QUALITY AND REGULATION TEAM
(LONDON AND SOUTH EAST)

NHS
Health Education England

Great Ormond Street Hospital for Children NHS Foundation Trust

Pharmacy

Programme Review (on-site visit)

Quality Review report

20 February 2018

Final report

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Quality Review details

Background to review	The Programme Review (on-site visit) to pharmacy at Great Ormond Street Hospital for Children NHS Foundation Trust 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 preregistration pharmacists and preregistration pharmacy technicians were receiving.
Training programme / specialty reviewed	Pharmacy
Number and grade of trainees and trainers interviewed	The review team initially met with the Chief Pharmacist, and Dispensary Manager. The team met with all the preregistration pharmacists (PRPs) and the preregistration pharmacy technicians (PTPTs). The team also met with both the PRP Supervisors and the PRPT Educational Supervisor. Additionally, the team met with the practice supervisors for all training groups.
Review summary and outcomes	Health Education England would like to thank the Trust for accommodating the on-site visit and for ensuring all sessions were well attended. 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: • pre-registration trainee pharmacy technicians (PTPTs) were well supported by their educational supervisor and line manager • the 2-week induction provided by the trust was robust. The quality review team also identified a number of areas which they felt required improvement. For example: • There was a lack of clarity regarding the standards and requirements for completed competency logs, particularly the numbers of logs to be completed accurately, the number of allowed errors, definitions of minor and major errors within this and the number of permitted attempts. There also needs to be clear integration with a policy for identifying and managing Trainees that Require Additional Support (TRAS) • The review team was unable to determine from scheduled interviews during the visit who was responsible for the delivery of Good Manufacturing Practice (GMP) training, what the training comprised and how completion of training is evidenced. • The review team heard that the PTPTs were required to undertake “topping up” duties for 4 days of the week and that as a result, they usually had a half day or less allocated to the department on their rota.

The use of PTPTs to fulfil this level of service requirement that would normally be undertaken by pharmacy assistants is inappropriate.

- PTPT training does not include a medicines management rotation and as a result, PTPTs are potentially disadvantaged when applying for posts as registered technicians. The curriculum should reflect the roles that pharmacy technicians routinely undertake in practice.

- It was reported that trainees felt a lack of support when recommending ideas for improvements within the department with a feeling that their voice was not heard. It was noted that the new Pharmacy Local Faculty Group should provide a forum to address this but trainees will need to be trained appropriately and supported to fulfil a representative role on this group.

- The review team heard that pre-registration pharmacist clinical training is heavily weighted towards the final month of the training programme. As such the training programme and curriculum requires a full review to ensure that it is clearly mapped to the GPhC Performance Standards and Indicative Syllabus and reflects the learning outcomes and practice activities recommended in the Regional Pre-Registration Training Handbook. A local training handbook should be available for trainees. Joint training or posts with other organisations should be considered.

- There is no Education and Training Lead role within the department and the Trust is advised to review this to ensure that there is adequate capacity and educational expertise to design and deliver pre-registration training, including the development of an infrastructure to support this for both pre-registration pharmacists and pre-registration trainee pharmacy technicians.

- One specific case was reported whereby there had been issues and a subsequent delay in a trainee securing the appropriate visa to commence employment. This had led to a delay in the start of their training period but it was unclear whether this tallied with the contractual dates of employment and how this impacted upon leave arrangements. Clarity is required in this regard to ensure that the trainee did not commence employment prior to the correct visa being in place.

- No pre-registration pharmacists would recommend GOSH to others for pre-registration pharmacist training. To remedy this, the Trust is advised to review training resource, capacity, expertise and the learning environment, particularly seeking to develop an open door culture to support trainees.

Quality Review Team			
HEE Review Lead	Gail Fleming, Dean of Pharmacy, HEE London and South East	**External Representative**	David Cope, Senior Quality Assurance Specialist, Specialist Pharmacy Services
Education and Training Representative	Katie Reygate, Foundation Pharmacist Training Programme Director, HEE London and South East	**External Clinician**	Kristi Anderson, Lead Medicines Management Technician, London North West
Observer	Stephen-Andrew Whyte, Lead Pharmacist for Urgent Care/ Urgent Care Advanced Clinical Practitioner, HEE	**Scribe**	Louise Brooker, Learning Environment Quality Coordinator Health Education England, London and the South East
Lay Member	Robert Hawker, Lay Representative	**Scribe**	James Coeur-de-Lion, Learning Environment Quality Coordinator Health Education England, London and the South East

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

The Trust reported that prior to the review, they had opened a new wing of the hospital which had enabled the move of new patients out of old accommodation and an increase in bed numbers in certain areas, particularly cardiac and cardiac critical care to support cardiac surgery. It was heard that there were new pharmacists and medicine management technicians as well as core dispensary staff in place to support cardiac surgery. The Trust also reported that it was planned that Gene therapy would be relocated to a new centre for rare diseases which was due to have seven aseptic units. It was also heard that in 2024 the pharmacy department would be moving to a new building.

