

Royal Free London NHS Foundation Trust Pharmacy Programme Review (on-site visit)



Quality Review report

11 May 2017

Final Report

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Quality Review details

Background to review	<p>The Programme Review (on-site visit) to pharmacy at the Royal Free London NHS Foundation Trust was organised as part of the programme of reviews being undertaken across all pharmacy departments in London. Its purpose was to review the training environment, support and supervision that preregistration pharmacists (PRPs) and preregistration trainee pharmacy technicians (PTPTs) were receiving.</p>
Training programme / specialty reviewed	<p>Pharmacy</p>
Number and grade of trainees and trainers interviewed	<p>The quality review team met with the chief pharmacist, chief pharmacy technician for education and training, senior pharmacist cancer services/pre-registration pharmacist manager at the Royal Free Hospital, senior clinical pharmacist/pre-registration pharmacist manager at Barnet Hospital, clinical services manager, deputy director of education and deputy chief pharmacist.</p> <p>The team also met with the educational supervisors for the preregistration pharmacists (PRPs), and preregistration trainee pharmacy technicians (PTPTs).</p> <p>The quality review team met with the below groups of trainees:</p> <ul style="list-style-type: none"> • 13 PRPs (five based at Barnet Hospital and eight based at the Royal Free Hospital), • six PTPTs (three based at the Royal Free Hospital, one based at Chase Farm Hospital and two based at Barnet Hospital). <p>Finally, the team met with the practice supervisors for all trainee groups in medicines management, clinical pharmacy training and technical services.</p>
Review summary and outcomes	<p>The quality review team would like to thank the Trust for accommodating the on-site visit.</p> <p>During the course of the review, the quality review team was informed of a number of areas that were working well with pharmacy training at the Trust, as outlined below:</p> <ul style="list-style-type: none"> • The development of a workforce workstream within the hospital pharmacy transformation plan. • There was a very positive and supportive culture in the department. • The training programme in technical services for preregistration pharmacists which supported preparation for registration. • Technical services/ production training packs. • Tutorials, teaching sessions and journal clubs at the Royal Free Hospital. • Pharmacy involvement in the junior doctors' forum. <p>The quality review team also identified areas of concern with the pharmacy training at the Trust, which are outlined below:</p> <ul style="list-style-type: none"> • The quality review team heard that although separate pharmacy local faculty group (LFG) meetings had been planned for PTPT and PRP training, confirmed dates for a first meeting of either had not been scheduled. • The pharmacy LFG annual report had not been approved by the chief pharmacist. • There was a lack of clear accountability for the strategic development, management and delivery of PRP training, including recruitment,

	<p>curriculum design and review, educational supervisor training and support.</p> <ul style="list-style-type: none"> • PRPs reported that they did not all have regular scheduled 1:1 meetings with their tutors. • New PRP educational supervisors had not been trained. • Not all PTPTs were familiar with the standard operating procedures (SOPs) within the dispensary. • PTPTs had been counselling patients unsupervised on one site without any previous training or sign off within the department.
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Quality Review Team

HEE Review Lead	Gail Fleming Dean of Pharmacy Health Education England – London & South East	External Representative	Aamar Safdar Principal Pharmacist Lead for Education and Development Guy's and St Thomas' NHS Foundation Trust
HEE Representative	Liz Fidler Associate Head of Pharmacy Health Education England – London & South East	External Representative	Lynn Walsh Chief Technician E&T Imperial College Healthcare NHS Trust
Lay Member	Robert Hawker Lay Representative	Scribe	Kate Neilson Learning Environment Quality Coordinator Health Education England – London & South East

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

The chief pharmacist gave a presentation to the quality review team, which provided an overview of the pharmacy training at the Trust. The key areas covered in the presentation are detailed as follows:

