

University College London Hospitals NHS Foundation Trust Pharmacy Risk-based Review (on-site visit)



Quality Review Report
30 January 2018
Final Report

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Quality Review details

Background to review	<p>The Programme Review (on-site visit) to pharmacy at University College London Hospitals NHS Foundation Trust (UCLH) was organised as part of the programme review being undertaken across all pharmacy departments in the London geography as opposed to being arranged in response to specific concerns about the learning and training environment within the Trust. Its purpose was to review the training environment, support and supervision that pre-registration pharmacists and pre-registration pharmacy technicians were receiving.</p>
Training programme / specialty reviewed	<p>Pharmacy</p>
Number and grade of trainees and trainers interviewed	<ul style="list-style-type: none"> • 10 Pre-registration pharmacist educational supervisors. • 5 Pre-registration pharmacy technician educational supervisors. • 9 Pre-registration pharmacist trainees. • 5 Pre-registration pharmacy technician trainees. • 12 Practice supervisors for dispensary, clinical and medicines management training.
Review summary and outcomes	<p>The review team noted a number of areas that were working well:</p> <ul style="list-style-type: none"> • The Trust had, at the time of the review, recently established Pre-registration Pharmacist (PRP) and Pre-registration Trainee Pharmacy Technician (PTPT) Local Faculty Groups (LFG). The PTPT LFG was more developed and it was hoped that the positive experience from this group would inform the relatively new PRP LFG. There was considerable support and enthusiasm from staff and trainees regarding the potential of the LFGs moving forward. • UCLH Pharmacy undertook a considerable amount of collaborative working with other organisations, much of which supported staff development. The clinical tutorials for PRPs, which were run jointly with neighbouring acute trusts were very well received and valued by trainees. • The recent agreement to connect Pharmacy with the wider organisational educational structures and governance was welcomed. • There was a well-established mentorship programme for trainees • The PTPTs gave positive feedback regarding their training programme and reported that they would recommend the programme to others. <p>However, a number of areas for improvement were also identified:</p> <ul style="list-style-type: none"> • There was a need for a more strategic approach in terms of developing the pharmacy workforce and how it plays into the wider organisation. Workforce planning should take into account supply and demand as well as the future workforce vision for all professions within the organisation. At the time of the review it tended to reflect historical arrangements and existing training capacity. • Unlike many organisations, UCLH did not have a dedicated pharmacy Education Programme Director (EPD) and the role was an addition to existing staff roles. It was not clear how much time was allocated in job plans to manage the pharmacy workforce, education and training and what competencies are essential to deliver these functions. As a consequence, this impacted upon the organisation, design and delivery of education and training.

- The review team was pleased to hear that all educational supervisors had either been trained, or were on external training programmes. However, the review team also felt there was a need for additional internal support to be provided while these courses were taking place, and felt some form of buddying system should be implemented.
- The review team felt that educational supervisors should meet their trainees regularly. These meetings should be scheduled and documented and in line with General Pharmaceutical Council guidance.
- There was a discrepancy with regards to trainees working out of hours. The review team heard initially that any trainees who worked at weekends or out of hours were required to have completed their dispensary logs, though the trainees reported that this was not the case.
- The PRP rotation through the acute medical unit (AMU) did not appear to have a curriculum that was clearly designed or consistently delivered. The review team advised that the Trust review this.

Quality Review Team

HEE Review Lead	Gail Fleming Dean of Pharmacy, London and South East	External Representative	Aamer Safdar Principal Pharmacist, Education and Training, Guy's and St Thomas' NHS Foundation Trust
HEE Reviewer	Rachel Stretch Pre-registration Pharmacist Training Programme Director, London and South East	Observers	Gita Vadher, Education and Training Pharmacist, London North West University Healthcare NHS Trust Sukhi Rayat, Education and Training Pharmacy Technician, Maidstone and Tunbridge Wells NHS Trust
Lay Member	Caroline Turnbull Lay Representative	HEE Scribe	John Forster Quality Support Officer, Health Education England (London and the South East)

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

The Trust reported that there had been a change in the educational governance structure at the hospital and that they were in the process of ensuring that all groups were recognised within this.

