QUALITY AND REGULATION TEAM
(LONDON AND SOUTH EAST)

NHS
Health Education England

Lewisham and Greenwich NHS Trust

Pharmacy

Risk-based Review

Quality Review report

Date: 17 May 2016

Final Report

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Quality Review details

Background to review	The visit to Lewisham and Greenwich NHS Trust was the second London Pharmacy visit to review the training environment, support and supervision that pre-registration pharmacists and pre-registration trainee pharmacy technicians were receiving within a London Local Education Provider. No major concerns led to this visit. The evidence and reports submitted by the pharmacy department as part of the pre-visit evidence bundle highlighted areas for development. Therefore the focus for this visit was geared towards capturing and helping further develop these identified areas. The visit team also recognised the merger that occurred between Lewisham Healthcare NHS Trust and Queen Elizabeth Hospital (QEH) to form Lewisham and Greenwich NHS Trust (LGT) in 2013 and was keen to explore the strategic pathways the Trust had devised to harmonise the delivery of pharmacy training at both sites. It was also noted that the Trust had a working relationship with King's Health Partners (KHP) and University of East Anglia (UEA). Hence, the visit team was curious to understand the potential impact, if any on the wider training programme. The visit team appreciated the commitment the Trust showed in wanting to develop its pharmacy training programme.
Specialties / grades reviewed	All the pre-registration pharmacists (PRP) and pre-registration trainee pharmacy technicians (PTPT) from University Hospital Lewisham (UHL) as well as QEH were invited to attend the visit.
Number of trainees and trainers from each specialty	The visit team met with seven PRPs and three year-one PTPTs. It was reported that the year 2 PTPTs were at college on the day of the visit. The number of trainers who attended the visit were as follows: Four PTPTs' educational supervisors, six PRPs' educational supervisors; Three dispensary practice supervisors, two technical services practice supervisors; One deputy chief pharmacist, one clinical services manager and three pharmacy education leads (PEL).
Review summary and outcomes	The visit team was grateful for the warm welcome and the well-organised quality review to pharmacy. All the sessions were well attended and the visit team had no immediate concerns in regards to pharmacy education and training. During the visit, it became evident that the Trust had a culture to support education. The need for the organisation of Local Faculty Group meetings (LFG) as suggested in the evidence report was obvious during the visit; especially, as crucial feedback to trainees as well as trainers in regards to education and training were reported to be mostly self-directive. The structured approach to out of hours working without compromise to education and training was noted as commendable and the Trust was encouraged to share the good practice with Health Education England so that

	other Trusts could also benefit from this structure. Other areas that were described as working well were as follows: • Trainees reported that they had exposure to a varied learning environment. • The Trust had a good retention percentage of all their trainees. • The visit team heard that pharmacy had an open culture and trainees were comfortable asking for help from senior colleagues. • The Trust had a comprehensive induction process prior to rotations within clinical settings as well as dispensary. • It was reported that the PRPs' rota had two weeks prior to exam scheduled as study-leave which indicated good practice on behalf of the department. • Pharmacy stated that their relationship with King's Health Partners (KHP) helped support research and development in time of need. The pharmacy education leads (PEL) recognised that the merger of UHL and QEH had caused discrepancies in the delivery of training. They reported that it had been a challenge to work with service delivery managers at each site as there was a difference in delivery requirements at each site. The following are areas that the visit team identified as requiring improvement: • Trainees reported that rotations were not well organised and this was supported by practice supervisors (PS) who also reported that they had no involvement with rota planning. • There were inconsistencies in how trainees' and trainers' objectives were set out and managed adequately within each department. • The lack of effective, transparent and clearly understood educational governance systems and processes were also highlighted by the absence of a robust feedback mechanism. • Although it was reported that PRPs were allocated protected study time on Monday afternoons, the visit team heard that unless it was a teaching day, trainees did not necessarily get the time away especially within dispensary rotation. • The visit team was informed that dispensary PSs did not have sufficient and/or protected time in their educators' job plans to meet educational responsibilities. Nonetheless, the visit team heard that pharmacy was actively contributing with the multi-professional discipline by sharing learning with other healthcare professionals and this was seen as notable practice.

