

# NHS England WT&E Advanced Practice Webinar 18th January 2024: Webinar Transcription



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1h 1m 45s

**JG** **JONAS, Geoffrey (NHS ENGLAND - T1510)** 0:09  
And we're live.

**GJ** **GUFFIE, Jennifer (NHS ENGLAND - T1510)** 0:10  
Alright. Thanks.  
Welcome, everybody.  
And we are going to get started as we've quite a tight agenda today for you.  
So the purpose of the webinar today is to talk about training opportunities for  
advanced practitioners in pharmacy.

We've got some speakers who have very kindly agreed to share their experience and their knowledge to help support you on your journey towards becoming an advanced practitioner, or if you're interested as an employer around advanced practitioner training and if we could just have the next slide Geoff, that'd be great.

Just some really quick house rules.

There will be a very quick poll running in the chat just to understand who you are and who our audience is. We will share the slides after the meeting and if you can use the chat facility in the Q&A facilities to send any questions that you have.

**GJ** **GUFFIE, Jennifer (NHS ENGLAND - T1510)** 1:05

This is, as I said, going to be quite tight in terms of time, so we may not get an opportunity for a lot of questions at the end, but what we are hoping to do is collect any questions in the chat into an FAQ document and circulate that with the slides from the meeting and the meeting will be recorded and we hope to host that on our website

And if you do have any issues with that, please let us know through the chat facility and then we will have a feedback survey at the very end.

There's quite a few questions in it, but I think it's really just to make sure that what we're doing with these webinars going forward is a value for you and for those of you who have attended and that you get what you need from it.

And next slide please.

So just very quickly, we have Natalie on our call who's from the London Advanced practice faculty and we have Nancy from City University who will provide that overview from a training provider perspective. We have Diksha who will give us some insights from a learner perspective. Bhavin who has been qualified as an ACP and pharmacist practitioner for a few years now on his experience, and we have Chaandni who is also going to speak from a GP/primary care perspective.

Unfortunately we haven't got Beryll here today, who was going to give us an employer perspective. But as I said, we hope to plan some future webinars in a few months' time as well and we'll have that included as part of it.

So I think without further discussion from me, I will hand over to Natalie to talk about the training opportunities available for pharmacists through the advanced Practice faculty.

**HN** **HOUGH, Natalie (NHS ENGLAND - T1510)** 2:55

Thanks Jenny.

Next slide when you are ready Geoff. Great. Thanks.

So hi everyone.

My name is Natalie Hough.

I'm here from the London faculty of Advancing Practice at NHS England, formerly HEE.

I'm going to give you a brief overview about the routes into AP for pharmacists and how to access funding. Next slide please.

**HN** **HOUGH, Natalie (NHS ENGLAND - T1510)** 3:18

So this is the faculty that I sit within, and we are a multiprofessional faculty.

Next slide please.

And this slide here just demonstrates how we fit into the National Centre for Advancing Practice and subsequently how we interface with the trust training hubs and integrated care boards.

**HN** **HOUGH, Natalie (NHS ENGLAND - T1510)** 3:36

Next slide please.

So advanced practice is a level of practice that's delivered by experience, registered health and care practitioners.

It's characterised by a high degree of autonomy and complex decision making, and it includes analysis and synthesis of complex problems across a range of settings.

AP is educated to masters level or equivalent with the skills and knowledge to allow them to expand their scope of practice to better meet the needs of the patients they care for.

So some of you may or may not be familiar with the advanced practice Multiprofessional framework published in 2017, but if you haven't, it's essential as a first step in understanding the definitions of advanced practice. You might be more familiar with the term ACP and from an NHSE perspective this has been replaced with AP to reflect the diversity across the four pillars, and so for my purpose I will be referring to as "AP" rather than "ACP".

One of the most important things is that you retain the value of your base profession. So, it's not necessarily about losing your base profession.

It's important that the value of being a pharmacist in that role comes through, even if you're doing more generic skills as part of your role.

**HN** **HOUGH, Natalie (NHS ENGLAND - T1510)** 4:52

Next slide please.

So for those that don't know, the four pillars of advanced practice are essential. They're not exclusive to AP, but it must encompass clinical practice, education, leadership and management, and research.

**HN** **HOUGH, Natalie (NHS ENGLAND - T1510)** 5:05

Next slide please.

So this kind of diagram helps to kind of demonstrate some of the transition. So, some of the complexities of advanced practice relates to the variation in professions, regulatory bodies, different job titles, varying scopes of practice, local education needs and varied education requirements.

And it can be easier to understand AP as more of a continuum, and that AP encompasses autonomy and accountability in one's own clinical reasoning, managing risk, uncertainty and complexity of patient.

It's often complete and holistic management of episodes of care and improves care and patient pathways.

However, it can be in a bit more subtle and there is overlap. So certain skills that you may do such as prescribing or you know insulin titration and that type of thing, you can typically see in both enhanced, advanced and consultant level practice.

**HN** **HOUGH, Natalie (NHS ENGLAND - T1510)** 6:09

Next slide, please.

And so the role of faculty that I work for is to identify workforce demand and commission high quality education and training, optimised clinical training, supervision and assessment.

**HN** **HOUGH, Natalie (NHS ENGLAND - T1510)** 6:19

Next slide, please.

So that brings me on to the bit that most of you might be interested in, in terms of what funding is available. And so, we will fully fund an advanced practice MSc. And that is for the full three years. And as part of that, we also pay your employer £2,500 per year to contribute to the supervision that you will require, and you can also do the apprenticeship route.

You come out with exactly the same qualifications.

That's still a masters in advanced practice, but it's an apprenticeship.

But because this is paid for by the government apprenticeship levy, we ring fence funds for that and we then pay £6,000 per year per trainee to the employer to support the supervision.

If you are a clinician that's already done a post-graduate diploma in Advanced Practice and you just need to top up to master level, we will fund the additional top up.

So to be considered for funding, an expression of interest is put forward by you and by your organisation's nominated advanced practice lead. Every organisation will have one, including primary care. If you are unsure who that is, just reach out to us. Individual organisations might also have additional criteria to be eligible for our funding. So, you must check with your own organisation. Next slide please. So, it is technically the employer that we fund and the reason for this is because although it is very desirable to be an AP, there is a lot of appropriate workforce transformation that has to go into the post prior to it being approved.

And this is so that it can have maximum impact on the patient.

So it's a requirement that the student must be released to attend university, have an appropriately trained clinical supervisor, and must have a role on completion where they could practice at AP level.

**HN** HOUGH, Natalie (NHS ENGLAND - T1510) 8:09

Next slide, please.