The Trust reported that they had recently set up local faculty groups (LFGs) for both pre-registration pharmacists (PRPs) and pre-registration pharmacy technicians (PTPTs), which were attended by the education programme directors, as well as practice and educational supervisors. The review team heard that these LFGs reported to the pharmacy and medicines management directorate meeting, as well as the educational governance meeting.

The Trust highlighted the strengths of its PTPT programme as:

- Providing comprehensive and broad training
- A well-established career pathway from pharmacy assistant to post-qualification pharmacy technician
- A high post-qualification retention rate at UCLH

- Effective LFGs.
- All the PTPT educational supervisors holding an A1 assessor award or equivalent.

The Trust also highlighted areas for improvement within the PTPT programme:

- The implementation of the PTPT training workbook, the draft version of which was to be finalised and implemented for the September 2018 cohort
- The improvement of communication with human resources and payroll to avoid salary issues. Which was an acute problem in 2017.

The Trust highlighted the strengths of its PRP programme as being:

- The high quality of the pharmacists that the programme produces
- The good retention rate in the pharmacy sector
- The comprehensive training experience provided
- The collaborative delivery of educational seminars
- High quality support mechanisms
- Educational plans that ensure time across all practice areas and provide some flexibility through elective periods
- Annual trainee feedback gathered and acted on in the programme review.

The Trust also highlighted some areas of the PRP programme that could be improved:

- The further development of the PRP LFG in order to lead and improve the PRP training programme
- The improvement in consistency of educational and practice supervisors across all areas
- Clarification of the roles of the local and Health Education England (HEE) PRP handbooks
- Ensuring that competencies are carried over between rotations to avoid duplication and consistency of 'sign off'
- The improvement of communication with human resources and payroll to avoid salary issues.

The Trust reported that the results of the PRP trainee survey had been good overall, but had raised some concerns about support in patient services, medicines management and aseptic services rotations, as well as the low frequency of meetings with educational supervisors. The latter was a concern also raised by the PTPTs. The Trust reported that action plans had been drawn up to address these.

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
PH1.1	Serious incidents and professional duty of candour	

	Both pre-registration pharmacists (PRPs) and pre-registration pharmacy technicians (PTPTs) reported that although there was a reporting system in place for dispensary errors and near misses (NAB), they were not involved in its use. The review team heard that the NAB system in place would log an error, but it was used to support individual reflection or learning. Trainees would be told when they had made an error but they did not always have an opportunity or be encouraged to reflect upon this.	Yes, please see PH1.1 below
PH1.2	<p>Levels of supervision</p> <p>Trainees work one in six Saturdays or Sundays. These shifts should commence once trainees have completed all of their dispensing logs but trainees reported that some of them undertook weekend working before they had completed their dispensary logs. In addition, trainees reported that they may be asked to work at the weekend in a dispensary that they had not previously worked in. They reported that supervision was always in place at the weekend.</p>	Yes, please see PH1.2 below

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

Standards

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

Stakeholder input into monitoring and evaluation.

Trainee Requiring Additional Support (TRAS).

PH2.1	<p>Educational governance</p> <p>Previously the Pharmacy Department had not connected into Trust Education Governance structures. On the back of planning for this visit, the Pharmacy Local Faculty Groups will in future feed into the Trust Education Governance Panel and a pharmacy representative will attend the meetings.</p> <p>A new Trust education strategy is being developed within the Trust. Pharmacy is not connected to this at present. Workforce planning of trainee numbers is largely historical.</p>	Yes, please see PH2.1 below
PH2.2	<p>Local faculty groups</p> <p>The review team heard that the Trust had recently established local faculty groups (LFGs) for both PRPs and PTPTs. The LFG for pharmacy technicians was heard to be more mature and robust. The educational supervisors reported that they welcomed the new LFGs.</p>	
PH2.3	<p>Evaluation and review of programmes</p> <p>The pre-registration training programmes are reviewed annually taking into account trainee feedback. Examples of changes included the addition of a one-week placement in homecare for PTPTs.</p>	

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.

