

# Barts Health NHS Trust

## Pharmacy

### Programme Review (on-site visit)



## Quality Review report

05 April 2017

Final Report

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## Quality Review details

<b>Background to review</b>	<p>The Programme Review (on-site visit) to pharmacy at Barts Health NHS 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.</p>
<b>Training programme / specialty reviewed</b>	<p>Pharmacy</p>
<b>Number and grade of trainees and trainers interviewed</b>	<p>The quality review team initially met with the Deputy Chief Pharmacist-Technical Services, the former Deputy Chief Pharmacist-Clinical Pharmacy Services (working at the time of the review as a project pharmacist, working on the Carter Report), the Senior Education and Training Pharmacists, the Head of Pharmacy Technician Development, the Senior Pharmacy Technician, the Head of Professional Development (Barts Health Pharmaceuticals), the Director of Education and Research and the Deputy Director Education Academy Academic Health Sciences.</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).</p> <p>Finally, the team met with the practice supervisors for all trainee groups in medicines management, clinical pharmacy training and dispensary practice.</p>
<b>Review summary and outcomes</b>	<p>Health Education England would like to thank the Trust for accommodating the on-site visit and for ensuring all sessions were well attended.</p> <p>The review team was informed of one area of serious concern in relation to the Trust's HR policies, for which an immediate mandatory requirement was issued:</p> <ul style="list-style-type: none"> <li>- The quality review team was made aware that at the time of the review, there were trainees who were being paid on the wrong pay scale.</li> <li>- The team further heard many concerns regarding a lack of clarity in relation to numerous HR policies, and felt the trainees should be aware of their entitlements in relation to their pay when working at weekends, travel expenses, study leave, annual leave and how much notice they should receive when working on bank holidays. The team felt these issues were further exacerbated by the fact that there appeared to be a lack of clarity regarding who the trainees' line managers were.</li> <li>- Furthermore, it was reported that the preregistration pharmacy technicians were working 'bank' shifts for which they were paid as qualified members of the staff, and clarification needs to be provided regarding the PTPT role and capacity as bank staff.</li> </ul> <p>During the course of the review, the quality review team was 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"> <li>- It was reported that a local e-portfolio system had been introduced which was working well, and allowed the preregistration pharmacists' educational supervisors to monitor their tutees' progress.</li> <li>- Both the PTPTs and the PRPs reported that they enjoyed and valued the broad variety of rotations the placement offered.</li> </ul>

- The PTPTs were extremely complimentary of their educational supervisor, the Education and Training Senior Pharmacy Technician, and reported that they provided the trainees with a lot of support.
- The review team was informed of the training passport the PRPs used to support their clinical training, which they felt was extremely beneficial as the trainees worked across multiple sites.

However, the quality review team also uncovered a number of areas which they felt required improvement. For example:

- The quality review team was informed that different pharmacy electronic stock control systems were in place across the sites, which caused the trainees' difficulty when they rotated, as they were often unfamiliar with the new systems and associated procedures
- The PTPTs reported that they felt there was an undue balance between service provision and training opportunities, and commented that they often felt they were viewed as fully fledged members of staff as opposed to trainees. The review team was informed that they were also often unclear regarding who was providing their supervision.
- Although the review team was informed that the majority of the PRP educational supervisors had attended teaching sessions regarding how to carry out their tutor role, the team understood that this was not universal and that there were some tutors who at the time of the review had not had the opportunity to attend such sessions.
- The educational supervisors for the PRPs and the practice supervisors who were providing support for the PTPTs appeared to have not been made aware of the changes that had been made to the trainees' national curricula. The quality review team felt that the educational supervisors needed additional support to undertake their roles.
- Despite the fact that standardised procedures were in place regarding the PTPTs completing their log books and in relation to how many times they needed to undertake a task in order to be deemed competent, the review team heard that in practice this was often inconsistent and appeared to differ across sites and rotations.