So, for all the kind of individual requirements. Obviously, there are quite a lot, and they are featured here in this AP handbook and the link and obviously the slides will be shared so you can access it here.

**HN** **HOUGH, Natalie (NHS ENGLAND - T1510)** 8:25

Next slide please.

So due to the demanding nature of the program, good quality supervision is imperative to support that transition from the pharmacist to advanced practitioner. And so these documents are "must reads" prior to commencing the course or thinking about it. Some of the checklists are very useful to determine if you and your employer are ready to commence on the AP program or if more preparation is required.

**HN** **HOUGH, Natalie (NHS ENGLAND - T1510)** 8:45

Next slide please.

So there are different ways to become a recognised practitioner currently via NHSE this is via a digital badge, which can be achieved in a couple of different ways. So the digital badge is what you can see here and it demonstrates that a practitioner has undergone education and training that's considered equivalent to our framework that we spoke about earlier. Professional bodies also have a route to demonstrate accreditation, such as the RPS, which has recently released its framework. So the Centre of Advancing Practice is currently in talks to see if those can align, but that's not currently the case. There are some nuances which I will talk about later.

**HN** **HOUGH, Natalie (NHS ENGLAND - T1510)** 9:15

Next slide please.

The other way to get a digital badge would be to complete a recognised accredited program. So programme accreditation was developed to ensure there's a consistent level across all the different universities doing advanced practice masters. Within the London region, we currently have quite a few programs that have gone through accreditation and that means if you do a masters in advanced practice at those universities you will automatically graduate and complete with a digital badge.

So those that have undergone that process so far are Kings and LSBU, City who you will be hearing from shortly UEL, St. Georges, Kingston and others are set to go through that process. There's a checker where you can find them on the website and the link is included

So there's also the supported e-Portfolio route. This is deemed like an equivalent route of getting an advanced practiced MSc and this is for those that are already working at that level. So, experienced practitioners that might have not undergone a traditional route or an accredited route. You work with a university, you put a portfolio together and then in around 12 months you will get a digital badge. Now there is a slight difference here.

If you are a pharmacist and you apply for the NHS England e-Portfolio route, you can choose to also do that supported by the RPS and come out at the end of it with both a digital badge from NHSE, but also recognition of accreditation from the RPS.

**HN** **HOUGH, Natalie (NHS ENGLAND - T1510)** 11:04

So it is a little bit confusing and so if you do have any questions, let me know.

Next slide, please.

So, the e-Portfolio supported route is currently open for expressions of interest. This is where you can register your interest on this website, but you must have full support of your employer and there's quite a lot of conditions that apply. Again, you can find this on the website.

**HN** **HOUGH, Natalie (NHS ENGLAND - T1510)** 11:27

Next slide please.

This slide is to make you aware that there are credentials available which are units of learning and these are likely to be delivered by universities in the future but basically if you're working on these specialist areas. They're very useful to have a look at because it does benchmarks some of the standards and the level and the types of practice that you might be doing, they're

So it depends on what you're doing and your particular area, but they might be useful.

**HN** **HOUGH, Natalie (NHS ENGLAND - T1510)** 12:05

Next slide please.

Finally, this is just to give you an overview of how many people from the different professions we have in the area.

So currently we only have 8% of pharmacists and the largest number is still with nurses. So it would be really great to support you to kind of enter that pathway and that's everything from me and I'll answer any questions in the chat.

**HN** **HOUGH, Natalie (NHS ENGLAND - T1510)** 12:20

Thank you so much.

**GJ** **GUFFIE, Jennifer (NHS ENGLAND - T1510)** 12:35

So we're just going to move over to our panellist speakers who are going to speak from different perspectives: from a learner's perspective, we've got a couple of people who are in ACP pharmacist roles or have done that qualification and working in GP practice and in mental health.

So I'll just hand over to our first speaker who is going to be, I think Nancy from City University.

Thank you.

**NA** **Niarrou, Athanasia** 13:01

Thank you and thank you for having me here today.

So my name is Athanasia Niarrou. I'm known as Nancy and I am a lecturer and program director at the MSc ACP apprenticeship at City. As Natalie mentioned already, our program is accredited, so once you complete the program, you're getting the digital badge and that you can use this in your signature.

**NA** **Niarrou, Athanasia** 13:35

Next slide please.

So I had to keep it brief, so I just have here and overview of our program.



As you can see, what we cover is the four pillars of advanced clinical practice.

So one of the modules that you will be starting is the advanced physical assessment and diagnostics, critical thinking and diagnostic arising throughout the lifespan. Then you will be moving on down the education module, which is the leading evaluating learning in practice, their professional leadership module which covers the leadership pillar.

As you are pharmacists, you are expected to have your non-medical prescribing module, so you're not undertaking that with us.

I just thought I'll keep it here for the purposes of you having an understanding of what the program is like. Then you have the option of choosing one of our elective modules and then you have the foundations in research methods, which is followed by your dissertation module, which is a one-year project where you can choose what you would like to do and maybe you could consider publishing something.

As you can see in the right-hand side there is a long module that follows you from the beginning of your training until the end of your second year, where you will be submitting.

This is the ACP portfolio. Again, this is based on the Multiprofessional Framework, and you need to showcase, how you're meeting the core capabilities.

Again, depending on the area where you're working, this will be individualised. Then you will be working with your supervisor and writing reflections in order to complete that. Next slide please. And here I have the apprenticeship program.

The only difference with our MSc ACP program is the apprentices, don't have the option of choosing an elective, because this elective is covered by the end point assessment module, which is a requirement by the Institute of Apprenticeships.

So as you can see, the preparation of the endpoint assessment starts in the beginning of your program, but you're only undertaking that after you have successfully completed your dissertation module.

Again, we're having regular tutorials similarly with the portfolio module and we're meeting just to see how you're progressing and just to familiarise yourself more with

what would be expected of you towards the end of the program when you have to undertake the assessments involved in the program.

**NA** Niarrou, Athanasia 16:04

Next slide please.

I want to say we have around 10 to 15 applicants [pharmacists on the course]. Pharmacists who join us per year, and we have been getting very positive feedback, they enjoy working with other professionals from various backgrounds and we have been having various interesting conversations.

So, I enjoy being in the classroom with all of you. In terms of application, just a few things that I think are important to go through is that as Natalie has mentioned already, is to ensure that the pharmacist, the candidate who is going to undertake the programme is working in an appropriate role and they will be able to showcase how they will develop and will become an ACP towards the end of the program. How are they going to demonstrate the knowledge, skills and behaviours and the standards?

Then again, back to Natalie's point and it's important to ensure that an appropriate designated supervisor has been appointed for the student or apprentice, so that they can support them throughout this journey.

