NHS
Hertfordshire and West Essex
Integrated Care Board

HWE Evening Webinar:

Planning for Foundation Pharmacist Training 2027/28

13th January 2026

Hertfordshire and West Essex Integrated Care System

Session Content

Item No.	Timeslot	Agenda Item	Lead
1.	20:00 – 20:05	• Welcome & Housekeeping • Setting the Scene	Nisha Mistry, ICB Pharmacist, Workforce
2.	20:05 – 20:20	• Introduction: Multisector Partnerships for Foundation Pharmacist Training 2027/28 • How PCNs can utilise ARRS funding to support Foundation Pharmacist Training • Joint prescribing assessment opportunities between sectors • DPP training options	Nikkie Umaru, Deputy Head of Pharmacy/Post Reg Pharmacist Education Lead, East of England
3.	20:20 – 20:35	• Community pharmacy/General Practice partnership: Benefits, Challenges & Practicalities	Suraj Varia
5.	20:35 – 20:40	• General Practice: Insights on choosing to be a lead employer	Dr Jack Hannah, GP Partner, Shephall Health Centre
6.	20:40 – 21:00	• HWE multi-sector matching survey • Q & A / Discussions	Nikkie/ Nisha

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 27/28 programme is midday 3rd March 2026

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

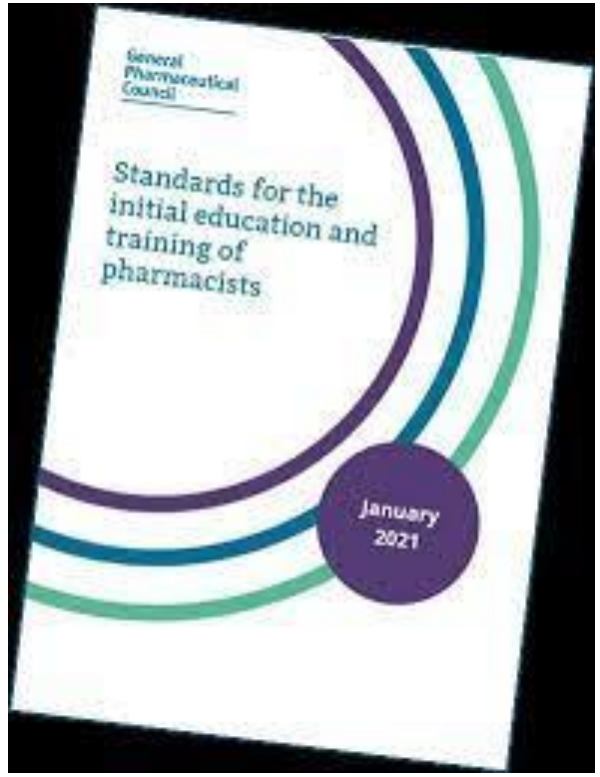
Introduction – Multisector Partnerships for Foundation Pharmacist Training 2027/28

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 Oriel** from 2025/26 onwards

- The training site must be able to provide access to a **Designated Supervisor, DPP & Prescribing Learning Environment**



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Key changes continued…

- **Lead employer** – Since 2025/26 General Practice can employ trainees

- **Funding:**

  - £27,295 per training post (***contribution*** to all costs of hosting a trainee, including supervision, administration and salary costs)

  - Trainees in East of England will access the ProPharmace NHSE-funded training

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Multi-sector placement requirements

Multi-sector rotations **will not** be mandatory for the 2027/28 foundation training year. **They may become mandatory from 2028/29 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 £27,295 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 2027/28

Date	Activity	Notes
January 2026 – **3rd March 2026, 12 noon**	Training programmes entered into Oriel/NRS	Must agree to Terms of Participation – provide access to DPP - provide access to prescribing learning environment
January – April 2026	Data checking for accuracy	Employers respond to any clarification queries requested by the regional Pharmacy team
June – October 2026	Application and Preferencing	Applicants apply to the NRS and create their preferred list of sites in which they wish to train
September – October 2026	Assessments	Applicants undertake their recruitment assessment activity
December 2026	Allocation	Employers informed of trainees allocated to their training programmes and begin contacting them
	Further information	Informed if trainee is on the old or new Learning Outcomes