### Quality Review Team

<b>HEE Review Lead</b>	Gail Fleming Dean of Pharmacy, HEE London and South East	<b>HEE Representative</b>	Liz Fidler Associate Head of Pharmacy, Health Education England - London and South East
<b>HEE Representative</b>	Marc Miell Training Programme Director – Pre-registration Pharmacists, Health Education England	<b>External Representative</b>	Sue Jones PTPT Education Programme Director, East Kent University Hospitals NHS Trust
<b>Scribe</b>	Elizabeth Dailly Learning Environment Quality Coordinator	<b>Lay Member</b>	Ryan Jeffs Lay Representative
<b>Observer</b>	David Cope Regional Senior Quality Assurance Specialist	<b>Observer</b>	Karen Shuker Training Programme Director – Central North West London NHS Trust

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

The Trust reported that a Pharmacy education and training committee met monthly, which acted as a forum to deal with all issues raised relating to the training and education of both preregistration pharmacists and preregistration pharmacy technicians. Although a pharmacy Local Faculty Group had been implemented shortly prior to the review, the Trust confirmed that the group was still in its infancy and that further work needed to be undertaken to ensure the group was well-known, embedded and acting efficiently. The quality review team also heard of the multi-professional fora that were held for trainees and supervisors, so they had the opportunity to interact with staff from other disciplines. The Trust confirmed that the Education and Training Lead Pharmacist post was vacant at the time of the visit, and informed the review team that there were plans to recruit to the post. The delay has been down to a review and plans to reconfigure the post. It was reported that the Education, Training and Development team and Chief Pharmacist had been working to ensure that the vacancy did not impact upon the department's ability to provide adequate training opportunities.

It was reported that the Senior Pharmacy Technician for Education and Training was also due to retire and that there were plans to replace this post with two Band 6 posts each allocated to two of the Trust's sites. The timelines for advertising these posts was not known at the time of the review.

The Trust informed the quality review team that the vacancy rates within the department fell within the 88-94% bracket, which was below the national average when the Trust compared themselves to their peers, and which the Trust considered to be acceptable for maintaining service provision and providing training opportunities.

When discussing recent developments that impacted upon pharmacy within the Trust, the review team was informed of the work the Trust was undertaking, in relation the development of the workforce within the department linked to the Carter Review and Hospital Pharmacy Transformation Plans. One aspect of the project is to work collaboratively with primary care to ensure that the pharmacy workforce has the ability to work across both primary and secondary care. The project also focuses upon the role and skill set of the pharmacy technicians and assistants employed by the Trust, as it was recognised that such roles were crucial in order to reduce pressure on pharmacists and allow pharmacists to undertake more clinical based roles. The Trust confirmed that although the project was underway and significant changes had and were due to be made, the project was still in its early stages and further work was necessary.

The quality review team was also informed that the Trust had been awarded the Clinical Leadership Award, London NHS Leadership Awards.

When discussing the seven-day service model, the Trust confirmed that a 24/7 pharmacy service was delivered at the Royal London Hospital site (RLH), which provided support to other sites for urgent requests when the on-site service was closed. After 10pm in the evening when the late dispensary service ends, a pharmacist was based on site at RLH prioritising urgent supply/advice, discharge prescriptions for the next day and new admission medicine reconciliation. All sites provided a limited service on Saturday and Sundays. This mainly consisted of urgent dispensing and a basic clinical pharmacy visit to priority areas e.g. the admissions unit. The cardiac centre in St. Bartholomew's Hospital provided a full clinical pharmacy service 7 days/ week which had been agreed when the new centre was established. The pharmacy service at the weekend at Whipps Cross was more limited to wards, bringing the work down.

## 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	<p><b>Serious incidents and professional duty of candour</b></p> <p>The review team was informed that all of the preregistration pharmacists (PRPs) and preregistration pharmacy technicians (PTPTs) had been shown how to report serious incidents during their Trust induction and all of the trainees reported that they knew how to complete Datix forms. Furthermore, the trainees' who had submitted such forms indicated that they then received feedback from the Trust, regarding the outcome of the investigation and what action the Trust had taken to address the issue.</p>	
1.2	<p><b>Appropriate level of clinical supervision</b></p> <p>All of the PRPs reported that they had never been asked to act outside of their competency and that there was always someone available to provide help and supervision when necessary.</p> <p>The PTPTs commented that the clinical supervision they were provided often differed depending upon which rotation they were undertaking. The review team heard that although some of the PTPTs' rotational /practice supervisors offered a lot of one-to-one teaching, in some rotations when the workload was particularly burdensome, the PTPTs felt 'left behind' and that they did not receive adequate support or supervision.</p> <p>Furthermore, the review team was informed that some preregistration pharmacy technicians had been asked to train others in relation to controlled drugs, without any senior input.</p>	Yes, please see PH1.2 below.

