



Prescribing Pharmacists Update - June 2024

Background:

New standards for the initial education and training of pharmacists (IETP) – describe changes to the undergraduate MPharm programme to incorporate appropriate clinical assessment skills, consultation skills and clinical reasoning to prepare pharmacists for prescribing activities. This includes a significant increase in the number of mandatory clinical placements at MPharm **undergraduate** level, these may be across community pharmacy, general practice and secondary care settings.

The postgraduate foundation trainee pharmacist year will include mandatory multi-sector placements from 2025/26 with inclusion of a rotation in an appropriate prescribing environment with view to complete the prescribing qualification. This means that all newly qualified pharmacists registered from August 2026 onwards will be qualified independent prescribers at the point of registration.

To support the transformational changes to the IEPT, the ARRS funding 2024/2025 has been expanded to allow for the 'Direct Patient Contact' (DPC) option to be used to support an increase in clinical pharmacist Designated Supervisor (DS) and Designated Prescribing practitioner (DPP) roles. Please see **Pharmacy Additional Roles Reimbursement Scheme Opportunities 2024 25**

How will this impact primary care?

- funding for foundation trainee pharmacists has been standardised across all sectors, so that from July 2025, the funding per trainee per year will be £26,500 (this includes salary and all on-costs)
- general practice and community pharmacy will need to increase capacity to host undergraduate placements, this will increase MPharm undergraduates' exposure to clinical settings and familiarise with delivering clinical care, effectively working within MDT and conducting patient consultations
- general practice can now apply to be a primary employer of trainee pharmacists, however the proposed training placement must include a rotation within a pharmacy/dispensary setting such as a community pharmacy or hospital pharmacy
- general practice training sites must be registered on Oriel
- practices or PCNs who wish to become host training sites, must be approved learning environments (ALE). Please see [NCL Training Hub - Approved Learning Environments](#)

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- practices/PCNs and community pharmacies will need to ensure there is adequate peer-to-peer clinical support and clinical supervision to develop the prescribing workforce and meet safe prescribing standards
- there will be a significant demand in designated prescribing practitioners (DPP) for trainee pharmacists to be able to complete the prescribing qualification. It is vital that the number of DPPs increases to meet this demand
- a DPP can be multi-professional
- designated supervisors (DS) for foundation trainee pharmacists MUST be an experienced and suitably trained pharmacist, ideally an NCL approved educator or completed appropriate supervisor training. It is vital that the number of senior pharmacists increases to meet this demand
- DPPs and/or the DS must have protected time to conduct clinical supervision activities with the trainee(s)
- PCNs with support from their ICBs can use the 'Direct Patient Contact' funding option to support an increase in the DPP/DS capacity

ACTIONS FOR PRIMARY CARE:

- encourage existing prescribing staff to become DPPs. See [DPP Training - ProPharmace](#)
- encourage experienced pharmacists to complete DS Training. See [Educational Supervisor Training - ProPharmace](#)
- ensure that all pharmacists within the current workforce have completed or registered on a prescribing course by April 2025
- ensure that newly recruited pharmacists are readied and prepared to take on prescribing activities. See [Emerging routes to early career prescribing in pharmacy Health Education England](#)
- develop and ensure adequate peer-to-peer clinical support and supervision (see Appendix 3)
- recruit or develop senior pharmacists within the workforce to support the newly emerging pharmacists
- practices are encouraged to consider hosting foundation trainee pharmacists (cohort 2025/26) for 13-week placement for completion of the prescribing qualification. Please complete [EOI to host foundation trainee pharmacist 13-week prescribing environment placement](#).

Useful resources:

[Implementing the Foundation Pharmacist Training Year 2025/26 Health Education England](#)

[Prescribing Supervision and Assessment in the Foundation Trainee Pharmacist Programme 2025/26](#)

[Designated Supervisor Requirements 2025-26](#)



Appendix 1: Why host a foundation trainee pharmacist in general practice settings?

- General practice is a rapidly developing sector of practice for pharmacy professionals with increasing numbers of practices and PCNs employing pharmacists in a patient facing role.
- Employing a trainee pharmacist can help to provide general practice with a sustainable workforce pipeline. Trainees can support with day-to-day workload within the practice contributing towards multiple QOF indicators or the DES (see Appendix 2).
- Hosting a trainee and watching their development can be a rewarding experience as well as providing a personal development opportunity to upskill supervisory skills.
- Working with other partners to provide training helps to build new or develop existing relationships with other healthcare providers in your local area.
- Allows you to support the development of the future workforce and showcase primary care place in healthcare.



