

London North West Healthcare NHS Trust

Pharmacy

Risk-based Review (on-site visit)



Quality Review report

07 July 2016
Final Report

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Quality Review details

Background to review	<p>There was no risk-based trigger for the pharmacy visit to London North West Healthcare NHS Trust, instead it was part of a routine rolling visit which was conducted alongside with several other specialties and was not produced by any concerns from local intelligence.</p> <p>The purpose of this visit was 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. The visit team was particularly interested in the merger of Ealing Hospital and Northwick Park Hospital and how the teaching and learning environment was arranged for cross site.</p> <p>No local faculty group (LFG) minutes were received for review prior to the visit.</p>
Specialties / grades reviewed	<p>Pre-registration pharmacists (PRP) and pre-registration trainee pharmacy technicians (PTPTs).</p>
Number of trainees and trainers from each specialty	<p>The visit team met with the chief pharmacist, associate chief pharmacist, principal pharmacist- clinical services manager and Pharmacy Education Lead (PEL)</p> <p>The visit team met with the practice supervisor (PS) for dispensary and the educational supervisors for preregistration pharmacists and PTPTs at Ealing Hospital.</p> <p>At Northwick Park Hospital (NWP) the visit team met with the educational supervisors (ES) for preregistration and PTPTs, the practice supervisors for medicines information and dispensary and a representative from London Pharmacy Education and Training (LPET) who worked closely with the PTPT programme.</p> <p>The visit team met with two PRP trainees and one PTPT year one trainee at Ealing Hospital.</p> <p>The visit team met with five PRP trainees and one PTPT year one trainee at the NWP.</p>
Review summary and outcomes	<p>The visit team was grateful for the warm welcome and the well-organised quality review to pharmacy across both Ealing and NWP Hospital sites. All the sessions were well attended but there were no year two PTPTs in attendance due to annual leave and religious celebrations. The visit team had no immediate concerns with regards to pharmacy education and training.</p> <p>The visit team found that training in pharmacy was managed well and there was good educational supervisor engagement and support. The visit team was pleased that trainees had the opportunity to feed back on their training and there was an open culture of discussion.</p> <p>It was evident that the pharmacy department's main objective was to provide an educational platform for all the trainees at every stage of their training and this was balanced alongside service needs. It was reported that the Trust had a structured induction process which occurred across both sites and the training for medicine information unit was robust.</p> <p>It was reported that the following areas were working well :</p> <ul style="list-style-type: none"> • The visit team was pleased there was a structured training for medicines information. • It was reported that both PRPs and PTPTs had a named mentor. • The visit team heard that there was an induction programme in place at

the Trust which was well structured and informative.

- The recent introduction of Band four and five pharmacy technicians' progression schemes to aid career development and retention.
- The health coaching training which was being extended to other professions.
- The visit team heard that there was an option for the pre-registration pharmacist trainees to start working at the Trust two months early as bank staff which was seen as a good idea.
- The visit team heard that PTPTs were allocated protected time for learning which was seen as good practice.
- The visit team felt that the department should be commended on the high level of engagement in education and proactively providing feedback to pre-registration and PTPT.

However, the visit team noted the following areas for improvement:

- The visit team felt that pharmacy trainees should learn with other trainees from other professional groups and have greater engagement.
- PTPT training should reflect the Trust strategic direction i.e. numbers of trainees and selection of optional units should reflect future services.
- The visit team suggested that the rota should be developed for the year two PTPT who had completed their NVQ and be linked to their College syllabus.
- The visit team felt that medicines information training should be prioritised for pre-registration pharmacy technicians above summer students.
- It was reported that meetings held between educational supervisors and trainees were not minuted – the visit team felt that trainee reviews should be documented.

The visit team strongly believed that the establishment of a well-structured LFG would help the pharmacy department and would create a forum for the trainees and trainers to raise any concerns. It was reported the department was trying to implement this in the near future It was reported that the Trust was aligning its services to the Carter Review which the pharmacy department had found challenging but were working on new ways of working to make the department more efficient and productive.