And they will agree that they are going to be supervised for at least 500 hours.

This is the expectation for the portfolio. For the apprentices, we might require more hours because there's off the job hours involved, but that's something that we can discuss on a different meeting or email exchange maybe.

Again, for apprentices, there is a requirement of a tripartite review which takes place every 9 to 12 weeks. So, three months and that involves the apprentice, the supervisor and or manager and an academic or an apprenticeship coach from us, the university. The students or apprentices are taught one day a week, there's the study days usually provided by their employer so as protected study time. As a university, we provide pastoral support to our students. So as students are allocated a personal tutor, who will be their point of contact librarian support, health and wellbeing

support, neurodiversity support and of course myself as the Programme Director I am available and offer drop-in sessions as well, and I think that's the end of my presentation.

Tried to keep it short. Thank you very much.

**GJ** **GUFFIE, Jennifer (NHS ENGLAND - T1510)** 18:25

Thank you, Nancy.

**MD** **MALHOTRA, Diksha (EAST LONDON NHS FOUNDATION TRUST)** 18:25

I think I'm next.

**GJ** **GUFFIE, Jennifer (NHS ENGLAND - T1510)** 18:26

That's really helpful.

And I will just move on to our next speaker, who I think will be Diksha.

**MD** **MALHOTRA, Diksha (EAST LONDON NHS FOUNDATION TRUST)** 18:32

Yeah.

Hi everyone. So, my name is Diksha.

I am an ACP now and I work for the ADHD service with East London Foundation Trust. Next slide please. So just offering a learner's perspective to everyone on the call. So, I chose to study the ACP course at the London South Bank University, and I particularly chose this course because they offered a mental health specific ACP course, which is what I wanted to do and given that was already working in mental health, and that was my chosen career. I chose the university based on the fact that they offered face to face teaching and I looked at the modules that were available online and given that they included kind of physical health and mental health training, I thought it'd be best for me to do that and go through to that university. The application process was quite straightforward with London, South Bank University.

So included completing a CV and having references which most of us already do and completing something called a clinical environment profile which Nancy covered. It basically means that you've got an idea of the kind of time you'll be given from your workplace and whether you have enough kind of support around you to be able to complete the ACP course. That includes the kind of the time, the hours, the

equipment for example, sounds really mundane and simple, but actually just having the right equipment there to be able to support you is very important.

And also whether you have enough clinical settings to be able to cover the experience that you need for the different modules. So, for example in my previous role I was working in A&E settings, in community settings

Lastly, we were required to complete a 1000 word essay discussing the benefits of ACP within our workplace and thinking about future work as well. In terms of support, I recommend having a really, really, really good relationship with your practice facilitator or DPP some people call it, so mine was a consultant who I regularly worked with and having that kind of comforting relationship in a way made it easier for me to be able to approach them with complex cases and discuss things that maybe I wasn't comfortable with. One of the most important advice that I heard from my DPP was to not shy away from complex cases.

So I recommend everyone to do that when they're training, and it's definitely helped me as an ACP now when I look back on it and also while you're doing your ACP course, consider how what you're learning is going to be applied to your job once you qualify and also think about job planning when you do qualify. Now, there's lots of benefits of ACP, but I was told to keep my slides really short, so I'm sure Bhavin will go into it.

But for me, the course has allowed me to kind of independently and autonomously manage episode of patients care from undifferentiated diagnosis all the way to treatment and discharge, but it's also been really helpful to learn more about how to lead effectively and to educate others effectively, and also to conduct research. So I'll stop there before I take up too much time. But I'm happy to answer any questions in the chat.

**GJ** **GUFFIE, Jennifer (NHS ENGLAND - T1510)** 22:04

Great.

Thank you so much.

Diksha that's really helpful and now we will just move across to Bhavin, who has been

qualified for quite a few years as an ACP and he's going to give some advice from his perspective.

**KB** **KARANIA, Bhavin (EAST LONDON NHS FOUNDATION TRUST)** 22:18

Hi everyone.

My name is Bhavin, so I qualified well, I started doing my ACP course almost about 5-6 years ago now and that predominantly as Diksha was saying having the right environment was really important.

So I was actually on an HEE funded program in A&E which means I got exposed to lots of different types of cases. It was very fast paced, so brilliant support from the medical team around and as I advanced through my career, I started seeing patients more independently, started working with the rapid response teams and then kind of moved more into my mental health role that I'm in now.

So if we just go to the next slide, if that's OK. And so just kind of a bit about my current role. So, I'm currently working at East London Foundation Trust, which has really been good for mental health and also ACP for me, and I've been really lucky and had really supportive management, which I think is really important especially with supervisors.

So currently I also lead in the pharmacy department and which I think is important because kind of giving back to other pharmacists and helping provide them with opportunities. So some of the benefits of ACP are actually providing patients and service users rapid access to holistic care and because as an ACP you look at everything from every angle, not just kind of focusing on medication, but also on social care and providing end to end treatment. It's really important in your professional development, it can provide you with so many transferable skills that you can use in different areas even if it's just not kind of work related and more importantly it provides you with a massive amount of job satisfaction knowing that you've helped the patient. For example the other day I got a thank you card from the patient that I was independently treating.

And so I think it makes a real difference.

You pick up skills that you don't have, such as just looking at someone.

You'll see if their cholesterol is high or if they've got tremors due to too much

salbutamol use. You become really observant about everything around you and the physical assessment skills help you kind of enhance that on top of it. You develop a lot of critical analysis skills and diagnosis and kind of using all of that information and kind of processing it, undertaking differential diagnosis, I think that's a big key element of it. Then you also get to monitor and follow up on your patients which I think is really important.

From a management, from a lead perspective, I've got better insight of what pharmacists can do and the endless ability of us to kind of go into different roles and different aspects with different scopes. So, it helps kind of mentor the team and kind of branch out into different areas.

The only thing I would kind of consider if you are considering advanced practice is just make sure you've got the time to commitment to do it, because you want to do it. You want to do it properly and it does take a lot of your own time learning, reading and kind of looking at journals and things like that.

I found that in my experience, practical experience is really important.

So not just having a qualification, but actually spending a lot of time in practice and having good supervisors, good support and good management.

And so that's it for me.

But if you got any questions, I'm also more than happy to answer them.

Thank you.

**GJ** **GUFFIE, Jennifer (NHS ENGLAND - T1510)** 25:46

That's great. Thank you, Bhavin.

We're moving more swiftly than I anticipated, which is great, so that will hopefully give us some time to take some questions from our panellists to answer at the end.

