

# Kingston Hospital NHS Foundation Trust Pharmacy Programme Review (on-site visit)



## Quality Review report

10 May 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 Kingston 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 main purpose of the visit was to review the training environment, support and supervision that preregistration pharmacists and preregistration pharmacy technicians were receiving at the Trust.</p>
<b>Training programme / specialty reviewed</b>	<p>The quality review team met with the chief pharmacist, and the education programme directors (EPD) for PRP and PTPT.</p> <p>The review panel had the opportunity to meet with all pre-registration pharmacists (PRPs) and pre-registration pharmacy technicians (PTPTs). At this review, the following grades were interviewed:</p> <ul style="list-style-type: none"> <li>• Pre-registration Pharmacists</li> <li>• Preregistration Trainee Pharmacy Technicians</li> </ul> <p>The team also met with the education supervisors for the PRP and PTPT.</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>Number and grade of trainees and trainers interviewed</b>	<p>Pharmacy</p>
<b>Review summary and outcomes</b>	<p>The review panel would like to thank the Trust for accommodating the on-site visit and for releasing all members of staff working within the pharmacy department to attend the different sessions throughout the day.</p> <p>During the course of the review, the quality review team was informed of some areas that were working well with regards to the education and training in pharmacy as outlined below:</p> <ul style="list-style-type: none"> <li>• The weekly teaching/Continued Professional Development (CPD) sessions for dispensary staff were considered to be good practice.</li> <li>• There was an extremely positive and supportive culture in the department.</li> <li>• The quality review team heard that success rates for registration were high.</li> <li>• Preregistration pharmacist educational supervisors (tutors) met regularly as a group and with the education leads.</li> </ul> <p>In addition, areas for improvement within the training of pharmacy at the Trust were highlighted as follows:</p> <ul style="list-style-type: none"> <li>• The review panel required the Trust to ensure that a training programme rota was provided to trainees at the start of their year which set out where and when they would rotate, and who was their practice supervisor for each rotation. The review panel requested that a rotational training plan including dates and practice supervisor names / roles should be provided to HEE prior to the new preregistration pharmacist cohort commencing.</li> <li>• The review panel required the Trust to establish a Pharmacy Local Faculty Group which met quarterly.</li> </ul>

- The review panel required the Trust to ensure that all PRPs and PTPTs had monthly scheduled and documented meetings with their tutors / ES.
- The review panel required the Trust to ensure that a pharmacy education strategy clearly linked to an organisational strategy and optimised skill mix reflecting the requirements of the Carter Productivity Review.
- The review panel required the Trust to ensure that the Preregistration Pharmacy Technician training programme was mapped to future service requirements and skill mix plans.
- The evolving roles and responsibilities of a Preregistration Trainee Pharmacy Technician Education Programme Director (PTPT EPD) and Preregistration Pharmacist Education Programme Director (PRP EPD) were required to be clearly defined to reflect the changes in education and service delivery and be stated clearly in job descriptions.
- The review panel required the Trust to undertake a training needs analysis for all practice supervisors for preregistration pharmacists and PTPTs and training plans put in place to address identified needs.
- The review panel required the Trust to ensure that preregistration pharmacists undertook experiential learning with the Responsible Pharmacist as part of their training programme to prepare them for registration.
- The panel also advised that pharmacy trainees should be provided with opportunities to learn alongside other healthcare professionals as part of a wider education strategy.

Overall, the review team was pleased to see that the chief pharmacist, 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 heard that all trainees thought the learning environment at the Trust was good and felt well supported and were very complimentary about their supervisors. The PRPs and PTPTs reported that they would recommend the Trust as a good place to train to their friends and colleagues as it provided ample opportunity for progression to further their careers.