Overall, the impression given was that the chief pharmacist, educational supervisors and practice supervisors for medicine information and dispensary were educationally focused and were proactive in ensuring a supportive learning culture. The visit team was pleased that the pharmacy department was willing to embrace new innovative ideas to improve the quality of teaching for all stages of training. The visit team heard that the majority of the trainees thought the learning environment at the Trust was good and supportive and the trainees were complimentary about their supervisors and mentors. All the trainees seen in pharmacy reported that they would recommend the Trust as a good place to train to colleagues with ample opportunity for progression to further their careers.

Educational overview and progress from Senior management team meeting

Senior Management Team Meeting

The visit team invited the pharmacy team to set out its approach to pharmacy education at the Trust. The team was advised that pharmacy had a strong impact across the Trust, in medicines management, working closely with nursing staff and in its provision of training in prescribing skills or junior doctors. .

The visit team was aware that there had been considerable changes within the senior pharmacy leadership team due to the merger of Ealing Hospital, Central Middlesex Hospital and Northwick Park Hospital. However, there had been no noticeable impact on the delivery of education and training within the department. A pharmacy staffing restructure was planned to support the Trust functioning as a merged and integrated organisation.

In terms of educational strategy, this was currently operationally focussed and would be updated this year, The Trust wished to improve skill mix. This would require more medicines management technicians and more prescribing pharmacists. There was a strong focus in quality of services which was being extended to education and training.

Quality Review Team			
Lead Visitor	Gail Fleming, Dean of Pharmacy, Health Education England London and South East	External Representative	Sue Jones Pharmacy Technician Education Programme Director, East Kent Hospitals University NHS Foundation Trust
Lay Member	Ryan Jeffs, Lay Representative	HEE representative	Rachel Stretch, Pre-registration Pharmacist Training Manager (London), Health Education England London and South East
HEE Representative	Laura McEwen-Smith, Pharmacy Apprenticeships Specialist, Health Education England London and South East	Observer	Sheetal Jogia, Chief Pharmacy Technician, King's College Hospital NHS Foundation Trust
Observer	Silvio Giannotta, Head of Quality & Commissioning, Health Education England North West London	Scribe	Azeem Madari, Quality Support Officer

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
1.1	Patient safety There were no reports of patient safety concerns.	
1.2	Error reporting and professional duty of candour The visit team was informed that within the dispensary there was a near miss log	

	<p>which was monitored and checked to see the level of errors made by the trainees. Root cause analyses were undertaken for any errors and shared with the whole dispensary team. The trainees reported that they knew how to report errors and would receive direct feedback with one to one sessions if they were involved in errors or near misses. It was reported to the visit team that the dispensary leads were planning more cross-site meetings and there was an intention to move to common Standard Operating Procedures (SOP) across the Trust.</p>	
1.3	<p>Appropriate level of clinical supervision</p> <p>The visit team heard that there was a system in place that outlined who was the responsible pharmacist on the rotas.</p> <p>All the trainees reported they did not work outside their competency and were able to request assistance if they needed it. The trainees reported they did not feel obliged to undertake any tasks which were beyond their level of expertise and never felt pressurised into carrying out tasks which fell outside of the curriculum.</p> <p>In the dispensary, PRPs were required to complete dispensing accuracy logs. They were required to check items accurately in their last month of training. Training was provided by the educational supervisors (ESs). These logs and completion of dispensary objectives in a workbook were checked by the ESs.</p> <p>The visit team heard that rotas were well devised so that there was always an educational aspect but the trainees commented that they spent most of their time in the dispensary.</p>	
<p>GPhC Standard 2) Monitoring, review and evaluation of education and training</p>		
<p>Standards</p> <p>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.</p> <p>Stakeholder input into monitoring and evaluation.</p> <p>Trainees in difficulty and the Trainee in Difficulty policy.</p>		
2.1	<p>Educational governance</p> <p>It was reported that the PRPs had regular appraisals during which achievement of objectives for each rotation were reviewed. These objectives were believed to be signed off after each rotation by the training lead.</p> <p>Similarly, PTPT progress was documented on their e portfolio and tracking reports were then discussed at standardisation meetings which took place two to three times a year. The senior management reported that they worked closely with LPET who provided external assessment for PTPTs.</p>	
2.2	<p>Local faculty groups</p> <p>The visit team was informed that the pharmacy department was currently working towards the implementation of Local Faculty Group (LFG) meetings and seeking advice from other departments. The chief pharmacist and the Education leads met on a regular basis to discuss educational needs.</p> <p>There is an intention to train learner representatives who would be members of the Pharmacy LFG this year.</p> <p>It was reported that there was a presence of senior management at each site so that meetings with trainees could be organised and managed easily. PRP ESs currently met regularly. These meetings were minuted. Trainees met with their ESs but these meetings were not always documented.</p>	<p>Yes - See 2.2 below.</p>

