

Royal National Orthopaedic Hospital NHS Trust Pharmacy Programme Review (on-site visit)



Quality Review report

16 May 2017

Final Report

Developing people
for health and
healthcare

www.hee.nhs.uk

Quality Review details

Background to review	The Programme Review (on-site visit) to pharmacy at Royal National Orthopaedic Hospital NHS 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.
Training programme / specialty reviewed	Pharmacy
Number and grade of trainees and trainers interviewed	<p>The review team initially met with Chief Pharmacist, Deputy Chief Pharmacist, Education Supervisor (ES) for Preregistration Pharmacist (PRP) and Preregistration Pharmacy Technician (PTPT), Clinical Pharmacist, Specialist Pharmacist and Lead Medicine Optimisation Pharmacist.</p> <p>The review team met the preregistration pharmacist and year two preregistration pharmacy technicians.</p>
Review summary and outcomes	<p>The review team was grateful for the warm pleasant welcome and a well-organised quality review to Royal National Orthopaedic Hospital NHS Trust pharmacy department. All the sessions were well attended. 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 acknowledged that the pharmacy department was working harmoniously and there was a positive work culture.</p> <p>The review team was pleased that trainees had the opportunity to express their opinions through the trainee voice meetings which had been introduced recently. It was evident that the pharmacy department was educationally focused and had plans to support staff to progress their development in pharmacy and to maintain a healthy workforce. The Trust acknowledged that there was room for improvements in the department, in particular the management of the curriculum for future trainees.</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"> • The quality review team acknowledged that there was a very positive and supportive culture in the pharmacy department which supported learning. • The review team was impressed that there was a clear forward-thinking vision for developing the pharmacy workforce. • The review team was informed that there was a strong track record of collaboration with pharmacy departments in other Trusts and with other professions within Royal National Orthopaedic Hospital NHS Trust. • The review team thought that the establishment of a Lead Medicines Optimisation Pharmacy Technician would support the vision to develop pharmacy technicians into more clinical roles. • The review team thought that the “Trainee Voice Meetings” were a positive step in developing and reviewing education and training within the pharmacy department. • The review team heard that the education and training programme was linked to service needs, well organised and regularly reviewed.

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

- The review team believed that a Pharmacy Local Faculty Group should be established which met quarterly.
- The review team heard that the Preregistration Trainee Pharmacy Technician (PTPT) was currently working to a Pharmacy Assistant job description and was being paid as a Pharmacy Assistant.
- The review team heard that the Education Programme Director duties associated with PTPT, Preregistration Pharmacists and Foundation Pharmacists were not a part of any staff member's job description and suggested that they should be separated from Educational Supervisor responsibilities.
- The review team was informed that educational supervisors did not have their roles and responsibilities included in their job descriptions or as part of the annual appraisal process.

Overall, the impression given was that the chief and deputy pharmacist and educational supervisors were proactive in ensuring a supportive learning culture. The review team appreciated the ambition of the department but believed it would be advantageous if the Trust deployed a dedicated education leadership role who would push forward the education strategy for preregistration pharmacists (PRPs), pharmacy technicians (PTPTs) and foundation pharmacists (FPs). The review team strongly suggested that the pharmacy workforce strategy should be documented and associated delivery plan should be produced with clear lines of responsibility for delivery. The review team was pleased that the pharmacy department was willing to embrace innovative ideas to improve the quality of teaching for all stages of training and to retain a balanced 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. Both trainees that were seen recommended the Trust as a good place to train to their colleagues and felt the responsibilities given gave a sense of empowerment. However, the PTPT training programme was reported as not structured and would benefit from established training to enable the trainees to progress their careers.

Quality Review Team

HEE Review Lead	Gail Fleming Dean of Pharmacy, HEE London and South East	HEE Representative	Liz Fidler Associate Head of Pharmacy
Lay Member	Jane Chapman Lay Representative	Scribe	Azeem Madari Quality Support Officer

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 advised the review team that pharmacy had a strong impact across the Trust and played an integral part of the Trust operation in providing a service. The review team heard that the department worked closely with other clinical staff and had pharmacy training days. The review team was informed that the pharmacy department had a good working relationship with other health professionals within the Trust. The chief pharmacist reported that since the appointment of the Lead Medicines Optimisation Pharmacist there had been more engagement with nurses and doctors.