### Quality Review Team

<b>HEE Review Lead</b>	Gail Fleming, Dean of Pharmacy, Health Education England, London and South East	<b>External Representative</b>	Atim Shamim, Lead for Community Pharmacy and Primary Care, Health Education England, London and South East
<b>Training Programme Director</b>	Sheetal Jogia, Education Programme Director for Preregistration Pharmacy Technician, Kings College Hospital NHS Foundation Trust	<b>Observer</b>	Kulpna Daya, Education Programme Director for Preregistration Pharmacy Technicians, The Royal Marsden NHS Foundation Trust

<b>Lay Member</b>	Robert Hawker, Lay Representative	<b>Scribe</b>	Jannatul Shahena, Quality Support Officer, Health Education England, London and South East
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### Educational overview and progress since last visit/review – summary of Trust presentation

The review team invited the pharmacy team to set out its approach to pharmacy education at the Trust.

The Chief Pharmacist reported that a Trust hospital pharmacy transformation plan was in place. As a department, the primary focus was on inpatient services as much as possible. Outpatient pharmacy services had been outsourced to Boots- the contract included training and supervision of preregistration trainees. The review team heard that there was a seven-day week service to the Acute Assessment Unit (AAU). It was reported that there were two pharmacists on the AAU for a full day, and there were plans to extend this staffing capacity in order to expand seven-day working on the wards when the Trust is able to fund the service development. The Chief Pharmacist stated that the Trust had electronic prescribing on all adult wards.

Pharmacy was not actively engaged in a wider organisational workforce strategy and it was noted that there was scope for this to be developed, particularly in relation to the use of pharmacist prescribers and medicines management pharmacy technicians.

At the time of the review, there was only one medicines management pharmacy technician (MMT) in the Trust but there were plans to expand this. The review team advised the Trust to become familiar and make use of Health Education England London and the South East (HEE LaSE) resources to support training in this area.

The Trust actively supported the delivery of the MPharm degree at Kingston University. Third and fourth year students attended for two x one day placements. They were supported on these by a teacher practitioner from Kingston University.

## Findings

### GPhC Standard 1) Patient Safety

#### Standards

There must be clear procedures in place to address concerns about patient safety arising from initial pharmacy education and training. Concerns must be addressed immediately.

Consider supervision of trainees to ensure safe practice and trainees understanding of codes of conduct.

Ref	Findings	Action required? Requirement Reference Number
P1.1	<p><b>Patient safety</b></p> <p>The quality review team did not have any concerns around patient safety within pharmacy training at the Trust.</p> <p>If trainees had any concerns they would be comfortable to raise these directly with their line manager.</p>	
P1.2	<b>Error reporting and professional duty of candour</b>	

	Error and near miss records were reviewed monthly and reported to clinical governance. If a member of staff (including trainees) made a number of errors, they were required to undertake further dispensing logs. Trainees would also have a discussion with the Senior Pharmacy Technician (Inpatients and Education and Training) with the focus on reflection.	
<b>GPhC Standard 2) Monitoring, review and evaluation of education and training</b>		
<b>Standards</b>		
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).		
P2.1	<p><b>Educational governance</b></p> <p>The quality review team heard that that the Pharmacy Department was in the process of developing its educational strategy and it was reported that they had secured funding for a Senior Education and Training Pharmacist which would support this.</p> <p>Pharmacy did not input into a trust-wide education committee at present. It was acknowledged that that this would be helpful in achieving a more joined up approach to workforce development. The Trust was keen to expand the use of Apprenticeships which would be suitable for pharmacy assistant training.</p> <p>The Preregistration Pharmacist Training Programme was reviewed annually by the Senior Principal Pharmacist (PRP EPD), pre-registration pharmacist (PRP) line manager and all PRP educational supervisors (ESs).</p>	Yes, please see P2.1 below
P2.2	<p><b>Local faculty groups</b></p> <p>The quality review team heard that a Pharmacy Local Faculty Group (LFG) had not been implemented at the time of the review, but heard that there was a meeting planned for July 2017.</p>	Yes, please see P2.2 below
<b>GPhC Standard 5) Curriculum delivery and trainee experience</b>		
<b>Standards</b>		
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:		
<ul style="list-style-type: none"> <li>• The GPhC pre-reg performance standards, Pre-registration Trainee Pharmacist Handbook and local curricular response to them.</li> <li>• Range of educational and practice activities as set out in the local curriculum.</li> <li>• Access to training days, e-learning resources and other learning opportunities that form an intrinsic part of the training programme.</li> </ul>		
P5.1	<p><b>Rotas</b></p> <p>All PRPs had a rota for the year which set out all rotations. However, the detail of where they would be allocated for clinical training was not clear until ward rotas were available a week in advance.</p>	Yes, please see P5.1a below