2.3	<p>Trainees requiring additional support</p> <p>The ESs reported that extra support had been provided to one trainee who had been struggling with calculations. The ESs informed the visit team they had tackled the issue via a buddy system where the trainee teamed up with another PRP who was good with calculations. The visit team felt this was a good idea since it provided extra support for the trainee in difficulty.</p> <p>It was also reported to the visit team that there was one PRP trainee with dyslexia which they identified early on. In order to support that individual it was reported the Trust had provided an external assessor to monitor the individual working patterns and made adjustments to their role accordingly.</p> <p>The ESs for PTPT reported that if there were competency issues with a trainee they would act accordingly to the LPET policy.</p> <p>The educational and practice supervisors all stated that dispensary could be an extremely busy department so they ensured that they had a daily catch-up with all the trainees to provide extra support if necessary.</p>	
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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.

3.1	<p>There was a trust-wide policy relating to study leave for all trainees.</p> <p>It has recently been agreed that PTPTs at NWP would be able to use their college day each week outside or term time as protected time to complete college assignments. This was not the case at Ealing Hospital.</p>	Yes - See 3.1 below.
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GPhC Standard 4) Selection of trainees

Standards

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

4.1	<p>Selection processes and procedures to comply with relevant legislation</p> <p>There were no reports of any concerns relating to the recruitment or selection of trainees.</p>	
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GPhC Standard 5) Curriculum delivery and trainee experience