The review team was informed that the chief pharmacist had been at the Trust for six years and that it had been a journey to reach the current level of operation and the department had made great steps in terms of obtaining independent pharmacist prescribers. The chief pharmacist informed the review team that the current PRP and PTPT were the first ever trainees at the Trust and it had been a learning journey for everyone but the department was looking forward to receiving future trainees.

The chief pharmacist confirmed that the department was undertaking a restructure and presently had thirteen pharmacists two of which were cover for maternity leave, and one for the delivery of a Commissioning for Quality and Innovation (CQUIN), ten pharmacy technicians and four pharmacy assistants. The chief pharmacist informed the review team that the department had one deputy pharmacist as one deputy had left which had hampered the department's efforts to focus on the progression of education and training.

The chief pharmacist informed the review team that his vision was to recruit more pharmacists and to train them to be independent prescribers. The review team heard that there was a clear view about how pharmacists could contribute to an effective organisational skill mix. The review team heard that there were four independent pharmacist prescribers. It was reported that two pharmacists on maternity leave were also independent pharmacist at the time of the review. The review team was informed that the department's aim was to help their current staff to progress their careers and to create more opportunities. The chief pharmacist informed the review team that one of the department's biggest challenges was that the Trust did not have any foundation year one doctors and the interests of foundation year two doctors were often more aligned with surgical intervention than medicines management.

Preregistration Pharmacist Training

The chief pharmacist informed the review team that PRP training had a collaborative approach and had developed a programme that covered baseline pharmacy training. The chief pharmacist reported that to get a breadth of generalist experience, trainees attended University College London Hospitals NHS Foundation Trust for general and acute medicine clinical training and the Royal Free London NHS Foundation Trust for pharmacy manufacturing experience. The chief pharmacist also reported that he had tried to make arrangements with Northwick Park Hospital for Medicines Information training but this had not materialised. The chief pharmacist reported that the community pharmacy placements were arranged locally. The review team was also informed that the PRP also visited Camden and Islington NHS Foundation Trust for a two-week placement to gain mental health experience. The chief pharmacist reported to the review team that the department would like to expand the PRP training and expand capacity to obtain more than one PRP trainee.

Preregistration Pharmacy Technician Training

The chief pharmacist reported that the PTPT placement had been created from an existing pharmacy assistant job and confirmed the trainee did not have a confirmed job title. The chief pharmacist informed the review team that it was difficult to fill band four and five pharmacy technician posts. The chief pharmacist reported that much of the theoretical PTPT training was covered at Westminster Kingsway College. The deputy chief pharmacist reported that when he had started the post it was evident that pharmacy technician roles could be developed further. The deputy chief pharmacist informed the review team that his ambition was to see technicians monitor blood results and confidently look at drug charts. The deputy chief pharmacist reported that more focus shown on staff especially the pharmacy technicians would mean the department would operate efficiently. The chief pharmacist reported to the review team that the department would like to expand PTPT training and expand capacity to obtain more than one PTPT trainee.

Future department plans

The chief pharmacist requested further guidance on mapping education for foundation trainees' diplomas which would help the trainees develop through to consultant level. The review team informed the Trust that diploma training was outside the remit of quality review in London but would guide the Trust in mapping the curriculum.

The chief pharmacist reported that Trust engagement at board level had been mixed but commented that the Trust had recently appointed a new medical director. The review team heard that the relationship appeared to be supportive and the Trust was keen to maintain a healthy workforce. The chief pharmacist reported that the department had had the opportunity to participate in the next five-year plan for the workforce.