## 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 requiring additional support and the Trainees requiring additional support Reference Guide.

2.1	<p><b>Local faculty groups</b></p> <p>The Local Faculty Group (LFG) minutes, and the LFG Self-Assessment Report that were submitted to the quality review team did not contain any action points for the Education, Training and Development team to follow up on, to ensure the quality of the education and training provided improves.</p> <p>The quality review team was further informed that not all of the preregistration pharmacist educational supervisors that met with the team were aware of the newly implemented LFG.</p>	<p>Yes, please see PH2.1a below.</p> <p>Yes, please see PH2.1b below.</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><b>Rotas</b></p> <p>The PTPTs reported that the way their rota was structured often made it difficult to book annual leave, as when they moved into the rotation in which the annual leave fell</p>	
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	<p>their requests would often be denied, or they would not find out whether they had been accepted until shortly before the requested dates. It was reported that each department had its own arrangements for annual leave, and that the trainees had to contact the section manager of the department they would next be working in, in order to secure annual leave in advance.</p> <p>PTPTs were unable to take leave on college days which limited the time they could apply for.</p> <p>The issues surrounding annual leave were further confirmed by the dispensary leads the review team met with, who also suggested that it would be beneficial if before each rotation a handover document was sent to the departmental lead, setting out what competencies the trainees still needed to achieve and what annual leave they had requested. It was also reported that the trainees needed to receive as much information as possible before each rotation, in order to ensure they knew what to expect from the post and what their working hours would be, as this often changed depending on the site.</p> <p>When discussing the out of hours rota in the dispensary, the PTPTs indicated that within the weekend teams there was often a poor skill mix, and that some teams may not include individuals with substantial dispensary experience. The PTPTs reported they were often the most experienced.</p> <p>The quality review team heard that often the PTPTs received no, or little advanced notice regarding whether they would be working bank holiday shifts.</p> <p>Some of the PTPTs indicated that they worked on occasion as part of the bank team at weekends, as a qualified member of staff. The quality review team felt that further clarity was necessary, regarding what their job role and responsibilities were during these bank shifts.</p>	<p>Yes, please see PH5.1 below.</p>
5.2	<p><b>Induction</b></p> <p>The quality review team heard that the induction in relation to the dispensary at the Royal London Hospital site was not robust and that the preregistration pharmacists had to rely on more junior staff or other PRPs who had already completed the rotation when they began, as they were not given sufficient information or instructions.</p> <p>Furthermore, the review team was informed that some of the PRPs had to undertake weekend shifts in the dispensary at certain sites, despite having never worked there before and having never received an induction. When undertaking such shifts, the PRPs commented that they did so without a clearly identified practice supervisor to provide them with the necessary training and guidance required in the dispensary. The PRPs commented that they found this extremely stressful, as they did not know where things were kept and the majority of staff left at four o'clock, leaving them alone with the on-call pharmacist.</p> <p>Furthermore, the PRPs reported that their induction had contained a lack of information regarding a number of HR policies, such as; their working hours, occupational health requirements, payment and time owed in lieu (TOIL) for weekend and evening shifts, arrangements for booking annual leave and study leave, line management arrangements and the responsibilities of their tutors and line managers.</p> <p>When discussing the different rotations, they participated in, the PTPTs reported that they had not all received an induction or sufficient training, when starting within the various outpatient departments across the Trust.</p>	<p>Yes. Please see PH5.2a below.</p> <p>Yes, please see PH5.2b below.</p> <p>Yes, please see PH5.2c below.</p>
5.3	<p><b>Education and training environment</b></p> <p>The preregistration pharmacists the quality review team met with reported that they enjoyed the wide variety of rotations they were able to participate in during the placement; especially the clinical rotations. Furthermore, the placement allowed them to experience working in both large teaching hospitals, as well as smaller district general hospitals, which the trainees stated gave them a good overview of how different organisations worked and which type of organisation they would prefer to work in in the future. The PRPs commented that they felt each rotation was for a sufficient duration of time, in that it allowed them to learn and develop new skills and then further time to practise.</p>	

