

Quality Regulation Team (London and the South East)

Pharmacy visit to Guy's and St Thomas' NHS Foundation Trust

Please note: this report is about the pre-registration pharmacy and pre-registration pharmacy technician education and training and *not* about the level of service provided.

Purpose of Visit

This visit is the first in London to investigate the training environment and support and supervision that pre-registration pharmacists and pre-registration pharmacy technicians receive in a London Local Education Provider.

Section 1

Visit Details	
Local Education Provider	Guy's and St Thomas' NHS Foundation Trust
Date of Visit	19 January 2016
Specialty Visited	Pharmacy
Number (%) of trainees who attended the visit	13 (100%) preregistration pharmacists, 5 (100%) year 1 PTPTs, 9 (90%) year 2 PTPTs

Visiting Team		
Position	Name	Email address
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People to whom the visit report is to be sent		
Position	Name	Email address
Chief Executive of Trust	Amanda Pritchard	amanda.pritchard@gstt.nhs.uk
Chief Pharmacist	Tim Hanlon	Timothy.hanlon@gstt.nhs.uk

Information and reports received prior to the visit	Received
Annual Audit and Review	Y
Rotational plans and objectives	Y
Pre-visit questionnaire	Y

GLOSSARY OF TERMS

CCG	Clinical Commissioning Group
EPD	Education Programme Director
ES	Educational Supervisor
FP	Foundation Pharmacist
GPhC	General Pharmaceutical Council
LPET	London Pharmacy and Education Training
NVQ	National Vocational Qualification
PRP	Pre-registration Pharmacist
PTPT	Pre-registration training pharmacy technician
TRAS	Trainees Requiring Additional Support
TOIL	Time off in lieu
HEE	Health Education England

Section 2

Findings against the GPhC Standards for Pharmacy Education and Training

Standard 1 - Patient safety

There must be clear procedures in place to address concerns about patient safety arising from initial pharmacy education and training. Concerns must be addressed immediately.
Consider supervision of trainees to ensure safe practice and trainees understanding of codes of conduct

- 1.1 Pre-registration pharmacy technicians (PTPTs) reported using other people's logons to access certain software on the computers, in particular, to access 'power gates' while on the procurement and MI databank in the Medicines Information rotation. This was not compliant with information governance standards.
- 1.2 PTPTs also reported that individual trainees had been required to attend training to cover the dispensary during protected study time. This could be some months before their planned training and rotation.
- 1.3 There were variable levels of support and supervision given to pre-registration pharmacists (PRPs) and PTPTs on the weekends.
- 1.4 PRPs were ward based when working at weekends. They enjoyed this as they felt it helped them to develop a sense of responsibility. They were remotely supervised and a pharmacist was always available to answer queries. Their work was screened by qualified pharmacist(s) at the end of the session.
- 1.5 Although there was a robust process for checks and identifying errors, there was a lack of clarity regarding how many dispensing errors trainees were allowed to make whilst training within the dispensary rotation.

Standard 2 – Monitoring, review and evaluation of education and training

The quality of pharmacy education and training must be monitored, reviewed and evaluated in a systematic and developmental way. This includes the whole curriculum and timetable and evaluation of it,
Stakeholder input into monitoring and evaluation
Trainees in difficulty and the Trainee in Difficulty policy

- 2.1. Section Heads were not involved with the planning of training rotas. The pharmacy education team reviewed the curriculum and rotas frequently, in line with the Trust's strategy and the needs of the professions
- 2.2. Training packs were usually reviewed in partnership with section heads. Changes to the wider curriculum were agreed with the Associate Directors e.g. plans to remove bulk manufacturing and increase medicines management and dispensary rotations for PTPTs.