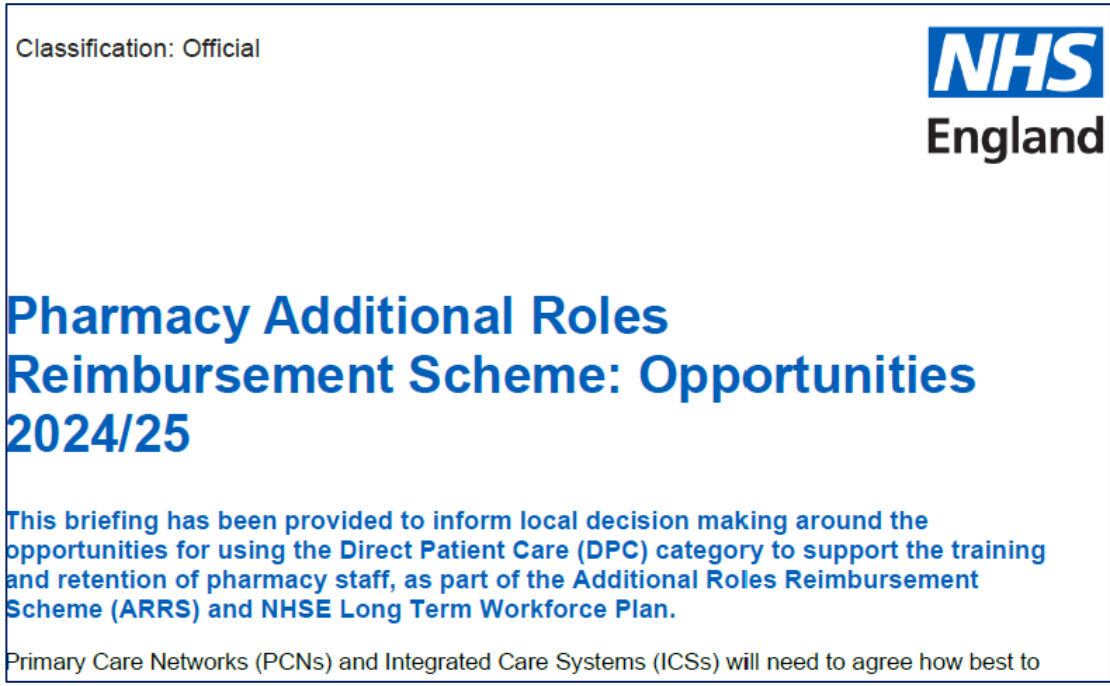
Timeline following notification of filled posts 2027/28

Date	Activity	Notes
December 2025 / January 2026	Contact allocated foundation trainee pharmacist	Employers contact allocated trainee pharmacist to initiate processes relevant to recruitment into the organisation
December – February 2026	Pre-employment checks and employment contracts	Employers complete pre-employment checks and issue employments contracts
April – June 2026	Identify DS and DPP	See Person Specification for both roles
May/June 2026	Trainees register with GPhC	myGPhC online application -must include details of training sites(s) and DS(s) -must follow further processes required by the GPhC to complete the process
May/June 2026	DBS	Employers must undertake a DBS check for all allocated foundation trainee pharmacists
July 2026	Training Plan	DS required to submit training plan for each trainee/programme to NHS England via E-Portfolio
July/August or October/November	Trainees start employment	Summer window: 12 July 2027 to 2 August 2027 Autumn window 18 October 2027 to 8 November 2027

Using ARRS funding to support foundation pharmacist training

ARRS funding – Pharmacy roles

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



Classification: Official

NHS England

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	• 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	• **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)	• 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?

