

St George's University Hospitals NHS Foundation Trust

Pharmacy

Risk-based Review (on-site visit)



Quality Review report

16 January 2017

Final Report

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Quality Review details

Background to review	The Risk-based Review (on-site visit) to pharmacy at St George's University Hospitals NHS Foundation Trust was organised as part of the programme review being undertaken across all pharmacy departments in the London geography as opposed to being arranged in response to specific concerns about the learning and training environment within the Trust. Its purpose was to review the training environment, support and supervision that preregistration pharmacists and preregistration pharmacy technicians were receiving.
Training programme / specialty reviewed	Pharmacy
Number and grade of trainees and trainers interviewed	<p>The quality review team initially met with the Chief Pharmacist, the deputy chief pharmacists and the Education Programme Directors for preregistration pharmacist and preregistration pharmacy technicians.</p> <p>The team also met with both the preregistration pharmacists and preregistration pharmacy technician educational supervisors.</p> <p>Additionally, the team met with all the preregistration pharmacists (PRPs) and the preregistration pharmacy technicians (PTPTs) who were at the time of the review completing the second year of their course, as well as a pharmacy technician who had recently qualified and completed the course at the Trust in 2016.</p> <p>Finally, the team met with the practice supervisors for all trainee groups in medicines management, clinical pharmacy training and dispensary practice.</p>
Review summary and outcomes	<p>The quality review team would like to thank the Trust for accommodating the on-site visit and for ensuring the team met with a wide range of trainees and staff.</p> <p>During the course of the review, the quality review team were informed of a number of areas that were working well within the pharmacy department at the Trust, such as:</p> <ul style="list-style-type: none"> - The team consistently heard from all trainee groups that there was a supportive ethos and culture throughout the department and that they all felt extremely supported when they started their posts. - It was reported that there was a well embedded and efficient feedback system in place for the PRPs and that appraisals on their performance were completed at the end of each of their rotations. - The PRPs were extremely complimentary about the four-week induction they received when they started in the Trust and in particular the 'buddy' system that was in place. - The quality review team felt that the preregistration training passport system that was in place for the PRPs was extremely beneficial for trainees, as well as their tutors and supervisors. - It was reported that a number of supplementary teaching sessions occurred for trainees, for example the weekly clinical tutorials for the PRPs and the 'Feed the Brain' sessions which trainees were complimentary of. - Every trainee the quality review team met with commented that they would recommend their post. <p>However, the quality review team also uncovered a number of areas which they felt required improvement. For example:</p> <ul style="list-style-type: none"> - The quality review team heard that there was an inconsistency in the PRPs educational tutor arrangements, especially in relation to how often

the PRPs met with their tutors and whether such sessions were formally documented.

- Despite it being reported that trainee representatives had been appointed for the upcoming Local Faculty Group (LFG) it was reported that the representatives had not undergone training as to what this role would entail. Furthermore, the majority of PRPs and PTPTs who would not be attending the LFG appeared to be unaware that it was taking place.
- The second year PTPTs who at the time of the visit had recently changed training programmes and were under Buttercups Training, reported that they had an increased training burden in comparison to the previous year as they also had to write their own observational reports for their NVQ (which were previously completed by their assessor). Furthermore, they commented that as they were not given the time within their working hours to complete this task, it had to be undertaken in their own personal time.
- The quality review team felt that a pharmacy workforce plan should be developed which provides clarity on future demands for pharmacy technicians, specifically the roles of pharmacy technicians vs scientific officers in technical services. It was reported that a two week medicines management rotation had been introduced into the PTPT training, but the team felt that this should be a recognised component of training, for example the NVQ optional module.
- The quality review team heard that some of the off-site rotations for the PRPs did not provide the training opportunities expected. For example, the rotation at Queen Mary's Hospital was supposed to involve ward experience, but in practice due to staffing issues the PRPs spent the majority of their rotations in the dispensary.

Educational overview and progress since last visit/review – summary of Trust presentation

The Chief Pharmacist commented that the Trust was, at the time of the review, going through substantial changes and that an interim board was in place. However, it was reported that the pharmacy department was well placed within the organisation to contribute to shaping the future workforce and was key to delivering aspects of the quality improvement plans that were in place. The quality review team heard of a number of new and innovative practices that were being introduced within the department, such as an expansion in the number of prescribing pharmacists and pharmacy staff supporting the administration of medicines, to provide different solutions and help with workforce issues within the Trust. It was further reported that the department provided a 24-hour service, including providing community and offender health services.