- 2.3. There was a lack of coordination of rotas and learning between the PTPTs and PRPs. There were aspirations to run joint teaching sessions for both trainee groups.
- 2.4. Trainees Requiring Additional Support (TRAS) were supported well and tutors proactively looked to enhance this support through reflective learning of past trainees in difficulty. The department followed an internal TRAS process and had not reported TRAS externally.
- 2.5. The education departments of both medicine and pharmacy worked in silos although there were examples of professions working together through the Inter-professional Development Forum. The PRP Education Programme Director was an active member of the Trust Inter-professional Development Forum which was an operational group that focused on the delivery of organisational educational objectives.
- 2.6. The previous Chief Pharmacist was a member of the Trust Education Strategy Group and this was due to be continued by the new Chief Pharmacist.
- 2.7. The Trust had a school of improvement initiative to give a broader insight into strategic objectives and management.
- 2.8. The dispensary at St Thomas' hospital was due to be under refurbishment in 2016. Although a risk assessment had been carried out early on during the project, it had not been updated recently. Contingency plans included extending the Sainsbury's rotation for PTPTs so that their dispensary training was not compromised.
- 2.9. There was a perception from the trainees that although there were many opportunities to feedback on training and education, this was not always effective. First year PTPTs reported difficulties, which the second year PTPTs had reported the year before. PRPs fed back on their experience of each rotation to their trainer/ practice supervisor on each rotation. These were often Band 6 or 7 pharmacists and there was a perception that they may not be in a position to effect change.

Standard 3 - Equality, diversity and fairness

Pharmacy education and training must be based on the principles of equality, diversity and fairness. It must meet the needs of current legislation.

- 3.1. Weekend working was introduced in Pharmacy to fit in with the national directive of the seven-day health service.
- 3.2. PTPTs worked a one in twelve-weekend rota, which was only on a Saturday. This was in the Guy's Hospital dispensary.
- 3.3. The PRPs reported working different times; some reported working one weekend and 12, others reported working four weekends in a row dependent on their rotations. The allocation of weekends was not equitable among Trust contracted staff.
- 3.4. The cardio-vascular pharmacy unit had different rules for taking the time off in-lieu (TOIL) gained from working a weekend, in comparison to the rest of the units. Trainees reported that this made planning leave and educational supervisor meetings challenging.

Standard 4 - Selection of trainees

Selection processes must be open and fair and comply with relevant legislation

- 4.1. The Trust allocated 30 per cent of HEE commissioned pre-registration pharmacist posts to King's College London pharmacy students. It was reported that students were only given places if entry requirements were met. The Trust was unable to clarify whether ring-fencing a percentage of posts for one group of applicants was compliant with equal opportunities legislation.

Standard 5 – Curriculum delivery and trainee experience

The local curriculum must be appropriate for national requirements. It must ensure that trainees and PG pharmacists practise safely and effectively. To ensure this, pass/ competence criteria must describe professional, safe and effective practice.

This includes:

- The GPhC pre-reg performance standards, KSSD Pre-registration Trainee Pharmacist Handbook and local curricular response to them.
- Range of educational and practice activities as set out in the local curriculum.
- Access to training days, e-learning resources and other learning opportunities that form an intrinsic part of the training programme.