- The department was comprised of 286 staff across four sites; the Royal Free Hospital, Barnet Hospital, Chase Farm Hospital and Edgware Community Hospital sites (although ECH was managed by another Trust, some services were provided there by the Royal Free London NHS Foundation Trust).
- The department provided a variety of services including those of a district general hospital, mental health (including within the community), secondary and tertiary care. The Trust also had a large clinical trial portfolio. This range of services included patient services, licensed pharmacy manufacturing, quality assurance/quality control and medicines information (MI).
- Since May 2012, the out-patients' dispensary at the Royal Free Hospital had been outsourced to Lloyds pharmacy. Trainees completed a rotation within Lloyds and the Trust had a good working relationship with them. The other sites had an in-house outpatient pharmacy.
- At the time of the review, the Trust had 14 PRPs and seven PTPTs.
- The Trust was involved in working collaboratively with other providers of pharmacy training across North Central London, including University College London Hospitals NHS Foundation Trust, Whittington Health NHS Trust and Royal National Orthopaedic Hospital NHS Trust.
- PRPs had a mentor in addition to their tutor to support them in their training.
- Electronic prescribing and medicines administration (EPMA) was launched in March 2017.
- The Trust's future plans for pharmacy training included the following:

- i. Implementation of a new Trust group model from July 2017, which was in the final stages of consultation at the time of the on-site visit. The new structure would include a business unit at Barnet Hospital, Royal Free Hospital and Chase Farm Hospital. Each site would have its own governance structure and executive teams with an overarching board across sites. Pharmacy would operate as one entity across all business units.
- ii. Expansion of the apprenticeship scheme. At the time of the on-site visit, there was one pharmacy apprentice at Chase Farm Hospital.
- iii. The hospital pharmacy transformation plan included a workforce stream.
- iv. Regarding the medicines optimisation delivery through the sustainability and transformation plans (STP), the Trust was working collaboratively with other Trusts across North Central London.

The chief pharmacist advised that whilst the Trust had filled all of their Band 4 pharmacy technician vacancies, recruitment at a national level posed a risk to pharmacy training. In addition, Band 7 pharmacist posts are very challenging to recruit into.

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>Patient safety</p> <p>The quality review team heard from the PRPs that whilst they had not experienced any specific incidents, staff shortages (particularly at Barnet Hospital) could pose a potential patient safety risk. However, the PRPs told the quality review team that they were never pressurised to complete any tasks outside of their competence and training level.</p> <p>The PRPs advised that the majority of the Band 6 pharmacists at Barnet Hospital had recently been recruited, which may pose a risk to the trainees commencing placement next year if they were expected to have a training responsibility.</p>	
P1.2	<p>Appropriate level of clinical supervision</p> <p>See sections P5.5 and P6.4 below.</p>	
P1.3	<p>Quality and development of pre-registration tutors</p> <p>See section P7.1 below.</p>	

GPhC Standard 2) Monitoring, review and evaluation of education and training

Standards

The quality of pharmacy education and training must be monitored, reviewed and evaluated in a systematic and developmental way. This includes the whole curriculum and timetable and evaluation of it.

Stakeholder input into monitoring and evaluation.

Trainee Requiring Additional Support (TRAS).

P2.1	<p>Educational governance</p> <p>The PTPTs advised that they were aware of how to escalate concerns locally and that they knew where to access online whistleblowing forms.</p> <p>The chief pharmacy technician for education and training attended the monthly pharmacy senior management team meeting to report on workforce and education.</p>	
P2.2	<p>Local faculty groups</p> <p>The quality review team heard that although separate pharmacy LFG meetings were planned for PTPT and PRP training, confirmed dates for a first meeting of either had not been scheduled.</p> <p>Moreover, the pharmacy LFG annual report had not been approved by the chief pharmacist.</p>	<p>Yes. See ref P2.2a below.</p> <p>Yes. See ref P2.2b below.</p>
P2.3	<p>Trainees Requiring Additional Support (TRAS)</p> <p>The quality review team heard from the educational supervisors for PRPs that they completed 13-week progress reports on trainees and used these to identify trainees requiring additional support (TRAS). Furthermore, they endeavoured to meet up to discuss any concerns they had with particular trainees following completion of these progress reports. However, not all educational supervisors were aware of the TRAS policy and how or when to escalate issues to Health Education England.</p>	<p>Yes. See ref P2.3 below.</p>
<p>GPhC Standard 5) Curriculum delivery and trainee experience</p>		
<p>Standards</p> <p>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.</p> <p>This includes:</p> <ul style="list-style-type: none"> • 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. 		
P5.1	<p>Rotas</p> <p>The quality review team heard from the PRPs that they all worked one in six weekends. These trainees did not have to complete any specific training prior to completing the first weekend shift, although those working at Barnet Hospital completed the first Saturday shift with their tutor. The PRPs advised that the weekend arrangements at the Royal Free Hospital were due to change so that going forward, they would work 10am-5pm and be paid overtime. However, these trainees reported that instead of payment, they would rather receive time off in lieu (TOIL).</p> <p>After the on-site visit, the Trust subsequently advised the quality review team that following the consultation process, trainees' and staff members' weekday hours had been reviewed and that the one in six rota of either the Saturday or Sunday would continue to be provided from within the individuals' contracted hours. Furthermore, the Trust stated that trainees had been made aware of the changes in their hours to accommodate this.</p> <p>The PTPTs told the quality review team that they all worked weekends and did not receive any specific training prior to their first shift. These trainees advised that there were no supervision arrangements at weekends as it was too busy.</p>	
P5.2	<p>Induction</p> <p>The PRPs advised that they all received a five-week induction at the beginning of the year. Those based at Barnet Hospital completed the induction either at that site or at</p>	