	<p>Preregistration trainee pharmacy technician (PTPT) rotas were issued one month in advance i.e. there was no two-year plan. Trainees felt they were not regarded as supernumerary trainees and therefore sometimes had to cover staff shortages. PTPTs were due to have one month in Manufacturing but reported that on one occasion this was extended to three months. PTPTs had a two-week rotation in Medicines Information.</p> <p>Regarding rota planning, the quality review team heard that the EPD for PTPTs prepared the rota for the PRPs and line-managed the trainees as well as co-ordinating their training programmes, whilst the EPD for PRPs led on the clinical and professional issues; it was reported that they maintained close contact with each other at all times.</p> <p>The quality review team heard that all PRPs at the Trust were supernumerary.</p> <p>Regarding weekend shifts, the PTPTs stated they were required to work one in four weekends, but had the flexibility of swapping these with colleagues. PRPs informed the review team that they were only required to work one weekend in every three months having completed their dispensary training and stated that these were also flexible and they had the choice to take this time as pay or as 'Time off in Lieu' (TOIL). It was also noted that both cohorts of trainees felt well supported when they worked the weekend shifts.</p> <p>It was reported that the pharmacy department had one medicine management technician who worked on the wards. The quality review team heard that as a Trust, the department was still at the early stages of implementing a strategy to expand the number of medicines management technicians (MMT). It was reported that the PTPTs would have an opportunity to visit the wards with the MMT.</p> <p>The review panel heard that pharmacy outpatients' services were provided by Boots and that the contract included a training and supervision element. All trainees had a six-week rotation into Boots. These trainees received good educational supervision whilst on this six-week rotation during which there was frequent contact between the two sides.</p> <p>PTPTs fed back positively about their medicines information (MI) rotation.</p>	<p>Yes, please see P5.1b and 5.1.c below</p>
P5.2	<p><b>Induction</b></p> <p>The PTPTs informed the quality review team that they found the induction was useful; they were introduced to different departments within pharmacy and undertook core dispensary training. The review panel heard that the PTPTs felt the induction week was at an adequate pace.</p>	
P5.3	<p><b>Education and training environment</b></p> <p>All trainees reported that the department was very friendly and supportive.</p> <p>Regarding study leave, the PTPTs stated that they received 90 minutes' study time each day and had the flexibility of taking these in bulk sessions i.e. they were able to take three hours over two days.</p> <p>The dispensary organised weekly bite-size learning sessions linked to identified training needs for all staff in the dispensary. These were very well attended and well received.</p>	
P5.4	<p><b>Rotations and integrated curricula</b></p> <p>PRPs undertook an 18-week placement in primarily one clinical area to develop their core competences and skills. This was predominantly with one lead pharmacist but day</p>	