- 5.1. There were five 12-month PRP posts within the Trust. In addition there were:
- Two posts which had six months in paediatrics and six months in the main hospital
 - Two posts where the trainee had six months within the Trust and six months within the CCG (this post was not employed by GSTT)
 - One post which had six months in the Trust and six months in industry
 - Three posts which were part of the King's Hospital Partnership which had rotations at South London and the Maudsley NHS Foundation Trust, King's College Hospital NHS Foundation Trust and Guy's and St Thomas' NHS Foundation Trust.
- The focus of training in the Trust for the six to twelve trainees was in medicines information, clinical and dispensing.
- 5.2. All trainees appreciated the breadth of training and education opportunities available to them, due to the varied rotations.
- 5.3. Trainees also appreciated the extended amount of time they experienced on the wards carrying out supervised clinical activities. PRPs stated that in comparison to the experience at King's College Hospital NHS Foundation Trust trainees received increased exposure for direct patient interaction.
- 5.4. The Evelina Hospital was reported to be very good for training, because of the structure, support, and supervision. It was reported that there was one person responsible for the rotation who understood the trainees' learning and educational needs and gave the trainees clear learning objectives for the rotation.
- 5.5. The cardiovascular rotation was reported to have a similar structured approach to training. However, it was stated to have a less supportive environment, with unrealistic expectations of trainees' prior experience and knowledge.
- 5.6. PRPs stated that rotations were fixed and rarely moved for service needs.
- 5.7. PRPs reported that the dispensary at St Thomas' Hospital was much busier and less supportive than Guy's Hospital.
- 5.8. PTPTs had a fixed rota that was given at the beginning of the two years training programme, however, trainees stated that the rota did move infrequently.
- 5.9. The educational leads for the PTPTs stated that they had moved the rotations to decrease the number of rotations in manufacturing, in line with the future needs of the profession.
- 5.10. First year PTPTs stated that they had not received the rota until three months after starting. This had led to a lack of direction for trainees' learning objectives.
- 5.11. PTPTs reported receiving sign-off on competencies in a tardy fashion. Trainees reported waiting for several months to receive sign-off or feedback on their work and this was not conducive to good training and education. Trainees reported that remedial work was sometimes carried out during another timetabled rotation making programme work planning difficult. In addition, second year PTPTs reported that assessments were outstanding although some of them were due to commence posts as registered pharmacy technicians on 1 February 2016. It was unlikely that they would be registered with the GPhC by this date.
- 5.12. Nearly all of the PTPTs reported that they would recommend their posts for training.
- 5.13. PTPTs stated that for the aseptic rotation although they had been given a training plan it was not followed. They did not feel they had an induction to the unit or assessment plan. This may have been due to staff changes initially but it had not improved for the new cohort, three months later, who had the same experience.
- 5.14. PTPTs were allocated every Friday morning for independent study and to work on the NVQ.
- 5.15. PTPTs reported that they were required to provide Saturday cover when they had completed their dispensing logs. Although these would normally be covered during an early dispensary rotation, the visiting team was informed of one occasion where a trainee was required to work in

a dispensary during their independent study time in order to fulfil this requirement i.e. they did not have any scheduled training time in the dispensary as part of their rota prior to working weekends. This was not seen as adequate time to gain sufficient experience and skills within the dispensary and diminished the trainees' independent study time.

- 5.16. PRPs enjoyed working weekends; however, they stated that the work was not always relevant for education and training needs.
- 5.17. The Medicines Information (MI) rotation was described as structured and supportive, however first year PTPTs would like more relevant real enquiries they could learn from. The issue of capacity to train in MI if total trainee numbers continued to increase was recognised.
- 5.18. Pharmacy staff had not been involved in multi-professional leadership pairings run through the Junior Doctors' Leadership Group but they were keen to be involved in future.
- 5.19. In line with the Trust's development of integrated care, there was a strategic aim for PRPs to undertake placements in general practice in future.

Standard 6 - Support and development for trainees

Trainees on any programme managed by the Pharmacy LFG must be supported to develop as learners and professionals. They must have regular ongoing educational supervision with a timetable for supervision meetings. All LFGs must adhere to the HEKSS Trainee in Difficulty policy and be able to show how this works in practice. LFGs must implement and monitor policies and incidents of grievance and discipline, bullying and harassment. All trainees should have the opportunity to learn from and with other health care professionals.

