

Homerton University Hospital NHS Foundation Trust

Pharmacy

Risk-based Review (on-site visit)



Quality Review report

17 April 2018

Final report

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Quality Review details

Background to review	<p>The Programme Review (on-site visit) to pharmacy at Homerton University Hospital 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.</p> <p>At the time of the review, the Trust had 450 inpatient beds and provided additional community-based services. The most recent Care Quality Commission (CQC) visit was in 2016 and the Trust was rated as good overall.</p>
Training programme / specialty reviewed	<p>Pharmacy</p>
Number and grade of trainees and trainers interviewed	<p>The review team initially met with:</p> <ul style="list-style-type: none"> • Chief Pharmacist • Educational Programme Director for Pre-registration Pharmacy Training and Educational Supervisor • Medicines Information Pharmacist • Project/ Clinical Trials Pharmacist • Locum Pharmacist – PbR excluded drugs • Dispensary Manager • Medicines Management Technician • Lead Technician, Procurement, Distribution and Stores • Divisional Operations Director <p>Trainees</p> <p>There were two trainees at the Trust at the time of the review; one pre-registration pharmacist trainee (PRP) and one pre-registration trainee pharmacy technician (PTPT). Both trainees had started training at the Trust in September 2017.</p>
Review summary and outcomes	<p>Health Education England (HEE) thanked the Trust for its cooperation and participation in the review process. Overall the review team found the pharmacy department was supportive of the trainees and provided a friendly training environment with helpful and approachable supervisors. At the time of the review, the department was undergoing a restructure which involved the alteration of many staff roles and the addition of four new team members.</p> <p>The review team identified some areas which required improvement and detailed recommendations and required actions relating to these:</p> <ul style="list-style-type: none"> • the processes and training for Educational Supervisors (ESs) regarding identifying and supporting trainees requiring additional support (TRAS) should be formalised. HEE can provide guidance to support this • prior to undertaking weekend shifts, trainees' roles and responsibilities should be clarified with staff and that they are confident and competent to carry out the necessary tasks • processes and documentation to support trainee development and progression were not all formalised, for example relating to supervision meetings, trainee appraisals and TRAS as above • the department did not have a named Education Programme Director lead for pre-registration trainee pharmacy technician (PTPT) or Pharmacy Technician development who had awareness of national or regional initiatives to support development of this professional group

	<ul style="list-style-type: none"> • there was a need for greater clarity around the roles and educational requirements of educational and practice supervisors within the department • educational supervision responsibilities should be considered when planning the new posts as part of the departmental restructure • the Trust would benefit from Pharmacy workforce and education representation at a strategic level to support enhancing clinical service development, sharing best practice and capitalising on multi-professional learning opportunities • the department lacked representation at regional educational forums and engagement with relevant educational networks to support workforce transformation with relation to Pharmacy Technicians and Pharmacy Assistant Apprenticeships • there was a wide range of expertise in the department relating to supporting trainees educationally. The department was advised to conduct an audit of this expertise and consider this when allocating supervision responsibilities and reviewing roles as part of the restructure so this can be formalised in job plans.
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Quality Review Team

HEE Review Lead	Liz Fidler, Associate Head of Pharmacy, HEE London and the South East	External Clinician	Aamer Safdar Education Lead for Pharmacy Guy's and St Thomas' NHS Foundation Trust
External Clinician	Rachel Stretch Pre-registration Pharmacist Education Programme Director	Lay Representative	Ryan Jeffs Lay Representative
Scribe	Louise Brooker Learning Environment Quality Coordinator Quality, Patient Safety & Commissioning Team (London & South East)	Observer	Pam Bahia Pharmacy Programme Facilitator HEE London and the South East

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

The Chief Pharmacist outlined plans for a restructure within the department. Following the release of the Carter Review (2016) a review of staffing levels and clinical activity had been conducted, which concluded that the department was understaffed by 19 posts. The Chief Pharmacist had submitted a business case which had been partly funded, including approval for four additional staff. In addition, existing posts within the department had been altered as part of the restructure and the Trust were recruiting for Medicines Optimisation Technicians and band 8b Pharmacists. No staff were to be made redundant and the Trust planned to recruit internally where possible. As part of this process, a mapping exercise had been carried out to determine the training needs within the department for existing staff to take on new roles

The Chief Pharmacist advised that the department had agreed to keep trainee numbers low as the team was small and there was concern that it would not be possible to provide adequate support and supervision to additional trainees. However, there was a plan to review supervision capacity following the department restructure. At the time of the review, there was no named Educational Lead for pre-registration trainee

pharmacy technician (PTPT) training and the Educational Programme Director (EPD) for Pre-registration Pharmacists acted as overall Educational Supervisor (ES) for both trainees. Following the restructure, it was planned that a new band 8b role with 0.5 whole time equivalent (WTE) allocation for education and training would take on full ES responsibility for the PTPT.

