

## Guidance on Submitting an Expression of Interest (EoI)

**Thank you for your interest in hosting a pre-registration pharmacist as part of the pre-registration pharmacist general practice programme.**

This document will provide you with all the information you need to complete the expression of interest survey.

**If you want to submit expressions of interest for multiple partnerships please e-mail [GPPreRegPharm@hee.nhs.uk](mailto:GPPreRegPharm@hee.nhs.uk) and we can provide you with a spreadsheet to complete.**

### **Who should complete the expression of interest?**

The expression of interest should be completed by the pharmacy partner who will employ the trainee.

The members of the partnership will need to work together to provide the relevant data.

At any point the “finish later” link can be clicked. This will save your progress and provide you with a link to access your survey again. This survey link could be shared with your partner for them to complete the relevant parts.

### **Is there a list of all the survey questions available?**

Yes, a list of all the survey questions can be found [here](#).

### **I haven't found a site to partner with, can I still submit an expression of interest?**

No. We can only accept expressions of interest from host sites that have identified a partner to work with.

### **I have identified a partner but haven't worked out the detailed information of how the training programme will work can we still submit an expression of interest?**

Yes. As long as you have identified a partner to work with, and you meet the criteria outlined in [the information for prospective hosts](#) document then you can submit your expression of interest. The HEE team of regional facilitators will be happy to help you in developing the detail for your training programme.

## **Specific information for answering individual questions**

Information is provided below to aid you in answering each of the questions in the EoI. The headings below represent the title on the survey page, further details are provided on the requirement for each question on that page.

If you need any further information please don't hesitate to contact [GPPreRegPharm@hee.nhs.uk](mailto:GPPreRegPharm@hee.nhs.uk)

### **GDPR statement**

You need to agree to the statement on handling data in line with GDPR in order to progress.

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### Contact details of person completing the survey on behalf of the pharmacy employer

Please provide contact details for the person completing the survey on behalf of the pharmacy partner (if you would like to submit multiple expressions you can email GPPreRegPharm@hee.nhs.uk for a spreadsheet to complete).

Select the location of your partnership.

Provide the contact details for each of the GP practices partnered with the pharmacy listed in Question 2.

### Previous participation

Confirm if you have previously hosted a trainee as part of the HEE funded pre-registration pharmacist in general practice programme.

Please select “Yes” if you are hosting a trainee as part of the programme in 2019/20 or if you have recruited a trainee for the 2020/21 intake of trainees.

### Previous participants

*This page will only appear if you selected “Yes” on the previous participation page.*

The goal of this question is to identify if your programme will run similarly to the programme you are running in 2019/2020 or are proposing to run in 2020/2021.

Please select “We have no planned change to the placement structure” if

- You are partnering with the same GP Practice(s)
- You are planning on hosting the same number of trainees
- The overall structure will stay the same (i.e. split weeks, block placements etc)

If you want to alter the number of trainees that are being hosted, then please select the appropriate option (either fewer or more trainees).

If you are partnering with a different GP practice(s), please select “We have partnered with a new GP practice”.

If you are adding a new GP practice to your partnership and retaining your existing partner(s) please select “We have partnered with an additional GP practice”.

If you are changing the structure of the placement (e.g. changing the duration of the GP placement, making significant changes to the structure) but the partnerships are remaining the same the please select “Other” and provide additional details.

You may add any additional relevant information in the free text box. You do not need to provide the details of the new/additional partners here you will be promoted to do this at a later stage.

**If you have not added or changed the general practice partner, this will be the last page of your expression of interest.**

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### Partnership

*This page will only appear for new hosts or hosts who are adding or changing their GP partner.*

Expressions of interest will only be accepted from formed partnerships. While the details of placement structure are not required at this stage, both partners must have agreed to work together to host a trainee.

If you select “No” your submission will automatically be excluded. Please get in touch with [GPPreRegPharm@hee.nhs.uk](mailto:GPPreRegPharm@hee.nhs.uk) if you have any questions.

Please describe the total number of trainees you would like to host (with all GP partners) and the planned duration of the GP placement.

### Pharmacy Questions

Please answer the questions relating to pharmacy host.

Identify the type of pharmacy (community or hospital) that will be hosting/employing the trainee.

For community pharmacy please provide the WTE of pharmacists employed in the pharmacy and the number of hours per week the pharmacy is open.

For hospital pharmacies, please identify if the trainee taking part in the GP placement would be part of your usual cohort of trainees or in addition to your usual cohort. If you are planning a mixed model (i.e. would like 1 additional trainee but will rotate a number of trainees through general practice) then please select other and provide details.

Please note there are a limited number of additional salary funded places available.

Please confirm if a suitable tutor has been identified for the trainee. It is not imperative that this has been completed in order to submit an expression of interest.

Please answer the questions relating to the pharmacies experience of hosting trainees.

There is a free text box to provide any additional information relating to the pharmacy employer. If there are additional pharmacy partners (i.e. if the trainee will have placements in multiple pharmacies, you can provide additional information here).

The next questions relate to the GP practice partner. A full list of questions are provided separately, in the “information for prospective host sites”. You will need to collate this information from your GP partners or you can select “finish later” and share the link with the GP sites to complete the questions themselves.

If you select “finish later” please ensure you save the link that is generated, as without this your answers will not be retrievable.

### GP Practice Questions

Please provide the following information for all the GP practices/federations/PCNs that are new to the programme. If you have previously partnered with a GP practice in this programme and now want to add additional partner(s), you only to provide information for the new partner(s).

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One page must be completed for each GP partner.

Please provide the required information on the general practice organisation that will be hosting the trainee.

Please note that, while the trainee may be hosted by a federation or PCN it is important that the trainee has a base where they are able to integrate with the MDT and work as part of the general practice team.

Please provide the relevant information of the GP pharmacist that has been identified to act as the trainee's pharmacist tutor while working in general practice.

There is a free text box available to provide any additional information.

If there are additional GP partners please select "yes" on the final question to supply the details for additional partners.

If you need to add more than 5 GP partners, please contact [GPPreRegPharm@hee.nhs.uk](mailto:GPPreRegPharm@hee.nhs.uk).

### **Meeting the placement outcomes**

The expected outcomes of the placement are provided. Please indicate which outcomes your programme will provide the trainee with the opportunity to complete.

### **End of Survey**

Please select finish to submit your expression of interest