

# Chelsea and Westminster Hospital NHS Foundation Trust

## Pharmacy

### Programme Review (on-site visit)



## Quality Review report

25 April 2017

Final version

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## Quality Review details

<b>Background to review</b>	The Programme Review (on-site visit) to pharmacy at Chelsea and Westminster Hospital NHS Foundation Trust was organised as part of the programme review being undertaken across all pharmacy departments in the London geography and was not arranged in response to any specific concerns about the learning and training environment within the Trust. The purpose was to review the training environment, support and supervision that preregistration pharmacists and preregistration pharmacy technicians were receiving.
<b>Training programme / specialty reviewed</b>	Pharmacy
<b>Number and grade of trainees and trainers interviewed</b>	<p>The review team initially met with Chief Pharmacist, Deputy Chief Pharmacist, Deputy Medical Director, Education Programme Directors for Preregistration Pharmacist and preregistration pharmacy technician and the Assistant Director of Learning &amp; Organisational Development.</p> <p>The review team met with preregistration pharmacists (PRPs) from both sites and year two preregistration pharmacy technicians (PTPTs) based only at the Chelsea and Westminster Hospital site.</p> <p>The team also met with both the preregistration pharmacists and preregistration pharmacy technician educational supervisors.</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>The review team was grateful for the warm welcome and a well-organised quality review to pharmacy covering Chelsea and Westminster Hospital and West Middlesex University Hospital sites. All the sessions were well attended but year 1 PTPTs were unable to attend due to college commitments. The review team had no immediate concerns with regards to pharmacy education and training.</p> <p>The review team found that training in pharmacy was managed well and there was good engagement and support. The review team was pleased that trainees had the opportunity to voice their opinions through the local faculty meetings which had been introduced recently. 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 to maintain a healthy workforce. The Trust acknowledged that there was room for improvements in the department, in particular the training programme for preregistration pharmacy technicians.</p> <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>• The review team felt that the pharmacy Local Faculty Group annual (LFGs) report was very thorough and produced a comprehensive summary of good practice and action plans.</li> <li>• The review team was informed that the use of workplace assessment tools such as Mini-Clinical Evaluation Exercise (mini-CEX) and case based discussions (CBDs) to support preregistration pharmacist training was part of routine practice and was embedded in the training programme.</li> <li>• The review team felt that there was an extremely positive and supportive culture in the department with an open door policy.</li> <li>• The review team were informed that the Medicines Information rotation was highly commended by trainees.</li> </ul>

- The review team was informed that the joint clinical tutorials for preregistration pharmacists across Trusts was a very successful initiative and supported efficient collaborative working.

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

- The review team believed that the Preregistration Pharmacy Technician (PTPTs) training programme did not map to future service requirements or skill mix plans. The PTPTs perceived that they were at a disadvantage compared with PTPTs in other Trusts with regards to career progression and suitability to apply for patient facing pharmacy technician posts.
- Preregistration pharmacists at the Chelsea and Westminster Hospital site reported that they did not have regular scheduled 1:1 meetings with their tutor.
- The review team was informed that due to a reduction in hours of the primary preregistration tutor at Chelsea and Westminster Hospital site, joint tutoring arrangements had been introduced. However, the second tutor was perceived by trainees to only have a responsibility for two trainees.
- The review team heard that preregistration pharmacists at both sites were not aware until six months into their training programme that they were entitled to Time Off In Lieu (TOIL) for working late shifts.
- The review team heard that at the Chelsea and Westminster Hospital site fortnightly training and business meetings of the preregistration Education Programme Director (EPD) and trainees and PTPTs and their EPD/Education Supervisors were taking place during lunch hours.
- The review team was informed that trainees were required to cover shifts for absent qualified staff.

Overall, the impression given was that the chief and deputy pharmacists, educational supervisors, education programme directors and practice supervisors for medicine management and dispensary were educationally focused and were proactive in ensuring a supportive learning culture. The review 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 and to retain a substantial workforce at the Trust. The review 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. All the PRPs reported that they would recommend the Trust as a good place to train to their colleagues with ample opportunity for progression to further their careers. However, the PTPTs that were seen would not recommend the Trust as a place to train as they felt the training programme offered at the Trust was not well tailored to further their careers.