- 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

- 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

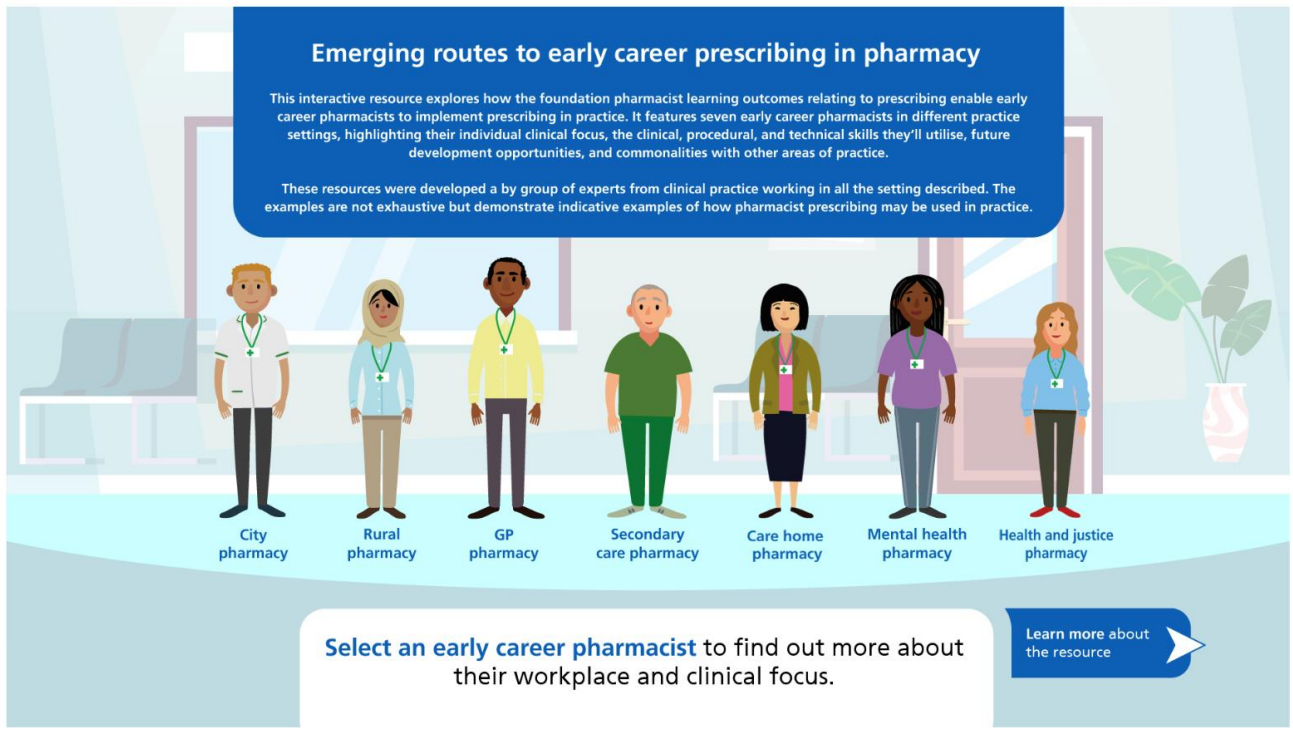
Nominated Prescribing Area

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.



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	Taking and documenting an appropriate medical, psychosocial and medication history including allergies and intolerances. **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**
Physical and Clinical Examination Skills	Performing and documenting appropriate physical and clinical examinations to decide the most appropriate course of action for the person. Follows local polices and has undertaken the appropriate training to undertake the role. **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**
Prescribing Consultation	Undertaking prescribing consultations that incorporate: 1. Assessing the patient 2. Identifying evidence-based treatment options available for clinical decision making 3. Presenting options and reaching a shared decision 4. Enacting a prescribing decision (which can include modification or deprescribing) 5. Providing information and safety netting 6. Recording, monitoring and reviewing **This activity must be completed within the nominated prescribing area.**
Prescription Writing	Safely prescribing (or deprescribing) medicines for patients whilst considering: • 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 **This activity must be completed within the nominated prescribing area.**
Log of 90 Hours	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.

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

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!

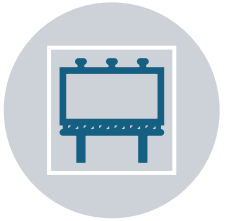
As long as both partners agree to work ‘together’ to implement – you will overcome any challenges

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

West Essex

Hertfordshire

[West Essex Foundation Trainee Pharmacist - multi sector planning 27-28 – Fill out form]

[Hertfordshire Foundation Trainee Pharmacist - multi sector planning 27-28 – Fill out form]

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Thank you for listening

Q & A
Discussions