

HWE Evening Webinar: Planning for Foundation Pharmacist Training 2026/27

14th January 2025



Session Content

Item No.	Timeslot	Agenda Item	Lead
1.	20:00 – 20:05	<ul style="list-style-type: none"> Welcome & Housekeeping Setting the Scene 	Leen Kubba, Primary Care Clinical Pharmacist Tutor
2.	20:05 – 20:20	<ul style="list-style-type: none"> Introduction: Multisector Partnerships for Foundation Pharmacist Training 2026/27 How PCNs can utilise ARRS funding to support Foundation Pharmacist Training Joint prescribing assessment opportunities between sectors DPP training options 	Cathy Geeson, ICB Pharmacy Workforce Lead
3.	20:20 – 20:35	<ul style="list-style-type: none"> Community pharmacy/General Practice partnership: Benefits, Challenges & Practicalities 	Suraj Varia
5.	20:35 – 20:40	<ul style="list-style-type: none"> General Practice: Insights on choosing to be a lead employer 	Dr Jack Hannah, GP Partner, Shephall Health Centre
6.	20:40 – 21:00	<ul style="list-style-type: none"> HWE multi-sector matching survey Q & A / Discussions 	Leen / Cathy



Setting the Scene

1. WHY is change needed?

NHSE changes to foundation training for 2025/26 onwards:

- IP training included
- Formal multi-sector placements recommended
- Deadline for applications for 26/27 programme is 1st March 2025

2. WHAT could the future look like?

- Opportunity to train & grow number of registered pharmacists
- Opportunity to retain the pharmacists you have (by increasing job satisfaction)

3. HOW can we make change?

- Build collaborative partnerships across sectors
- General Practice could utilise new ARRS funding to support the development of the pharmacy workforce

Introduction – Multisector Partnerships for Foundation Pharmacist Training 2026/27

Cathy Geeson – HWE ICB Pharmacy Workforce Lead

Key changes - Update on reforms to initial education and training for pharmacists (IETP)

- The full new learning outcomes (**incorporating independent prescribing**) will be used
- **All trainee pharmacists must be recruited through Oriol/NRS from 2025/26 onwards**
- The training site must be able to provide access to a **Designated Supervisor, DPP & Prescribing Learning Environment**



Key changes continued...

- **Lead employer** – Since 2025/26 General Practice can employ trainees
- **Funding:**
 - **£26,500** per training post (***contribution*** to all costs of hosting a trainee, including supervision, administration and salary costs)
 - All sites will have access to an NHSE-funded training offer



Multi-sector placement requirements

Multi-sector rotations **will not** be mandatory for the 2026/27 foundation training year. **They will be mandatory from 2027/28 onwards**

- **13-week or longer** rotation into another sector of practice
- One lead Employer must be identified
- For programmes including multi-sector rotations:
 - All training sites must be located within a '**reasonable**' **geographic distance** to the base site
 - Information about **travel arrangements** for rotations should be provided, such as availability (or lack) of transport links including public transport
 - It **cannot** be a requirement that a trainee has a car



Funding for multi-sector placements



- Lead employer could use some of £26,500 as a **placement fee** (e.g. £1,000 to £1,500 for 13 weeks)
- Where it is a reciprocal swap – payment **not expected**



Timeline for recruitment for 2026/27

Date	Activity	Notes
January 2025 - 1 st March 2025	Training sites entered into Oriel/NRS	<ul style="list-style-type: none"> • Must agree to terms of participation – agree that will provide access to DPP and prescribing learning environment • Do NOT need to identify who the DPP is and where the prescribing environment is • IF a multi-sector rotation is being including, must identify where this rotational site is
June 2025-October 2025	Application and Preferencing	Applicants apply to the NRS and create their preferences; a list of sites in which they wish to train
September 2025-October 2025	Assessments	Applicants undertake their recruitment assessment activity
December 2025	Allocation	Employers informed of trainees allocated to their training programmes and begin contacting them
		Informed if old or new LOs
June 2026	Supervisor details	Required to upload details of supervisors (Lead DS, additional DSs, DPPs) – declarations; outputs as e-portfolio access
Jul/Aug 2026	Trainee starts / Training Plan upload	Upload Training Plan to e-portfolio

Using ARRS funding to support foundation pharmacist training



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ARRS funding – Pharmacy roles

- What are the new roles (to train foundation pharmacists)?
 - Designated supervisors (DS)
 - Designated Prescribing Practitioners (DPPs)
- It is not new money
- It can be used as ‘backfill’ to release sessional time for supervision

Classification: Official



Pharmacy Additional Roles Reimbursement Scheme: Opportunities 2024/25

This briefing has been provided to inform local decision making around the opportunities for using the Direct Patient Care (DPC) category to support the training and retention of pharmacy staff, as part of the Additional Roles Reimbursement Scheme (ARRS) and NHSE Long Term Workforce Plan.