In April 2019, it was heard that the Trust would be moving to a new Electronic Patient Record (EPR) system called EPIC. In order to deliver this, the Trust had appointed 80 people to work on the implementation of the new system, seven of whom were from a pharmacy background.

The Trust reported that it had recently had an external review in relation to workforce. This had recommended that there was a need to look at weekend support in order to bolster the residency, with further ward presence at weekends particularly on the Intensive Care Unit (ICU). When discussing weekend working, the Trust reported that there was a residency and resident on-call service provided during the day and night and that there were pharmacy staff working in dispensary during core hours. It was reported that there were trainees working in the technical services area in Centralized Intravenous Additive Services (CIVAS) everyday apart from Christmas day. The Trust informed that quality review team that staff and trainees generally worked 1 in 8 weekends.

The Trust confirmed that there is not currently an Education and Training Lead Pharmacist post within the departmental structure but informed the review team that there were plans to establish one. It was hoped that this new role would support pre-registration pharmacists right up through to the residency in a more structured programme.

When discussing the PTPT rotations, it was reported that the medicines management rotation was not well developed, partly because there was no emergency department in the Trust.

It was reported that there was a delay in starting up the Local Faculty Group (LFG) due to the capacity to be able to arrange one. However, it was noted that a start up meeting had taken place with another arranged for March 2018.

When the educational strategy was discussed, it was heard that the Chief Pharmacist liaised with the pre-registration pharmacist tutors at the end of the year in order to gather information on themes of the positive and negative aspects of training. In summer 2017, trainees had reported that the structure within the parenteral nutrition (PN) placement was poor. However, one of the pharmacists worked hard to resolve this and the feedback received prior to the review had been positive.

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
PH 1.1	**Patient safety** The dispensary practice supervisors informed the review team of how they took each of the PTPTs and PRPs through their training programme and how they supported and supervised each of the trainees to meet their learning needs. Despite there being a structured 'talk through' process of training in the dispensary, trainees noted that there had been no document explaining the required competency logs, particularly the numbers of logs to be completed accurately, the number of allowed errors, definitions of minor and major errors within this and the number of permitted attempts. Trainees informed the review team that as far as they were aware, there would not be an expectation for them to be able to complete logs perfectly within the first rotation, but improvements and learning from errors would be expected to be seen in the second rotation where little to no errors would be the expectation. Supervisors reported that the general process was to look through trainees logs to identify issues, working with the trainee to help them make gradual improvements. It was noted that the common errors were similar and often very minor. The review team was concerned to hear that the PRPs had had to wait to get their dispensing competency logs from the Deputy Chief Pharmacist, in some cases this could take several weeks. The PRPs advised that they were encouraged not to start filling in their dispensing logs until they were confident and competent at dispensing, rather than using the logs to record their progression. Only one PRP had received the	Yes – SEE 1.1A and 1.1B

	final accuracy check log. All had received their controlled drug (CD) dispensing logs. There was no requirement for the dispensing competency logs to be complete, or even commenced, before the PRPs began working in the dispensary at weekends. There were separate logs to complete for other rotations, for example cytotoxic drugs. The ESs acknowledged that the distribution of the training logs had been delayed due to capacity issues within the department, but anticipated that this would improve in future as the task of preparing the logs had been reallocated. The PTPTs informed the review team that training logs were completed in all placements with the exception of quality assurance (QA). It was heard that there were checklists in Aseptics, Total Parenteral Nutrition (TPN), CIVAS (Centralized intravenous additive services), and Cytotoxic (CYTOS) for competencies which required completion during those rotations. The review team were unable to determine during the visit who was responsible for Good Manufacturing Practice training and how completion was evidenced.	
PH 1.2	**Serious incidents and professional duty of candour** The quality review team heard that trainees raised concerns regarding patient safety issues, by speaking with their team when the incident occurred, whereas if they had a concern regarding their training, the trainees commented that they approached their tutors for advice. It was reported that feedback and relevant learning regarding patient safety concerns, typically were only fed back to the individual trainee involved, as opposed to being delivered to all trainees within the department. However, the review team was informed that if the incident related to a generic issue, then the relevant feedback was often discussed at the general pharmacy meetings, which trainees attended. When errors or serious incidents occurred, the PRPs reported that they were encouraged to reflect on these and would usually receive feedback via their individual ES. The PRPs were aware that some teams would discuss lessons learned from incident investigations, but that this was arranged on an ad hoc basis and not at a departmental level. The practice supervisors informed the review team that both themselves and trainees were aware of how to report serious incidents and complete Datix forms.	