Standards

The local curriculum must be appropriate for national requirements. It must ensure that trainees 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, 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	<p>Rotas</p> <p>PRPs from Ealing Hospital were predominantly based on that site. They had a four week Medicines Information (MI) rotation plus one day in technical services, both at the NWP site. PRPs from NP had three weeks at Central Middlesex Hospital in the dispensary and clinical. The Central Middlesex Hospital PRPs had three to four months at NWP rotating through MI, technical services, dispensary and St Mark's Hospital.</p> <p>PTPTs did not rotate across sites.</p> <p>The visit team heard that the Trust was planning a consultation to introduce seven-day working. It was reported the Trust intended to provide an extended service from midday until 10.30pm with a number of senior pharmacy staff available for support.</p> <p>PRPs and PTPTs stated they worked during the weekends commencing a couple of months into the training programme. SOPs and weekend activities were explained in advance. The PRPs reported that they received continued support during their shifts and followed the SOP if there were any problems. It was reported the PRPs spent two months in dispensary initially when they first started the post which helped to prepare for weekend working.</p> <p>PRPs reported they had regular ward commitments for approximately 60- 90 minutes per day scheduled into the rota. PRPs reported they would find the rota challenging during exams because they had to complete logs but accepted this was down to time management.</p> <p>PTPTs reported that rota details were given in advance and would give them enough time to complete their NVQ assignments. The PTPTs reported they did not experience any sudden change to published rotas. PTPTs reported that they had not all received a medicines management rotation and commented that such exposure would be useful. The visit team agreed this would be a helpful arrangement for the PTPTs to enhance their learning and preparation for future practice.</p> <p>It was reported to the visit team that trainees received a check list for their rotations and this was part of their appraisal. It was reported they completed several screening logs and had general dispensing duties. However, despite having a robust curriculum all the trainees agreed that the rota was more focused within dispensary and had limited specialty exposure.</p> <p>The PTPT ES at Ealing Hospital reported that as technical services was now outsourced they had switched the current PTPT optional unit to medicines management, they were planning to introduce a technical rotation across both sites and that they were in discussions for a medicines management rotation. PTPTs did not rotate into medicines information.</p>	<p>Yes - See 5.1a below.</p> <p>Yes - See 5.1b below.</p>
5.2	<p>Induction</p> <p>The PTPTs across sites stated their induction was very detailed and comprehensive. The PRPs across sites were complementary about their induction. At NWP induction included a clinical induction week for all PRPs as a group. This model was not used at Ealing as there were fewer trainees.</p> <p>The senior management team informed the visiting team that a Trust induction pack as well as a pharmacy induction pack was provided and a record of the completed induction logs was documented.</p> <p>It was reported that trainees at Ealing Hospital were allocated a buddy at the beginning of their posts. This had been devised as an extended support from the department for new starters.</p> <p>The PRP ESs reported to the visit team that there were opportunities for the PRP trainees to start as bank staff in the summer holidays. The visit team also heard that the bank staff job description was identical to the PRP job description and that bank staff were given the same induction as a potential trainee. The ESs felt this system was beneficial as the potential PRP trainee would receive inductions on computing systems and would get exposure to dispensary notes prior to commencing GPhC registered</p>	

	<p>training. The ESs stated that the PRPs received an induction manual and this helped the trainee to develop their knowledge.</p>	
5.3	<p>Education and training environment</p> <p>PRP trainees highlighted that they felt well supported in their medicines information (MI) rotation. PRPs reported that their MI rotation was helpful and boosted their confidence as the programme was well structured. The PRP trainees reported they could track their own progress but felt the placement could be stretched for a longer duration.</p> <p>The pharmacy department offered good training opportunities via their structured and open culture approach across both sites.</p> <p>The educational lead reported that the trainees had a close relationship with their ESs and also they had a mentoring scheme. The PRP trainees at Ealing Hospital reported that they had found it difficult to complete logs due to workload within the department. However this had improved following discussion with senior staff. The PRP trainees at both sites reported that they felt really supported by the clinical team and were given direct feedback. The visit team heard from the trainees at both Ealing and NWP Hospital sites that they were not working closely with other professional groups i.e. junior doctors and nurses; the visit team felt that pharmacy trainees should learn from other professional groups in order to have greater engagement.</p> <p>The PTPTs at Ealing Hospital reported that whilst working on distribution it could be challenging to complete training when they were understaffed. It was reported the PTPTs had to check the stock which was difficult whilst working alone as certain key performance indicators had to be met which could compromise patient safety. The Ealing Hospital PTPTs indicated to the visit team they would like to undertake more of a medicines management technician role in the near future. The PTPTs across sites reported they received protected study time for their NVQs and they met their ESs every Thursday. However, the PTPTs at the NWP Hospital were often more engaged with their mentor. It was reported that the PTPTs received support in writing their assignments and received adequate study leave. The PTPTs at Ealing Hospital were complementary about their ESs as they received minutes of meetings and had a progression update which was uploaded on their portfolio.</p> <p>All the trainees across both sites stated they met their tutors on a monthly basis and felt they were helpful and approachable. The PTPT trainees at NWP Hospital said they met their tutor every six weeks and the meeting was documented and was added to their appraisal.</p> <p>The PRPs at NWP Hospital reported that they received an in-house clinical training sessions and received teaching from other professionals. The PRP trainees reported they received different case scenarios so they could develop their knowledge and had a drug of the week session on a Wednesday during which they received information about a specific drug.</p> <p>All the trainees felt the training across both sites was good and whenever there was a lack of exposure to a certain specialty or drug the ESs were proactive about trying to ensure that trainees met their curriculum needs. The trainees reported that the support they received was immense and the training sessions created for them would prepare them for their exams. The trainees believed the training programme at the Trust had boosted their confidence and commented that it would help them progress once they had finished their training.</p>	
5.4	<p>Educational and training plans</p> <p>The ESs reported that PRPs trainees received their rota for the whole year and had three dispensary rotations which were each six weeks long. The activities to be covered were set out in the PRP training manual which in turn informs the end of rotation appraisal. It was also reported the trainees gained an in depth knowledge of the legal obligations in prescribing; dispensary accuracy logs were completed for both</p>	