Quality Review Team			
<b>HEE Review Lead</b>	Gail Fleming Dean of Pharmacy, HEE London and South East	<b>External Representative</b>	Alice Conway Lead Pharmacist, Education and Development, Brighton and Sussex University Hospital
<b>HEE Representative</b>	Laura McEwen-Smith, Pharmacy Apprenticeships Specialist, Health Education England London and South East	<b>Trainee Representative</b>	Benjamin Smith Pre-Registration Trainee Pharmacy Technician, East Kent Hospitals University NHS Foundation Trust
<b>Lay Member</b>	Robert Hawker Lay Representative	<b>Observer</b>	Kristi Anderson Principal Pharmacy Technician, Medicines Management, Northwick Park Hospital
<b>Scribe</b>	Azeem Madari Quality Support Officer		
Educational overview and progress from Senior management team meeting			
<p>The review team invited the pharmacy team to set out its approach to pharmacy education at the Trust. The review team was advised that pharmacy had a strong impact across the Trust, in medicines management, working closely with other clinical staff and hired student volunteers who would like to pursue a career in pharmacy. The review team was informed that the pharmacy department had a good working relationship with medical education, nurses and midwives within the Trust.</p> <p>The review team was aware that there had been considerable changes since the merge of Chelsea and Westminster Hospital and West Middlesex University Hospital which had affected the operation of pharmacy.</p> <p>The Trust Hospital Pharmacy Transformation Plan has an emphasis on workforce – there is one work stream on workforce and one on education and training.</p> <p>The chief pharmacist reported that the Trust was keen to introduce apprentice roles in order to support staff retention within pharmacy. The chief pharmacist reported that the apprentice scheme had not made much progress but the Trust was working towards practical ways of improving opportunities for existing staff and there was a framework being put in place.</p> <p>The chief pharmacist reported that there was a new initiative within the Trust to involve Band 5 Pharmacy Technicians in medicines administration. This had been well received. It was noted that it was difficult to recruit to band four pharmacy technician posts.</p> <p>When discussing the seven-day service model, the Trust confirmed that at the Chelsea and Westminster Hospital a residency model operates. At West Middlesex University Hospital site there is weekend and late evening opening supported by on call. The review team was informed that Chelsea and Westminster Hospital has a larger pool of pharmacists compared to West Middlesex University Hospital.</p> <p>The Trust reported that they took whistleblowing seriously and trainees were made aware during induction sessions and the Trust had several posters placed within the department explaining the procedures. The review team was informed that the Trust had a Caldicott guardian who would be a good avenue for trainees to voice any concerns.</p> <p>In terms of educational strategy, this was currently operationally focussed and the deputy medical director reported they had a strategy in place which would be put forward to the board in the near future.</p> <p>As Preregistration Pharmacy Technician training is only part funded by Health Education England, the trainee numbers fluctuate year on year depending on Trust resourcing. This flexibility enables the trust to retain trainees but it also means that PTPTs are relied upon to support service delivery.</p>			

# 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	<b>Serious incidents and professional duty of candour</b> The review team was informed that all of the preregistration pharmacists (PRPs) and preregistration pharmacy technicians (PTPTs) knew how to report serious incidents and near misses through the Datix system. However, the PTPTs reported that not all of them were given formal training on how to use the Datix system. The trainees who had submitted Datix forms indicated that they had received feedback from the Trust, regarding the outcome of the investigation and what action the Trust had taken to address the issue.	
1.2	<b>Appropriate level of clinical supervision</b> Both PRPs and PTPTs reported that they had never been asked to work outside of their competency and that there was always someone available to provide help and supervision when necessary. 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.	
1.3	<b>Quality and development of pre-registration educational supervisors</b> The review team was informed that the primary preregistration pharmacist tutor at Chelsea and Westminster Hospital site had reduced their hours and joint tutoring arrangements had been introduced for the trainees. However, the review team heard that the second tutor was perceived by trainees to only have a responsibility for two trainees.	Yes, please see PH1.3 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.

Trainee Requiring Additional Support (TRAS).

	<b>Educational governance</b> The Trust reported that there was a Trust Educational Strategy Board which Local Faculty Groups would report into.	