Educational overview and progress by Chief Pharmacist and Pharmacy Education Leads
The visit team was aware that there were considerable changes within the senior leadership team due to maternity leave and career progression. However, there were no noticeable impact to the delivery of education and training within the department as a result. The chief pharmacist as well as the upcoming interim chief pharmacist would continue to attend the local education meeting to update the wider education team at the Trust on training and education within pharmacy. The current strategic directions of pharmacy at LGT were outlined as below: • The department had a consultation for 'seven-day working' earlier this year and this had been well managed. The department had a structure in place so that trainees who worked weekends had set days off during the week and learning was not compromised as the PEL ensure adequate senior staff were present during out of hours (OOH) work.

- The visit team was informed that the outpatient dispensing at the UHL was currently outsourced and the Trust was looking into outsourcing the outpatient dispensing for the QEH site as well in the near future.
- The pharmacy senior management team informed the visit team that they had reviewed rotas at both sites to ensure that they were consistent and was currently reviewing the delivery process. Nevertheless, as it was recognised that there was a difference in delivery methods at each site. In line with the Carter Review, the department was in the initial stage of consulting transformation lead groups to discuss the impact of training should the policy be applied at the Trust.
- The PEL reported having a good relationship with other Trusts within the patch and stated that learning as well as recruitment was conducted as a group through the Kings Health Partners. This provided greater exposure for the Trust locally and nationally.
- Pharmacy delivered six training session to medical staff per year and the department had a medical mentoring role specific for this purpose. The multi-professional training was however, not reciprocated with the same intensity.
- The department was in the process of recruiting a medicine management nurse.
- The visit team were informed that pharmacy at the Trust had actively been contributing to the Ground Rounds.
- The Trust would be accommodating a year three integrated pharmacy degree student from University of East Anglia (UEA) for the first time as part of the wider training programme. The department reported recognising the challenge in accommodating this and had informed the visit team that training and supervision had been devised accordingly. It was stated that this would have no negative impact on current trainees.
- The PTPT PEL commented that they were awaiting the outcome of the tender process and exploring how this would impact the recruitment as well as training of PTPTs in the future.
- The department identified that the PRP training manual required updating and research portfolio required further improvement.
- The PEL reported reviewing the training models before trainees were placed within dispensary and wards. It was suggested that the department was evaluating the possibility of creating a skills passport to further improve pharmacy training.
- The department was also exploring effective models of how to conduct formalised LFG meetings for both PTPT and PRP trainees

The PEL stated that they were committed to providing structured, patient-centred and collaborative education and training to trainees.

Quality Review Team			
Lead Visitor	Liz Fidler, Head of Pharmacy, Health Education England Kent, Surrey and Sussex	**External Representative**	Rachel Stretch, London Pharmacy Education and Training
Trust Liaison Dean	Dr Helen Massil, Trust Liaison Dean, Health Education England South London	**External Representative**	Sarah Purdy, Programme Support Pharmacists, Health Education England Kent, Surrey and Sussex
Trainee Representative	Ben Smith, Pre-registration Trainee Pharmacy Technician (PTPT) East Kent Hospitals	**Observer**	Jill Stevens, Deputy Chief Pharmacist, Clinical Services at Epsom and St Helier
Observer	Mabel Sanni, Deputy Quality and Primary Care Manager	**Observer** (PRP session only)	Dr Chandi Vellodi, Trust Liaison Dean, Health Education England North West London
Scribe	Deepa Somarchand, Quality Support Officer	**Lay Member**	Diane Moss, Lay Representative