- 6.1. There was a ratio of 1:1 for all 12 month GSTT PRPs. However all six month split PRPs were tutored by the EPD who was also their line manager.
- 6.2. There were no formal arrangements for tutors to meet with PRP trainees, and this led to a variation in frequency of meetings. There was a concern that because of the informal organisation of meetings, trainees may not get the support they needed if they were less inclined to ask for support, such as TRAS.
- 6.3. PRPs reported they should have beginning, middle, and end of rotation meetings where feedback was given and the trainee's progress reviewed. This was then fed back to the trainee's tutor and if necessary discussed with the trainee. PRPs reported that this was normally followed but there were infrequent exceptions to this.
- 6.4. PRPs stated that not all rotations gave timely rotational appraisals due to workload and suggested a set meeting rostered into the timetables.
- 6.5. The model of educational supervisor support for PTPTs was that each PTPT had a lead assessor as their ES. Lead assessors were all members of the department education and training team. There are three lead assessors supporting 13 trainees.
- 6.6. The PTPTs stated that they did not always receive feedback in a timely manner. Trainees reported having to attend end of rotation meetings several weeks after they had finished the rotation. NVQ assessments were sometimes not completed until a significant time later. This was particularly notable in aseptics and manufacturing.
- 6.7. The PTPT educational supervisors stated that there were formal named lead assessors for the day-to-day management on the units. However, the trainees stated that the support given by the lead assessors varied and due to the heavy workload of the assessors, trainees normally relied on other senior staff.
- 6.8. There was a good culture of informal support between PRP trainees and the band six and seven staff. This mentoring system was used as a mechanism to identify pharmacists that would be suitable pre-registration tutors in future. The EPD carefully matched ESs to trainees taking into account interests and personalities.
- 6.9. Trainees reported that the Guy's Hospital dispensary was a better training and supportive environment because of the lower workload. The St Thomas' Hospital dispensary's workload impeded support and training but there was also a rather abrasive culture of addressing mistakes, which was not supportive.
- 6.10. All trainees reported that although there was a clear format of formal feedback, there was not a culture of informal feedback in the workplace. It was reported that the some senior staff members

- were less likely to give feedback. Trainees stated that they would appreciate immediate informal feedback on their progress to ensure that trainees knew they were completing tasks correctly.
- 6.11. Induction was reported to be too long for PRPs, and trainees suggested that it could be shortened by a week for each trainee cohort. However, trainees stated that the benefit of the length helped them form a good team dynamic.
 - 6.12. The PRP trainees appreciated the walk round the different rotations at the start but stated that this was not always relevant and would appreciate a more localised induction when they started each rotation.

Standard 7 - Support and development for Pre-registration Trainee Pharmacist Practice Supervisors and Educational Supervisors.

Practice supervisors, educational supervisors and education programme directors should have these roles clearly identified and be trained and competent to undertake them. Supervisors should have time to carry out their role and access to support and training including identified peer support.

- 7.1. The chief pharmacist reported that they were intent on enhancing educational responsibilities and providing excellent tutors within the department.
- 7.2. Pre-registration pharmacist tutors were committed and enthusiastic about education and training during the visit.
- 7.3. There was good initial training support for tutors, with all tutors attending the LPET training course and some undertaking the Statement of Teaching Proficiency provided by King's College London. This programme supported tutors to develop their portfolio for Royal Pharmaceutical Society Faculty submission. In addition new pre-registration tutors reported being 'buddied' in their first year particularly at the first appraisal. However, there seemed to be few continuing development courses.
- 7.4. Not all assessors and section heads had allotted time to fulfil educational responsibilities. This was contributing to the late sign-off of PTPTs competencies and work.

Standard 8 - Management of education and training

There should be transparent processes which show who is responsible for each element and each stage of training programmes

- 8.1 The Pharmacy Department reported within the Trust via monthly performance meetings. The focus of the meeting last month was on Education & Training.
- 8.2 Both EPDs report directly to the Chief Pharmacist.
- 8.3 The PTPTs stated that there were too many people involved with the training programme, including lead, managers, trainers and assessors. This led to confusion and a lack of clarity for receiving sign-off and feedback.

Standard 9 - Resources and capacity

Resources and capacity are sufficient to deliver outcomes.

- 9.1 The Trust used electronic drug charts, which the trainees appreciated and stated, would give them good practice to implement in future Trusts.
- 9.2 Low staffing levels with increased service commitments was impeding training and education. This was reported as a pronounced problem in the St Thomas' Hospital dispensary where trainees reported that there was little time for teaching and learning.
- 9.3 The Evelina Children's Hospital dispensary was also reported to be focused on service more than training and this was directly linked to staffing issues.

Standard 10 – Outcomes

There should be an analysis of outcomes of assessments benchmarked against others which is accessible to trainees.