	<p>outpatients and inpatients. Counselling was observed and feedback provided by band 7 pharmacists. It was reported that screening logs were undertaken for high risk drugs. PTPTs focus on dispensing logs in year 1 and progress to counselling in year 2. The PSs suggested that they would like to move to a dispensary education plan based on the PRP version e.g. objectives to be achieved in blocks.</p> <p>The PRP ESs reported that PRPs had a four week block on the ward and that trainees would shadow at first and then would have two or three patients allocated to them which helped to build their confidence. It was reported that the PRP trainees were designated to one ward throughout the year but the PRP trainees commented that they would appreciate more movement between other wards. However, it was noted that this model supported PRPs to become confident and competent working clinically on the ward and they reported that they felt prepared for practice as a registered pharmacist.</p> <p>The PRP MI rotation is 4 weeks duration. The training focused on enquiry answering. Training used MICAL and MI databank. Practice supervision was provided by band 7 pharmacists. These band 7s received training on how to give feedback, checking work and also met as a group three times per year to discuss how it was going. In addition to PRPs, the MI unit also trained summer students and cross sector visiting PRPs. The visiting team queried why priority was given to external students on short placements rather than PTPTs.</p>	Yes - See 5.4 below.
5.5	<p>Progression and assessment</p> <p>The visit team heard from the PTPT ESs that one PTPT trainee at Ealing Hospital had had seventeen NVQ units signed off as the trainee had worked at the Trust as a pharmacy assistant before starting their training. As their NVQ was now complete the training rota for this trainee currently consisted of dispensary only for year 2. The visit team felt the rota should be developed in accordance with the syllabus for a year two PTPT and linked to their college programme.</p>	Yes - See 5.5 below.
5.6	<p>Rotations and integrated curricula</p> <p>The PRP ESs reported that trainees did not have set protected time for training but were part of the in-house training which was included on the rota. However, the PTPT ESs reported that trainees had an hour a week of protected time and they were able to use college time during the summer holidays to complete their assignments at NWP.</p>	
5.7	<p>Evidence of the impact of teaching and learning strategies on course delivery and student experience</p> <p>The chief pharmacist reported the key areas of development would be to refresh the education and training strategy and align the training delivery support systems across the Trust to support and implement a faculty group for the pharmacy staff to oversee education and training and staff development. The chief pharmacist reported that the Trust was very keen to increase the MDT learning opportunities for the trainees.</p> <p>The dispensary practice supervisor at NWP Hospital reported that the feedback given to the PTPT trainees was completed via e portfolio. However, it was reported the ESs did not have access to the system and therefore any issues would be emailed to the PTPT education lead,</p> <p>All PRPs were required to undertake an audit during their training year. The department encouraged trainees to present their work more widely and many presented posters at the UKCPA conference each year.</p> <p>At NWP PRPs had a range of supplementary clinical support activities eg monthly tutorials with specialists, fortnightly prescription monitoring lunchtime meetings, trainee led Drug of the Week plus an opportunity to attend diploma teaching every Friday morning.</p>	