Findings

GPhC Standard 1) Patient Safety

Standards

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

Ref	Findings	Action required? Requirement Reference Number
P1.1	**Patient safety** There were no reports of patient safety concerns during the visit.	
P1.2	**Serious incidents and professional duty of candour (Error reporting)** No occurrence of serious incidents or breach of professional duty of candour within pharmacy was reported during the visit. The visit team heard that the Trust trained pharmacy trainees on error reporting during the induction process. The dispensary practice supervisor (DPS) mentioned a tick-box system that was used to confirm the agreeable level of competency during induction. However, it was unclear which operating system trainees were trained on. Within dispensary, the visit team was informed that 'error slips' were recorded, kept securely and reviewed with trainees to discuss training needs identified. If the error was considered minor, then training logs were used to provide feedback. However if the errors were deemed major, then trainees were asked to write a reflective account as part of their Continued Professional Development (CPD). On the other hand, because of the amount of governance that was required to be completed within the technical services, it was reported that errors could be identified early on via the competency logs. Trainees conveyed that although they were aware of an error reporting mechanism, they would only discuss the error with their immediate supervisor or pharmacy education lead (PEL). The trainees stated that there was no formal process for feedback to be received. Within technical services, feedback in errors were conveyed face-to-face only to pre-registration pharmacists (PRP) and pre-registration trainee pharmacy technicians (PTPT) error feedback were reported to the lead assessors.	Yes. Please see Action P1.2
P1.3	**Appropriate level of clinical supervision** The PEL informed the visit team that there was a paper that clearly outlined who was the lead on rotas. It was also stated that lead pharmacists could only swap working days with another named lead pharmacists so as the team always had an assigned lead pharmacists during any given rotations. The visit team heard that the rotas were well devised so that there was always an educational aspect as well as an opportunity to be part of the team, especially during out-of-hours' work (OOH). It was conveyed to the visit team that the Trust always ensured a named individual was responsible for PRPs within a Clinical Commissioning Group (CCG) rotation. The PRPs were also scheduled to be present at the Trust every Monday so as the trainee could remain in touch with the rest of the educational team. Nonetheless, PRPs reported that the levels of clinical supervision varied within medical	

	and surgical wards as well as the different sites. There were reported moments whereby PRPs stated that they would be on their own on a ward for a brief amount of time but help was always available when required. PTPTs reported that they were supervised at all times.	
P1.4	**Rotas** The Trust recently devised a 'seven-day working' consultation. The structure was such that for every one in six Saturdays worked, a half a day leave during the week was planned within the rota and for every one in 12 Saturdays worked, a day leave scheduled during the week. This OOH working structure was applicable to all level of staffing within pharmacy. During the weekend, PRPs reported that they started their rotation on wards with a pharmacist before joining the dispensary. PTPTs, on the other hand, reported that rota details were placed on notice board readily accessible and visible to all. They did not experience any sudden change to published rotas. However, despite having a robust curriculum, PTPTs felt like they did not spend enough time in certain departments such as the human immunodeficiency virus (HIV) clinic. PTPTs felt that it would be beneficial to have a ward-based rotation. There were however, some inconsistencies reported. PRPs reported that the rota provided them with two weeks study leave prior to exam whereas PTPTs reported that there was no flexibility with their weekend rota prior to assignment submissions. PRPs also reported that the two weeks study leave prior to exam were mismanaged which then caused some disturbance within their rotation which had to be adjusted to fit the reserved study leave. The visit team heard that the rotations at University Hospital Lewisham (UHL) were split in either a ward and community rotations or ward and dispensary or technical services rotations. This was reported by PRP trainees as not being well mapped and as a result caused disturbance to other rotations. Paediatrics, aseptic and community rotations at UHL were mentioned in particularly. On the other hand, rotations at Queen Elizabeth Hospital (QEH) were said to be in 'blocks' and trainees expressed a preference for having a split rotation. The visit team heard that the practice supervisors (PS) were not involved in the drafting of trainees' rotas and PSs stated that this did not help them in gearing the training to the individual needs when required.	Yes. Please see Action P1.4
P1.5	**Induction** The induction agenda for pharmacy trainees at Lewisham and Greenwich NHS Trust was described as two weeks' learning within the field of medicine management and four weeks' learning within the dispensary and technical services. The mandatory training was also included within the first two weeks of induction. During the practical induction for PRP trainees, the day was planned so that trainees spent half a day within the dispensary and the other half having clinical inductions. The visit team was informed that clinical training was delivered by assigned senior (Band 8) pharmacists. Within dispensary PRP trainees were required to read the Standard Operating Procedures (SOP) before working in dispensary. PTPTs on the other hand, received departmental induction within the first two weeks and then spent the following four weeks receiving induction within the dispensary and stores department. The PSs assured the visit team that trainees were only allocated on the OOH rotations after they had completed all dispensary training which could take four to six weeks at UHL and six to eight weeks at QEH. There were no cross site inductions; however, if there was a rare instance that a trainee was sent to work cross-site, then a half day induction would have been provided prior to the working day.	