And we have now got Chaandni who is going to speak from an ACP pharmacist role, from the GP practice and PCN perspective as well.

Thank you very much.

**DC** **DEVGON, Chaandni (NHS SOUTH WEST LONDON ICB - 36L)** 26:06

Thank you, Jennifer.

I'm sorry. My name is Chaandni. That says all the details there. So next slide please.

You don't need to see what I do. I do far too much and add in senior lecturer

somewhere along the line and jumping around all over the country and lecturing here, there and everywhere.

But let's not go into that.

We're not here for that today, so my current role essentially is similar to Bhavin, I end up doing acute and chronic conditions, kept the pharmacist hat on because I think it's imperative that we are pharmacists first and foremost and we're adding to that skill set. We're not GP's. We're not glorified GP's or cheaper GP's as I'm told, but I was told originally back in the day. We're not that, we are pharmacists, and we are advanced clinical practitioners in that specific role.

But at the same time, you're going to be taking on a lot of that kind of acute diagnosis side and you get that follow up in general practice of PCN.

So you'll be doing those two week waits, you'll be looking at follow ups, referrals whether indicated. I now also have my on calls, where I'll be supporting with on calls. That's an option.

Don't have to go down that route.

I'm now taking on learning disability lead, also a specialism, and because I was obviously bored with cardiology by itself.

So cardiorenal metabolic medicine is my specialty on that front.

But actually you do a lot more for acute facings and you're literally hands on in clinic. As pharmacists we get a bit concerned sometimes when we are pharmacists back in the day, we're told not to touch people.

That's very quickly changing on that front and especially with this qualification and going through the process actually gives you that more autonomy with managing your own workload and managing those patients where actually previously you may be a bit like I need to refer that, I don't feel comfortable with that.

That autonomy naturally comes through on that front. You get a greater appreciation of the pathology, the bloods, the ultrasounds.

What these kind of things mean? And that doesn't mean you need to know everything,

God knows that's why advice and guidance was made for that reason on that front. So it's about going and knowing your scopes of practice, your limits, and the skills that you have in ACP day-to-day in the training in itself, actually goes and helps to support those patients with multiple morbidities because let's face it, not every patient comes in with just one problem.

We know that from practice day in, day out and it's about using even more of those skills that you acquire during the course to a greater degree and being able to then support those patients to a better degree.

How many times do we end up going and having a patient who comes in and is literally there and you're thinking I can't deal with that part of what's going on actually that way you can deal with those things if you give me the right time.

The actual screen tells you all the general bits and bobs.

Lots more things that you do in itself, but actually it gives you more of a holistic approach as a pharmacist to looking at the medicines management, but actually potentially picking up other issues that are going on alongside as well.

You'd be surprised in my learning disability reviews how many things have been missed over the last few years and how much more thorough those reviews are going forward in itself. But we're not going to say that too much.



**DEVGON, Chaandni (NHS SOUTH WEST LONDON ICB - 36L) 29:15**

Next slide, please.

When we're looking itself, generally speaking, in terms of how it bettered me on that front, actually I felt like that I had more of an autonomous role.

I felt having that confidence and actually not just confidence, but for having that competence alongside being able to support going forward made a big difference.

So having those skills in itself, we could say soft skills in terms of those consultation skills.

So having those soft skills is imperative in itself, but actually you feel more of a



valued member of the team than generally speaking itself, and you go from a point. There you go. Let's wait for that to turn off. You go from a point where actually not just being a clinician in your own right, but you progress to become a more senior member of staff where you can then supervise, train, educate others who are going through those kind of different courses.

So whether it be a new pharmacist who has joined, who's going through their CPPE, whether it be a GP trainee, lots of different roles can come in through that kind of role in that side. So, it makes life a bit easier.

In terms of primary care there are many benefits, they're going to be more appointments. You're not a GP, but you're upskilled to deal with a lot of the things that they can do and also something to say and can't do as well to be honest, because we pick up a lot more of the issues and problems that are going on. Patients feel like they're being empowered and engaged with and you're listening to them, which generally speaking we tend to go and do as well and support them as well.

And I like to think, actually, because we're bringing in that whole other side of the medicines optimisation, looking for a medication that might be causing a side effect is an issue in itself, and bringing that multiple approach of not just that acute side. But thinking about everything else, chronically actually support generally speaking. I have to say I completely agree with Bhavin and that you have to have the right approach when you're going forward and have to have the way forward.

So next slide please

And getting that practical experience cannot go and take away from that. So, the more time that you kind of benefit with getting that hands on experience getting that practice in, the better it is. In terms of benefits to me, it gave me a personal sense of achievement and for me I was able to get that masters despite everything else that was going on in itself. When you're going through it, you can't really tell the difference between lesions and rashes and MSK, they all tend to look quite alike. But now you can assess, investigate, diagnose, manage patients and actually their expectations as well. We're really good in giving compassion, empathy anyway, but

it's coming with that confidence of actually I know what I'm doing. I'm going and I have had that extra bit of training to support with that going forward.

I will go and say it's a very steep learning curve the whole way through, but then it gets to a point where you're actually the one who's on the other end and supporting others through it. So, there's a big job satisfaction side that comes through with that as well. As everyone has obviously iterated already there's more studying and associated time so that you will be doing a lot of it in your own time.

It's not going to be something solely that you're going to do just in practice day to day.

There's a bit of work life balance and I would say a brain commitment if anyone had COVID and had COVID brain and feeling that wishy washy kind of feeling, your brain does get pushed but it's worth it in the end.

Arrange your supervision requirements early on because it can be difficult if you don't have that in place like some of my colleagues who went through the course earlier on, if you don't have them already in place trying to negotiate that afterwards can be really tricky.

So you want to get that in itself and know the scope you want to be going and working in. So, for me it was acute setting in itself, but then I obviously specialised in the cardio, renal, metabolic, by doing lots of different upskilling and modules alongside.

IP is going to be imperative, especially for people who are going through it in your primary care side, general practice, PCN side, you're going to need your IP. So if you've got that all well and good.

Otherwise, there are some courses that will integrate it into there as well. So you can go and learn alongside as well, so it might be a little bit easier to do an ACP then doing your IP as a standalone and then going and doing ACP.

Probably easier if you're thinking about doing your ACP to adding ACP and do your IP within that as well, because you're learning from it as well.

But that's just an opinion. And also, I think the imperative thing is, is we're good at

going and taking on a lot of workload as pharmacists we're people pleasers, as we like to take on work and make people happy.