	<p>to day supervision may be provided by more junior pharmacists particularly later in the year.</p> <p>The PRPs stated that one of the disadvantages of working with different pharmacists on each day, particularly when someone else was covering the ward, was that a trainee could be with different people each day; the trainees felt that it would be better to work with one practice supervisor (PS) for continuity.</p> <p>The review panel heard that PRPs had experience in medical, respiratory, cardiology, AAU and surgery. There were also short visits to ITU and paediatrics.</p> <p>In the dispensary rotation all trainees were allocated one of three PSs and provided with a training book.</p>	
P5.5	<p><b>Evidence of the impact of teaching and learning strategies on course delivery and student experience</b></p> <p>At the time of the review, the second year PTPTs were undertaking a distance learning programme with Buttercups. The PTPTs reported that since the pharmacy training contract had moved to Buttercups, they met less often with their manager. They also felt the training programme was entirely separate to workplace activity.</p>	
P5.6	<p><b>Training days and packs e-learning resources and other learning opportunities</b></p> <p>The department had previously held regular clinical tutorials targeted at foundation pharmacists and PRPs. These had not been taking place as foundation pharmacists could not be released to attend, these had recently been reinstated only for PRPs.</p> <p>The quality review team heard that the ward training handbook was particularly useful, as it was a general prompt to check if competencies had been covered. However, it was not used to sign off competencies but pharmacists had the option to if they wanted to.</p>	Yes, please see P5.6 below
P5.7	<p><b>Education and training plans</b></p> <p>PTPTs reported that they were not provided with training plans for their rotations and that their NVQ qualification was not mapped to workplace objectives.</p> <p>Training packs were provided to underpin clinical training for PRPs.</p> <p>The quality review team heard that PRPs did not undertake any experiential learning with their Responsible Pharmacist as part of their training programme to prepare them for registration. The training plan in the dispensary was focussed on technical roles.</p>	Yes, please see P5.7 below

## 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 LaSETrainees requiring additional supportreference 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.**

P6.1	<p><b>Mechanisms in place to support trainees to develop as learners and professionals</b></p> <p>The PRPs and PTPTs unanimously praised the level of the support that they received working at the Trust and felt that their tutors / educational supervisors were well engaged with teaching and learning and there was a strong feeling of willingness within</p>	
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	<p>the team for them to stay outside of their normal working hours to provide support to trainees at any time.</p> <p>The PRPs reported that they enjoyed their Boots rotation, as they felt their managers and educational supervisors were very accessible and felt like they could have a personal relationship with them.</p> <p>However, they felt that one of the areas of improvement would be to receive the clinical rota in advance as part of their annual programme rather than the current short notice of where they would be placed.</p>	
P6.2	<p><b>Evidence of appropriate personal and professional development</b></p> <p>The quality review team heard that both cohorts of trainees received good teaching and learning opportunities.</p>	
P6.3	<p><b>Students must have access to support for their academic and welfare needs. Appropriate support mechanisms in place.</b></p> <p>The EPD for PRP and PTPT reported the that they had an open door policy for all trainees and stated they held one to one meetings, which for PTPTs were documented electronically which only the EPDs had access to.</p>	
P6.4	<p><b>Feedback</b></p> <p>Educational supervisors met with the PRPs on a regular basis where action was taken on particular feedback, and changes were implemented following this. The review panel heard that each ES maintained close contact with their trainee, and dealt with any issues or concerns raised throughout the course of the year. However, despite this the PRP manager felt that it would be beneficial to have some real time feedback from trainees.</p> <p>The review panel heard that trainees completed a 'manager's survey' which was anonymous, as part of providing feedback. In addition, when trainees were on community pharmacy placements, the supervisors requested feedback forms as part of providing feedback on any issues highlighted. The supervisors stated testimonies were written for these, and specific discussions were held and there was a focus on their expectations of what trainees should be achieving at that level of their training.</p> <p>Some PRP practice supervisors stated that they completed feedback forms together with the trainees and provided guidance on any particular area and fed back to their tutors/assessors. The review panel heard that the two weekly forms were found to be helpful; however, it was the responsibility of the PRPs to remind PSs about these. Regarding feedback at Boots, the review panel heard that only ward forms were completed and Boots provided informal feedback.</p>	
P6.5	<p><b>Educational supervision</b></p> <p>The review panel was pleased to hear that the ESs for both the PRPs and PTPTs had frequent contact with all trainees and that this was the advantage of it being a small unit.</p> <p>PRPs met regularly with their ESs but these meetings were not minuted out with appraisals.</p>	Yes, please see P6.5 below
P6.6	<p><b>Practice supervision</b></p> <p>Many practice supervisors were already ESs and had attended training for that role.</p> <p>The PS in Medicines Information was experienced but had not been formally trained for the role.</p>	Yes, please see P6.6