	The visit team heard that there was a competency tick-box process that was used as an agreement between trainers and trainees to confirm that a satisfactory induction was conducted within a particular area. The dispensary managers as well as the technical service practice supervisors confirmed being involved in the training manual used. Nonetheless, the visit team was informed that the induction packs were domineeringly technical as opposed to clinically led as well. The competency to commence OOH work was determined by the dispensary manager after a structured meeting of senior pharmacists as well as PEL.	
P1.6	**Handover** PRP trainees informed the visit team that they had a 20 minutes handover with the supervising pharmacists before going onto the ward.	
P1.7	**Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience** Both PTPTs and PRPs reported receiving a rich and varied learning experience within a supporting environment at the Trust. Despite acknowledging that rotas were devised to reflect service needs as well as educational needs, there were no cross-site rotations. The visit team therefore, felt that there was a loss of an educative opportunity in regards to the different methods of dispensing. The visit team heard that some of the supervising pharmacists lacked an awareness of the learning objectives and as a result trainees felt that the work undertaken did not provide them with the required learning opportunities. This was mostly experienced by PRPs within the surgery and cardiology rotation Trainees also stated that the lack of uniformity amongst supervising pharmacists meant that the training delivery was not consistent for each of them. It was also reported that there was an issue with trainees' handover amongst supervising pharmacist. At the beginning of their ward rotations, PRPs reported that they would at times be left unsupervised for a brief amount of time. Although they recognised that this helped increase their confidence of working independently and further their future working skills, PRP trainees felt that there was also a lack of learning opportunity. As a result, some PRP trainees reported still catching up with their competencies months after completing their rotations. PTPTs reported that they had a training plan set out at the beginning of their rotation and felt supported by the team. They did not feel that they were given work above their level of competencies. However, there were rare instances whereby PTPTs had to work beyond their standard working hours. PTPTs commented that their OOH work somewhat lacked further learning opportunities and they also queried the relevance of some aspects of their curriculum. The dispensary PSs reported that PRP trainees were provided with around 200 dispensary logs to complete and PTPTs were provided with their competencies log to complete. Nonetheless, the PSs did not meet with PRP trainees as compared to the PTPTs every week to discuss learning progress. In regards to the technical services, the visit team heard that trainees received a training manual from their very first day and the training mostly consisted of reading and shadowing. PRP trainees at both QEH and UHL spent two weeks within the pharmacy technical services and at times the rotations were synergised with ward times for a few hours. The technical services' PS reported that the combined rotation left little time to support PRPs with the technical services' role. The PS for the technical services commented that this was a historic arrangement and did not completely benefit trainees with their	

	education and training presently. The PS also expressed a preference for the ward commitment to be taken away so as PRP trainees could observe other aspects of the technical services such as cleaning which was considered as important. On the other hand, PTPTs spent four months at UHL and six weeks at QEH for their pharmacy technical services rotations. The PTPTs on UHL site had two four month rotations and QE PTPTs have five six week rotations. It was reported that four months was deemed adequate to at least train a PTPT in making chemotherapy therapy but six weeks was not long enough. The visit team felt the shorter rotations on one site was a disadvantage As the paediatric pharmacy technical services had been outsourced, there was currently no link with clinical wards during rotations within the pharmacy technical services.	
P1.8	**Protected time for learning and organised educational sessions** It was reported to the visit team that every Monday afternoon was classified as protected learning time for PRPs. The visit team heard that this time could either be teaching sessions or self-directed study time. Nonetheless, the visit team also heard that trainees did not necessarily have the self-study time. They reported that although this was supposed to be a protected study time, not all departments recognised it and therefore they had to constantly ask to have the time off. This was especially reported to be experienced within dispensary rotations. PTPTs did not feel their study time represented their workload and they reported having to often miss study time to support service delivery. ES believed that trainees were having their protected time for learning but did not query about it during their meetings with trainees.	
P1.9	**Adequate time and resources to complete assessments required by the curriculum** The visit team was informed that trainees had allocated study time prior to exams. However, study time for the Business and Technology Education Council (BTEC) assignments were not scheduled. PTPTs reported that there was neither allocation of study time at QEH nor within the pharmacy technical services. It was stated that there was an expectation for PTPTs to be part of the substantive pharmacy team during college breaks and as a result study time were lost.	
P 1.10	**Organisations must make sure learners are able to meet with their educational supervisor on frequent basis** Despite trainees reporting that they had no trouble meeting with their ES, there was no indication that there was a structure in place whereby the organisation ensured that ES met with trainees on a frequent basis.	