The quality review team heard that the workforce was the key to the delivery of service, which ensured the department invested in the development, training and retention of staff and that education and training were given a high priority. Furthermore, the Chief Pharmacist reported that the department worked closely with other disciplines and in a multi-professional capacity. At the time of the review, it was reported there was a lot of emphasis within the Trust around the 'generic healthcare worker' and how different professions can work together to provide a comprehensive service for the patient. For example, it was reported the Trust was at the time of the review, introducing a pilot system in which a junior doctor post was reassigned as a prescribing pharmacist post within the surgical department, in order to help mitigate the effect of middle grade doctor rota gaps.

The education programme director for preregistration pharmacy technicians (PTPTs) confirmed that there had been a recent expansion in the number of PTPT posts (three were recruited in 2016 as opposed to two trainees in previous years) and that they hoped this expansion would be maintained or even increased.

In regard to the structure of the education team, it was reported that a Local Faculty Group was being implemented, which would provide a forum in which trainees and tutors could raise any issues they may have about the learning and training environment and would be attended by the Chief Pharmacist and the education programme directors.

In relation to the PTPT training programme, it was reported that there had been a significant change in how the trainees were assessed and monitored. Previously, all assessments were undertaken by supervisors working

within the Trust however, at the time of the review, the training programme in place was under Buttercups Training, who provided external assessment for the PTPTs. This had resulted in interim arrangements being put in place for the second year PTPTs who had changed courses.

It was reported that the system for the PTPTs in their first year was more straightforward; that they had all attended a first meeting with their external assessor and that the assessor would be arranging follow up meetings to monitor their progress every six weeks. However, such an arrangement was not in place for the PTPTs in their second year; instead the external assessor from Buttercups used the Trust tutors/assessors to act as expert witnesses and did not attend the Trust regularly to meet with the trainees.

Quality Review Team

HEE Review Lead	Gail Fleming Dean of Pharmacy, HEE London and South East	HEE Preregistration Pharmacist Lead	Rachel Stretch Preregistration Pharmacist Training Manager, HEE London and South East
External Representative	Lynn Walsh Chief Pharmacy Technician, Imperial NHS Trust	External Representative	Rosemary Dempsey Pharmacy Education Programme Director, University Hospitals Southampton
Lay Member	Jane Chapman Lay Representative	Scribe	Elizabeth Dailly Learning Environment Quality Coordinator
Observer	Atif Shamim Pharmacy Primary Care Lead, HEE London and South East	Observer	Taiwo Owatemi Preregistration Pharmacist, Western Sussex Hospitals NHS Trust

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	Appropriate level of clinical supervision The preregistration pharmacists (PRP) reported that they always felt they had adequate clinical supervision. Although they commented that they were regularly challenged and given opportunities to complete tasks that may have been outside their comfort zone, they stated that this was only ever done in the interest of furthering their education and training and that they were never forced to complete a task they did not feel comfortable undertaking.	
1.2	Quality and development of pre-registration tutors The Chief Pharmacist reported that the department sent as many PRP tutors as possible to the Health Education England (former London Pharmacy Education and	