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 HEE 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	<p>Mechanisms in place to support trainees to develop as learners and professionals</p> <p>All trainees were allocated a mentor.</p>	
6.2	<p>Evidence of appropriate personal and professional development</p> <p>The chief pharmacist reported that the Trust had introduced band four and band five progression schemes which were catered for the PTPTs. The visit team felt the progression schemes would aid career development and retention within the department.</p> <p>The ESs reported to the visit team that health coaching training sessions were available for pharmacy staff as well as Continuing Professional Development (CPD) sessions every two weeks. In addition it was reported the trainees received scenario-based training.</p>	
6.3	<p>Feedback</p> <p>All the trainees interviewed reported that they received constructive feedback from their supervisors and had good access to their ESs.</p> <p>The PRP ESs reported that they often sat with the trainees on their first rotation and assessed how they were adapting to the job. The visit team heard that casual conversations and training logs were used to devise learning objectives; however, PSs reported that they welcomed learner feedback on training programmes.</p> <p>The PTPT ESs reported that they had regular contact with the Colleges to assess the PTPTs' progression and identify if there were any problems which they could help to support the trainee. The PTPT ESs informed the visit team all the trainees had their mobile numbers and were always able to make contact.</p>	
6.4	<p>Educational supervision</p> <p>PRPs met their ESs approximately every two weeks at the start of the year and these decreased dependent on need over the course of the year, most often to monthly. PRPs reported that on occasion these meetings were conducted in an open plan shared office and therefore it would be difficult to raise any concerns. Only appraisal meetings were documented. The PTPT ESs reported they met the trainees every week for an hour and were happy to meet trainees anytime as there was an open door policy. It was evident that all the trainees had good means of communication with their supervisors which was done through 'Whatsapp' or via email.</p> <p>The ESs reported that if the trainees were based at another site they had regularly contact with the senior pharmacist to gain feedback on the trainee.</p>	<p>Yes - See 6.3a below.</p> <p>Yes - See 6.3b below.</p>
6.5	<p>Practice supervision</p> <p>Trainees knew who all of their practice supervisors (PSs) were. They met their PS at the start and end of rotations. In the dispensary there was a review every two to three</p>	

	weeks at Ealing Hospital.	
6.6	<p>Inter-professional multi-disciplinary learning</p> <p>No trainees reported any experience of learning with trainees from other professions during the course of their preregistration training.</p> <p>The department had held successful Health Coaching training for pharmacy staff in the previous year and the intention was to roll this out and run it jointly with junior doctors later in 2016.</p>	

GPhC Standard 7) Support and development for educational supervisors and pre-registration tutors

Standards

Anyone delivering initial education and training should be supported to develop in their professional role.

7.1	<p>Range of mechanisms in place to support anyone delivering education and training</p> <p>The PRP ESs reported that they had regular monthly meetings between themselves which were formal with a set agenda. These were minuted.</p>	
7.2	<p>Continuing professional development opportunities</p> <p>All PRP ESs had been trained for their role.</p>	
7.3	<p>Staff appraisals and development</p> <p>The chief pharmacist reported the Trust planned to appoint dedicated passionate trainers and it was also reported the trainers attended LPET training to support this.</p>	

GPhC Standard 8) Management of initial education and training

Standards

Initial pharmacist education and training must be planned and maintained through transparent processes which must show who is responsible for what at each stage.

8.2	<p>Systems and structures in place to manage the learning of students and trainees in practice</p> <p>There were Trust Education and Training meetings which were attended by a senior pharmacy staff member. These provided a broader overview of Trust priorities or issues in relation to education and training e.g. physician associates, formalising work experience etc.</p>	
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GPhC Standard 9) Resources and capacity

Standards

Resources and capacity are sufficient to deliver outcomes.