GPhC Standard 2) Monitoring, review and evaluation of education and training		
Standards **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**		
P2.1	**Effective, transparent and clearly understood educational governance systems and processes** Despite appreciating the effort of pharmacy to provide an enriched learning environment at the Trust, the visit team heard that there was no structure in place to monitor trainees' and trainers' performance at the Trust. It was reported to the visit team that not all ES has had a formal training as for example the London Pharmacy Education and Training (LPET) prior to being assigned trainees NVQ Assessors have recognized qualification status.. An in-house induction was provided at the start of supervision and chief pharmacists provided support across site. There was no forum in place for PRP ES to meet to discuss training needs or trainee progression collectively. The visit team heard that PTPTs progress and training was discussed at National Vocational Qualification (NVQ) standardisation meetings. There were no formal meetings between the ESs and PSs to share common themes as a team. Meetings of ES with trainees were described as a relationship between the ES and trainee but there were no expectation from the Trust for ES to meet their trainees at regular intervals. Hence, meetings with trainees were not documented nor objectives set as part of a formalised process. It was commented that it was expected of trainees to approach the department manager at each rotations and discuss their objectives; but, this was not formally communicated to trainees or department managers at the start of training. Only two PRP trainees reported meeting their ES every two to three weeks in a structured manner. The pharmacy technical services also reported that they had no dialogue with the wider education team and reported that feedback was considered self-directive. Trainees commented that they felt supported and their ES were approachable as well as supportive. However, they recognised the workload intensity.	
P2.2	**Impact of service design on learners** The visit heard that the Trust was working towards homogenising service and training delivery at QEH and UHL. However, as there was an existing difference in models of delivery at each site, it was a challenge to enforce these principles. Therefore, it was understood that rotations at each site varied and the delivery of education also varied specially within the clinical settings. It was reported that the Trust had a robot dispensing at UHL while dispensing at QEH was still carried out in the traditional manner. This was perceived as a great learning opportunity for trainees at the Trust. However, the limited experience at each site meant that there was a loss of learning opportunity at the Trust. It was also reported that current NVQ trainees were end-loaded with a minimum level of competencies which had be completed. This had affected the quality of training that PSs could deliver. PTPTs reported that the lack of a medicine management rotation did not support them with career opportunities post registration.	