	<p>Training) regional tutor training days, and that in addition to this the Trust provided a summary booklet and material for tutors when they started the role. Additionally, all new tutors were given the opportunity to shadow a more experienced tutor and observe them undertaking an appraisal with a PRP. This shadowing experience was in addition to the educational programme directors observing and providing support during the first appraisal the tutor conducted with their PRP.</p> <p>However, when discussing the GPhC guidance for tutoring pharmacists and pharmacy technicians, it appeared that not all of the PRP educational supervisors were familiar with the document.</p> <p>The preregistration pharmacy technicians' (PTPT) practice supervisors that the quality review team met with, commented that as they had all previously acted as NVQ internal assessors, they had had sufficient training for their role. However, it was reported that there was no definite plan regarding what training new individuals taking on the role would receive in the future.</p>	
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.		
2.1	Educational governance <p>The quality review team heard that any issues raised by the PRP tutors could be made at the quarterly Quality Assurance meetings that took place.</p> <p>In regard to the tutors input on the preregistration pharmacist teaching programme in place, the tutors reported that feedback was collected from the trainees after each rotation, which summarised their thoughts on the placement and that this feedback was then discussed at the end of year annual review meeting. The tutors further commented that the rotations and training sessions were then modified and amended to address any issues highlighted in the feedback forms.</p>	
2.2	Local faculty groups <p>The quality review team was pleased to hear that a Local Faculty Group (LFG) had been arranged by the department and was due to meet for the first time at the end of January 2017. However, there appeared to be a limited awareness of the LFG throughout both the trainees and tutors who would not be attending the meeting. Furthermore, both the PRP and PTPT trainee reps that had been selected to attend reported that they had not received any training in what this role entails and their duties.</p> <p>At the time of the review quarterly Quality Assurance meetings were in place and it was not clear what the future relationship will be between these and the LFG.</p>	<p>Yes, please see P2.2a below</p> <p>Yes, please see P2.2b below.</p>
2.3	Trainees requiring additional support <p>In relation to trainees in difficulty, the PRP supervisors stated that they typically would have raised any concerns or issues they may have had with the education programme directors. They reported that if there were any issues the PRP's education supervisor was not aware of, that these would often be raised swiftly by the practice supervisors either informally or via the formal assessment process, in which the tutors discuss all trainees. Furthermore, the tutors reported they had access to a system which recorded all the PRPs' progress, so they were able to ascertain how their PRP was progressing in comparison to their peers.</p> <p>Despite the PTPT educational programme director and supervisor being aware of the Health Education England mechanisms available for dealing with trainees in difficulty, this did not appear to be the case with the majority of the PRP tutors, who did not appear to be familiar with the guidance and stated that most issues were dealt with in an informal manner.</p>	<p>Yes, please see P2.3 below.</p>

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.

GPhC Standard 4) Selection of trainees**Standards**

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

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

Rotas

When discussing the PRPs' rotas, the educational supervisors reported that the majority of the time the rotas were fixed and did not change to accommodate service need.

However, the PRPs gave a number of examples of their rotas being changed due to staff shortages and service demands. For example, one PRP stated that their rota was changed and they were moved to Queen Mary's Hospital due to the department being short staffed. The PRPs also commented that they were not always necessarily informed of the changes made to their rotas and that on occasion they had attended the wrong department due to this lack of communication. When asked whether they would be able to complete the full rotation that they had missed at a later date (for example when the trainee in question had been moved from a clinical rotation to the dispensary due to a shortage in staff) some of the PRPs appeared to be unsure whether they would get this time back.

Furthermore, the PRPs commented that often their rotas were structured in a way that resulted in some of the trainees completing their clinical rotations within the early part of the training year. This resulted in such trainees feeling anxious that they had deskilled in these areas and that they would not be adequately prepared for the end of year registration exam, as they had not had recent exposure to clinical learning opportunities.

Alternatively, the quality review team heard that for those who had not undertaken any of their clinical rotations until later in the year, this too had an adverse effect upon their learning and training. Many of the tests the PRPs undertook in the Wednesday teaching sessions were based around drug chart screening and unless the trainee had undertaken a clinical rotation, they had no experience of or exposure to such charts, which put them at an unfair disadvantage in comparison to their peers, who had been able to access such clinical learning opportunities. All trainees felt that these clinical rotations should be better dispersed throughout the year.

Yes, please see P5.1a below.

Yes, please see P5.1b below.