	<p>Chase Farm Hospital. These trainees noted that as the ways of working were slightly different on both sites, this caused some confusion. Furthermore, the PRPs reported that they were given a mentor when they joined the Trust to welcome them but that they did not necessarily provide ongoing support. It was noted by these trainees that the level of contact with mentors varied, as some had more time than others.</p> <p>The quality review team heard from the PTPTs based at the Royal Free Hospital and Chase Farm Hospital that they had received a Trust, as well as a local induction, prior to each rotation. However, the PTPTs based at Barnet Hospital advised that they attended a Trust induction at the Royal Free Hospital but that they did not have a local induction. Furthermore, the PTPTs reported that the SOPs in the dispensary were out of date so mistakes were more likely to be made there than elsewhere.</p>	Yes. See ref P5.2 below.
P5.3	<p>Education and training environment</p> <p>The PRPs informed the quality review team that weekly tutorials, teaching sessions and journal clubs were held at the Royal Free Hospital but that due to workload pressures, this was not possible at Barnet Hospital.</p> <p>The quality review team heard from the PRPs that they would all have appreciated more protected study time in order to go to the library and write up evidences.</p> <p>The PTPTs based at the Royal Free Hospital and Chase Farm Hospital advised the quality review team that they would recommend the Trust as a good place to train to colleagues (although with the addition of more ward rotations at the Royal Free Hospital). Those PTPTs at Barnet Hospital said that they would not recommend the Trust to colleagues, as the training provided was not sufficiently structured and that there were inadequate levels of supervision.</p>	Yes. See ref P5.3 below.
P5.4	<p>Progression and assessment</p> <p>The PTPTs informed the quality review team that their progress was monitored via the smart assessor and that the frequency of visits (and feedback received) from the training provider varied, from weekly to every two months. The quality review team heard from the PTPTs in their second year (all based at either the Royal Free Hospital and Chase Farm Hospital) that they felt prepared to qualify.</p> <p>The PTPTs reported that they had all previously worked as pharmacy assistants and that in their opinion, there was no real transition between that role and being a trainee (with the exception of collecting evidence for the NVQ, arranging meetings with tutors and attending college). Furthermore, these trainees informed the quality review team that the Trust did not give them a structured evidence list for the NVQ qualification, although at the college they were given more direction on this. Moreover, there had been issues with the teachers at the college as one had only recently been signed off. Consequently, this had left some of the first year trainees feeling behind in their learning. The PTPTs advised that it was sometimes difficult to apply the knowledge they learned at college in practice.</p>	
P5.5	<p>Rotations and integrated curricula</p> <p>The PRPs based at the Royal Free Hospital advised the quality review team that they completed a four-week core clinical rotation, either within surgery or on the medical assessment unit (MAU). This was followed later in the year by two nine-week clinical rotations, PRPs at the Royal Free Hospital were asked to request which wards they would cover but could not always be allocated their choices. Whilst they received the rota at the beginning of the year, they were often not informed who to report to until a few days before commencing the placement. These trainees noted that such short notice made it difficult to prepare for the rotation. Furthermore, although PRPs were meant to have a supervisor in the specialist area, staff shortages meant that trainees were sometimes unsupervised. These trainees advised that it was not always clear to them what their responsibilities comprised of. However, they stated that when unsure they always referred questions to a senior pharmacist.</p> <p>The quality review team heard that the PRPs also completed two nine-week specialty rotations. These trainees reported that the quality of these rotations was variable and that some used trainees for service provision. The PRPs advised that, in their opinion, it would be beneficial to commence clinical rotations earlier in the year so that they could cover more specialties. Those PRPs based at Barnet Hospital reported that they</p>	