	When foundation pharmacists were supervising PRPs on the wards in the latter part of the training year, they would be briefed by the EPD for PRPs. PSs were supposed to complete a two-weekly feedback form but trainees reported that this did not always occur as the supervising pharmacist might not realise they needed to complete it.	below
P6.7	<p><b>Inter-professional multi-disciplinary learning</b></p> <p>The review panel heard that multi-professional learning did not take place frequently. There were however teaching sessions delivered to pharmacy trainees by a range of nurse specialists. Pharmacy staff within the Trust interacted with other professionals quite well and worked well with a lot of clinicians as well as nurse specialists. It was reported that the PTPTs did this in their current training programme, as part of teaching and learning and the educational leads felt it was something that they could work towards achieving.</p>	Yes, please see P6.7 below
<p><b>GPhC Standard 7) Support and development for education supervisors and pre-registration tutors</b></p>		
<p><b>Standards</b></p> <p>Anyone delivering initial education and training should be supported to develop in their professional role.</p>		
P7.1	<p><b>Range of mechanisms in place to support anyone delivering education and training (time for role and support)</b></p> <p>PRP ESs met as a group approximately two weeks before PRP appraisals to review trainee progress and prepare for appraisals.</p> <p>It was noted that the role of the PTPT ES would change with the new education provider arrangement so that more emphasis on pastoral support and holistic review would be required rather than a weighting on assessment.</p>	
P7.2	<p><b>Continuing professional development opportunities</b></p> <p>All PRP ESs had attended LPET tutor training to prepare them for their role. The EPD or ESs had not attended HEE Regional EPD / ES network events.</p>	
P7.3	<p><b>Staff appraisals and development</b></p> <p>The EPD for PTPTs stated that they tracked the progress of the PTPTs by working very closely together to construct a plan together, which coincided with the National Vocational Qualification (NVQ). The review panel heard that they met every eight to twelve weeks, depending on the unit that they were working in. The EPD for PTPT stated how they felt redundant as they were not assessing anymore - an aspect of their role which they had great job satisfaction in completing.</p> <p>The review panel heard that the educational leads and tutors met a few times a year as a group particularly prior to trainee appraisals. It was reported that they met formally every three to four weeks, and met up informally much more frequently.</p>	Yes, please see 7.3 below
<p><b>GPhC Standard 8) Management of initial education and training</b></p>		
<p><b>Standards</b></p> <p>Initial pharmacy education and training must be planned and maintained through transparent processes which must show who is responsible for what at each stage.</p>		
P8.1	<p><b>Accountability and responsibility for education. Education and training supported by a defined management plan.</b></p>	

	<p>The Preregistration Pharmacist Education Programme Director (EPD) role was part of the Principal Pharmacist for Clinical Services role. The line management and day to day organisation and planning of preregistration pharmacist training was undertaken by the Senior Pharmacy Technician (Education and Training). These two posts were not connected in an organisational structure. However, they did meet and work together.</p> <p>On an overall basis, the supervisors felt that since the PTPT training programme transitioned to Buttercups, they did not feel as relatively informed about trainees' learning and development.</p>	
P8.2	<p><b>Systems and structures in place to manage the learning of students and trainees in practice</b></p> <p>It was reported that the PRP educational supervisors would find it useful to have access to Moodle information to see the content of modules undertaken by PRPs, other than just seeing their results. The review team heard that they did have protected time with the PRPs.</p> <p>Some ESs reported that they found it difficult to gain feedback from their PRPs, as they were rotating as a pharmacist themselves, therefore felt there was no continuity and often had to ask for feedback from different colleagues.</p>	