10.1. The Trust had a very high pass rate for PRPs, which exceeded the national average.

10.2. PRP retention into the NHS in 2014/15 was 67%.

Section 3

Notable Practice Note as * any exceptional examples that have the potential for wider use or development elsewhere in the NHS.	
1	The Evelina Children's Hospital rotations were said to be of a high quality with a well-structured programme, a good awareness of trainees' learning needs, a supportive environment and good training opportunities.
2.	Training and support for new PRP tutors was very comprehensive particularly the use of the King's Statement of Teaching Proficiency.

Section 4

	Mandatory Requirements	Actions / Evidence Required	Reference (Domain and paragraph no.)	Due Date
1	No trainee should use another person's log-on details and password, in any circumstance. An IMR was issued on the day of the visit.	The Trust is required to ensure that all trainees have their own log-ons and passwords for all relevant software and programmes.	1.1	Immediate
2	The Trust should review weekend working. This should include the allocation of trainees, the level of support and supervision available and the educational relevance of the shifts.	The Trust is required to review how they allocate trainees to weekend working. This should include a new system which ensures trainees have completed the requisite training requirements as part of their training rota prior to being eligible for working weekends.	1.2, 1.3, 3.3, 5.15	1/7/16
3	The Trust should consider all ramifications to education and training from the refurbishment of the dispensary at St Thomas' Hospital.	The Trust is required to provide an updated risk assessment and quarterly reports on the impact to education and training and how this is being managed.	2.8	1/3/16
4	Recruitment into all posts within the Trust should be fair and equal and within legal requirements.	The Trust is required to review the process of ring-fencing a percentage of HEE funded posts for students from a particular University and ensure that all posts are allocated via legal, equal and fair specifications.	4.1	1/3/16
5	Sign-off for PTPT competences and work should be done in a timely manner. Assessment delays must not delay the timely registration of PTPTs as pharmacy technicians.	The Trust is required to ensure assessors are allocated time within their work diary to ensure there are no delays in assessment that impact upon	5.11, 6.6, 7.4	1/7/16

	registration. Trainees will be required to provide feedback on this in programme exit questionnaires.		
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Section 5

	Recommendations	Reference (Domain and paragraph no.)
1	The number of errors trainees are allowed to commit into the dispensary should be clarified to all staff.	1.5
2	The department is strongly advised to establish a Pharmacy Local Faculty Group which will provide a forum to:- - review curricula - strengthen the trainee voice - monitor trainee progress - review actions resultant from this visit	2.2, 2.9
3	There should be more communication and collaboration regarding the PTPTs and PPs programmes, including joint teaching and training opportunities and rota planning.	2.3
4	There should be increased involvement from the tutors, assessors and section heads regarding the review and implementation of the pharmacy curricula.	2.1
5	The pharmacy and medical education departments are encouraged to work closely together. This would have many benefits, one being the potential use of prescribing pharmacists working alongside physician associates to support new ways of working.	2.5, 5.18
6	There should be a review of how trainee feedback on the posts is used effectively to ensure change.	2.9, 6.3
7	There should be a consistent approach across rotations for taking TOIL of working at the weekend	3.4
8	The rotations for PTPTs should be consistent, stable and delivered to trainees in a timely manner.	5.8, 5.9, 5.10
9	The organisation within the aseptic rotation for PTPTs should be reviewed. Trainees should receive an induction and a training programme in a timely manner and the assessment plan should be followed.	5.13
10	There should be a formal process and plan for PRP tutor and PRP trainee meetings. These should be scheduled at least once a month.	6.2
11	Rotational appraisal meetings for both PPs and PTPTs should be formalised and set in the trainees' rotas to ensure they occur in a timely fashion.	6.3, 6.4
12	The Trust should look at enhancing a culture of supportive, informal feedback through all layers of staffing.	5.5, 6.9, 6.10,
13	The Trust should review the induction process for both PRPs and PTPTs.	6.11
14	The pharmacy education directorate should look to increase the numbers of PRP tutors and promote education across the Trust.	6.1,

Approved by

Gail Fleming Date: 18 February 2016