	<p>worked on the ward until 3pm and then were in the dispensary afterwards. It was noted that, in general, the trainees based at Barnet Hospital received more protected ward time than those at the Royal Free Hospital. However, due to staff shortages at Barnet Hospital, there were times when PRPs did not receive this ward time. Over the Christmas period in 2016, these trainees noted that there was only one PRP and one technician in the dispensary and that the Trust did not appear to have an adequate contingency plan in place for this. At the Royal Free Hospital, PRPs based on the wards from 9-1pm each day but in their next rotation that would be reduced to 9-11.30am.</p> <p>The PRPs at Chase Farm Hospital reported that they did not work on the wards as there were only four wards on that site. When working at Edgware Community Hospital, the PRPs shadowed the mental health pharmacists. The PRPs based at the Royal Free Hospital received one week in the human immunodeficiency virus (HIV) clinic.</p> <p>The quality review team was informed by some of the PRPs that cross-site exposure would be beneficial for their training, especially if the experience was matched appropriately. However, some of the other PRPs noted that travelling between the sites was often problematic and would only consider rotating if they were to receive experience not otherwise available at their base site.</p> <p>The PRPs based at Barnet Hospital and the Royal Free Hospital reported that when completing some rotations, it was often not clear what their clinical objectives were and that they would have appreciated more guidance with objective setting. There was a structured training pack in place for surgery but not for other rotations. However, the trainees who had completed the rotation at Edgware Community Hospital advised that it was well structured with scheduled clinics and a workbook to work through.</p> <p>In addition to the rotations outlined above, PRPs also had the opportunity to complete an elective week and they were able to choose where they were placed for this. However, the trainees advised that they had had to use one of their elective weeks to finish their clinical governance audits as these had not been completed within the initial timeframe. It was noted by the PRPs that the practice supervisor for the clinical governance week had been confirmed at short notice, due to the previous supervisor having left the Trust.</p> <p>The PTPTs advised that they did not receive sufficient time on the wards and that they felt they needed more ward rotations. However, it was noted by the PTPTs based at Barnet Hospital that there were not enough technicians to facilitate this. At the time of the review, cross site rotations for PTPTs were planned from September 2017. In addition, planned changes for the Barnet PTPTs entering year two included an increase in production up to seven weeks and an increase in medicines information up to four weeks. At the Royal Free Hospital, there would be a medicines management rotation of four weeks.</p>	<p>Yes. See ref P5.5a below.</p> <p>Yes. See ref P5.5b below.</p> <p>Yes. See ref P5.5c below.</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.