Talking about myself maybe there. But at the same time trying to learn to say no. Go and make sure that actually you don't take on crazy amounts of work because quickly you will recognise you can do an awful lot in this setting. The actual requirements and things you can do are limitless. So, for that reason, in itself, make sure that you're aware of what you can do and can't do so you're not snowed under. I'm learning from experience on that, and I think that is me to a T and I think I'm done.

**GJ** **GUFFIE, Jennifer (NHS ENGLAND - T1510)** 34:00

That's great.

Thank you so much Chaandni.

That's super and thank you all our speakers.

Wow, that was more of a whistle stop tour than I anticipated.

But that does mean that we have got some time for some questions and I was going to just pull a couple of questions initially from the chat.

And so one of the questions that I've had was how long should you be in practice before considering ACP? And do you need to feel ready on differential diagnosis before you apply, or does the course build on that? I wondered if some of our speakers could answer that or provide any guidance around that please.

**HN** **HOUGH, Natalie (NHS ENGLAND - T1510)** 34:38

I can start Jenny.

**GJ** **GUFFIE, Jennifer (NHS ENGLAND - T1510)** 34:40

Thank you Natalie.

**HN** **HOUGH, Natalie (NHS ENGLAND - T1510)** 34:41

See some of the individual universities will have individual requirements and we don't mandate it from an NHSE perspective, but we recommend that you have at least five years kind of post grad experience within your profession.

And that's because you need to gain all of the skills within your current profession

before you go on to build on those skills. So, I would probably be discouraging people that haven't been qualified for five years to be going for that, probably because the learning curve will be much steeper and the consolidation of those skills will be much more challenging.

**GJ** **GUFFIE, Jennifer (NHS ENGLAND - T1510)** 35:16  
And Nancy?

**NA** **Niarrou, Athanasia** 35:18  
Thank you.  
I agree with Natalie.

We would suggest three to five years again and it would be good if you're for three years with your current employer who's going to fund you the program, and you're going to be working with them towards that ACP role that you will be achieving at the end of the program.

So yeah, I would say five years, but three to five years is what we suggest as well.

**GJ** **GUFFIE, Jennifer (NHS ENGLAND - T1510)** 35:42  
Now I can see Chaandni is nodding in the background, do you want to?

**DC** **DEVGON, Chaandni (NHS SOUTH WEST LONDON ICB - 36L)** 35:46  
I completely agree having the lecturer hat and is also the kind of being an ACP.

**DC** **DEVGON, Chaandni (NHS SOUTH WEST LONDON ICB - 36L)** 35:53  
You want to be in a position where you actually you feel ready to take on that role. You don't want to be kind of trying to learn the kind of environment that you're in. So you want to be a stable in your actual role that you'll actually be in and it's the next logical step of jumping ahead. As pharmacists, we're really great at being able to do our medicines optimisation, doing reviews and whatever else.

**DC** **DEVGON, Chaandni (NHS SOUTH WEST LONDON ICB - 36L)** 36:11  
And I think that's a big differentiating factor between AP and ACP because I'm seeing that question come through constantly as well.

Actually, when you're looking at AP and ACP, AP is more going to be looking down your medicines management route, looking at going and doing those kinds of

assessments, looking at those kind of things.

We're looking at ACP, that physical assessment and that physical side is a very big part of it and being able to do that, acute history taking so that you've got those transferable skills so that you can actually build on what you're doing and not just looking at just the medication side, you're using a multifaceted holistic approach to manage the patient ahead of you.

So there's a lot more to it.

The RPS gives a nice executive summary about the difference between the AP and ACP. If you want to have a look at it and it's quite easily accessible on that front, so that would then go and say I think it's in the full summary on page 40 something and it gives you a nice detailed kind of sign itself, but it's about going and being stable in your role, having employers buy in itself and actually thinking about what you want to gain from it going forward.

**GJ** **GUFFIE, Jennifer (NHS ENGLAND - T1510)** 37:19

So I would echo that. I think as well and it would be very hard for us on the call to answer any individual questions around that simply because it depends on your career direction. It depends on your job role, what your next steps you intend, what's the employer support that you have, all of those.

I'm sure that Natalie, and Nancy and Bhavin are going to echo some of that as well.

So I'll hand over to Natalie.

**HN** **HOUGH, Natalie (NHS ENGLAND - T1510)** 37:43

Just to say, we will also recommend that you're in your clinical specialty for five years. So, if you for example have been qualified 10, but you've only been in one year for cardiology, for example, that advice is that you need to be very experienced within that specialty. If you're going to be an AP in that role, so to consider that and I think the other part of the question was about if you needed to be confident in kind of those undifferentiated conditions and I would say no, that is a skill that you're not expected to as working as a pharmacist or kind of any of the other professions.

That absolutely comes through the course through the talk content from the

universities and then what you take into practice working alongside your clinical supervisor, which kind of does bring it back to supervision that you need to be really prepared for the role and have a great clinical supervisor to help you with that transition.

**GJ** **GUFFIE, Jennifer (NHS ENGLAND - T1510)** 38:32

That's great.

Thanks Natalie. Bhavin?

**KB** **KARANIA, Bhavin (EAST LONDON NHS FOUNDATION TRUST)** 38:35

I was just going to echo what Natalie said in terms of the undifferentiated diagnosis and kind of confidence with it. I think it happens with time, as I previously said that patient facing experience is key and you're going to pick up things then. And even senior clinicians they're learning every day on the job. They've seen new things and they adapt from the signs and symptoms that they've seen and experiences that they've had. So I was just going to say that it will come with time and you need a basic understanding of things that, that kind of every individual in this planet is different and that you won't ever be able to just put them in a box and so its really important to have the experience.

**GJ** **GUFFIE, Jennifer (NHS ENGLAND - T1510)** 39:18

Yeah, definitely and Chaandni.

**DC** **DEVGON, Chaandni (NHS SOUTH WEST LONDON ICB - 36L)** 39:20

And then just to add to that, completely agree with everything that has been said on that front because I completely forgot that second part of that question.

I think when you're looking at it, we do a lot of different training programs as pharmacists generally speaking.

So we do the CPPE which gives you some soft skills on how to do an examination. If you've worked in Community Pharmacy, you've done a bit of responding to symptoms and that kind of side you worked in hospital, you're going to see those kind of things. It's developing it to a whole different level, which you're not expected to know in advance.

You're going to learn it on the job, and the more you do it, the better it is. Just echoing exactly what Natalie and Bhavin said and I'm seeing that Diksha's nodding along as well, which makes life a bit easier. So, looking at my peers we know what we're saying. It's about building on the kind of the bot blocks you've already got and extending that and making that even stronger because you're going to get that skill set, you will get how to do the assessment at the University course, but actually putting it into play you're going to get it in with patients and the more you do it with patients, the better you'll get at it.

