervisor(s)			

GPhC Standards for Pharmacy Professional	Values and expectations for the training programme See GPhC guidance on religion, personal values and beliefs and Foundation Trainee Pharmacist Assessment Strategy			
	Timetable for the training programme			
	Time allocated for study			
	Balance of service delivery and training			
	Role development during training			
	Professionalism			
	Dress code			
	Key dates (progress reviews, training etc)			
	Organisational values			
	Social media guidance			

Trainees with additional needs requiring adjustment				
Item	Details	Issues identified yes/no	Action/Follow up needed	DS sign off
Discuss additional needs requiring adjustment which may affect the success of the training programme	Self-declaration of any additional educational needs/support needed during training (eg, dyslexia or any other disability which may affect training).			
	If the trainee will require adjustments (eg, extra time allowance) in the registration exam, this can be applied for: See GPhC Foundation Training Manual Section 5.5			

	<p>Requesting a reasonable adjustment for the registration assessment.</p> <p>Applications are normally made in March for the June assessment – HOWEVER PLEASE NOTE - if the trainee requires a new learning disability assessment, this may need to be conducted earlier in the training year.</p>			
Health and wellbeing				
Item	Details	Completed yes/no	Action needed	DS sign off
<p>The importance of the trainee’s health and wellbeing to the success of training should be reinforced.</p> <p>It is a requirement that trainees have a health and wellbeing check</p>	Confirmation that trainee is registered with a GP			
	Orientating trainee to health and wellbeing support available both within and external to the organisation			
	Pharmacist Support			
	RPS wellbeing resources (RPS membership required – subject to fee)			
	CPPE Resilience hub			
	Spaces in the workplace which can be used to rest/socialise and gain support from other staff/trainees			

within the first two weeks of the training commencing.	Discussion about resources and guidance for trainees requiring additional support (TRAS)			
	Sickness policy. The trainee must be aware of the implications for time away from training. See GPhC Foundation Training Manual Section 2.15 Attendance requirements			
	If more than 40 days is taken away from training, discussions with the GPhC and HEE will be required			

NHS England Workforce Training and Education (NHSE) formerly Health Education England (HEE)				
Item	Details	Completed yes/no	Action/Follow up needed	DS sign off
Introduction to the role of NHSE in the foundation training programme	Read HEE privacy notice			
	Watch the introductory video to the Foundation Trainee Pharmacist Assessment Strategy			
	Familiarise yourself with the HEE website and resources e-portfolio and downloadable resources Trainee pharmacist learning resources			
	Attend an HEE Foundation assessment strategy and e-portfolio induction session (if not already included as part of your programme)			

End



Glossary

CPPE	Centre for Postgraduate Pharmacy Education, provider of educational solutions for the NHS pharmacy workforce across England to maximise its contribution to improving patient care.
Designated Supervisor	The designated supervisor is responsible for having oversight of the trainee’s training and for signing off the trainee’s competence at the end of foundation training. They should be a source of advice and guidance and will work with practice partners to support the trainee in meeting the learning outcomes in these standards.
Employing sector	This refers to the pharmacy which employs the trainee (either community pharmacy or hospital)
GPhC	General Pharmaceutical Council, the independent regulator for pharmacists, pharmacy technicians and pharmacy premises in Great Britain.
Health Education England (HEE)	Health Education England, an executive non-departmental public body of the Department of Health and Social Care . Its function is to provide national leadership and coordination for the education and training within the health and public health workforce within England. From 1 st April 2023 HEE merged with NHS England to form one organisation.
NHS England (NHS E)	NHS England is an executive non-departmental public body of the Department of Health and Social Care. It oversees the budget, planning, delivery and day to day operation of the commissioning side of the National Health Service in England. As of 1 st April 2023 NHS ENGLAND and HEE merged to form one organisation.
RPS	Royal Pharmaceutical Society, the professional membership body for pharmacists and pharmacy
Trainee pharmacist	An individual who is undertaking their foundation training.
Training Programme Facilitator (TPF), Training programme Director (TPD),	Members of the NHSE Workforce, Training and Education team who support trainees and their supervisors as part of the foundation training year.



Regional facilitator (RF)	
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