	<p>However, it should be noted that the practice supervisors commented that the results of these tests were intended to demonstrate the PRPs' progression throughout the year and that the results of those who had not undertaken clinical rotations at the time of the test were viewed within this context.</p> <p>The PRPs also reported that they felt they spent too long completing the dispensary rotation and the length of their clinical rotations should be extended.</p> <p>Similar to the rota changes described by the PRPs, PTPTs also reported experiencing changes in their rotas due to service needs. The PTPTs reported that due to staff shortages, they had often had their rotations changed, especially if the staff shortages occurred in the departments in which they had previously worked as assistant technical officers (ATO). However, the quality review team heard that any time missed in certain rotations due to service demands was always accounted for and the PTPTs had an opportunity to complete them at a later date.</p> <p>When discussing working weekends, one PTPT reported being put on the weekend rota just two weeks into starting their role as a PTPT. Although the individual in question had previously worked as an ATO within the department, they had had little dispensary experience.</p> <p>Both groups of trainees reported that they felt well supported when working weekends.</p>	Yes, please see P5.1a below.
5.2	<p>Induction</p> <p>The PRPs reported that they undertook a four-week induction period when starting their posts, which included working in the dispensary for half a day and then spending the second half of the day shadowing a pharmacist on a range of different wards. Each PRP had their own timetable prepared for them and in particular felt that the shadowing in the different departments within the Trust was extremely beneficial as it allowed them to become familiar with the different wards. The PRPs also commented that their time in the dispensary during their induction allowed them to complete certain accreditations before they started their rotations.</p> <p>Furthermore, the educational supervisors reported that a 'buddy' system was in place for the PRPs, which involved them being linked with a previous preregistration pharmacist and allowed them to raise issues and ask questions to someone the PRPs may have considered more approachable than their tutor when settling into the role. However, some of the PRPs commented that when they had started their post their 'buddy' had been off-site so they were not easily accessible, but that they had always been able to locate someone if they had any questions.</p> <p>The PTPTs reported that they received a two-day induction as well as a supplementary workbook containing relevant information. In addition to this, they commented that at the start of each different rotation they consistently received an introduction to the specific department they would be working in.</p> <p>All the PRPs and PTPTs the quality review team met with confirmed that they had completed their mandatory and statutory training and that the Trust had been extremely proactive in ensuring they completed the required modules.</p>	
5.3	<p>Education and training environment</p> <p>The closure of the previous London PTPT training provider in September 2016 resulted in interim arrangements being put in place to ensure PTPTs moving into their second year could complete their qualification. This new programme is being delivered for one year and one cohort only by Buttercups Training. Previously, the PTPTs were internally assessed however this was now undertaken externally by Buttercups staff.</p> <p>The second year PTPTs felt that the training arrangements that were in place at the time of the visit were a lot less structured than previously and that the move to an external assessor had caused confusion and disruption.</p> <p>It was also reported that the programme director and the PTPT tutors did not at the time of the review have access to the trainees' online portfolios which made it difficult to monitor their progress.</p> <p>Furthermore, the PTPTs reported that under the new arrangements with Buttercups, they now had to complete their own observational reports and submit them to their</p>	

	<p>internal assessors to be signed off, which were then sent to the external Buttercups assessor for review. As this was previously a task undertaken by the in-house assessors, it was an increase in the PTPTs workload and represented an additional training burden. The PTPTs reported that they were not given any additional time within their working hours to complete this extra workload and that they completed the reports in their own personal time.</p> <p>As many of the PTPTs the quality review team met with had previously worked within the pharmacy department at the Trust as ATOs, the trainees commented that in their first year whilst working within the dispensary, they had had to redo some of their accreditations when they started as technicians, despite already having this experience and knowledge and that their previous training had not been accounted for or carried forward.</p>	<p>Yes, please see P5.3a below.</p> <p>Yes, please see P5.3b below.</p>
5.4	<p>Progression and assessment</p> <p>The quality review team were informed of the preregistration pharmacist training passport system that was in place, which recorded all the core skills the trainees achieved in each rotation. This passport allowed the practice supervisors in different rotations to have a comprehensive understanding of where each PRP was in terms of their experience and skills. It also acted as an assurance for the tutors and allowed the PRPs to monitor their own progress. The PRPs further commented that the passports were a useful tool when completing the evidence they had to submit, as they acted as a prompt.</p> <p>The education programme director for the PTPTs reported that at the time of the review, a similar system for the PTPTs was being developed and implemented.</p>	
5.5	<p>Rotations and integrated curricula</p> <p>The PRPs reported that as they undertook a lot of different rotations, both within the Trust and off-site, this provided them with a wide range of training and learning experiences and opportunities in key areas that they may not have been able to access if working in other Trusts.</p> <p>In relation to the off-site rotations the PRPs undertook, it was reported that some did not provide the full breadth of training opportunities the trainees expected. For example, the rotation at Queen Mary's Hospital was intended to involve ward experience, but in practice, due to staffing issues the PRPs reported that they typically spent the majority of the rotation in the dispensary and were not exposed to any ward learning opportunities. The PRPs further commented that they felt this particular rotation was too lengthy in duration.</p> <p>The education programme director for the PTPTs reported that in the first year of the course their rotas were focused upon working within the dispensary; there were also rotations in technical services and stores. In their second year, short rotations were introduced in medicines information, clinical trials, prison, medicines management, GU and at Queen Mary's Hospital. It was stated that at the time of the review, the second year PTPTs could undertake two optional modules in technical services and that despite a full medicine management module not being available, a new two-week rotation had been introduced within medicine management, which involved the PTPTs shadowing on the wards. The practice supervisors reported that the rotation was under review at the time of the visit, and that there were ongoing plans to expand and develop it. In light of the future workforce plans envisaged for the department, which involved maintaining a greater number of clinical pharmacy technicians, the quality review team felt a stronger medicine management programme was needed. The quality review team felt that the arrangement at the time of the review of providing two technical services rotations should be reviewed as part of a wider discussion on the future technical services workforce.</p> <p>The PTPTs reported that their rotations were heavily dispensary based. One of the trainees had previously worked within the dispensary as an ATO and stated that they would have preferred to have spent more time on other rotations. Furthermore, the PTPTs commented that they would have liked their off-site rotations (for example the</p>	<p>Yes, please see P5.5a below.</p> <p>Yes, please see P5.5b below.</p> <p>Yes, please see P5.5a below.</p>