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).

PH 2.1	**Educational governance** The quality review team were not aware of systems of processes that integrated educational governance in pharmacy ton wider educational governance systems within the organisation. It was reported that there was no structured communication link between the different training units in respect to the review of the preregistration pharmacy technicians	

	(PTPTs) training programme, but that national and regional changes to the curriculum came through the Chief Pharmacist, regional networks and e-mail communication.	
PH 2.2	**Local faculty groups** The review team heard that there had been capacity issues which had led to a delay in establishing a Pharmacy Local Faculty Group. A start up meeting had been held in February 2018. The Pre-Registration Pharmacists (PRPs) had received an email the week prior to the review advising them that the department had started running a Local Faculty Group (LFG) and therefore required a trainee representative to be selected to attend. However, the PRPs were not aware of the purpose or remit of the LFG or what the trainee representative role entailed. The PRPs reported that they had not seen the minutes of the first LFG meeting. No training has been arranged to date for trainee representatives. The PTPT supervisors informed the review team that staff were very enthusiastic about the LFG meetings and that despite there being no trainee presence at the last meeting, there had been tutors involved. It was confirmed that the next one would take place in March 2018 and that the trainee representative would attend.	Yes, please see PH 2.2 below
PH 2.3	**Trainees in difficulty** When speaking with the supervisors of the PTPTs, it was reported that any struggling trainee was very well supported and given a good amount of supervised time in order to assist them in their training. When asked if absences were documented, the educational supervisors (ES) confirmed that all these were documented and recorded with action plans in place. The PRPs ES reported that at the time of the review, no trainees were considered to be in difficultly. One ES described a previous PRP who had required increased supervision due to problems around confidence and practical skills. The ES had responded by meeting more frequently with the PRP and setting regular, short-term goals in order to closely monitor the PRP's progression, but had not accessed the Health Education England (HEE) Trainee Requiring Additional Support (TRAS) system guidance or reported the case to HEE.	
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.**		
PH 3.1	**Contractual arrangements and leave** All PRPs are allocated four days study leave preceding the GPhC Registration Assessment. In addition, study leave is provided for HEE regional study days. The review team heard of a case where the contractual arrangements for a trainee that had a delayed start due to visa issues were unclear, particularly in relation to start dates and annual leave.	

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.**		
PH 5.1	**Rotas** The PRPs reported that the rota was planned well in advance and that their rotations for the year were assigned at the start of their post. The review team heard that the PRPs worked one weekend in eight weeks, and that weekend shifts lasted for four hours. The review team heard that the rotas were generally adhered to and PRPs were not moved from their planned rotations in order to meet service need. The rota for the week of 25-31 December 2017 was left unassigned until close to the time in order to allow the Trust flexibility to assess service need in each area of the department and assign the trainees accordingly, but this was an exception. The PRPs had been informed that they would be allocated an hour per week of protected time to complete their evidence portfolios in future, although they were unsure when this would be introduced. The PRPs reported that there was no allocated time in the rota for audit work, which therefore was typically completed in their own time. PRPs undertook a one month rotation in community pharmacy. The Review team enquired about shared posts or joint rotas with other Trusts to provide trainees with a breadth of experience. This was not in place at present. The PTPTs explained that they spent three months rotating through each of their training programme units. They were provided with an annual rota each year as opposed to one that covered the full two years. The ES commented that it would be helpful to have a full two year rota so that curriculum mapping can be done for the full programme. The review team heard that due to the specialist nature of the Trust, trainees at GOSH had a greater emphasis on technical services and quality assurance that was not available in many other training programmes. In technical services trainees would commence their rotation reading relevant SOPs and working through competency logs, for example checking volumes. By the end of a three month rotation PTPTs would normally be making products under supervision. Normally they would be observed	Yes, please see PH 5.1 below