	<p>When discussing the clinical rotations they undertook, the PRPs commented that at the end of each rotation, they presented a case to the pharmacy team, which they felt was a beneficial learning opportunity. In addition to this, the trainees reported that at an appraisal was also completed with their practice supervisor (preceptor) which allowed them to further reflect on the skills they had developed at the end of each placement. The review team heard that as often the PRPs' practice supervisors were band six or band seven pharmacists, they provided the trainees with a lot of tips regarding the exams, which the trainees found to be extremely beneficial.</p> <p>When discussing their workload, the PRPs reported that there were a lot more medicines management pharmacy technicians at some sites compared to others. They reported that when completing at rotations at sites with fewer technicians, such as Newham University Hospital and Whipps Cross University Hospital, they often had to undertake technician tasks as well, and felt a more standardised approach across all sites would be beneficial.</p> <p>The PRPs indicated that there were issues relating to short staffing across many of the rotations and sites, which impacted upon the amount of training opportunities the PRPs could access. Although the trainees were informed that they were supernumerary when they started their placements, they did not feel a culture of this permeated through the pharmacy department across the Trust, and that it needed to be made clear to their practice supervisors that they were still trainees, and not fully qualified members of staff.</p> <p>Similar sentiments were echoed by the PTPTs, who reported that due to problems with staff shortages, they felt that they were expected to act as an employee as opposed to a trainee. They further commented that they felt they were often used to 'fill service gaps' as opposed to receiving the adequate training.</p> <p>The preregistration pharmacy technicians also commented that they enjoyed the range of different placements across the Trust's sites and added that in particular they enjoyed the rotations in which they were working on the wards, as they were given more responsibility and enjoyed interacting with patients.</p> <p>However, the PTPTs reported that when undertaking the technical and aseptic rotation, once they had become competent in manufacturing one piece of equipment, due to service pressures, they had to repeat manufacturing that same item repeatedly and did not get the opportunity to further their development. This created pressures in completing training towards the end of the rotation,</p>	
<p>5.4</p>	<p><b>Progression and assessment</b></p> <p>Despite a Trust wide procedure being in place for PTPTs regarding the training and competency assessments in relation to taking drug histories, the review team was informed that in practice there was significant variation in how trainees were trained, assessed and signed off.</p> <p>The PTPTs further reported that they felt there was a lack of structure in regard to the assessment process, and that there was a lack of monitoring and encouragement from senior members of staff.</p> <p>In relation to the amount of dedicated time for independent study the PTPTs received, the trainees commented that they did not feel there was a sufficient amount of time included within their rota, especially for those within the second year of the course as the move to Buttercups programme had increased the amount of work the trainees had to undertake, as they had to write up a lot more evidence than previously.</p>	<p>Yes, please see PH5.4 below.</p>
<p>5.5</p>	<p><b>Training days and packs e-learning resources and other learning opportunities</b></p> <p>The preregistration pharmacists reported that regular teaching sessions took place on a weekly basis, which they found extremely informative. Furthermore, often the sessions recapped on and taught information which may have been covered in a rotation that not all trainees participated in, for example the trainees reported that not all of them had the opportunity to undertake a renal and respiratory clinical rotation but stated that the relevant information they needed to know for their assessments were sufficiently covered in the teaching sessions. However, the review team was informed that such sessions had on occasion been cancelled at short notice, as the trainer</p>	