**GJ** **GUFFIE, Jennifer (NHS ENGLAND - T1510)** 40:21

Thanks very much. And just sorry, just building on that five years' experience, Natalie. I don't know if you'll be able to answer this and is it five years specialism in your area for the portfolio and the masters or just going direct to the portfolio?

**HN** **HOUGH, Natalie (NHS ENGLAND - T1510)** 40:35

So there's no kind of specific requirement, so if you're going to do the masters, we recommend that you've been qualified A at least five years and also ideally five years in your speciality.

Again, it's not a hard and fast rule, and for the portfolio route, if you're going through the NHSE portfolio route, what you're doing by doing the portfolio route is saying I'm already an advanced practitioner. I am working at that level I just haven't done it in the generic route that people are doing now through the universities, and you might have done a different way to get there and it's just badging that.

So normally you're going to probably have a lot of experience if you're already going to go through that route if you're already working at that level, so you probably wouldn't tend to see people going through at five years because highly unlikely that you would have got there or have the skills to do that, I would say.

**GJ** **GUFFIE, Jennifer (NHS ENGLAND - T1510)** 41:23

Thanks, Natalie. Nancy.

**NA** **Niarrou, Athanasia** 41:26

And can I just add to what Natalie was and which I completely agree with that because I saw the question in the chat.

And I think if you have a couple of modules, it would be best that you apply those modules and then you go down the masters route because again the e-portfolio is about people who had undertaken very similar programs in the past like 10-15 years ago, maybe 20 years ago.

So then you're showcasing how you have been working as an ACP, and you might have a module that doesn't map across the education pillar. So that's what you're building upon. So, you're undertaking this module and then you're getting your digital badge and acknowledgement of ACP, and I can see Natalie is nodding so good. I hope that's helpful.

**GJ** **GUFFIE, Jennifer (NHS ENGLAND - T1510)** 42:07

That's great. Thank you Nancy for clarifying that as well.

So I know a couple of you picked up about having good supervisors and the supervision that you need. One of the questions was what did supervision look like for the speakers?

I think we've touched on some of the points and if there are any lessons learnt on how you went about this with your supervisor, even just I think finding a supervisor as well. Any tips would be welcome, I think.

Thank you, Diksha.

I was about to say who would like to answer that.

**MD** **MALHOTRA, Diksha (EAST LONDON NHS FOUNDATION TRUST)** 42:36

I'll give a learner's perspective, right.

**GJ** **GUFFIE, Jennifer (NHS ENGLAND - T1510)** 42:38

Yeah.

**MD** **MALHOTRA, Diksha (EAST LONDON NHS FOUNDATION TRUST)** 42:39

And for me, I went for a consultant.



Who I already worked really closely with, and as I said in my kind of presentation, I went with someone who I was comfortable with and had a good relationship with.

I think it's really important to be able to go to people with your problems and not feel shy or you know, like they're going to judge me because I've come to them with this problem.

Actually, that's your chance to learn.

And so having a really good relationship, with the second part of that question completely. Supervision. Yeah.

So I had regular supervision with my consultant.

So I scheduled it in kind of like a rolling invite for an hour every month, but actually we had supervision way more than an hour every month because we would do shadowing together, I would lead on cases, and he would sit in with me.

He would lead on cases, and I would sit in with him.

I would approach him to ask him about cases, so it's really important to make sure that the consultant or GP or supervisor that you're with works really closely with you and you have access to them kind of regularly and frequently.

**GJ** **GUFFIE, Jennifer (NHS ENGLAND - T1510)** 43:39

That's great.

Thanks, Diksha and Bhavin.

**KB** **KARANIA, Bhavin (EAST LONDON NHS FOUNDATION TRUST)** 43:43

I was going to say from my experience I got really lucky.

So it's also you want to find someone that is keen to teach, not someone that feels that they've been asked to do it, but kind of someone that wants to give back and teach and upskill. I think finding that person that wants to impart their knowledge is really key.

Rather than someone doing it because they feel like they need to and it's difficult.

But you'll gauge kind of people that you know, people that you're going to ask them to become a DPP or a supervisor. Depending on how they're responding and kind

are they really motivated and keen to push you and learn and teach you.  
And I think that's really Important.

**GJ** **GUFFIE, Jennifer (NHS ENGLAND - T1510)** 44:26

That's great.  
Thanks, Chaandni.

**DC** **DEVGON, Chaandni (NHS SOUTH WEST LONDON ICB - 36L)** 44:29

Bhavins, literally taken it that you need to have someone who wants to do the job.

Don't just grab anyone just because they're saying I'll do it and also actually it's not a bad idea to have multiple different people because you get different perspectives as well.

So not just having that one person who I'm going to go to and learn exactly what you do, that's great.

And having that relationship is great.

But actually, having multiple people to go to so you get different perspectives, different ways of learning, different training styles actually works really well because it may be that one person's not as great in one part and others will pick up other tips and tricks along the way.

So I had a consultant in the hospital.

I also had lead GP. I also had lots of different people to go to for different ways. Obviously on the form you got one, but you want to be able to have that multifaceted approach so you can learn best that way. And if you're in general practice PCN and that kind of thing going and having someone like who's in a training practice, who are already upskilling and training people is a really good idea on that front.

And so I know we do a lot of training in the hospitals and that kind of thing, but especially if you're in that locality, having a training practice, people who are doing it actively already makes a difference on that front.

And my last bit, is get protected time in your diary.

Have that protected time. We're all so busy in getting this and this many appointments. We've got to go through this many patients, but getting that protected time for you to be able to have for you to be able to have that supervision in both of your diaries in itself means it doesn't slip off the radar.

And having that early on makes a big difference.

**GJ** **GUFFIE, Jennifer (NHS ENGLAND - T1510)** 46:03

Thats great.

Thank you.

And Natalie?

**HN** **HOUGH, Natalie (NHS ENGLAND - T1510)** 46:06

So from an NHSE perspective, it's a mandated requirement that you have supervision so that can be quite powerful to support you with your employer to say, you know, I need this time. So as part of our funding offer, obviously we pay the supervision fee to be able to support that.

So we mandate that you get a minimum of 1 hour per week off the job.

So in terms of, you're not seeing patients, you're sat with your supervisor reflecting, you know, looking at your practice, that kind of thing. But that is kind of the absolute bare minimum.

You can absolutely expect that you might have to pre brief and debrief after all of your patients, but actually at the beginning you might be seeing all of your patients fully supervised with your supervisor, and so some of the documents I've shared all their NHSE supervision guides and they set out the standards and the criteria that we state that can be really useful to sit down with your supervisor or potential supervisor and say look, here's what is being asked.