	making 20 products. If a new product was introduced, then a registered pharmacy technician would be supported and observed. The review team heard how the requirement for PTPTs to do top ups was impacting on technical services training due to the lack of time in the relevant sections. PTPTs reported that the Quality Assurance rotation was not particularly well structured and they were given lots of filing to do. One trainee commented that if a trainee was very proactive this rotation had a lot of potential as there were different things they could get involved in. The order of rotations impacted upon the QA experience, for example if a trainee did the QA rotation before aseptics, they would not have been trained in gowning up and therefore are able to do less.	
PH 5.2	**Induction** The quality review team heard that all PTPTs received a Trust and departmental induction and completed their mandatory induction requirements including e-learning and information governance within their first week. It was reported specifically that the departmental inductions were robust, with good managerial support. The PRPs gave positive feedback about the induction programme, describing it as useful and well-organised. The review team heard that the induction was heavily focused on dispensing, which was more useful for those trainees who were allocated to the dispensary for their first rotation. Those PRPs who were on rotation in dispensary later in the year reported that they had forgotten a lot of the detail given by the time they came to work there. The PRPs reported that they were not asked to give feedback following their induction.	
PH 5.3	**Education and training environment** PTPTs reported that they were required to undertake “topping up” duties for four days of the week and that as a result, they usually had a half day or less allocated to the department on their rota. When the supervisors for the PTPTs were interviewed and asked about the ‘topping up’ situation, it was heard that they reported that there were only two pharmacy assistant posts within the trust, one of which was vacant. PRPs were assigned one top up per week – the purpose of this was to familiarise trainees with handling medicines. PTPTs were often required to cover the top ups of other staff that were off including PRPs. This could result in them undertaking top up duties into the mid-afternoon. When asked about time spent on medicines management training, the PTPT trainees responded that there was no time provided for this on the wards. In response to this, the ES explained that at the time of the review had four medicine management technicians in post and were looking to recruit two more. Moving forward, the ES explained arrangements for PTPTs to spend time in medicines management would be welcomed. The PTPTs informed the review team that they found difficulty in voicing their opinions, as no guidance on how feedback could be given to improve training for future PTPTs had been given. In general, the review team was pleased to hear that the PTPTs felt well supported by all senior staff and that the Trust was a good place to train with good managers across the units who delivered great training. It was reported that everyone was friendly, helpful and approachable.	Yes, please see PH 5.3a below Yes, please see PH 5.3b below Yes, please see PH 5.3c below Yes, please see PH 5.3d below

	The review team was informed that rotations were officially divided between operational and clinical time, but that clinical time was not guaranteed to be given. There had been instances of PRPs being pulled from clinical time to work operationally during their dispensary rotations, or being told that they could not attend the wards as planned. The PRPs highlighted the dispensary rotation as being particularly problematic in this regard, stating that the managers there would often decline requests for trainees to go to the wards because dispensary was too busy. The PRPs felt that they were needed to act as technicians in the dispensary and this restricted their opportunities for clinical exposure and ability to complete screening competencies. The review team heard that the amount of clinical time on a rotation depended on the manager of the relevant area and that managers had frequently declined PRPs' requests to go to the wards, despite the pharmacists being willing to accommodate them. The PRPs reported that if they requested annual leave, this would be deducted from their clinical time rather than operational time. The PRPs advised that their amount of ward exposure varied between rotations, but unanimously agreed that they needed to spend more time in clinical areas overall. This issue had been raised multiple times with the ESs but the PRPs did not believe any action had been taken. The PRPs reported that the ESs had advised them to contact the relevant pharmacists and request clinical time in advance of starting each rotation. Some PRPs stated that they had done this, but reiterated that the rotation managers still sometimes prevented them attending the wards as planned. The issue of clinical time was discussed with the ESs, who agreed that the amount of time spent on the wards varied between rotations but overall believed that the trainees had adequate exposure to a range clinical areas, for example; the neurology ward during their dispensary rotation, the haematological oncology wards during their CYTOS rotation and surgical wards during the CIVAS rotation. One ES pointed out that during the dispensary rotation, PRPs could not go to the wards before completing the dispensing logs. The PRPs all reported that they would not recommend their training posts to others, citing the lack of clinical exposure and practical experience. The trainees felt that Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH) offered good opportunities for specialist experience but that they were not adequately prepared for their GPhC examinations or for post-qualification roles in other hospitals.	
PH 5.4	**Progression and assessment** The trainees expressed that it would be ideal if there was more flexibility for private study time in order for them to complete college work and write up NVQ evidences. It was reported that some managers had given some PTPTs more time than others. The supervisors for the PTPTs highlighted that protected study time was given to the trainees only during the college holidays and that there was no standard allocated time allowance provided as each unit would decide accordingly. It was heard that this would be discussed in the next LFG. The PRPs informed the review team that they felt unprepared for their Objective Structured Clinical Examinations (OSCEs) as they had not had sufficient experience of working in clinical environments. However, the ESs reported that the trainees had done well in the mock examinations and felt confident that they would pass. The PRPs advised that the time assigned to carry out the final accuracy check competencies was after their General Pharmaceutical Council (GPhC) exam at the end of the training year and expressed concern that this would not allow them sufficient time to complete the required number of checks. During this period, the PRPs were also expected to gain ward experience, working with their assigned ES. The PRPs reported that those assigned to certain rotations at the end of the year found it difficult to do this.	Yes, Please see 5.4 below