	<p>delivering the session was unavailable. The review team further heard that such teaching sessions were also attended by preregistration pharmacists from East London NHS Foundation Trust and Barking, Havering and Redbridge University Hospitals NHS Foundation Trust, which presented the PRPs the opportunity to regularly network.</p> <p>The review team was informed of the development and implementation of the local e-portfolio that had been introduced for the preregistration pharmacists. Their educational supervisors reported that the system had been extremely useful as they could easily monitor their trainees' progress, which given the cross-site nature of the PRPs' rotations was extremely beneficial. The review team was also informed of the Barts Health Pharmaceutical training packs that were used, which were robust and worked well.</p> <p>The PRPs informed the quality review team of the training passport system that was in place. They commented that it gave them structure throughout the year, and allowed them to monitor and complete all the necessary technical tasks, such as dispensing, clinical screening and ordering medications which is then signed off by their supervisor.</p> <p>However, the trainees commented that on occasion, especially when they were based in the dispensary at the Royal London Hospital, as the department was extremely busy it was in practice difficult to ensure that their practice supervisor signed off on their checking log. Furthermore, one trainee commented that despite having completed their dispensary log at the Royal London Hospital, when they moved to Newham University Hospital they had to redo the log, as the systems were different.</p>	
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## **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 LaSE Trainees requiring additional support Reference Guide 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><b>Mechanisms in place to support trainees to develop as learners and professionals</b></p> <p>The preregistration pharmacists reported that they often felt that members of the Trust did not satisfactorily recognise that they were still students, and needed time to learn and consolidate information prior to their exam. The PRPs and PTPTs reported that due to the heavy workload within the rotations, they often struggled to find time to undertake self-directed learning and that no designated time was set aside for such self-study in the majority of rotations.</p>	
6.2	<p><b>Students must have access to support for their academic and welfare needs. Appropriate support mechanisms in place.</b></p> <p>The review team ascertained that there had been significant issues in relation to the band the PRPs were paid at and that this had still not been resolved for all of the PRPs. The PRPs reported that they had raised issues surrounding the lack of information in their induction about numerous HR policies and the issues relating to their pay repeatedly, but that no satisfactory resolution had been reached. The trainees further commented that due to a number of vacancies within the education, training and development team they had been managed by just one individual, who they felt needed extra support.</p>	Yes, please see PH5.1 below.
6.3	<p><b>Educational supervision</b></p> <p>The PRPs the review team met with reported that they met with their educational supervisors on average, every two weeks and documented the meetings, and additionally commented that the majority of the tutors were extremely supportive. This was confirmed by the educational supervisors, who reported that when their tutee was working at a different site, they would arrange to meet in advance.</p> <p>However, some PRPs commented that when they had started the placement, their educational supervisor had changed a couple of times, due to staff leaving the Trust,</p>	



	<p>which had been difficult as they were new to the Trust and post. The PRPs further commented that the way in which the education supervisors practice often differed and that they would find it beneficial if there was a standardised approach across all tutors.</p> <p>When the review team met with the preregistration pharmacist educational supervisors, they reported that they often did not work directly with their tutee, which they would find extremely beneficial in order to gain first-hand experience in how their tutee was progressing, as opposed to relying on feedback from others.</p> <p>The tutors informed the review team that they compiled feedback relating to their trainee from their preceptor and would organise site visits with the trainees in order to assess their progress in person, as often the feedback received from the PRPs' practice supervisors did not paint a full picture of the PRP's progress and properly demonstrate which areas they needed to improve in. The educational supervisors reported that they would receive the end of rotation appraisal documents from their tutees' practice supervisor but stated that although a mid-rotation appraisal was supposed to take place, this did not always occur.</p> <p>The PTPTs the quality review team met with were extremely complimentary of the Education and Training Senior Pharmacy Technician, who acted as the educational supervisor for all the preregistration pharmacy technicians. The trainees reported that they met with the education supervisor regularly, weekly for those in the first year of their course, and further indicated that they had been extremely supportive.</p> <p>However, the trainees noted that they felt the workload was exceptionally onerous for one person, considering the cross-site nature of the placement. Furthermore, the review team were made aware that the post was due to become vacant shortly following the review, and the PTPTs were concerned as to who would provide them support and act as their educational supervisor in the future. Although this was less of a concern for those in the second year of their course, as they hoped to complete all their relevant competencies before the post became vacant, it was a significant worry for those in the first year of the course.</p>	<p>Yes, please see PH6.3a below.</p> <p>Yes, please see PH6.3b below.</p>
<p>6.4</p>	<p><b>Practice supervision</b></p> <p>The preregistration pharmacists commented that the quality and amount of clinical supervision they received, depended greatly upon who their practice supervisor was in each rotation, which often changed as many of the band six pharmacists who acted as the PRPs' practice supervisors also rotated across the different sites. Although the trainees provided examples of practice supervisors who were extremely proactive and provided a lot of support and supervision, the PRPs informed the review team that they did not feel that all of the practice supervisors were aware of what was expected of them in the role and what the role comprised. It was reported that some of the practice supervisors appeared too busy to teach the PRPs and did not provide a lot of day-to-day teaching. The PRPs confirmed that they provided feedback on their practice supervisors and rotations, but commented that they did not feel this was always taken into consideration or acknowledged. They highlighted that generally the general medicine rotation was very well structured.</p> <p>Similar sentiments were echoed by the PTPTs, who reported that the level of support and training they were given often depended on the individual they were shadowing. The PTPTs commented that this was particularly prevalent when working within the outpatients department at Whipps Cross University Hospital and Newham University Hospital. The review team heard that often no adequate induction or training was provided, and that although in theory there was someone the trainees could access for support and supervision, in practice, due to the busy nature of the department the PTPTs often felt they were interrupting members of staff and did not want to bother them.</p> <p>It appeared to the review team that there was a significant variation in the training, support and feedback that trainees received across the wide breadth of rotations. As many qualified staff also rotated, it was not possible to identify areas of good and poor practice, as the issue appeared to be linked to individuals rather than site or speciality.</p> <p>Furthermore, the trainees indicated that they did not feel their practice supervisors were fully aware of what the PRPs needed to know for their exams. They reported that during the more specialist rotations, often their day to day tasks and what they were</p>	<p>Yes, please see PH6.4 below.</p>