GPhC Standard 5) Curriculum delivery and trainee experience**Standards**

The local curriculum must be appropriate for national requirements. It must ensure that trainees practise safely and effectively. To ensure this, pass/ competence criteria must describe professional, safe and effective practice.

This includes:

- The GPhC pre-reg performance standards, Pre-registration Trainee Pharmacist Handbook and local curricular response to them.
- Range of educational and practice activities as set out in the local curriculum.
- Access to training days, e-learning resources and other learning opportunities that form an intrinsic part of the training programme.

PH5.1	<p>Induction</p> <p>The trainees reported that their induction was limited and somewhat disorganised, focusing on basics such as hand washing and fire safety. The trainees expressed a desire for the induction to be more in-depth, and to cover topics such as how to use the CDR system and how to take a drug history and the interpretation of blood results.</p> <p>The review team heard of a Trust induction not being given until four months after a trainee had started working.</p>	Yes, please see PH5.1 below
PH5.2	<p>Education and training environment</p> <p>The PRP's reported that they enjoyed being part of a large trainee group as they highly valued the peer support that was available during their training year.</p>	
PH5.3	<p>Progression and assessment</p> <p>The pre-registration pharmacists reported that they did not undertake the formative Objective Structured Clinical Examination (OSCE) assessments that were provided to the Trust by Health Education England (HEE).</p> <p>The pre-registration pharmacists also reported that due to the lack of learning time provided, they did not feel adequately prepared for a transition to a band six pharmacist role. The trainees expressed doubts that they would be able to correctly screen patients' prescriptions independently by the end of their post.</p> <p>PTPTs reported that there was a delay in getting logins to be able to start their National Vocational Qualifications (NVQ's). These were obtained in November.</p>	
PH5.4	<p>Evidence of the impact of teaching and learning strategies on course delivery and student experience</p> <p>The pre-registration pharmacy trainees reported that there was an undue balance and focus in some of their rotations on service delivery as opposed to education and teaching, with a lot of emphasis placed on dispensary work. It was reported that the vast majority of some rotations comprised of dispensary work, including instances where trainees were pulled out of their ward rotation to work in the dispensary. The review team were informed that the time lost on their rotation to dispensary work was</p>	Yes, please see PH5.4a below

	<p>not then subsequently made up. The trainees felt that these shifts provided limited educational value and reported that they did not provide enough time for operational learning.</p> <p>Trainees reported that departmental training was scheduled as a weekly session every Tuesday, but had recently changed to being provided on a fortnightly basis. This training was reported to be of variable quality and relevance.</p> <p>The pre-registration pharmacists reported that the clinical teaching sessions that were delivered were very good, especially the case studies that were presented by senior pharmacists. The trainees felt that these helped with development, focusing more on the job than the exam and expressed a desire to have more of these sessions provided. While the in-house training was reported to be good, the review team was informed that it was often cancelled or rescheduled due to lack of available rooms.</p> <p>The pre-registration pharmacist trainees reported a large variability in the quality of teaching they received during their rotations. The review team heard that some practice supervisors were very helpful and forthcoming with feedback and assistance, while others did not provide such a nurturing educational environment. The trainees particularly praised the gastrointestinal, MI and paediatric rotations. The acute medical assessment (AMU) and inpatient dispensary rotations were considered to be of poorer quality. The AMU rotation had objectives but these were not always followed. It was described as disorganised with too much focus on drug-histories and insufficient focus on learning and feedback.</p> <p>The pharmacy technician trainees reported that their rotations were generally better and with more structure, including sitting down with supervisors to set objectives. A Workbook to support PTPT training is being developed and has been delayed.</p> <p>The review team heard that previously the PRPs undertook two three-week surgical rotations, but following trainee feedback this had been changed to a single six-week rotation. However, this had not been a completely popular change with the trainees.</p> <p>Pre-registration pharmacists have two elective periods during their training year to provide them with an opportunity to learn more about a chosen area. This period may also be used to catch up in certain areas if performance standards are not on track.</p> <p>PRPs interact with other health care professionals during their clinical rotations. However, there are no multi-professional clinical education opportunities at present. Generic skills training is open to all staff groups.</p>	<p>Yes, please see PH5.4c below</p> <p>Yes, please see PH5.4.b below</p> <p>Yes, please see PH5.4d 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.