Primary Care Networks (PCNs) and Integrated Care Systems (ICSs) will need to agree how best to

Opportunities	Benefits
Supports workforce pipeline	<ul style="list-style-type: none"> Permits General Practice to 'grow your own' future workforce (clinical pharmacists, independent prescribers) This will permit trainees to gain training specific to General Practice, whilst also growing the overall pool of pharmacy trainees across the system
Supports retention of existing pharmacy staff	<ul style="list-style-type: none"> Promotes job satisfaction and retention of experienced members of the pharmacy team through opportunities to build their responsibilities by supporting education supervision and DPP capacity
Supports access to foundation training for pharmacy graduates (from summer 2025 Independent Prescriber training becomes a mandatory part of the foundation year, with multi-sector placements becoming mandatory from 2027)	<ul style="list-style-type: none"> From 2027, pharmacy graduates will not be able to train/register as a pharmacist without a minimum 13-week placement into another sector (requiring a DS), plus IP training (requiring a DPP) Currently there is a severe lack of General Practice placements & DPP provision across Herts and West Essex Access to a GP placements & DPPs will permit the trainee pharmacists to qualify and enter the workforce Direct benefits of hosting a trainee pharmacist include support day-to-day workload within the practice contributing towards multiple QOF indicators & the DES

How could a foundation trainee support my practice/PCN?

- | | |
|---|---|
| <ul style="list-style-type: none">• Effective medicines reconciliation at transfers of care including investigating queries, errors and omissions• Interpreting medical history, physical, biochemical and other clinical assessments• Dealing with medicines-related queries from patients and colleagues• Facilitating education and training for staff and patients on medicines-related topics• Inputting into repeat prescription processes• Actioning and responding to MHRA and other safety alerts• Undertaking physical assessments with appropriate supervision• Developing policies and effective processes for medicines governance, including controlled drugs and repeat prescribing• Identifying topics for local audit/QI projects and participating in chosen projects | <ul style="list-style-type: none">• Developing effective systems for monitoring high-risk medicines• Monitoring and improving prescribing• Effective antimicrobial stewardship• Integrating the practice with local health and social care teams, including hospitals and care homes• Using software tools to prioritise patients for medication review• Supporting medication reviews for ambulant and housebound patients, and care home residents• Delivering person-centred consultations about medicines, encouraging shared decision making• Performing NHS health checks• Caring for individuals with more long-term conditions (LTCs)• Providing ongoing care for specific conditions (e.g. secondary prevention of cardiovascular disease)• Participating in public health campaigns |
|---|---|

Practical considerations



Sessional payments:

Need to consider time commitment averaged over long term

Can be used to 'backfill' existing members of staff



When can this ARRS funding be used?

Non-nurse & non-doctor

Should not be used as 'double-payment'



Is there a process?

Yes, process & form developed by Training Hub & Primary Care Contracts team



Suggestions for joint prescribing assessment opportunities between sectors



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Nominated Prescribing Area

The nominated prescribing area **does not** need to be one in which the trainee pharmacist is actively diagnosing a 'new' or undifferentiated condition – it could for example be:

- the ongoing management of an existing condition (for example in a chronic condition clinic in general practice)
- medicines optimisation within the provision of clinical services (for example in the admissions setting in secondary care as part of medicines reconciliation)

Both examples above require diagnostic and /or clinical reasoning to be demonstrated and would give plenty of opportunity for the capabilities of a prescriber to be demonstrated.

Emerging routes to early career prescribing in pharmacy

This interactive resource explores how the foundation pharmacist learning outcomes relating to prescribing enable early career pharmacists to implement prescribing in practice. It features seven early career pharmacists in different practice settings, highlighting their individual clinical focus, the clinical, procedural, and technical skills they'll utilise, future development opportunities, and commonalities with other areas of practice.

These resources were developed by a group of experts from clinical practice working in all the setting described. The examples are not exhaustive but demonstrate indicative examples of how pharmacist prescribing may be used in practice.

City pharmacy Rural pharmacy GP pharmacy Secondary care pharmacy Care home pharmacy Mental health pharmacy Health and justice pharmacy

Select an **early career pharmacist** to find out more about their workplace and clinical focus.