	<p>rotations to Queen Mary's Hospital and to the prison services) to have lasted for a longer duration, so they could gain a deeper knowledge of pharmacy services in different settings.</p> <p>Additionally, the PTPTs commented that they would have liked to have gained more experience in patient counselling within outpatients. They commented that once they had passed the relevant test in this area, typically they did not receive further opportunity to maintain and develop these skills.</p>	
5.6	<p>Training days and packs, e-learning resources and other learning opportunities</p> <p>The PRP trainees were extremely complimentary of the Wednesday afternoon teaching sessions they received and reported that they followed a good structure and that they were informed of what topics would be covered at the start of the placement. They commented that the sessions built upon topics they had covered in their Master of Pharmacy degree (MPharm) but were not unduly repetitive.</p> <p>The PRPs further commented that they would find a study day once a month extremely beneficial, during which they could all share information from their rotations and present different cases they had come across.</p> <p>The quality review team heard that the PTPTs thought their college work was going well, but that they did not receive study days outside of academic term times to complete their NVQ assessments, which they believed other Trusts provided.</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 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	<p>Mechanisms in place to support trainees to develop as learners and professionals</p> <p>All trainee groups the quality review team met with commented on how supportive the learning and training environment was and reported there was a culture of team work throughout the department. The PRPs stated that they felt extremely welcome when they started their posts and at the time of the review felt fully integrated within the department. Both the PRPs and the PTPTs the quality review team met with commented that everyone in the department was extremely approachable and that they were always easily able to access someone to ask questions.</p>	
6.2	<p>Evidence of appropriate personal and professional development</p> <p>The PRPs the quality review team met with reported that at the time of the review they had received no career guidance about when they could start applying to band six positions and many commented that they would find a career session extremely useful and beneficial.</p>	Yes, please see P6.2 below.
6.3	<p>Feedback</p> <p>The PRPs commented that at the end of each rotation they submitted formal feedback and highlighted any areas that could have been improved. Although the PRPs were grateful that this feedback was then taken on board and acted upon by the different departments, it was reported by some of the PRPs that this had in some instances put the first PRP in the rotation at a disadvantage in comparison to their peers who subsequently worked in the department, as they had then often received a better and more structured training and learning experience due to the changes made.</p> <p>Furthermore, the PRPs also reported that an 'anonymous' box had been introduced, in which they could feedback on any issues they may have had or areas to improve upon within each rotation.</p>	