The chief pharmacist reported that there was a workforce strategy in place for the department but this was not documented and had not reached board level. The chief pharmacist informed the review team that although a Local Faculty Group (LFG) was not in place, the trainee voice meetings were seen as LFG meetings. The review team heard that the department was not engaged with LFG meetings with other specialities within the Trust but thought the idea of having established LFG meetings was beneficial.

The deputy chief pharmacist reported to the review team that the Trust conducted clinical trials which pharmacists participated in.

Findings

GPhC Standard 1) Patient Safety		
Standards		
<p>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.</p> <p>Consider supervision of trainees to ensure safe practice and trainees understanding of codes of conduct.</p>		
Ref	Findings	Action required? Requirement Reference Number
PH1.1	<p>Patient safety</p> <p>The review team heard that there were clear processes and procedures in place to manage errors and near misses. This included supporting trainees to reflect and learn from any incidents and near misses.</p>	
PH1.2	<p>Appropriate level of clinical supervision</p> <p>Both the PRP and PTPT reported that they had never been asked to work outside of their competency and stated 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.</p>	
GPhC Standard 2) Monitoring, review and evaluation of education and training		
Standards		
<p>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.</p> <p>Stakeholder input into monitoring and evaluation.</p> <p>Trainee Requiring Additional Support (TRAS).</p>		
PH2.1	<p>Local faculty groups</p> <p>The review team was informed that the department had recently arranged regular meetings which were called "Trainee Voice Meetings". The chief pharmacist confirmed to the review team that this gave trainees and trainers the opportunity to express their opinions and issues regarding their teaching and other aspects relating to pharmacy. The review team heard that this would extend beyond preregistration training and also considered departmental training activities. The review team was informed that the trainee voice meetings were seen as LFG meetings as the Trust did not have established LFG meetings. The review team heard that the trainee voice meetings was currently led by one of the Band 7 pharmacists. Despite the positive response from both trainees and trainers the review team believed that it would be advantageous if the department established formal quarterly LFG meetings.</p>	Yes, please see PH2.1 below
PH2.2.	Trainees in difficulty	

	The review team heard that educational supervisors were not familiar with the HEE guide for trainees requiring additional support.	
GPhC Standard 3) Equality, diversity and fairness		
Standards		
Pharmacy education and training must be based on the principles of equality, diversity and fairness. It must meet the needs of current legislation.		
GPhC Standard 4) Selection of trainees		
Standards		
Selection processes must be open and fair and comply with relevant legislation.		
PH4.1	<p>Selection processes and procedures to comply with relevant legislation</p> <p>At the time of the review, the review team heard that the PTPT was working to a pharmacy assistant job description and was being paid as a pharmacy assistant despite the trainee being in an HEE funded PTPT post. The review team strongly believed this was a serious matter which had to be resolved and issued the Trust with a tight completion date.</p>	Yes, please see PH4.1 below
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:		
<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. 		
PH5.1	<p>Rotas</p> <p>The review team heard that trainees participated in weekend rotas upon completion of dispensing logs i.e. after approximately eight weeks.</p>	
PH5.2	<p>Induction</p> <p>The PRP and PTPT trainees reported that they both had completed a Trust induction and an induction to their external training programme. The review team heard that PTPT had an induction to the dispensary.</p> <p>The PTPT trainee felt that the induction was not robust and believed there was a lot of self-learning involved.</p>	Yes, please see PH5.2 below
PH5.3	<p>Education and training environment</p> <p>Both trainees interviewed reported that the department was a friendly and helpful environment. The trainees reported that there was good dialogue between trainers</p>	

