

Foundation Trainee Pharmacists

Information for General Practice/PCNs

If you would like to host a trainee pharmacist in 2026/27, you MUST act by 1st March 2025

Background

- In January 2021, the GPhC published the revised Standards for the Initial Education and Training of Pharmacists.
- These provide a set of new learning outcomes that span the whole 5-year initial training period (MPharm degree and the Foundation Training Year) and can link to a continuum of development into post-registration. They provide newly qualified pharmacists with the necessary consultation skills and confidence to provide the clinical services expected by patients and the NHS, working across health systems - and will enable pharmacists to be independent prescribers at the point of registration.
- NHS England will be taking delegated responsibility from the GPhC for the quality assurance of all Foundation Training sites in 2025/26.
- For more information, please visit our [Initial Education and Training of Pharmacists – reform programme webpage](#). Please note, this information is for 2025/26, but is applicable for 2026/27.

How can General Practice/PCN get involved?

- For the **2026/27 training year**, General Practice/PCNs can be:
 - The employer of a trainee pharmacist
 - A partner with another employer to offer a formal multi-sector placement with a minimum 13-week rotation or 90 hours of prescribing supervision/DPP
- The GPhC has confirmed that General Practice will be considered a 'patient facing setting' from the 2025/26 training year, therefore can employ trainee pharmacists. Trainees will still need to have access to a setting with a dispensary that is supervised by a GPhC registrant as part of their Training Plan.
- For more information, please see our [Foundation Pharmacist Training Site Requirements for 2025/26 document](#).

Why host a trainee?

- 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 1](#)).
- 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.

What does the funding look like?

- From 2025/26 there is a harmonised funding package consistent across all sectors of practice and all regions of England.
- **The employer will receive funding of £26,500 per trainee.** This is a contribution to all costs of hosting a trainee, including supervision, administration, and salary costs. NHS England will not set the salary that needs to be paid to a trainee however minimum wage requirements at the time of employment must be adhered to (£22,308 for a 37.5hr week from April 2024).
- If a trainee is taken on a non-reciprocal rotational basis from another employer, a placement fee (to support supervision) can be agreed between organisations (unless the PCN are accessing ARRS Direct Patient Care [DPC] educational funding to cover this cost). Where ARRS DPC is **not** being claimed, NHS England suggest a **fee in the region of £1,000 to £1,500**.
- All trainees will have access to a fully funded training course provided via NHS England meaning employers will not need to source and pay for one externally.
- For more information, please visit our [Implementing the Foundation Pharmacist Training Year 2025/26 webpage](#).

How are trainees allocated to training sites?

- For the 2025/26 training year onwards, you cannot directly recruit/appoint a trainee. All training placements must be entered into the National Recruitment Scheme, (Oriol) and all trainees will be appointed via this process.
- **There will be no arrangements for the recruitment/appointment of trainees, approval of training sites or funding outside of this process.**
- Placements for 2026/27 must be entered into Oriol between January 2025 and 1st March 2025.
- Employers must submit programme information via an online registration form which includes information on the:

Employer	Training site
Salary and hours	Rotational placement(s)

- Students preference which training sites they would like to undertake their training in. Based on this list they are allocated to a site after undertaking assessments to demonstrate their suitability to be a Foundation Trainee Pharmacist.

- For more information, please visit our [Trainee Pharmacist National Recruitment webpage](#).

What are the requirements?

- To host a trainee, employers will need to ensure that the trainee has access to a:
 - Designated Supervisor (DS) previously called pre-reg tutor
 - Prescribing learning setting
 - Designated Prescribing Practitioner (DPP)
- The DPP and prescribing learning setting do not have to be in the primary training site but could be in another organisation that the trainee rotates into.
- When putting placements into Oriel, organisations **will not** need to identify at this stage who the DPP is and where the prescribing environment is. This needs to be notified to NHS England around the time the trainee starts their training year.
- All training sites must use the NHS England Assessment Strategy, E-portfolio and engage with the Quality Framework.
- Sites will need to submit a training plan that delivers the GPhC Learning Outcomes and ensure they are approved as a GPhC Foundation Pharmacy Training site.

Multi-sector rotations

- A multi-sector rotation is defined as a placement in another sector of 13 weeks or more.
- If a trainee undertakes a rotation of 13 weeks or more, then they must have a named DS in that site as per GPhC requirements.
- Other employers may wish to access a prescribing environment and/or DPP for their trainee via General Practice and may be looking for a partnership to provide this.
 - Some of the funding the employer receives may be used as a placement fee, for example to secure a rotation with access to a prescribing environment and DPP (see above)
- From the 2027/28 Foundation Training Year onwards it will become compulsory for trainees to undertake a 13-week rotation into another sector of practice.

Prescribing

- During the training year, trainees need to undertake 90 hours of learning focussed on developing and demonstrating the skills and capabilities of a prescribing practitioner. The DPP does not need to directly supervise all 90 hours and may delegate to other appropriately qualified members of the healthcare team.
- Trainees must have a 'nominated prescribing area' in which they develop and demonstrate prescribing capabilities.
- The DPP does not have to be based in the site that the trainee is employed in.
- A DPP does not need to have 3 years' prescribing experience to undertake the role.
- For more information, please see our [Prescribing Supervision and Assessment in the Foundation Trainee Pharmacist Programme from 2025/26](#)

- For more detailed guidance on prescribing training for pharmacists see [Initial Education and Training of Pharmacists: Prescribing Training Indicative Curriculum](#). This covers the teaching content in both the MPharm (years 1 - 4) and the Foundation Training Year (Year 5)

What support can I get?

We understand that these are big changes. Within each region there is a NHSE pharmacy foundation lead. They can support you to set up potential partnerships with others in your system and provide other support local to the area. You can contact your regional pharmacy foundation lead using the details below.

Region	Name	Email
East of England	Nkiruka Umaru	england.WTEpharmacy.eoe@nhs.net

Alternatively, you can contact the Herts & West Essex (HWE) ICB pharmacy team:

HWE ICB workforce team	Name	Email
Strategy & Pharmacy Workforce Lead	Cathy Geeson	cathy.geeson@nhs.net

Appendix 1: How could a trainee support my practice?

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

<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
---	---

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).

<ul style="list-style-type: none"> • Atrial fibrillation – AF001, AF006, AF008 • Secondary prevention of coronary heart disease – CHD001, CHD005, CHD015, CHD016 • Hypertension – HYP001, HYP003, HYP007 • Stroke and transient ischaemic attack – STIA001, STIA007, STIA014, STIA015 • Cholesterol control and lipid management – CHOL01, CHOL02 • Diabetes mellitus – DM017, DM006, DM033, DM020, DM021, DM022, DM023 	<ul style="list-style-type: none"> • Asthma – AST005, AST007 • Chronic obstructive pulmonary disease – COPD015, COPD010 • Depression – DEP004 • Chronic kidney disease – CKD005 • Epilepsy – EP001 • Osteoporosis – OST004 • Rheumatoid arthritis – RA001 • Blood pressure – BP002 • Obesity – OB003 • Smoking – SMOK002, SMOK004, SMOK005
---	--

Example:

If an average surgery utilised a trainee pharmacist to support activities to meet their QOF CHOL001 and 002 this would give them approx. £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 re cholesterol therapies.