Appendix 2: How could a trainee support my practice?

The types of activities that trainee pharmacists could support with are as follows:

<p>Effective medicines reconciliation at transfers of care including investigating queries, errors and omissions</p> <p>Interpreting medical history, physical, biochemical and other clinical assessments</p> <p>Dealing with medicines-related queries from patients and colleagues</p> <p>Facilitating education and training for staff and patients on medicines-related topics</p> <p>Inputting into repeat prescription processes</p> <p>Actioning and responding to MHRA and other safety alerts</p> <p>Undertaking physical assessments with appropriate supervision</p> <p>Developing policies and effective processes for medicines governance, including controlled drugs and repeat prescribing</p> <p>Identifying topics for local audit/QI projects and participating in chosen projects</p>	<p>Developing effective systems for monitoring high-risk medicines</p> <p>Monitoring and improving prescribing</p> <p>Effective antimicrobial stewardship</p> <p>Integrating the practice with local health and social care teams, including hospitals and care homes</p> <p>Using software tools to prioritise patients for medication review</p> <p>Supporting medication reviews for ambulant and housebound patients, and care home residents</p> <p>Delivering person-centred consultations about medicines, encouraging shared decision making</p> <p>Performing NHS health checks</p> <p>Caring for individuals with more long-term conditions (LTCs)</p> <p>Providing ongoing care for specific conditions (eg, secondary prevention of cardiovascular disease)</p> <p>Participating in public health campaigns</p>
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Trainee pharmacists could support practices to meet the following QOF indicators (**based on 23/24 guidance**). *N.B. This list is not exhaustive.* They could also support with vaccination and immunisation as per the Investment and Impact Fund as part of the Network Contract DES (**based on 23/24 guidance**).

<p>Atrial fibrillation – AF001, AF006, AF008</p> <p>Secondary prevention of coronary heart disease – CHD001, CHD005, CHD015, CHD016</p> <p>Hypertension – HYP001, HYP003, HYP007</p> <p>Stroke and transient ischaemic attack – STIA001, STIA007, STIA014, STIA015</p> <p>Cholesterol control and lipid management – CHOL01, CHOL02</p> <p>Diabetes mellitus – DM017, DM006, DM033, DM020, DM021, DM022, DM023</p>	<p>Asthma – AST005, AST007</p> <p>Chronic obstructive pulmonary disease – COPD015, COPD010</p> <p>Depression – DEP004</p> <p>Chronic kidney disease – CKD005</p> <p>Epilepsy – EP001</p> <p>Osteoporosis – OST004</p> <p>Rheumatoid arthritis – RA001</p> <p>Blood pressure – BP002</p> <p>Obesity – OB003</p> <p>Smoking – SMOK002, SMOK004, SMOK005</p>
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Example:

If an average surgery utilised a trainee pharmacist to support activities to meet their QOF CHOL001 and 002 this would generate approximately £6k per practice. For the trainee pharmacist, this type of activity could easily map to the Learning Outcomes they need to demonstrate around consultation skills and IT searching/audits and shared decision-making regarding cholesterol therapies.



Appendix 3: Clinical support and supervision

NCL Training Hub resources and support are free for all primary care workforce including pharmacists, trainee pharmacists, pharmacy technicians and pre-registration pharmacy technicians working in general and/or community pharmacy. Please see [NCL Training Hub - Pharmacy](#)

Clinical supervisors including DPPs and DSs should ensure that they join their local multi-professional educator group (MPEG). See [NCL Training Hub - education faculty](#)

All prescribing pharmacists are encouraged to subscribe to the NCL Training Hub newsletter which provides updates of education and training events and opportunities.

All primary care pharmacy workforce are encouraged to join the [NCL Primary Care Pharmacy Group](#) using the QR code below, which provides real time peer-to-peer support for pharmacists, foundation trainee pharmacist, pharmacy technicians and pre-registration pharmacy technicians working in primary care organisations across Barnet, Camden, Enfield, Haringey and Islington.