Do you think this is something you can provide and kind of go forward like that and carve the time out. It's very hard to complete the program in kind of a meaningful way unless you have that really good quality supervision and I completely agree with

Chaandni, the more kind of varied expertise you can get the more it will kind of fill in the gaps within your skills and knowledge.

**GJ** **GUFFIE, Jennifer (NHS ENGLAND - T1510)** 47:22

Great thank you.

Sorry, I'm just scouring the chat for another question and while I'm doing that, if anybody on the panel has any kind of additional tips that they want to share, that would be great.

**DC** **DEVGON, Chaandni (NHS SOUTH WEST LONDON ICB - 36L)** 47:40

Don't be scared.

Honestly, it sounds like a lot and we're giving you like 'oh my God, do this'.

Do this.

Do this.

Don't be scared if it's something that in terms of your logical next step and something you want to do, do it.

There will be someone who will support you and there will be a way of supporting you in the process of getting that be ready for it.

Absolutely.

But don't be scared. And for those ACP/AP queries, there's an RPS little diagram I put in the chat which will help to hopefully clarify exactly what the difference is between one and the other, and the overlap to try and make life easier.

**GJ** **GUFFIE, Jennifer (NHS ENGLAND - T1510)** 48:14

That's great.

Thank you.

And Nancy?

**NA** **Niarrou, Athanasia** 48:17

And I saw the question who can be a supervisor?

Again, depending on where you're working and as colleagues said they can be a consultant and lead GP or you might have a lead pharmacist who's an ACP as well.

So they might have gone through the progress, but as Chaandni said. So you will

have your designated supervisor, it would be good for them to be aware of what they're signing up to. So what supervision means to you and to the program you're signing up?

It's a long journey but it's useful to have an MDT approach, reach out to people who have been involved in the program, have supervised in the past, or have been taught on a program or similar program so that they can guide you and help you.

But you will have that one designated person who will sign you off.

So again, if you're working in the community, you might have the community lead pharmacist who can guide you and support you.

This something that is a frequent question.

It comes up from our applicants. You cannot have a supervisor who might be a GP, not GP a pharmacy manager, but they've not undertaken the course because if they don't know how to assess, how to conduct a physical assessment and differential diagnosis, management, patient management, they won't be able to assess you on that.

If they don't know, or if they're not prescribers. So it maybe a silly question, but something that is being asked frequently and Chaandni I can see you're nodding.

**GJ** **GUFFIE, Jennifer (NHS ENGLAND - T1510)** 49:50

Chaandni, do you want to add to that?

**DC** **DEVGON, Chaandni (NHS SOUTH WEST LONDON ICB - 36L)** 49:52

I was going to say exactly that, it has to be someone who's gone through the course and is a senior for a reason because they need to be able to assess you doing what you know what to do, because pointless going and getting someone who doesn't know the course and doesn't know what is actually expected on that front.

So literally that was the only thing I was going to add.

**GJ** **GUFFIE, Jennifer (NHS ENGLAND - T1510)** 50:11

I think actually so one of the questions that we have is from someone working in Community pharmacy around how they would finally find a supervisor. You know with the way community pharmacy is moving with all the new clinical services that

are coming in there, it may not be something that's entirely doable now, but definitely could be an option in the future. I don't know if any of the panel have any thoughts around that.

**DC** **DEVGON, Chaandni (NHS SOUTH WEST LONDON ICB - 36L)** 50:31

I've got colleagues who were in Community Pharmacy who were doing it alongside. Actually they worked with their PCN leads and you've got my email.

Feel free to catch up with me after I can go through specifics.

Actually they did it in community pharmacy, but actually ended up having a split role between general practice and community. So they had best of both worlds, worked very well and actually with the pharmacy first approach, it's coming up thick and fast on that front. Community pharmacy, I've always said pharmacists are all clinical in any which way or form that you take them, there isn't a clinical pharmacist. We're all clinical, in one way or another, it's only going to get more clinical going forward. But there are specifics I can share offline.

**GJ** **GUFFIE, Jennifer (NHS ENGLAND - T1510)** 51:11

Brilliant.

And just to say that all of our panellists have very kindly said that they'd be happy to take any questions on their contact details or will be in the slides and Natalie?

**HN** **HOUGH, Natalie (NHS ENGLAND - T1510)** 51:22

Yeah.

I just wonder if we could look at, I think it's Ramesh Menon's question next if you're happy.

**GJ** **GUFFIE, Jennifer (NHS ENGLAND - T1510)** 51:28

Yes.

Yeah, no worries.

So they keep bouncing on my screen, so excuse me. Finding a qualified supervisor isn't Herculean task.

I have some good GP's.

Who are really good but can't be a supervisor because of the new supervisor training courses and they're having a challenge with doing that training and difficulty pushing

them. So I have a similar question, Natalie around the supervision training and formal qualifications that are required.

**HN** **HOUGH, Natalie (NHS ENGLAND - T1510)** 51:52

Yep so this might be a little bit of a misunderstanding from the GP perspective. We don't mandate what the specific training that GP has to do, so they may be getting confused with FCP, which is different to advanced practitioner. So a GP can absolutely and is very suitable to supervise an advanced practitioner.

We don't mandate that they have a specific course, but we mandate that they're appropriately trained. Now it can look in many different ways. GPs usually have done the kind of relevant education. This might be a lot easier to understand it again at back to our supervision documents that I spoke about earlier. It sets out exactly who can supervise APs, what training, or, you know what is required. So I can either share those links separately or email me, but they can supervise you. So that might just be a bit of a misunderstanding on their part and looks like Chaandni you've got probably got some stuff to add to that as well.

**DC** **DEVGON, Chaandni (NHS SOUTH WEST LONDON ICB - 36L)** 52:49

Yes. The joy of being in that sector, isn't it? So GP's absolutely can do it. If there is a reluctance for one to be a supervisor again, having multiple supervisors helps. So as part of working in a practice, there will be a PCN kind of side you will be linked to it, because that's the way that training practice is progressed.

There will be PCN linked within each PCN there should be an education coordinator or lead within that, so you can look within that.

So I think the key thing is that if you look at your education lead on that front, there may be a more senior GP within your PCN who could take the supervision role.

Again, who you could work alongside and then have your day to day check-ins or someone else, and it could be someone facilitating that PCN level, something to go and have a look at and to go and support.

**GJ** **GUFFIE, Jennifer (NHS ENGLAND - T1510)** 53:36

That's great.

I think and let me just check, I think there was one other question that I just wanted to pull.