PH6.1	<p>The review team heard that educational supervisors met with their trainees at least every 12 weeks. Depending on the individual trainee and their needs, this could be more frequent. It seemed that there was a large variation between the supervisors with respect to how often they met with their trainees. Some supervisors reported that they met fortnightly for the first few months. However, some trainees reported that they only attended meetings every twelve weeks and would have to instigate the meeting themselves if they required additional time with their supervisors. However, all trainees agreed that if they needed to organise additional meetings this was not a problem, as their supervisors were approachable. Apart from appraisals, meetings were not documented.</p> <p>PTPTs meet with the dispensary manager once a month.</p>	Yes, please see PH6.1 below
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	Educational supervisors described their Trainees Requiring Additional Support (TRAS) process and that any concerns would be escalated to one of the Pharmacy Education Leads.	
PH6.2	<p>Trainees must have access to systems to support their academic and welfare needs. This should include raising concerns</p> <p>The report team were informed of a “Draw the Line” confidential helpline that trainees could access to raise concerns.</p> <p>Pre-registration pharmacists reported that they had not received any support with future career planning but they were proactively using their band six mentors for support.</p> <p>Trainees reported that there had been issues with HR at the start of their employment and a number of trainees had been paid incorrectly. The Trust assured the visit team that this had been addressed and would not happen in future.</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>Educational supervisors</p> <p>All educational supervisors had undertaken or were undertaking some form of structured training for their role. Staff in education lead roles would attend regional networks and feedback key points to all educational supervisors either via email or at the LFG. Buddying or mentoring arrangements for new educational supervisors are not in place.</p> <p>All PTPT educational supervisors were qualified NVQ A1 assessors and very experienced.</p>	Yes, please see PH7.1 below
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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.

GPhC Standard 9) Resources and capacity

Standards

Resources and capacity are sufficient to deliver outcomes.

PH9.1	<p>Sufficient staff to deliver the curriculum to trainees</p> <p>The review team heard that there was no dedicated education team within the pharmacy department. Responsibility for pre-registration pharmacist and foundation pharmacist education was included in the portfolios of two staff with other primary roles. There is a more devolved approach and staff set aside time in their job role to deliver education. This was particularly evident in the lack of a dedicated education programme director. The review team heard that the two members of staff currently carrying this responsibility did so on top of their existing roles and could therefore be providing line management to up to 29 members of staff. While both reported that they enjoyed the work, the review team was informed that it was not specifically accounted for in their job plans and the workload could be very heavy.</p> <p>It was reported that the current number of trainees based at the Trust was due to historical arrangements, rather than existing capacity and as such required review.</p>	Yes, please see PH9.1 below
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	The Trust reported that they were planning to do this, especially in light of potential apprenticeships.	
PH9.2	<p>Accommodation and facilities that are fit for purpose</p> <p>The review team heard that due to lack of space at the University College London Hospital and room booking issues at the Royal Free, there had been issues with scheduling and rescheduling clinical tutorials and that as a result the trainees often did not know where and when their educational sessions would be held until relatively short notice. The trainees further stated that due to these issues, the tutorials were often cancelled. The Trust reported that the Royal Free had said they were tackling the issue.</p> <p>Trainees reported no issues with IT facilities. Preregistration pharmacists reported that they did all HEE on-line learning at home; no dedicated time was provided for this at work.</p>	Yes, please see PH9.2a and b below
GPhC Standard 10) Outcomes		
Standards		
Outcomes for the initial education and training of pharmacists.		
PH10.1	<p>Retention</p> <p>The Trust reported that they had experienced trouble with retention of newly qualified pharmacists and pharmacy technicians as a result of them being offered more senior positions at other trusts relatively soon after qualification.</p> <p>The pre-registration pharmacist trainees described the post as having fallen well below their expectations. One of the trainees reported that their experience in the Trust had wholly put them off the prospect of becoming a band six pharmacist. Eight out of nine of the pre-registration pharmacists in attendance reported that they would not recommend the Trust for training, with one trainee declining to respond.</p> <p>Pre-registration pharmacy technician trainees were overall more positive about their experience, with four out of five reporting that they would recommend the training post.</p>	