	<p>taught did not align with their learning objectives and was often not relevant to their registration assessment. An example given was that trainees felt it would be more beneficial for them to undertake a rotation in antimicrobials rather than learning about cardiothoracic surgery.</p> <p>Similarly, the review team felt that it would be beneficial if the practice supervisors received more information regarding the PTPTs college course and what competencies and requirements they needed to complete.</p>	
6.5	<p><b>Inter-professional multi-disciplinary learning</b></p> <p>The quality review team heard of the multi-disciplinary fora available for trainees, in which they could interact with learners from other professions. Furthermore, it was reported that within the trainees' rotations that were based upon the wards, the trainees had the opportunity to further interact with staff from other disciplines as well as being encouraged to attend grand rounds and CPD sessions.</p> <p>The review team was informed of the multi-professional simulation programmes that were run across the Trust's different sites, for all staff. Although at the time of the review, there had been limited attendance by the pharmacy trainees the Trust confirmed that plans were in place to rectify this and ensure that all pharmacy trainees had attended at least one multi-professional simulation session.</p>	

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

**Standards**

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

7.1	<p><b>Education supervisor training and development</b></p> <p>Although the majority of preregistration pharmacist educational supervisors the quality review team met with had reportedly completed the necessary regional training days for the role, the review team ascertained that this was not the case in relation to all of the supervisors, especially tutors who were new to the role. Furthermore, it appeared that none of the new supervisors had received sufficient internal support and guidance in relation to conducting tutee appraisals for the GPhC.</p> <p>The preregistration pharmacist educational supervisors the team met with, stated that although regular meetings used to take place with all the tutors and the education, training and development team, in which they could discuss ways and techniques for dealing with PRPs, they no longer occurred. The supervisors commented that they thought they would find such meetings extremely beneficial and valuable, especially those who were new to the role of educational supervisor.</p> <p>Furthermore, the educational supervisors stated that they had not been kept up-to-date regarding the changes that had been made to the PRPs' national curriculum, which they would find beneficial.</p>	<p>Yes, please see PH7.1a below.</p> <p>Yes, please see PH7.1b below.</p> <p>Yes, please see PH7.1c below.</p>
7.2	<p><b>Practice supervisor training and development</b></p> <p>There was no specific training for staff in a practice supervisor or preceptor role for clinical or medicines management rotations. Most pharmacists in these roles were already preregistration tutors or foundation pharmacist tutors and therefore had been trained in common competencies. However, there was an assumption that band 7 pharmacists who were doing the JPB postgraduate diploma would become competent to become practice supervisors through the teaching on the academic programme. It was possible that pharmacists could be in practice supervision roles prior to having undertaken any training.</p> <p>Similarly, PTPT practice supervisors had all been trained for their role. It was highlighted that in the past pharmacy technician practice supervisors would have been trained as NVQ assessors but this will not apply in future. An alternative approach to ensuring practice supervisors are trained has not yet been developed. In house Train the Trainer programmes are available.</p>	<p>Yes, please see PH7.2 below.</p>