<p>P6.1</p>	<p>Mechanisms in place to support trainees to develop as learners and professionals</p> <p>All PRPs were allocated a mentor at the start of the year who was a recently qualified pharmacist. Trainees reported that this was helpful; some continued to meet their mentors. Meetings were arranged outside of working hours. The PRPs reported that they had not received any help with career planning, including interview preparation, from the Trust.</p> <p>The PRPs received considerable support from one of the rotational band 7 pharmacists</p>	
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	who met with the Royal Free Hospital trainees regularly outside of working hours.	
P6.2	<p>Feedback</p> <p>The PTPTs based at Barnet Hospital informed the quality review team that although they did counsel patients on their medication, they did not receive formal training or feedback on this. It was reported that this was due to staff shortages.</p>	
P6.3	<p>Educational supervision</p> <p>The quality review team heard from the PRPs that the arrangements regarding educational supervision were inconsistent. The frequency of meetings varied depending upon the supervisor, with some meeting every two weeks whilst others met once every two/three months. Furthermore, meetings were often cancelled by educational supervisors due to workload pressures. The PRPs reported that educational supervision meetings were rarely documented with the exception of meetings to complete progress reports.</p> <p>The PTPTs advised the quality review team that they had all met with the chief pharmacy technician for education and training, including to complete quarterly professional appraisals, although the frequency of these meetings was variable depending on their base site (as she was based at the Royal Free Hospital).</p> <p>The PTPTs at Barnet Hospital reported that they met with the chief pharmacy technician for education and training about once a month but that there was no one onsite who could advise on their training in the interim. Furthermore, these trainees advised that they had not received sufficient training around what was required to complete their assessment plan and that it was not always clear what evidence was required. Moreover, they did not have training workbooks and only had objectives for the stores rotation but not the others.</p>	<p>Yes. See ref P6.3a below.</p> <p>Yes. See ref P6.3b below.</p>
P6.4	<p>Practice supervision</p> <p>Each training rotation had a practice supervisor (PS). In clinical rotations there was a lead supervisor but the day to day supervision was at times, carried out by more junior staff. Many of the staff had undertaken the joint programmes board (JPB) skills for tutors training to support them in the role but not all had been trained.</p> <p>PRPs reported that they did not always know who the PS was and there may be a broad range of pharmacists that they were allocated to. Often these pharmacists did not know what was expected of the trainee or what was expected of them as trainers.</p> <p>The PRPs based at Barnet Hospital advised that their four-week core clinical rotation was split into two blocks, including one week in the emergency department (ED). These trainees reported that as some pharmacists had recently come to work at the Trust from a community setting, the PRPs had been involved in training them. As a result, these trainees noted that there was not always sufficient time for clinical supervision and to complete debriefs with a supervisor.</p> <p>The PTPTs at Barnet Hospital advised that due to staff shortages, they did not receive adequate supervision when working in the dispensary.</p>	
P6.5	<p>Inter-professional multi-disciplinary learning</p> <p>The quality review team was informed by the PRPs that they had received some teaching from other professions, including a talk about smoking cessation at the Royal Free Hospital and a talk about care of the elderly and medication from a consultant at Barnet Hospital. Furthermore, at Edgware Community Hospital PRPs attended consultant clinics which they reported provided a very good learning opportunity.</p> <p>Trainees expressed that they would have liked to have had an opportunity to learn with trainees from other professions as part of their training programme.</p>	Yes. See ref P6.5 below.

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.		
P7.1	<p>Range of mechanisms in place to support anyone delivering education and training (time for role and support)</p> <p>The educational supervisors for PRPs advised that there was no formalised pharmacy education and training team at the Trust and that instead, individuals had responsibilities for education and training within their remit (alongside their primary role). They noted that a tutor forum had been set up at the Royal Free Hospital but that it had been challenging to hold meetings due to staff availability. Whilst they aimed to meet on a quarterly basis (prior to progress reports and key dates) to discuss suitable evidence and how to sign off trainees, there had not been a meeting in 2017 that all educational supervisors could attend.</p>	
P7.2	<p>Continuing professional development opportunities</p> <p>The quality review team heard that new PRP educational supervisors had not received relevant training.</p> <p>In addition, practice supervisors for PRPs and PTPTs advised that they had completed training (either as an NVQ assessor or skills for tutors training) but that further training would be beneficial. They noted that it would be helpful to have a training pack for trainees so that both the trainee and supervisor were clear on their learning objectives.</p>	<p>Yes. See ref P7.2a below.</p> <p>Yes. See ref P7.2b below.</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.		
P8.1	<p>Accountability and responsibility for education. Education and training supported by a defined management plan.</p> <p>Pharmacy had recently become a member of the trust workforce development committee. Workforce was a component part of the strategies within each department but there was no overarching workforce strategy for pharmacy</p> <p>The quality review team was advised by the PRPs that although the education programme director (EPD) role was being covered by a pharmacist (who had other responsibilities) at the time of the review, there was no dedicated education and training lead for preregistration training at the Royal Free Hospital. As a result, it was sometimes difficult for these trainees to access certain opportunities, as well as escalate concerns regarding their training. It was noted by these PRPs that some educational supervisors met with trainees outside of working hours in order to listen to and resolve issues, in lieu of an education and training lead.</p>	<p>Yes. See ref P8.1a below.</p> <p>Yes. See ref P8.1b below.</p>
GPhC Standard 9) Resources and capacity		
Standards		
Resources and capacity are sufficient to deliver outcomes.		
P9.1	<p>Sufficient staff to deliver the curriculum to trainees</p> <p>The PRPs and PTPTs reported that the shortage of staff limited the training that was delivered at the Trust. For further details, see sections P1.1, P1.2, P5.1, P5.2, P5.3, P5.5, P6.2, P6.3 and P6.4.</p>	
P9.2	<p>Appropriate learning resources and IT support</p> <p>The PTPTs advised that they had recently received protected study time which was implemented by the chief pharmacy technician for education and training. Those trainees based at the Royal Free Hospital had a dedicated area in which they could access their ePortfolio, whilst the PTPTs at Barnet Hospital did not.</p> <p>The Trust had videoconferencing facilities but there was limited availability at the time of the review. The use of Skype for business was being explored.</p>	<p>Yes. See ref P9.2 below.</p>

Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date
The development of a workforce workstream within the Hospital Pharmacy Transformation Plan.	Pharmacy education and training lead.	Please complete attached proforma.	26/06/2017
The training programme in technical services for preregistration pharmacists which supports preparation for registration.	Pharmacy education and training lead.	Please complete attached proforma.	26/06/2017
Technical services/ production training packs.	Pharmacy education and training lead.	Please complete attached proforma.	26/06/2017
Tutorials, teaching sessions and journal clubs at the Royal Free Hospital.	Pharmacy education and training lead.	Please complete attached proforma.	26/06/2017
Pharmacy involvement in the junior doctors forum.	Pharmacy education and training lead.	Please complete attached proforma.	26/06/2017

Immediate Mandatory Requirements

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

Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence
P2.2a	Pharmacy local faculty groups should be established which meet quarterly. The first meeting to have taken place by 30 September 2017.	Terms of reference to be submitted to HEE. Minutes of meetings for the first year to be submitted within one month of each meeting.
P2.2b	The chief pharmacist to review and sign the Local Faculty Group annual report and submit to HEE.	The signed LFG annual report to be submitted to HEE.
P5.2	PTPT training records to be reviewed and a report provided to HEE to outline which dispensary SOPs are used, when they were last reviewed and confirmation that all trainees have read them.	Trust to submit the report and confirmation that trainees have read the updated SOPs.
P6.2	Training and assessment plans around counselling patients should be in place within the dispensary for PTPTs, which are mapped to the curriculum and aligned with rotational plans.	Dispensary training and assessment plans for PTPTs to be submitted to HEE.
P6.3a	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.

P7.2a	New preregistration pharmacist educational supervisors (tutors) to attend and complete regional training.	The Trust to send a list of all preregistration pharmacist educational supervisors (tutors) with details of the training they have attended and completed.
P8.1b	There should be clear accountability for the strategic development, management and delivery of preregistration pharmacist training, including recruitment, curriculum design and review, educational supervisor training and support. This should be clearly set out within a job description.	The preregistration pharmacist education programme director job description and clarity on accountability and managerial support for this role across the Trust should be submitted to HEE.

Recommendations		
Rec. Ref No.	Recommendation	Recommended Actions / Evidence
P2.3	All educational supervisors should be aware of policies and procedures to identify and manage trainees requiring additional support.	Trust to submit an appropriate plan of action.
P5.3 and P9.2	The use of videoconferencing is recommended to support teaching and learning across sites. This will reduce the current inequities in teaching across sites.	Trust to submit an appropriate plan of action.
P5.5a	There should be learning outcomes and training plans for all nine-week clinical rotations.	Trust to submit an appropriate plan of action.
P5.5b	The content and learning outcomes of the PRP clinical governance rotation should be reviewed to ensure it is achievable within the time allocated in the annual rota.	Trust to submit an appropriate plan of action.
P5.5c	The PTPT training programme should map to future service requirements and skill mix plans.	Trust to submit an appropriate plan of action.
P6.3b	Capacity within the education and training lead post to act as educational supervisor for all PTPTs across all three sites alongside their other responsibilities should be assured as part of the job planning process.	Trust to submit an appropriate plan of action.
P6.4 and P7.2b	A training needs analysis should be undertaken for all practice supervisors for PRPs and PTPTs and training plans put in place to address identified needs.	Trust to submit an appropriate plan of action.
P6.5	Pharmacy trainees should be provided with opportunities to learn alongside other healthcare professionals as part of a wider organisational education strategy.	Trust to submit an appropriate plan of action.
P8.1a	There should be a pharmacy education strategy that clearly links to an organisational vision and brings together the various workforce elements within and plans of departments within pharmacy.	Trust to submit an appropriate plan of action.

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

Requirement	Responsibility
N/A	

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Gail Fleming Dean of Pharmacy Health Education England – London & South East
Date:	9 June 2017