	<p>In regard to receiving feedback on their progress, the PRPs commented that this regularly happened informally and that they were also given formal feedback at the end of each rotation in the form of an appraisal, which the trainees found very helpful. This was reiterated by the practice supervisors, who further commented that as a lot of their role involved teaching the PRPs 'on the job', feedback was constantly given informally on a day-to-day basis.</p>	
6.4	<p>Educational supervision</p> <p>The quality review team heard there was inconsistency in relation to how often the PRP tutors met with their trainees. It was reported by all the educational supervisors the visit team met with, that all the 13-weekly appraisal meetings took place. However, in relation to meeting informally with their PRPs to discuss their progress, this varied greatly and many tutors commented that the frequency of such meetings greatly depended on the individual preregistration pharmacist and how independent they were. Some tutors stated that such informal meetings took place on average every three weeks however some of the PRPs the quality review team met with reported that they had not met with their tutor since their last appraisal meeting in October 2016. The PRPs all stated that they would like to meet with them on average every two/three weeks.</p> <p>Additionally, the quality review team heard that there was a discrepancy in whether the PRPs' meetings with their educational supervisors were documented.</p> <p>Moreover, when the PRPs were completing an off-site rotation, the supervisors commented that they had their telephone numbers and personal email addresses, so any issues which arose during these off-site rotations could have been communicated in this manner. Furthermore, as the PRPs still attended the Wednesday training sessions when working off-site, meetings were still arranged if necessary.</p> <p>It was reported that the PTPTs were all allocated an internal tutor within the Trust who was responsible for ensuring the trainees met all the relevant skill standards and that they had a different practice supervisor for each rotation they undertook. In addition, the quality review team heard that the PTPTs met with the educational programme director formally every six months and that they could always approach them informally if necessary.</p>	Yes, please see P6.4 below.
6.5	<p>Practice supervision</p> <p>All the PRPs the quality review team met with reported that they knew who their practice supervisor was in each rotation they completed. However, although the PTPTs reported that there was always someone they could approach during their rotations to ask questions, they were not consistently told who their official practice supervisor was.</p>	
6.6	<p>Inter-professional multi-disciplinary learning</p> <p>In relation to the trainees learning in a multi-professional setting, it was reported that trainees were invited to attend the grand round which provided an opportunity for inter-professional learning and was typically led by a consultant or specialist nurse. However, despite some of the PRPs reporting that they had attended such sessions, some commented that they had not received the relevant information about when it took place.</p> <p>Furthermore, the quality review team was informed of the 'Feed the Brain' sessions which occurred within the department and the PRPs reported that these sessions were often run by specialist nurses. However, it was further noted that junior doctors had been invited to speak at the sessions and participate, but that at the time of the review this was yet to come to fruition and that the organisation of the sessions was an ongoing process.</p> <p>The PTPTs also reported that 'Schwartz Rounds' took place within the Trust which they had been encouraged to attend. However, many of the trainees commented that in practice they struggled to do so as the sessions were not held within their lunch hour, which made it difficult to attend.</p>	Yes, please see P6.6 below.
<p>GPhC Standard 7) Support and development for education supervisors and pre-registration tutors</p>		

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 (time for role and support)</p> <p>The quality review team heard, particularly from those who were new to the PRP tutoring role, that they were provided with a lot of support from the education programme directors.</p>	.
GPhC Standard 8) Management of initial education and training		
Standards		
Initial pharmacy education and training must be planned and maintained through transparent processes which must show who is responsible for what at each stage.		
8.1	<p>Accountability and responsibility for education. Education and training supported by a defined management plan.</p> <p>The quality review team heard there was some confusion and anxiety surrounding the changes to the technical services technician role and what impact this would have on the PTPT training programme. As the future vision for the department was to expand the clinical role of technicians in order to support the administration of medicines, this would not only have an impact on those currently training and focusing on technical services but also on whether enough clinical technicians are being trained to support this demand.</p> <p>When reviewing the Pharmacy Annual Audit and Review report submitted by the Trust, the quality review team felt that the report was heavily biased in terms of information regarding the PRP training programme and that insufficient information was supplied in relation to PTPT training. It was reported that this was because the PTPT educational supervisor had been off whilst the document was compiled, so many of the documents had not been added.</p>	<p>Yes, please see P5.5b below.</p> <p>Yes, please see P8.1 below</p>
GPhC Standard 10) Outcomes		
Standards		
Outcomes for the initial education and training of pharmacists.		
10.1	<p>Retention</p> <p>The Chief Pharmacist and education programme directors for PRPs commented that the department had a high retention rate in relation to PRPs in to band six pharmacist posts. Furthermore, many of the PRPs the review team met with stated they wished to stay within the Trust once their training year was complete.</p> <p>In regard to recruiting PTPTs, the quality review team heard these posts were often filled by ATOs already working within the pharmacy department at the Trust.</p>	

Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date
The preregistration training passport system that was in place was highlighted as an area of good practice by the quality review team.	Victoria Bray/ Helen		