	and a sense of ownership with their work. The review team believed this was evident as the chief pharmacist and trainers had a clear forward-thinking vision for developing the pharmacy workforce. The review team heard that the education and training programme was linked to service needs and was well organised.	
PH5.4	<p>Progression and assessment</p> <p>The PRP reported that pharmacists had different expectations in relation to the volume and content of written evidences.</p>	
PH5.5	<p>Rotations and integrated curricula</p> <p>The review team heard that PRPs rotate across sites with three to four weeks at University College London Hospitals NHS Foundation Trust for clinical, two weeks at the Royal Free London NHS Foundation Trust for technical service, mental health placement at Camden and Islington NHS Foundation Trust and a community pharmacy placement.</p> <p>The review team heard that the PTPT did not have a training programme or any structured rotations. The review team requested a plan to be put in place for this from summer 2017 onwards for PTPTs.</p> <p>With regards to Foundation Pharmacists (FPs) the review team heard that the Trust did not have a structured rotational programme. The review team heard that FPs had undertaken the Joint Programmes Board diploma but it was noted that stage two was more useful than stage one. The review team heard that the department did use workplace assessments as part of this programme. The Trust informed the review team that it was currently considering using the Belfast Distance Learning Diploma. In response to this the review team commented that there may be more benefit in taking a skills-based approach and considering how a range of programmes and workplace training infrastructure could support the development of core skills and competences for this workforce. The review team were informed that there was no EPD in place for foundation pharmacist training.</p> <p>The review team suggested that the Trust may also wish to consider the development of their more senior pharmacists as advanced clinical practitioners in line with its strategic thinking.</p>	<p>Yes, please see PH5.5a below</p> <p>Yes, please see PH5.5b below</p> <p>Yes, please see PH5.5c below</p> <p>Yes, please see PH5.5d below</p>
PH5.6	<p>Training days and packs e-learning resources and other learning opportunities</p> <p>The review team was informed that there was a comprehensive medicines management training pack for PRP training that had been produced by the ES. It was not clear to the review team how familiar other pharmacists involved in training were with this pack.</p> <p>The review team heard that a new PTPT training pack had recently been drafted and was awaiting senior team approval.</p> <p>The review team heard that the PRP undertook a clinical audit as part of their training programme. However, there was concern that the project was very large and difficult to achieve within the time limitations of the PRP year.</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.

PH6.1	<p>Feedback</p> <p>The educational supervisor for the PRP reported that after each rotation a formal meeting took place with the trainee during which personal goals were established in order for the trainees to meet their curriculum needs. The trainers reported that they had an open door policy with many informal meetings with the trainees. The review team heard that there was an end of rotation feedback from which was particularly helpful for external placements.</p>	
PH6.2	<p>Educational supervision</p> <p>The review team were informed that both trainees had a named educational supervisor with whom they met regularly which were documented. The educational supervisors for the PRP and PTPT reported that they had frequent contact with their trainees. The trainees reported that due to the size of the department it was easy to maintain contact with their trainers.</p>	
PH6.3	<p>Inter-professional multi-disciplinary learning</p> <p>The Trust had a range of multi-professional training opportunities such as monthly clinical audit meetings and Schwartz rounds.</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.

PH7.1	<p>Continuing professional development opportunities</p> <p>The review team heard that educational supervisors were not familiar with HEE regional network meetings. The review team encouraged the education programme directors and / or educational supervisors to attend the meetings to gain valuable knowledge from others within the region.</p>	Yes, please see PH7.1 below
PH7.2	<p>Staff appraisals and development</p> <p>The review team was informed that staff did not currently have their educational supervisor roles within their job descriptions and this was not a focus within their appraisals.</p> <p>Both ESs reported they had undertaken core skills training for their ES roles.</p>	Yes, please see PH7.2 below

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.

PH8.1	<p>Accountability and responsibility for education. Education and training supported by a defined management plan.</p> <p>The review team heard that educational supervisors for the PRP and PTPT did not have a clear defining role which outlined their responsibilities. The trainers reported that it was their responsibility to map the curriculum which they felt should be the education programme director role. The review team heard that the education programme director duties associated with PTPT, PRP and foundation pharmacists were not a part of any staff member's job description and should be separated from</p>	
-------	---	--

	<p>educational supervisor responsibilities. The review team heard that due to this arrangement educational supervisors were in effect completing two roles.</p> <p>The review team recognised that staff in the pharmacy department were able to articulate a clear vision of how the workforce wanted to develop but a written strategy was not available. The review team also noted that there were risks in the delivery of this and associated timescales given that the Deputy Chief Pharmacist which had responsibility for Education and Training was vacant at the time of the review.</p> <p>The review team made a number of recommendations to the department regarding the structure of the department, the training plan, foundation pharmacist training and the development of advanced clinical practitioners.</p>	<p>Yes, please see PH8.1a below</p> <p>Yes, please see PH8.1b below</p>
--	--	---

GPhC Standard 9) Resources and capacity

Standards

Resources and capacity are sufficient to deliver outcomes.