Learn more about the resource

In conjunction with stakeholders from all sectors, NHS England have developed some examples of what newly qualified prescribing might look like in 2026, in our [Emerging routes to early career prescribing in pharmacy resource](#)

Prescribing Assessment Activities

History Taking	<p>Taking and documenting an appropriate medical, psychosocial and medication history including allergies and intolerances.</p> <p>This activity does not have to be completed in the nominated prescribing area as long as it does not progress to decision making and prescribing</p>
Physical and Clinical Examination Skills	<p>Performing and documenting appropriate physical and clinical examinations to decide the most appropriate course of action for the person. Follows local policies and has undertaken the appropriate training to undertake the role.</p> <p>This activity does not have to be completed in the nominated prescribing area as long as it does not progress to decision making and prescribing</p>
Prescribing Consultation	<p>Undertaking prescribing consultations that incorporate:</p> <ol style="list-style-type: none">1. Assessing the patient2. Identifying evidence-based treatment options available for clinical decision making3. Presenting options and reaching a shared decision4. Enacting a prescribing decision (which can include modification or deprescribing)5. Providing information and safety netting6. Recording, monitoring and reviewing <p>This activity must be completed within the nominated prescribing area.</p>
Prescription Writing	<p>Safely prescribing (or deprescribing) medicines for patients whilst considering:</p> <ul style="list-style-type: none">• Application of relevant legislation and ethical decision-making related to prescribing• Use of relevant systems and frameworks for medicines use• Clinical governance• Using tools and techniques to avoid medication errors associated with prescribing <p>This activity must be completed within the nominated prescribing area.</p>
Log of 90 Hours	<p>Accurately documenting learning hours attributable to development as a prescriber in practice. This log of hours should include all of the hours spent completing the other Prescribing Assessment Activities above, and any other learning activities that are planned/agreed between the DPP and trainee.</p>

Hours of prescribing training – options for the 90 hours

- It **does not** need to be completed in any specific 'block' of time. The training site should agree as part of the training schedule for the year how and when the time will be completed
- Models that could be adopted include:
 - 0.5 days each day over a period of a five-to-six-week period
 - 1 day per week over a period of 13 weeks (aligning to a 13-week cross sector rotation)
 - A dedicated 4–6-week prescribing placement in an appropriate setting



DPP training options

- **NHS England have funded ProPharmace** to provide a DPP training course:
<https://propharmace.com/est/>
 - This is open to all professions supporting supervision of learners in the pharmacy workforce
 - Includes 15 hours of learning
- **elearning for healthcare have Pharmacy Educational Supervisor Training programme:**
<https://www.e-lfh.org.uk/programmes/pharmacy-educational-supervisor-training/>
 - NHSE recommend DPPs undertaking both core skills and enhanced skills modules
 - Each module takes approximately 2 hours to complete and covers a range of topics with increasing complexity



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Community Pharmacy/General Practice Partnership: Benefits, Challenges & Practicalities

Suraj Varia – Co-Director | Lead Pharmacist - Jade Pharmacy Group

Benefits of Multi-Sector Partnerships



For Community Pharmacy – more attractive placements for students compared with traditional 12-month placements



Supported with other joint/collaborative projects



Closer collaborative working with GP practice



GP practice – potential candidate to join PCN after qualifying



GP practice – FTPs have been great resource where PCN/Practice Pharmacist workload has been high



NHS Long Term Plan

Implementing Multi-Sector Placements



Call upon your 'Network'



Speak to people who have participated previously or are participating at present



Most CPs have excellent relationships with their local GP practices, so do not hesitate to ask about working together!



As long as both partners agree to work 'together' to implement – you will overcome any challenges

Points to Consider / Challenges



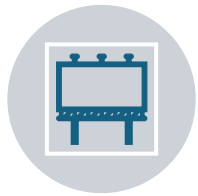
Funding – agree on who is going to be the lead employer and discuss finances openly



Go for partnership employing 2 trainees doing 6 months with each



ORIEL allocation – you may ‘win or lose’



Ensure your ORIEL advert is informative and ‘sells the placement’



Understand the process

General Practice:

Motivations on becoming a lead employer for Foundation Pharmacist Trainee

Dr Jack Hannah – GP Partner and trainer,
Shephall Health Centre

Herts & West Essex Matching Survey

LINK:

<https://forms.office.com/e/iteE5bTX7P>

Herts & West Essex 2026/27
Foundation Trainee Pharmacist -
multi sector planning



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Thank you for listening

Q & A Discussions