### GPhC Standard 9) Resources and capacity

#### Standards

**Resources and capacity are sufficient to deliver outcomes.**

P9.1	<p><b>Sufficient staff to deliver the curriculum to trainees</b></p> <p>Some of the main duties of the PRP manager included responsibility for inpatient pharmacy, supervising the PRPs and PTPTs, setting up and marking exams and providing feedback. They also line-managed and dealt with annual leave, sick leave and non-clinical issues and stated that there always remained an open door policy for all trainees.</p> <p>The Trust reported that funding had been secured for a new Senior Pharmacist (Education and Training). It was not clear what the timescale for recruitment would be.</p>	Yes, please see 9.1 below
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### GPhC Standard 10) Outcomes

#### Standards

**Outcomes for the initial education and training of pharmacists.**

P10.1	<p><b>Registration, pass rates</b></p> <p>The quality review team was pleased to hear that the Trust achieved very high PRP exam pass rates The Trust was pleased to inform the review team that no trainees failed the exam and that trainees enjoyed working at the Trust.</p>	
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## Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date
The weekly teaching/ CPD sessions for dispensary staff are considered to be good practice.	College Tutor	Please complete the attached pro forma.	19/06/17

Preregistration pharmacist educational supervisors (tutors) meet regularly as a group and with the education leads.	College Tutor	Please complete the attached pro forma.	19/06/17
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### Immediate Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence
	None	

### Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence
P5.1	A training programme rota should be provided to trainees at the start of their year which sets out where and when they will rotate, and who is their practice supervisor for each rotation.	A rotational training plan including dates and practice supervisor names/ roles should be provided to HEE prior to the new preregistration pharmacist and PTPT cohort commencing.
P2.2	A Pharmacy Local Faculty Group to be established which meets quarterly. First meeting to have taken place by 31/7/17.	Local Faculty Group minutes and terms of reference to be submitted within one month of each meeting for the next 12 months. An LFG annual review to be conducted and submitted by 31/3/18.
P6.5	All PRPs and PTPTs should have monthly scheduled and documented meetings with their tutors / ES.	Confirmation that this is in place by 31/7/17. This will be reviewed via regional exit surveys for all preregistration trainees (NB- the PRP e-portfolio will support this in 2017/18).

### Recommendations

Rec. Ref No.	Recommendation	Recommended Actions / Evidence
P5.1c and 2.1	There should be a pharmacy education strategy that clearly links to an organisational strategy and optimises skill mix reflecting the requirements of the Carter Productivity Review.	The Trust should submit education strategy plans to HEE, which reflect the requirements of the Carter Productivity Review.
P5.1b	The Preregistration Pharmacy Technician training programme should map to future service requirements and skill mix plans.	The Trust should submit copies of the PTPT training programme, clearly mapping future service requirements and skill mix plans.
P9.1 and 7.3	The evolving roles and responsibilities of a Preregistration Trainee Pharmacy Technician Education Programme Director (PTPT EPD) and Preregistration Pharmacist Education Programme Director (PRP EPD) should be clearly defined to reflect the changes in	The Trust should provide evidence of job description of both the PTPT EPD and PRP EPD to Health Education England.

	education and service delivery and be stated clearly in job descriptions.	
P6.6	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.	The Trust should provide evidence of training plans implemented for all practice supervisors for preregistration pharmacists and PTPTs.
P5.6	The impact of cancelled preregistration pharmacist clinical tutorials should be assessed and a remedial plan put in place as necessary.	The Trust should ensure plans are put in place for cancelled preregistration pharmacist clinical tutorials
P5.7	Preregistration pharmacists should undertake experiential learning with the Responsible Pharmacist as part of their training programme to prepare them for registration.	The Trust should submit evidence of all experiential learning undertaken.
P6.7	Pharmacy trainees should be provided with opportunities to learn alongside other healthcare professionals as part of a wider education strategy.	The Trust should ensure multi-professional learning takes place and is required to provide evidence to Health Education England.

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

Requirement	Responsibility
HEE to review access to Moodle for PRP ESs.	HEE

#### Signed

By the HEE Review Lead on behalf of the Quality Review Team:	Gail Fleming
Date:	5 June 2017