The 'buddy' system was in place for the PRPs, which involved them being linked with a previous preregistration pharmacist and allowed them to raise issues and ask questions was noted as an area of good practice by the quality review team.	Victoria Bray		
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Mandatory Requirements		
Req. Ref No.	Requirement	Required Actions / Evidence
P2.2a	The Trust to provide communications on the purpose and operation of the Local Faculty Group (LFG), which is to be circulated amongst all trainees, educational supervisors and practice supervisors	The Trust to provide evidence that this piece of communications work has taken place; e.g. submit copies of communications that are disseminated amongst staff.
P2.2b	The Trust to provide training to those who would be acting as trainee representatives in the LFGs.	The Trust to provide details of what training was provided to the trainee reps and when this took place.
P6.4	The Trust to ensure all the preregistration pharmacists (PRPs) consistently meet with their tutors regularly and that such meetings are documented. The Trust to review how often such meetings are occurring, as well as how they are scheduled and documented.	The Trust to audit this via the LFG and submit evidence in the form of a report in December 2017, which demonstrates that this issue has been dealt with.
P8.1	The Trust to ensure the Pharmacy Annual Audit and Review report is updated to include preregistration pharmacy technician training more fully.	The Trust to submit the updated version of the report.

Recommendations		
Rec. Ref No.	Recommendation	Recommended Actions / Evidence
P2.3	The Trust to ensure that the Health Education England guidance on trainees in difficulty/ trainees requiring additional support is disseminated amongst all staff.	The Trust to provide evidence that this issue has been resolved; e.g. submit copies of communications to staff.
P5.1a	As there were different opinions between trainees and their tutors on whether training rotas were changed to meet service demands, the Trust is to monitor this through the LFG and undertake a formal review in summer 2017.	The Trust to provide minutes from the LFG meetings in which this issue is discussed and details of the formal review that will be undertaken and its outcome
P5.1b	The Trust to ensure the curriculum for the PRPs reflects the future service requirements of band six pharmacists; e.g. regular ward or clinical contact throughout the year to embed these skills confidently by the end of the year.	The Trust to provide evidence that this issue has been resolved with and any subsequent changes made to the PRPs timetables/rotations which ensures they have regular clinical contact throughout the year.
P5.3a	The Trust to review whether the preregistration pharmacy technicians (PTPTs) require extra support within the workplace and designated time within their working hours set aside to ensure their observational reports are completed in a timely manner, especially as they need to be reviewed by an expert witness.	The Trust to provide evidence of this review and submit any changes made to the PTPTs' timetables which allow them to complete the observational reports within working hours.

P5.3b	The Trust to consider whether the PTPTs who have previously worked within the department as Assistant Technical Officers (ATOS) can have their previous learning formally acknowledged (APEL) so they do not have to repeat certain accreditations. If so, the Trust to tailor the relevant PTPTs' workplace curriculum accordingly.	The Trust to provide evidence of this review and any corresponding arrangements made for PTPTs who have previously worked as ATOs. The Trust to submit any relevant changes made to the PTPTs' curriculum.
P5.5a	The Trust to review the rotations at Queen Mary's Hospital for both the preregistration pharmacists (PRP) and the PTPTs, as it may be appropriate to increase the length of time of the PTPT rotation and decrease the PRP rotation.	The Trust to provide evidence of this review and any subsequent changes made to the length of the rotations at Queen Mary's Hospital for both PTPTs and PRPs.
P5.5b	The Trust to further develop the pharmacy workforce plan and provide clarity on future demand for pharmacy technicians, specifically the roles of pharmacy technicians vs scientific officers within technical services. The Trust should ensure the training curriculum for the PTPTs reflects the future workforce vision; i.e. more clinical/ward based roles. The Trust to ensure the two-week medicines management rotation within PTPT training is a recognised component of training, for example the NVQ optional module.	The Trust to submit any developments made to the future pharmacy workforce plan and any subsequent changes within the PTPT training programme made. The Trust to provide evidence that the two-week medicines management rotation has been further expanded.
P6.2	The Trust to ensure that PRPs are provided with sufficient careers information.	The Trust to confirm what careers information will be shared with the PRPs and in what format. The Trust to provide an example of the careers information/advice that will be sent to the PRPs.
P6.6	The Trust to ensure that opportunities for multi-professional working are accessible for all trainees.	The Trust to provide evidence that this issue has been addressed.

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

Requirement	Responsibility
N/A	

Signed

By the HEE Review Lead on behalf of the Quality Review Team:

Gail Fleming, Dean of Pharmacy, HEE London and South East

Date:

27 February 2017