	Technical services ESs reported that the varying length of rotations for PRP and PTPT trainees posed a challenge for ES to deliver effective service and curriculum management.	
P2.3	**Appropriate system for raising concerns about education and training within the organisation** PRP trainees reported that their method of raising concerns was to speak to their senior colleague or ES but did not always follow any structured process. During induction the Trust's whistleblowing policy was explained to trainees but no further training was provided. PTPT assessors related that trainees were aware of trust policy of how to raise concerns and PRP ESs believed that PRPs were also aware of these policies as they were delivered at induction level. Trainees were encouraged to contact ESs and PSs if they had any concerns and the LEP exercised an open door policy. PTPT ESs used training logs and appraisal process to discuss training needs whereas training feedback for PRPs was self-directive.	
P2.4	**Organisation to ensure time in trainers' job plans** The visit team heard that despite having protected time set for appraisals, service needs at times overrode this and as a result PRPs and ESs struggled to dedicate time to trainees. Education Supervisors felt stretched but reported making it a matter of priority to make time in the job plans to meet with trainees and complete assessments. It was conveyed that there was a supportive culture amongst colleague and this helped. Nonetheless, newly appointed ES still found it challenging.	
P2.5	**Systems and processes to make sure learners have appropriate supervision** The visit team was informed that the PTPT Education lead holds a level four, Internal Quality Assessor (IQA) qualification. Whereas not all PRPs' ESs had attended the LPET study days. It was reported that support was available from the local education provider. Practice supervisors reported having no formal training and expressed a willingness to receive formal training.	
P2.6	**Systems to manage learners' progression** It was related to the visit team that there was no process yet to access the clinical competencies of PRPs. Currently the PS met informally to discuss the progress of PRPs. Nevertheless the PEL mentioned the intent to introduce a competencies passport for clinical rotations. However, PTPTs used their training log to map their learning progress. A weekly meeting was organised for UHL PTPTs and QEH PTPTs were met once at the rotational review stage. It was reported that the lead assessor interacted with PTPT PSs at monthly meetings to keep abreast with trainees' performance. All PSs expressed a need to be more involved in the planning of rotations as time spent on training depended on the competencies level achieved by trainees at the time. PSs reported that it would be helpful to manage trainees' progression if the NVQ competency's criteria were easy to understand and adaptive to the working manner of	Yes. Please see P2.6

	the department. All PSs and ESs supported the proposal of a Pharmacy Local Faculty Group.	
P2.7	**Systems and processes to identify, support and manage learners when there are concerns** The visit team heard that PRP ESs worked collaboratively with the PEL annually to plan future pharmacy training. The general process was that trainees were provided with their rotations and they were then expected to liaise with their departmental supervisor and/or manager to discuss the educational need. ES stated that they were not expected to have any further involvement with the educational need. PSs, on the other hand reported that as there were not enough time assigned to them for the amount of work involved in NVQ training assessment, they used training logs as a means to identify training needs and only provided feedback if requested. PTPT ESs described their role as NVQ assessor only and therefore were not engaged in conversations around training or professional development. This was due to the current education provider requirements. PTPT ESs indicated that they were aware of the potential amendments that could result from the change in education provider for September 2016.	
GPhc Standard 3) Equality, diversity and fairness		
Standards **Pharmacy education and training must be based on the principles of equality, diversity and fairness. It must meet the needs of current legislation.**		
P3.1	**Academic opportunities** The visit team was informed that trainees were actively involved in audits and the department participated in the Trust's Grand Rounds. The trust also confirmed that it was working in partnership with the local patch and four different universities to further its research and development opportunities.	
P3.2	**Regular, constructive and meaningful feedback** The visit team heard that there were no outlined processes in place within the department for feedback on training to be provided. Feedback was treated as a self-directed culture and was provided verbally as well as in writing as requested. However, one PS reported having devised a feedback mechanism for dispensary training as part of good practice but this was not a Trust's requirement. PRPs reported that there was a buddying system but it had not really been applied as yet but there were plans to implement this system in future. Only two PRPs reported having regular and meaningful feedback meetings with their ESs. PTPT trainees, on the other hand reported that they received regular assessment feedback in guise of appraisal and end of assessment meetings. At the time of the visit two PTPT trainees had had their appraisals. Nonetheless, there were variances in the available NVQ time and protected meeting times reported by PTPT trainees. It was stated that reflective logs and slip logs were used to gauge if learning objectives and set training standards were being met; though, PSs reported not being aware of learner feedback forums or any other formal forums where by feedback on training programmes could be provided.	