<b>GPhC Standard 8) Management of initial education and training</b>		
<b>Standards</b>		
<b>Initial pharmacy education and training must be planned and maintained through transparent processes which must show who is responsible for what at each stage.</b>		
8.1	<p><b>Accountability and responsibility for education. Education and training supported by a defined management plan.</b></p> <p>The review team was made aware that the Education and Training Lead Pharmacist post had been vacant since October 2016.</p> <p>Furthermore, it was reported that the Education and Training Senior Pharmacy Technician post was due to become vacant shortly following the review. However, the review team was informed that a plan was in place to recruit two further band six posts who each cover two sites, and act as educational supervisor for the PTPTs, band four technicians and the apprentices.</p>	<p>Yes, please see PH8.1a below.</p> <p>Yes, please see PH8.1b below.</p>
<b>GPhC Standard 9) Resources and capacity</b>		
<b>Standards</b>		
<b>Resources and capacity are sufficient to deliver outcomes.</b>		
9.1	<p><b>Appropriate learning resources and IT support</b></p> <p>The preregistration pharmacists commented that different pharmacy electronic dispensing and stock control systems and procedures were in place across the various site dispensaries, which increased the training requirements and therefore the risk of errors for all rotational and cross site staff. Furthermore, all trainees indicated that when they rotated to a new site, it was expected that they were familiar with such systems, despite them never having used them before.</p>	<p>Yes, please see PH9.1 below.</p>
<b>GPhC Standard 10) Outcomes</b>		
<b>Standards</b>		
<b>Outcomes for the initial education and training of pharmacists.</b>		
10.1	<p><b>Retention</b></p> <p>The Trust reported that during the previous year all of the preregistration pharmacy technicians had stayed within the Trust once completing the course and that retention rates were typically high within the pharmacy department. In relation to the PRPs, 75% of the trainee cohort at the time of the review had applied for a substantive position once they had finished their placement.</p>	

## Good Practice and Requirements

<b>Good Practice</b>	<b>Contact</b>	<b>Brief for Sharing</b>	<b>Date</b>
Development and implementation of local e portfolio for preregistration pharmacist training	Uzma Shaikh Uzma.shaikh@bartshealth.nhs.uk		
Barts Health Pharmaceuticals (BHP) training packs	Jude Davison Jude.davison@bartshealth.nhs.uk		
Clinical training passport	Fateha Al-Emran Fateha.al-emran@bartshealth.nhs.uk	Medicines Management Passport Programme (MMPP) is an accreditation programme for pre-registration trainee pharmacists, which is split into 2 parts. First	

		part to be completed within the first 6 months, focuses on e.g. operational aspects of dispensing, labelling, medicines reconciliation and handling controlled drugs. The second part focuses on counselling e.g. warfarin, inhaler, clinical screening tools and final checking (not an accreditation tool but for practice)	
Clinical Leadership Award	Obafemi Shokoya Obafemi.shokoya@bartshealth.nhs.uk		
Multi-professional learner forums	Jo Young Jo.young@bartshealth.nhs.uk		

### Immediate Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence
PH5.1	<p>The Trust is to ensure and confirm that all trainees are paid at the correct pay scale.</p> <p>The Trust is to ensure and confirm that all trainees are made explicitly aware of what they are entitled to in terms of: pay for weekend working, travel expenses, study leave, annual leave, notice for working on bank holidays.</p> <p>The Trust must confirm who the relevant line managers are for each trainee and ensure this information is disseminated amongst the trainees.</p> <p>The Trust must provide clarification regarding the role the preregistration pharmacy technicians undertake when working as 'bank' staff.</p>	<p>The Trust to provide confirmation that all trainees are paid at the correct banding and aware of pay and contracted hours at different sites.</p> <p>Line management arrangements to be confirmed for PRPs</p> <p>The Trust to clarify the responsibilities and role the preregistration pharmacy technicians undertake when working bank shifts.</p>

### Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence
PH1.2	The Trust is to ensure that preregistration trainees will no longer be required to train other staff in controlled drugs.	The Trust is to provide confirmation that this practice has ceased and provide any relevant evidence.
PH2.1a	The Trust is to resubmit the Local Faculty Group (LFG) Self-Assessment Report, which should include action points with clear deadlines and named responsible individuals. Furthermore, the Trust is to ensure that LFG minutes in future also include action points with clear deadlines and named responsible individuals.	The Trust to resubmit the LFG Report, as well as minutes of future LFGs and the relevant action logs stemming from each meeting for the next 12 months.