PH 5.5	**Multi-professional learning** The review team heard that training in management and leadership training ins accessible for all professions and designed to be taught for all staff groups. Trainees do not currently have any multi-professional clinical teaching.	Yes
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.**		
PH 6.1	**Mechanisms in place to support trainees to develop as learners and professionals** PTPTs reported that they would like to be treated more as learners than staff. When asked whether there were defined objectives in place for their rotations, the PRPs gave mixed responses; stating that some rotations were well-planned and had clear objectives, whereas some lacked this structure, leaving trainees unsure of what they needed to achieve and who should supervise them. The PRPs noted that the bone marrow transplant (BMT), surgical and cardiac teams were particularly well-organised in terms of supervision, establishing objectives and providing guidance on how to prepare for the rotation. When asked if there were training workbooks for each rotation, the PRPs advised that they had not been given any and that some trainees had obtained copies of workbooks from PRPs at other Trusts, which they had shared with their colleagues. The ESs stated that there were lists of objectives for all trainee rotations and some areas had training workbooks, though this was not standardised. The ESs also reported that there were plenty of opportunities for trainees to practice clinical tasks, for example medicines reconciliations, as long as the PRPs were proactive. However, some PRPs had not carried out any medicines reconciliations and advised that opportunities varied according to the rotation and which senior colleague was supervising them.	YES – SEE 6.1
PH 6.2	**Evidence of appropriate personal and professional development** PTPTs reported that following their two year programme, they were informed and encouraged by the Trust to apply for posts at other sites in order to gain further training and experience. Trainees felt that even if they would have liked to have remained at the Trust, it would not have been supported and that it left them unsure of what would happen after the completion of their training. When asked about support in their career and job progression, trainees all responded that there had been no support provided	
PH 6.3	**Students must have access to support for their academic and welfare needs. Appropriate support mechanisms in place.**	

	The PRPs reported variable levels of support from their ESs, stating that the supervision was generally good but that this was dependent on the individual ES.	
PH 6.4	**Feedback** Practice supervisors reported that they met with trainees in order to monitor and feedback on their performance. It was heard that this was done by looking through the trainees' log books. Tutors on the other hand would send practice supervisors a list of questions in order to gather feedback on trainee progression. The PRPs expressed concern that they had limited opportunity to give feedback and request changes where they had experienced problems. The PRPs reported that the quality review was the first time they had been asked for feedback as a group and, while they were pleased to discuss issues with the review team, they doubted that significant changes could be effected before the end of their training year. As there was no Educational and Training Lead in post, the PRPs' only pathway of escalation for concerns about their programme was through the ESs. When asked if they were able to approach senior staff in the department, the PRPs responded that they had been actively discouraged from doing this in the past. However, the PRPs found the pharmacists helpful and proactive when they had technical queries or safety concerns, and reported that the pharmacists prioritised patient safety.	
PH 6.5	**Educational supervision** The PTPTs informed the quality review team that they met with their educational supervisor on an informal basis two to three times each month and that their supervisor was always available and willing to give time to answering questions or supporting the trainees as required. It was heard that the meetings were arranged by calendar invite and that only the formal review meetings were documented. When the review team met with the PTPTs educational supervisor, it was heard that they would meet with their trainees when they were returning from college to have an informal catch up. The supervisor informed the review team that they would try to meet with their trainees on a more formal basis following the three month rotations. In addition to this, the supervisor expressed that they were always willing to see their trainees on an ad-hoc basis depending on what the issues were. The review team heard that the support for PTPTs from senior staff was very positive, and that the trainees felt comfortable approaching senior staff members for any issues. The PRPs and ESs reported having regular supervision meetings to review progress and sign off competencies. These typically took place every two weeks, or more frequently if additional support was required. The review team heard that PRP appraisals were conducted every 13 weeks. The ESs also reported that there were many opportunities for them to talk informally with the PRPs during their rotations, so the PRPs were able to ask questions and raise concerns as needed. The PRPs stated that in January 2018 the department had started running teaching sessions every two weeks, following several requests from the PRPs. Each session was led by an ES and focused on their specialist area of practice. The PRPs had found these sessions useful and complimented the teaching. The ESs advised that they held meetings prior to the PRP appraisals in order to share learning, discuss trainee progress and ensure the appraisals were carried out in a consistent way. The meetings were organised by the ESs and were minuted, although the minutes were not distributed outside the ES group. The ESs reported that the	