PH9.1	<p>Appropriate learning resources and IT support</p> <p>Trainees and their supervisors reported that there were no issues with IT access to support learning.</p>	
-------	--	--

GPhC Standard 10) Outcomes

Standards

Outcomes for the initial education and training of pharmacists.

PH10.1	<p>Registration, pass rates</p> <p>As this was the first year of preregistration training in the Trust, no outcome data was yet available.</p>	
--------	---	--

Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date
N/A			

Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence
PH2.1	A Pharmacy Local Faculty Group should be established which meets quarterly.	<p>Terms of reference to be submitted to HEE.</p> <p>Minutes of meetings for the first year to be submitted within one month of each meeting.</p> <p>The Trust to submit evidence by 30 September 2017.</p>
PH4.1	The PTPT must have a contract and job description to reflect their employment as a	The Trust to submit evidence by 30 June 2017.

	PTPT and they should be paid accordingly – Agenda for Change Band 4, Annexe U.	
PH5.5a	There should be a training programme which sets out rotations and mapped to curriculum requirements for the PTPT.	A training programme for the two-year programme for PTPTs commencing in Sept 2017 mapped to the curriculum should be submitted to HEE. The Trust to submit evidence by 30 September 2017.
PH7.2	Educational supervisors should have their roles and responsibilities included in their job descriptions and be reviewed as part of the annual appraisal process.	ES Job descriptions should be updated and submitted to HEE. The Trust to submit evidence by 30 September 2017.
PH8.1	The Education Programme Director duties associated with PTPT, Preregistration Pharmacists and Foundation Pharmacists are not a part of any staff member's job description and should be separated from Educational Supervisor responsibilities.	A job description(s) and organisational structure should be provided which clearly set out where EPD responsibility sits within the department. The Trust to submit evidence by 30 September 2017.

Recommendations		
Rec. Ref No.	Recommendation	Recommended Actions / Evidence
PH5.2	The department should have robust departmental and ward induction for trainees.	Trust to provide updated induction packs for PRP and PTPT.
PH5.5b	There should be a clear training plan with learning outcomes and clear practice supervision arrangements for all Foundation Pharmacists.	Trust to provide evidence outlining clear training plan with learning outcomes and clear practice supervision arrangements for all Foundation Pharmacists.
PH5.5c	Foundation Pharmacist training should focus on core competencies and skills required to deliver the role. This should include the use of workplace assessments mapped to a workplace curriculum.	Trust to provide pharmacy workforce strategy and delivery plan.
PH5.5d	The Trust should consider the potential to develop senior pharmacists as advanced clinical practitioners.	Trust to provide pharmacy workforce strategy and delivery plan.
PH7.1	Education Programme Directors and/ or Educational Supervisors should attend regional network meetings as an ongoing source of development and support.	Trust to confirm that Education Programme Directors have been sent to regional network meetings.
PH8.1a	The pharmacy workforce strategy should be documented and an associated delivery plan produced with clear lines of responsibility for delivery.	Trust to provide pharmacy workforce strategy and delivery plan.

PH8.1b	There should be a clear role in the pharmacy structure that leads on workforce development and education and training.	Trust to provide evidence demonstrating clear role in the pharmacy structure that leads on workforce development and education and training.
--------	--	--

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

Requirement	Responsibility
N/A	

Signed

By the HEE Review Lead on behalf of the Quality Review Team:	Gail Fleming Dean of Pharmacy HEE London and South East
Date:	14 June 2017