9.1	<p>Sufficient staff to deliver the curriculum to trainees</p> <p>There was a dedicated education lead at Ealing Hospital but not at NWP where it was part of a wider portfolio of duties across a number of people. This would be reviewed within a future restructure.</p> <p>There was no shortage of mentors or ESs.</p>	
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9.2	Appropriate learning resources and IT support The ESs reported the IT system was good with access to video conferencing for cross-site teaching.	
9.3	Accommodation and facilities that are fit for purpose No issues with teaching and learning facilities were raised apart from 1:1 meetings between trainees and their supervisors occasionally taking place in open plan offices.	Yes - See 6.3a below.
GPhC Standard 10) Outcomes		
Standards		
Outcomes for the initial education and training of pharmacists		
10.1	Registration and pass rates The registration and pass rates for trainees are above the national average.	
10.2	Retention The senior pharmacy management team reported that it was challenging to recruit and retain AFC band 4 pharmacy technicians. As a result a band 4 to 5 pharmacy technician progression scheme had recently been introduced across the Trust. There was a recognised need to train more PTPTs to increase the supply of this workforce to meet future demand.	Yes - See 10.2 below.

Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date
PRPs are allocated a daily clinical commitment for the full year which helps them to develop their competence and confidence in preparation for registration.	Minal Shivanaand		
All PRPs are offered the option to commence employment up to 2 months before their preregistration pharmacist training programme begins. This provides an opportunity for extended induction.	Minal Shivanaand		
Band 7 pharmacists providing supervision to PRPs in MI are provided with additional training and support in supervising learners and providing feedback.	Helen Rowlandson		
There is a breadth of supplementary clinical support and teaching for PRPs at the NWP site including drug of the week, group prescription monitoring, clinical tutorials.	Gita Vadher		
The Band 4 to 5 Pharmacy Technician progression scheme is considered an	Christine Ward		

excellent initiative in supporting career development and retention.			
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Immediate Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence
	N/A	

Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence
2.2	The Pharmacy Department must establish a Pharmacy Local Faculty Group to provide robust educational governance.	Terms of reference and minutes of the first meeting to be submitted to HEE no later than January 2017.
5.5	The rota and training plan for the PTPT year 2 trainee at Ealing should provide a breadth of experience and be linked to their college curriculum.	An updated year 2 rota and training plan to be submitted to HEE by Autumn 2016.
6.3a	Monthly review meetings of ESs with their trainees should be documented and take place in a private space.	Pharmacy LFG to review to ensure that this practice is in place and record outcome in minutes. Minutes to be copied to HEE no later than January 2017.

Recommendations

Req. Ref No.	Recommendation
3.1	There should be consistency in study leave arrangements for PTPTs across sites.
5.1a	The selection of optional NVQ units should be reviewed to ensure it is in line with future workforce and service requirements.
5.1b	The option of providing some PTPT training in MI should be reviewed, particularly in light of the workforce strategy to increase the number of ward based pharmacy technicians and the clinical scope of their roles.
5.4	The Trust should consider developing PTPT dispensary training plans to reflect the approach taken with PRPs i.e. blocks of training throughout the training programme with objectives and activities assigned to each training block.
6.3b	Pharmacy trainees should be provided with an opportunity to learn with trainees from other professions.
10.2	The Trust should review and consider increasing the number of PTPTs that it trains to ensure that it is in line with future demand for a pharmacy technician workforce.

Other Actions (including actions to be taken by Health Education England)

Requirement	Responsibility
HEE to identify whether funding allocated to a PTPT year 2 trainee that has resigned can be redeployed to support a new PTPT year 1 trainee.	Laura McEwen-Smith

Signed	
By the Lead Visitor on behalf of the Visiting Team:	Gail Fleming, Head of Pharmacy, Health Education England London and South East
Date:	23 August 2016