PH5.2a	The Trust is to confirm that in the future all trainees will have met site-specific competences prior to working weekends at that site.	The Trust is to audit this through the LFG and confirm that this now takes place.
PH5.2b	Trainees working weekends must have a named practice supervisor who is aware of their responsibilities to support the trainee as necessary. This should be clearly identifiable on the weekend rota.	The Trust to confirm each trainee undertaking a weekend shift has a named practice supervisor and submit the rotas demonstrating this.
PH5.2c	The Trust to ensure that information regarding various HR policies is contained within the trainees' induction, in particular: <ul style="list-style-type: none"> <li>- working hours</li> <li>- occupational health requirements</li> <li>- payment and TOIL for weekend and evening shifts</li> <li>- arrangements for booking annual leave and study leave</li> <li>- line management arrangements</li> <li>- responsibilities of tutor vs line manager</li> </ul>	The Trust to submit induction material for 2017/18 trainees outlining this.
PH5.4	The Trust to ensure the Trust wide procedure regarding the training and competency assessments for PTPTs to take drug histories is followed and to audit the process and implement resultant actions to ensure compliance with organisational procedures.	The Trust to submit the outcomes of the audit and the resulting action plan.
PH7.1a	All tutors/educational supervisors are required to complete the regional preregistration pharmacist tutor training.	The Trust to ensure such training has been delivered and provide evidence that all educational supervisors have attended.
PH7.1b	The Trust to ensure that all new preregistration pharmacist tutors are to be supervised when undertaking 39 week appraisals.	The Trust to provide evidence that arrangements are in place for all new tutors to be supervised when undertaking 39 week appraisals.
PH8.1a	The Trust to submit a plan with clearly identified timelines to recruit into E&T lead posts and to inform HEE when these posts are advertised and filled.  The Trust to risk assess and actively monitor the impact of these posts being vacant on the Trust's capacity and capability to train.	The Trust to submit the outcome of such risk assessment and inform HEE when the posts have been recruited.

## Recommendations

Rec. Ref No.	Recommendation	Recommended Actions / Evidence
PH2.1b	The Trust to ensure that all educational supervisors are aware of the existence and purpose of the LFG and receive copies of the minutes and action points. Educational supervisors should be represented on the LFG.	The Trust to confirm this has happened and submit evidence demonstrating that educational supervisors are now represented within the LFG.
PH6.3a	The preregistration pharmacists should be allocated a specialist rotation where they will	The Trust to confirm that such a rota has been adopted and that educational supervisors have



	work with their preregistration tutor whenever possible.	the chance to work directly with their tutees when possible.
PH6.3b	The Trust is to ensure that mid rotation reviews take place and become compulsory to ensure that all trainees are receiving “real time” feedback and are able to take action as a result whilst still in the rotation.	The Trust to confirm and demonstrate that all trainees receive a mid-rotation review in each rotation.
PH6.4	Due to the significant variation in the training, support and feedback that trainees receive across a wide breadth of rotations. The Trust is to compile for every rotation a list which outlines: <ul style="list-style-type: none"> <li>a. Name and job title of the practice supervisor/ preceptor</li> <li>b. Whether the practice supervisors are responsible for both PRPs and PTPTs, or just one group of trainees.</li> <li>c. Name and job title of staff that provide day to day training and feedback in that area</li> <li>d. Training that staff in a. and b. have had for this role</li> <li>e. Plans to address any competency gaps</li> <li>f. Ensure that all staff in preceptor and training roles are explicitly made aware of their responsibilities within these roles and this should be reviewed as part of regular management reviews and appraisal processes</li> </ul>	The Trust to submit such information.
PH7.1c	The Trust to consider reintroducing regular meetings with all the PRP educational supervisors and Education, Training and Development team and ensure they have ongoing support within their role. The tutors should receive feedback from regional Preregistration Pharmacist Tutor network events, regular updates on developments in preregistration training and be provided with an opportunity to network and share common problems and particularly support those with less experience in the role.	The Trust to inform whether such meetings have been reintroduced and confirm that adequate support is provided.
PH7.2	All practice supervisors and preceptors should be trained for this role and their performance and development in this role. included as part of the appraisal process.	Preceptors that have not been trained should be enrolled on in house Train the Trainer, HEE Pharmacy Practice Supervisor programme or equivalent.
PH8.1b	The Trust to investigate the likely impact on preregistration pharmacist and PTPT training of the current consultation to redistribute the band 4 pharmacy technician workforce and assess and monitor the situation.	The Trust to submit the outcome of this review.
PH9.1	The Trust should seek to achieve standardisation in site procedures and IT systems (ie Cerner vs JAC used on different sites).	The Trust to confirm whether such standardisation has occurred.

**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 Flemming

**Date:**

18 April 2017