	<p><b>Local faculty groups</b></p> <p>The review team believed that the pharmacy local faculty group (LFG) annual report was very thorough and produced a comprehensive summary of good practice and action plan.</p> <p>The review team was informed that first Pharmacy LFG had recently taken place. Trainees reported positively that they had been able to provide feedback and this had been recognised.</p>	
2.1	<p><b>Trainees in difficulty</b></p> <p>The PTPTs educational supervisor reported they had one trainee in difficulty but had used the Trainee Requiring Additional Support (TRAS) system which was very helpful in tackling the key underlying issues.</p>	

## 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 review team heard that the rota had changed several times to accommodate changes in staffing at both sites. In addition, rotas had been adapted to meet individual trainee needs eg in response to health needs. The trainees perceived that the department was understaffed and this hindered their training in particular PTPT training.</p> <p>The review team was informed that weekend arrangements for PTPTs meant each trainee was seen as backup emergency cover for qualified staff.</p> <p>The review team also heard that there had been occasions at both sites where PRPs were not able to attend teaching sessions due to service pressures. The review team heard that PRPs had sometimes been pulled into dispensing when there were staffing issues.</p>	Yes, please see PH5.1 below
5.2	<p><b>Induction</b></p> <p>Both PRPs and PTPTs reported they had received a Trust and departmental induction when they had initially started their post. The PRPs reported they had completed a learning styles questionnaire as part of their induction and queried whether this had been used at all in developing their training programmes.</p> <p>The review team heard that preregistration pharmacists were not aware until six months into their training programme that they were entitled to TOIL for working over their scheduled hours. The review team believed there should be clarity of these arrangements and that they should be included in the induction programme.</p> <p>The review team also heard that PRPs on the weekend rota at West Middlesex University Hospital were not given an induction and training in controlled drugs and</p>	Yes, please see PH5.2a below

	restocking emergency cupboards. The review team heard that these was an expected duty for PRP trainees at weekends. The review team stressed the importance of being trained prior to working weekends.	Yes, please see PH5.2b below
5.3	<p><b>Education and training environment</b></p> <p>The chief pharmacist reported that PRP trainees had opportunities to attend other hospitals for pharmacy training for example trainees would visit Central and North West London NHS Foundation Trust (CNWL) and Royal Marsden NHS Foundation Trust.</p> <p>All trainees reported that the culture within the department was very supportive of learning and that it was a very welcoming place to work.</p>	
5.4	<p><b>Educational plans</b></p> <p>The review team believed that the focus of clinical training for PRPs was for all trainees to become competent and confident practitioners. To enable this a relatively new arrangement had been put in place so that trainees have longer periods attached to one ward. Trainees reported that the primary ward varies e.g. one trainee had one week in medicine and most of their time in paediatrics, another had a split between surgery and medicine. The EPD reported that this was a new arrangement that would be reviewed at the end of this year. The Trust agreed that the goal was to get stability in the ward commitment but the choice of wards might be reviewed.</p> <p>The review team believed that the PTPT training plans and objectives were not mapped to the college or NVQ curriculum. The review team felt that the training programme did not necessarily support achievement of the NVQ.</p>	Yes please see 5.4 below
5.5	<p><b>Progression and assessment</b></p> <p>The PRPs trainees at the Chelsea &amp; Westminster site reported that they did not have regular, frequent, scheduled and documented meetings with their tutors. As a result, the PRP trainees reported that the focus on reviewing their evidence of competence took place at appraisals which could be some time after the evidence had been written. If changes were required, the workload could be substantial. The review team strongly suggested that all preregistration pharmacists should have at least monthly scheduled and documented review meetings with their tutor(s).</p> <p>The PRPs based at the West Middlesex hospital site reported that they met with their trainees every two -three weeks.</p> <p>The PRPs reported that they had good access to workplace assessment tools such as Mini-Clinical Evaluation Exercise (mini-CEX) and case based discussions (CBDs)</p> <p>PTPTs in year two reported the challenge of moving to a new education provider this year where there was an additional workload for the trainees. They felt that time to manage this had not been initially factored in and as a result their progress had been slow. However, study time had recently been introduced and the situation has now improved.</p>	Yes, please see PH5.5 below
5.6	<p><b>Rotations and integrated curricula</b></p> <p>The PRP trainees had a mixed opinion about their rotations at the Trust. Some PRP trainees felt that they did not have adequate exposure to patients. In contrast the EPD reported that the programme had been modified over recent years so that all trainees had a clinical commitment each day rather than periodic intensive blocks which had occurred in the past. The review team was informed that the PRP clinical training at the West Middlesex University Hospital site focused on acute medicine.</p> <p>PRPs reported that they enjoyed their medicines management rotation where they held a bleep at the Chelsea &amp; Westminster site and had some responsibility. They felt that their confidence increased as a result.</p>	