GPhC Standard 4) Selection of trainees		
Standards **Selection processes must be open and fair and comply with relevant legislation**		
P4.1	**Access to appropriately funded professional development, training and an appraisal for educators** Not all ESs reported having completed a mentoring training prior to supervising a PRP. PSs stated that they would welcome a formalised training programme to assist in trainees' supervision but currently had neither training feedback nor training. The visit team did not hear of any appraisal process in place at the Trust for trainers.	
P4.2	**Sufficient time in educators' job plans to meet educational responsibilities** ESs reported that they found it challenging to effectively carry out their ES role while balancing a good service delivery. While some ESs stated that the trainee should arrange time to meet with them, others reported that they tried scheduling some time in their diary.	
GPhC Standard 5) Curriculum delivery and trainee experience		
Standards **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.**		
P5.1	**Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum** PRP trainees reported that work with the pharmacy technical services were observations mainly and there were little hands-on experience available as the rotations were only devised for two weeks. While PRP trainees at QEH had two full weeks, PRP trainees at UHL reported spending only three to five hours per day for two weeks within the technical services due to ward commitments. Nonetheless, it was related that the pharmacy technical department was well organised and had a clear list of objectives that had to be completed.	
P5.2	**An educational induction to make sure learners understand their curriculum and how their post or clinical placement fits within the programme** Inductions for both trainee groups were reported as beneficial and robust.	
P5.3	**Opportunities to develop clinical, medical and practical skills and generic professional capabilities through technology-enhanced learning opportunities, with the support of trainers, before using skills in a clinical situation** Trainees reported to the visit team that e-learning were conducted during their own	

	time as there was not dedicated time for such study. PRP trainees stated that they were meant to have two hours per week for e-learning but this was dependent on the individual PS. The lack of shared learning between UHL and QEH meant that not every trainee had the opportunity to equally appreciate technology-enhanced robot dispensing.	
P5.4	**Opportunities for inter-professional multidisciplinary working** The visit team heard that pharmacy contributed regularly to the training of doctors and nurses however this was not reciprocated by the wider team. ES regularly delivered talks and training to the wider Trust but did not actively involve pharmacy trainees in these multidisciplinary learning.	
P5.5	**Regular, useful meetings with clinical and educational supervisors** It was indicated that PRP ESs met with their respective trainees every two to three weeks. Although, this meeting was reported to be scheduled within the respective rota at QEH, it was commented that such meetings at UHL were arranged by trainees as and when required. PRP ESs reported that as they worked across site, it was difficult to meet all trainees regularly except for when appraisals were required. On the other hand, PTPT ESs met as outlined within the NVQ assessment plan but due to time constraints, they only discussed NVQ related activities. It was recognised that there was no link with their underpinning knowledge programme. The visit team heard that nevertheless, ESs encouraged regular communication electronically or telephonically and operated an open door policy.	Yes. Please see Action 5.5
P5.6	**Appropriate balance between providing services and accessing educational and training opportunities** Trainees reported that on the whole training was good and reflected the roles they would undertake post registration exception of the PTPTs wanting a medicines management rotation. It was evident that the workload differed across the UHL and QEH; therefore, balancing service requirements with education was challenging at times.	

GPhC Standard 6) Support and development for trainees

Standards

Trainees on any programme managed by the Pharmacy LFG must be supported to develop as learners and professionals. They must have regular on-going educational supervision with a timetable for supervision meetings. All LFGs must adhere to the HEEKSS 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.

P6.1	**Local Faculty Groups (LFG)** The visit team heard that there was no formal pharmacy LFG at the Trust and the department was keen to develop this.	

Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date
Development of a robust educational induction programme to support trainees with being integral member of the teams working out of hours.	**Trust is to provide contact and more information on good practice form**		
Retention of all trainees.	**Trust is to provide contact and more information on good practice form**		

Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence
P2.6	Development of a Pharmacy Local Faculty Group	The department is to provide evidence of the LFG terms of reference, agenda, minutes of the first meeting, ensure all trainees or relevant trainee representative are invited and scheduled dates for the LFGs.

Recommendations

Req. Ref No.	Recommendation
P1.2	Utilise the error reporting processes so trainees can utilise feedback of errors as part of their educational development and curriculums
P1.4	Ensure study leave is equitable and support trainees with completing their curriculum requirements
P5.5	Support Educational and Practice Supervisors with understanding their roles and responsibilities.

Signed

By the Lead Visitor on behalf of the Visiting Team:	Liz Fidler, Head of Pharmacy, Health Education England Kent, Surrey and Sussex
Date:	21 June 2016