What I would say is that the links to all the documents that give you the advice around them, the training opportunities available, there's quite a lot of detail.

I think it's worth taking the time to read through those and their contact details for the London faculty team who will be happy to help with any queries about the specifics.

So a lot of the detail that you may need will be in a lot of the documentation that's available. So do you take the time to read those?

And I think consider where this fits in your own personal professional journey and your job role and your own elements and how you're going to use that going forward in those skills going forward in your job. Sorry, someone just said.

Can we share? We will. I'll pop all of the links in the chat in just two minutes.

I don't know if any of the speakers had any final kind of words of advice or words of wisdom or top tips they would like to share.

If I maybe start with Diksha while I try and put some links in the chat at the same time.

**MD MALHOTRA, Diksha (EAST LONDON NHS FOUNDATION TRUST) 54:47**

I was just going to say I think we've given some information that can feel quite overwhelming, but actually completing the ACP course was probably the best career move I ever made and actually I'm really, really happy in my current role and the skills that it's given me to be able to give back to the patients. Yeah, it's amazing.

So I highly encourage people to go and do it. The support is there of course you need to look for it, but it's there and everyone's there to help you, including myself. So my email's on the slides in case you need to contact us.

**GJ GUFFIE, Jennifer (NHS ENGLAND - T1510) 55:16**

That's great.

Thank you very much and Bhavin.



**KB** **KARANIA, Bhavin (EAST LONDON NHS FOUNDATION TRUST)** 55:19

I was going to say that each and every one of you probably have more skills and kind of knowledge, don't underestimate yourselves. So you've all got that ability if you want to do it, to choose that career path and it's one that gives you a lot of fulfilment. So please do really consider it.

**GJ** **GUFFIE, Jennifer (NHS ENGLAND - T1510)** 55:39

There is also value in looking at the advanced practice multi professional framework as well as the RPS Advanced Frameworks and just to get a sense of what elements are required for both of those, there's no one better than the other.

It's around those individual directions of travel and around your job role and what you need to do that effectively and where you want to go professionally. And again, I'll put those in the chat.

And Nancy, I don't know if you had anything specific to add.

**NA** **Niarrou, Athanasia** 56:09

Just wanted to say that from students I know our pharmacy students they really enjoy the course and they love the fact that they get to think about the differential diagnosis management, of patients. It gets you outside of your comfort zone a bit. I'm a nurse by background, so I like hearing from my students. They come from so many different professions and you will enjoy it because you learn a lot.

You'll have MSK physios, they'll tell you tips that you wouldn't have thought of, as Chaandni was saying earlier, so it's a very demanding but really rewarding course and you will have the means in place and will have a lot of support.

So it is really worth the journey and just quickly because I saw a question asking when you can apply. I'm just saying because I'm reviewing applications, so I would suggest knowing when the induction date will be. For example, we have an induction date on the 22nd of April. Just make sure you have sent everything to us by mid March so we can tell you - yes, you're good to go and we'll provide you with the days and everything.

I don't know how other universities are working, but it's good for us to know well in advance so that we can provide you dates and then you can request days off and work with your supervisor and manager.

Thank you.

**GJ** **GUFFIE, Jennifer (NHS ENGLAND - T1510)** 57:26

That's great.

And Chaandni.

**DC** **DEVGON, Chaandni (NHS SOUTH WEST LONDON ICB - 36L)** 57:29

Adding on to what Natalie has just said.

Many universities have different processes.

Have a look at the website.

If there's a particular university that tells you. Some will have a form, you need to complete and with all the prerequisites, others will have the other bits and bobs.

So go with that and have a look at the different course specifics and go for a course that actually takes the advantage that you're interested in doing.

There's no point in going for generic course just because it's going to tick all the boxes and you're not going to enjoy it.

This is the new next logical step of pharmacy being shown to do exactly what we can do on that front and actually going and becoming more clinical and more competent and confident in what we can do on and using those skill set on that front. Don't be scared where there's a lot of support out there and exactly how Diksha said, you've got to look for it.

Nothings ever easy, but it is definitely one of the most rewarding things getting through it, especially just before COVID and actually being able to use those skills was great. But I think the key thing is that use it to your benefit and do it in an area that you've got that passion to actually make a difference because the difference you will make to your patients is huge.

And as Bhavin said, patients are so grateful when it gets right.

Because you're making that difference, so don't be scared.

Support is there.

Yes, you need to rejiggle it a little bit and think about kind of planning a bit better, especially if you're bad at planning.

Like I was when I first started, but you'll get there.

And we're all here to help and support you in any which way that we can, even if it's just a motivational talk.

I'm sure we could probably make that work.

**GJ** **GUFFIE, Jennifer (NHS ENGLAND - T1510)** 59:07

That's great. On that note, I'm just going to pop that into the chat.

Oh, they've come in an gigantic font.

I'm not entirely sure why and I'll hand over to Natalie for some last words as well please.

**HN** **HOUGH, Natalie (NHS ENGLAND - T1510)** 59:16

Yeah.

So just say I am a nurse by background, but Pharmacists make exceptional ACP's.

I feel like their skill set is really well lent to it, so although we have really small numbers don't be deterred by the fact that it's still kind of like a nursing dominated profession, it's just because it's been long standing there.

There really needs to be more of AHPs and pharmacists to come through.

So don't let that put you off and yeah, some of the best people I've worked with have been pharmacists APs. So definitely go for it.

The other thing is be really open with your employer that you must have their support and you must have an agreement that they let you practice at that level on completion. That doesn't necessarily mean a complete job change, but you need to be able to practice and use those skills to just get that agreement in place.

**GJ** **GUFFIE, Jennifer (NHS ENGLAND - T1510)** 1:00:02

That's great.

Thank you, everybody.

We will circulate slides to all the people who've attended the session today.

We will have the recording on our website and we'll send a link for that as well that will probably take just a couple of weeks to get that up and running and we will send that and we will also collate some of the questions and queries that have come from this into an FAQ to circulate as well.

And if you do have any further questions or queries, it is very complex and it is tricky to navigate and work out how this all works for you as an individual and how it may work for your employer.

But there is plenty of support.

I think as all of the panellists have said and as Natalie pointed out, reach out to your AP lead wherever you work to get that support as well.

Thank you very much for attending.

Thank you, Geoff.

We have got an evaluation feedback form that we would really appreciate if people could complete and it will help us to improve the webinar. It will help us to also make it more targeted and we hope to host more webinars later in the year and make this something more frequent and just to ensure that that also works for you and gives you the information that you need to consider that journey. And so please do complete it if you could.

Thank you very much.

We have also added a QR code and as well (to access the survey)

🔊 stopped transcription