	<p>The PTPTs reported that they felt the programme did not provide sufficient patient contact. PTPTs based at the Chelsea and Westminster hospital site reported that they had placements in outpatients for two weeks and two weeks in medicines management across the two year programme. All trainees reported that they gained a lot from these placements and it helped them to be more confident in patient counselling.</p> <p>The PTPTs also reported they had long rotations in stores which were staffed by pharmacy assistants. Trainees queried how these long rotations prepared them for their future roles as pharmacy technicians.</p> <p>The PRP trainees at both sites reported that they did not receive protected study time and the PTPTs reported they received protected study time which had been introduced recently (see 5.5)</p>	<p>Yes, please see PH5.6a below</p> <p>Yes, please see PH5.6b below</p>
	<p><b>Training days and packs e-learning resources and other learning opportunities</b></p> <p>The review team heard that monthly clinical study days were held for PRPs. This was held at Chelsea &amp; Westminster and trainees attended from across Trusts and sites. The review team was informed that teaching sessions was held in the afternoon. In the morning trainees on the Chelsea &amp; Westminster site had revision and preparation time for the afternoon. The review team heard that at the West Middlesex hospital site trainees worked in the dispensary in the morning. The review team suggest that the Trust should strive to have more equity in this arrangement.</p> <p>The review team heard that PRPs attended monthly regional study days. The review team also heard that if a trainee was scheduled to work during an evening shift trainees needed to arrange cover from another PRP.</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 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 PRPs reported that they had opportunities to attend Multidisciplinary Team Meetings (MDT).</p> <p>PRPs reported that they had fortnightly training sessions on responding to symptoms. This was accompanied by a business meeting with the EPD. The review team heard that these sessions and meetings were held during lunch hours which meant that trainees would regularly not get breaks on these days. The review team strongly discouraged this and suggested that business meetings should not be scheduled during rest breaks and all trainees should have protected scheduled breaks during their working day compliant with the organisation's policies and procedures and working time directives.</p> <p>PTPTs reported that they would meet as a group with their ES every month which would also be conducted during lunch time.</p>	<p>Yes, please see PH6.1 below</p>
6.2	<p><b>Educational supervision</b></p> <p>All trainees have named educational supervisors See 5.5.</p>	

6.3	<p><b>Practice supervision</b></p> <p>The review team heard that each PTPT had one expert witness who signed their work for all rotations. This was a different role to the practice supervisor who managed the training plan for each rotation. The review team believed that there would be value in aligning these so that rotational objectives and NVQ were linked.</p> <p>The review team heard that in PTPT medicines management rotations practice supervisors may have competed the regional medicine management training programme and may be NVQ assessors. However, looking to the future the review team suggest that new staff filling these roles were unlikely to be NVQ assessors and therefore would need training in supervising workplace learning.</p> <p>The review team was informed that at Chelsea &amp; Westminster hospital site pharmacist clinical practice supervisors were all minimum band seven and were foundation pharmacist tutors therefore they had completed Joint Programmes Board (JPB) tutor training. At West Middlesex hospital site the review team heard that the more senior pharmacists were foundation pharmacist tutors. The review team heard that other band sevens supervising PRP training may require training as practice supervisors.</p> <p>The review team noted that a range of providers of practice supervisor training were acceptable including in house training. HEE would not make recommendations regarding a provider unless issues arise with individuals which raise questions regarding their training and Continue Professional Development (CPD).</p>	Yes, please see 6.3 below
6.4	<p><b>Inter-professional multi-disciplinary learning</b></p> <p>Preregistration pharmacists were encouraged to attend junior doctor educational sessions.</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>Continuing professional development opportunities</b></p> <p>The review team heard all PRP ESs who had been in their role for over a year had attended regional training. The PRP EPD also provided pastoral support to new ESs</p> <p>PRP ESs reported that they did not meet regularly across sites but this could be valuable moving forward especially as the second West Middlesex hospital tutor had recently relocated to Chelsea &amp; Westminster site.</p>	Yes see 7.1 below
7.2	<p><b>Staff appraisals and development</b></p> <p>The PTPT ES and EPD reported they had completed a IQA training course and in-house training but would appreciate if there were more formal training opportunities to improve the quality of teaching for the trainees.</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><b>Accountability and responsibility for education. Education and training supported by a defined management plan.</b></p>	
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	<p>The review team heard that the Pharmacist Education Programme Director (EPD) had previously acted as preregistration tutor to all preregistration pharmacists. The review team were informed that after a period of maternity leave the EPD returned to work with reduced hours and simultaneously taken on the Foundation Pharmacist EPD role. To free up capacity, a second preregistration tutor has taken the lead role for two trainees.</p> <p>The review team felt there was a clear lead for PTPT education and training</p>	
8.2	<p><b>Systems and structures in place to manage the learning of students and trainees in practice</b></p> <p>The review team heard that there was a desire to have common training across both Chelsea &amp; Westminster hospital and West Middlesex hospital sites however at the minute significant operational differences e.g. e prescribing on one site only, impede this. The review team heard that there was plans in place to take this forward.</p>	
<b>GPhC Standard 9) Resources and capacity</b>		
<b>Standards</b>		
<b>Resources and capacity are sufficient to deliver outcomes.</b>		
	<p><b>Sufficient staff to deliver the curriculum to trainees</b></p> <p>PTPTs reported that staff shortages impacted upon training although all trainees had completed training on time. Staff turnover and retention was reported to be similar to other London Trusts.</p>	
	<p><b>Appropriate learning resources and IT support</b></p> <p>The review team heard that trainees were able to access all on line materials as necessary for their programmes.</p>	

## Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date
The Pharmacy LFG report was very thorough and produced a comprehensive summary of good practice and action plan.	Katey Hewitt		
The use of workplace assessment tools such as Mini-Clinical Evaluation Exercise (mini-CEX) and case based discussions (CBDs) to support preregistration pharmacist training was part of routine practice and was embedded in the programme.	Samantha Copp		

Mandatory Requirements		
Req. Ref No.	Requirement	Required Actions / Evidence
1.3	Where there are joint tutoring arrangements in place at the Chelsea and Westminster Hospital site, both tutors must be directly involved in the pastoral support and appraisal of trainees. Trust to report how joint tutoring will operate for 2017/18 intake of trainees.	Trust to report how joint tutoring arrangements will be implemented for 2017/18 intake.
5.1	It must be explicitly clear that trainees are not qualified staff when working on rotas and the difference in expectations and roles and responsibilities of registered and unregistered staff should be clearly set out.	Trust to provide evidence that displays a clear line of responsibilities - Confirmation of arrangements to be submitted to HEE. Trust to provide LFG minutes and actions taken.
5.2a	Induction programme for all trainees to be reviewed to ensure that arrangements for working weekends, late shifts and bank holidays are made explicitly clear i.e. core contracted hours vs overtime vs TOIL entitlements.	The Trust to submit induction material for 2017/18 trainees outlining this.
5.4	All rotational training plans and objectives must be clearly mapped to the PTPT education curriculum.	Trust to map rotational training plans to the PTPT education curriculum and submit to HEE
5.6a	The training programme for PTPTs must include an increased patient facing element in years one and year two which is in line for the organisation's educational strategy and future vision for deployment of the pharmacy workforce.	Trust to provide a training programme reflecting this to be submitted for the September 2017 year one intake and the second year of the current year one cohort.
5.5	All preregistration pharmacists should have at least monthly scheduled and documented review meetings with their tutor(s).	Meeting frequency to be audited through the LFG and report submitted to HEE.
6.1	Business meetings should not be scheduled during rest breaks and all trainees should have protected scheduled breaks during their working day compliant with the organisation's policies and procedures and working time directives. Trust to confirm that this is now in place.	Trust to cease this practice. This will be monitored via LFG minutes.

Recommendations		
Rec. Ref No.	Recommendation	Recommended Actions / Evidence
7.1	Preregistration pharmacist tutors should meet regularly as a group to support their continual professional development in the role.	Trust to consider and report back on actions taken.
6.3	A training needs analysis should be undertaken for all practice supervisors for preregistration pharmacists and PTPTs and training plans put in place to address identified needs.	Trust to provide report of gap analysis and training plans to address gaps

5.1	Late shifts for preregistration pharmacists should be scheduled to avoid non-attendance to regional study days.	Trust to provide evidence that late shifts for preregistration pharmacists should be scheduled to avoid non-attendance to regional study days.
5.2b	Preregistration pharmacists at the West Middlesex should be trained in Controlled Drugs and restocking Emergency Cupboards before commencing a weekend rota.	Trust to provide an updated version of the induction programme.
5.6b	PRPs and PTPTs should receive protected study time where appropriate to ensure workplace learning is recorded and evidenced.	Trust to provide evidence that trainees are receiving adequate protected teaching/study time. This should be monitored via the LFG.

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

Requirement	Responsibility
HEE will liaise with Westminster Kingsway College to improve communication between educational supervisors and assessors for the training of PTPTs and train assessors on how to use smart assessor.	Laura McEwen-Smith
The Trust asked whether HEE could consider including UCL in its list of approved training providers as part of the CPPD contract	Gail Fleming
The Trust asked whether e portfolio supervisor training could be scheduled as soon as possible to prepare for the July 2017 intake	Gail Fleming

#### Signed

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

Gail Fleming

**Date:**