	meetings were useful and had led to positive changes in training. For example, following revisions to the GPhC assessment criteria, the ESs had collaborated to create a mock calculations examination and obtained protected time for the PRPs to complete it. These meetings had been started in response to the resignation of the Education and Training Lead. The first Pharmacy LFG meeting had been held in January 2018 and the ESs thought it likely that this would replace their meetings as many of the same issues would be covered in this new forum.	
PH 6.6	**Practice supervision** PTPTs reported that they were clear and aware of who their practice supervisors were in each of the units. Trainees went on to describe the structure of supervision within the dispensary unit, explaining that they were taken through the system and provided with step by step feedback at each stage when errors were made. The review team heard that the PRPs had named practice supervisors assigned on some rotations but that this was not consistent. The trainees advised their work was always checked by a pharmacist, whether or not there was a named supervisor for the rotation.	Yes, please see PH 6.6 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.**	
PH 7.1	**Range of mechanisms in place to support anyone delivering education and training (time for role and support)** The quality review team was informed that practice supervisors held a wide range of qualifications which included the 'Train the Trainer course' and that there was a sufficient amount of training offered for continuing professional development (CPD) which all felt up to date with. Some of the ESs had previously supervised trainees at other Trusts, and reported that GOSH was a good place to train due to the unique level of exposure to areas such as TPN, CYTOS and clinical trials.

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.**	
PH 8.1	**Systems and structures in place to manage the learning of students and trainees in practice** The ESs acknowledged that there was limited opportunity to learn about areas such as mental health and public health and agreed that some of the PRPs' concerns about breadth of experience were justified. It was noted that at other Trusts PRPs typically spent more time on the wards, though most of the ESs felt that the amount of clinical time allocated to the PRPs was sufficient.

	There was a discussion around the trainees' expectations of the pre-registration year. Some ESs felt that PRPs generally were unwilling to carry out tasks such as research and audit in their own time and believed that time should be allocated in the rota for all of their training requirements. Some ESs also suggested that PRPs expected to be given more information in training rather than carrying out independent study. The review team heard that the PRPs had requested more training around adult medication requirements and as a result the ESs had begun including adult case studies during their teaching sessions. Most ESs felt that this benefitted them as well as the trainees, as it ensured they kept up-to-date with research developments and provided useful evidence of continuing professional development (CPD) for revalidation. However, some expressed the opinion that trainees needed to be more realistic about the nature of training in a specialist paediatric hospital.	

GPhC Standard 9) Resources and capacity

Standards **Resources and capacity are sufficient to deliver outcomes.**		
PH 9.1	**Staffing** As the department did not have an Education and Training Lead, the ESs reported that they were responsible for planning trainee rotas, and the Chief Pharmacist held overall responsibility for the training programme, including the cascade of national and regional updates.	

GPhC Standard 10) Outcomes

Standards **Outcomes for the initial education and training of pharmacists.**		
PH 10.1	**Retention** The review team enquired as to the PRPs' plans for after qualification. Those who were interested in taking a band six hospital post were not planning to stay at GOSH as they believed that the Trust did not tend to employ newly-qualified pharmacists who had trained there. The ESs advised that this was not correct, but were aware of this perception as trainees were encouraged to gain broader experience by working at other types of Trust after qualifying. The ESs reported that they believed the pre-registration training programme prepared PRPs well for working as NHS pharmacists in a variety of settings.	

Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date
Good induction programme for pre-registration pharmacists	Judith Cope		
Good breadth of rotations across technical services especially suited to trainees with an interest in this field	Judith Cope		

Immediate Mandatory Requirements		
Req. Ref No.	**Requirement**	**Required Actions / Evidence**

Mandatory Requirements		
Req. Ref No.	**Requirement**	**Required Actions / Evidence**
PH1.1	There must be clarity regarding the standards and requirements for completed competency logs, particularly the numbers of logs to be completed accurately, the number of allowed errors, definitions of minor and major errors within this and the number of permitted attempts. There also needs to be clear integration with a policy for identifying and managing Trainees that Require Additional Support (TRAS)	Trust to submit relevant procedures, training workbooks and local TRAS policy which set out requirements for logs and interface with TRAS policy
PH1.1B	It must be who is responsible for the delivery of Good Manufacturing Practice (GMP) training, what the training comprises and how completion of training is evidenced.	A procedure, training materials and evidence of trainee completion in 17/18 to be submitted to HEE
PH2.2A	The Trust to establish the Pharmacy LFG and disseminate information regarding it more widely to ensure that it is well signposted, trainees are aware of the trainee representative(s) and that feedback is provided to trainees.	Minutes of Pharmacy LFG meetings for the next three meetings and Terms of Reference to be submitted to HEE
PH2.2B	Trainees must be trained for their roles as representatives on a Local Faculty Group	Trust to provide evidence that training has taken place
PH3.1	Correct visa requirements must be in place prior to trainees commencing employment	Trust to provide confirmation of contractual start dates aligned to visas.
PH 5.1D	Trainees should undertake activities that map to their curriculum and reflect their future roles as registered professionals. The requirement for PTPTs to undertake topping up duties for four	The Trust must submit a revised curriculum for PTPTs commencing 2018/19 and provide written confirmation that the requirement to undertake this level of topping up will end.

	days/ week must not be included in the training programme for 2018/ 19 trainees	
PH5.3a	The Trust should introduce a medicines management rotation for PTPTs to reflect future roles as registered professionals and enhance employability of their trainees	The Trust to submit learning objectives, training handbook/ section and rota to reflect a medicines management rotation for trainees commencing 2018/19
PH5.4	Trust to review and verify if there is a standard allocated private study time allowance provided by each training unit for the PTPTs	Trust to provide a report of the review and actions taken with an outcome of the review
PH9.1	Trust to review and ensure there is adequate capacity and educational expertise to design and deliver pre-registration training, including the development of an infrastructure to support this for both PRPs and PTPTs.	Trust to provide evidence of review with actions taken to deliver and support the training of PRPs and PTPTs.

Recommendations		
Rec. Ref No.	**Recommendation**	**Recommended Actions / Evidence**
PH5.1A	Trainees should have a clearly identified period of time within their timetable to undertake an audit as part of the regulatory requirements of pre-registration pharmacist training	Timetable submitted for 2018/19 PRPs
PH 5.1B	The Trust should explore joint or shared training with other organisations to provide their trainees with the breadth of exposure to practice outside of a specialist hospital upon registration	The Trust to provide an outline of future plans
PH 5.1C	A two year rota should be provided to trainees and their educational supervisors as part of their induction	The Trust to provide rota for 2018/19 PTPTP intake
PH 5.1E	The learning outcomes and activities for Quality Assurance rotations should be reviewed	A training pack including learning outcomes, activities and assessments should be submitted to HEE
PH5.3b	The Trust should review the pre-registration pharmacist training programme to ensure there is an even spread of clinical training across the year which increases in complexity	Trust to submit a report of the review and actions taken with an outcome of the review
PH5.3c	Explore the time PRPs spend between operational and clinical work, in order to find a more suitable balance where trainees gain the required clinical training time.	Trust to provide evidence and result of review to include: • Audit results/ report • Copies of rota

Ph5.5	Trainees should have exposure to multiprofessional learning	Trust to review opportunities for multiprofessional learning for pre-registration pharmacy trainees
PH6.1	Pre-registration pharmacists should have a local training handbook including rotation learning outcomes and practice activities to guide their learning	Trust to provide handbook materialsfor new intakes

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

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