Good Practice and Requirements

Good Practice	Contact	Date
Mentorship programme to support trainees	Sunny Patel/ Elena Gortari	
Collaborative clinical tutorials for pre-registration pharmacists organised in partnership with neighbouring Trusts	Sunny Patel/ Elena Gortari	

Immediate Mandatory Requirements

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

Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence
PH1.2	Procedures which state that trainees should not work in dispensaries at weekends until dispensing logs are completed must be complied with	Trust to provide evidence that this procedure has been followed prior to 2018 trainees commencing weekend rotas
PH5.4a	The PRP curriculum must be reviewed to ensure that it prepares trainees for their future roles and responsibilities as pharmacists as opposed to being weighted towards technical service provision	A report to be submitted to HEE outlining how the curriculum for 2018 has been reviewed and is mapped to the GPhC performance standards.
PH5.4b	All practice supervisors working in AMU must either undertake a training course for their roles as practice supervisors or appropriate refresher training. Trainees should not rotate through AMU until this training has been put in place	Confirmation that AMU rotations are suspended until training is put in place for practice supervisors. Evidence of suitable training completed to be submitted to HEE.
PH6.1	All trainees should meet with their educational supervisors a minimum of monthly. These meetings should be scheduled and documented	The frequency and documentation of trainee/ES meetings should be audited by the LFGs and a report submitted to HEE confirming that monthly meetings are now taking place
PH9.1	There must be sufficient capacity within the Trust to provide the leadership and management associated with the Education Programme Director role	Trust to submit Job Descriptions outlining how the EPD roles will be fulfilled. The JDs should include appropriate knowledge and skills for a senior educational leadership role. If the EPD role is to be combined with other roles, a job plan must be submitted which outlines the time being allocated to fulfil the role balanced against other responsibilities.
PH9.2a	Trainees must have access to HEE training resources which are intended to be used within Trusts e.g. OSCEs, calculations, e-learning and this must be clearly integrated into the workplace curriculum	The curriculum mapping report (see below) should also articulate how regional resources are supporting the curriculum delivery

Recommendations		
Rec. Ref No.	Recommendation	Recommended Actions / Evidence
PH1.1	The Trust should take action to ensure trainees have timely feedback which includes reflection if they are involved in errors or near misses	The Trust should follow this up as part of trainee feedback via the LFG.
PH2.1	The number of commissioned pre-registration trainees should reflect future workforce demand	A workforce plan should review the future numbers of pre-registration trainees

PH5.1	Induction processes should be reviewed to ensure that Trust induction is timely and departmental induction is comprehensive	Induction to be reviewed by LFGs and trainee feedback sought from 2018 intake
PH5.4c PH9.2b	The issues with booking rooms for clinical tutorials should be raised with senior trust staff and a remedial plan put in place	A report to be submitted to HEE outlining how the challenges with room bookings are being addressed
Ph5.4d	The PTPT training workbook should be completed	Workbook to be provided to HEE
PH7.1	All new ESs should have a named buddy or mentor in their first year who is an experienced educational supervisor	Confirmation that this is now in place and processes that have been put in place to enable this

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

Requirement	Responsibility
HEE will raise issues regarding delays with NVQ portfolio logins with the education provider	HEE

Signed

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

Gail Fleming

Date:

1 March 2018