There was a discussion regarding the department's educational strategy and how this linked to the overall Trust strategy. The Chief Pharmacist reported that the department did not participate in any Trust-wide education forum and that the main liaison with the education and training team was the lead nurse for the division. It was felt that the various divisions within the Trust functioned separately in terms of education and there was a lack of opportunity for a cohesive strategy. However, the department had been encouraged to apply for training funds and to access staff development opportunities such as independent prescribing training for pharmacists and were generally successful.

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>Serious incidents and professional duty of candour</p> <p>The Practice Supervisors (PSs) reported that there was a near miss log, although there was some concern that this was not always completed at busy times. The log was checked by the service manager, who used this information to identify training and supervision needs and would escalate concerns when needed. The review team did not hear of any serious incidents.</p> <p>Trainees reported that they were familiar and comfortable with the process of reporting errors.</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>Educational governance</p> <p>There was discussion of the governance arrangements for pre-registration trainee pharmacy technician (PTPT) training. The Educational Programme Director (EPD) reported that there were quarterly updates from the college and ongoing meetings with the peripatetic assessor to review the training timetable and trainee progression. Responsibilities for the PTPT trainee's line management, educational supervision and approval for annual leave were split between different individuals. The overall PTPT programme was set by the Chief Pharmacist and EPD, with input from the section leads around rotations and assessments. The PSs felt that the trainee was well-supported but that there was a degree of detachment between the college and practice-based elements of PTPT training.</p>	
Ph2.2	<p>Local faculty groups</p> <p>The review team heard that a local faculty group (LFG) had been established and met for the first time in March 2018. Further meetings were planned for May and September 2018. The feedback received from the supervisors and trainees was positive; both groups reported that the LFG was a useful forum to raise issues. The EPD advised that the meeting was minuted and actions were agreed, but these were not shared outside the department.</p>	Yes, please see Ph2.2

Ph2.3	<p>Trainees in difficulty</p> <p>The EPD was aware of the HEE guidance around trainees requiring additional support (TRAS) and had undergone training around putting this into practice. It was reported that the process had been followed successfully to assist a trainee requiring reasonable adjustments to their work. The review team advised that HEE could provide additional support with the TRAS process if needed and that the wider supervision team within the department could provide assistance.</p> <p>The review team questioned the PSs about the process for managing concerns around a trainee’s practice at the end of rotation. The PSs advised that communication within the team was good and that concerns were shared among supervisors as appropriate, but that appraisal paperwork was not shared between PSs. It was reported that all such documentation was sent to the EPD. The PSs were unsure whether there was a formal appraisal system in place for the PTPT.</p>	Yes, please see Ph2.3
GPhc Standard 3) Equality, diversity and fairness		
<p>Standards</p> <p>Pharmacy education and training must be based on the principles of equality, diversity and fairness. It must meet the needs of current legislation.</p>		
	Not discussed at this review	
GPhc Standard 4) Selection of trainees		
<p>Standards</p> <p>Selection processes must be open and fair and comply with relevant legislation.</p>		
	Not discussed at this review	
GPhc Standard 5) Curriculum delivery and trainee experience		
<p>Standards</p> <p>The local curriculum must be appropriate for national requirements. It must ensure that trainees practise safely and effectively. To ensure this, pass/ competence criteria must describe professional, safe and effective practice.</p> <p>This includes:</p> <ul style="list-style-type: none"> • The GPhC pre-reg performance standards, Pre-registration Trainee Pharmacist Handbook and local curricular response to them. • Range of educational and practice activities as set out in the local curriculum. • Access to training days, e-learning resources and other learning opportunities that form an intrinsic part of the training programme. 		
Ph5.1	<p>Rotas</p> <p>The department rota and service provision was discussed. The review team heard that working hours in the department were 09:00 to 17:00 from Monday to Friday, 11:00 to 14:00 on Saturday and 11:00 to 15:00 on Sunday. Participation in the Sunday rota was voluntary and paid as overtime. Both trainees had worked on Saturday and Sunday shifts.</p> <p>There was a lack of clarity around the role of the pre-registration pharmacist (PRP) trainee during weekend work. The review team heard that trainees were allocated to</p>	

	<p>Saturday shifts shortly after starting training in the department and that there were opportunities to complete training logs and access training opportunities on Saturdays. Sunday shifts were always based in the dispensary and trainees were not rostered to work on Sundays for the first few months of training. The EPD and PSs reported that there was no agreed competence or experience level which trainees needed to meet before working on weekends, and the PSs advised that the PRP trainee's role on weekend shifts was similar to that of a technician. The PRP trainee felt confident that there was always a pharmacist responsible for supervision and that the team culture was supportive of trainees asking questions, requesting supervision and raising concerns when needed. The Review Lead advised that the trainees' roles and responsibilities at weekends should be clarified so that the trainees and the wider team were aware of which tasks the trainees could appropriately carry out.</p> <p>The review team heard that the rotas were fixed but that adjustments had been made to better meet trainees' needs, for example following periods of sickness.</p> <p>When discussing the rota with the PTPT trainee, it was heard that there was a fixed 2-year plan for rotations. The PTPT trainee informed the review team that rotations were not appropriately structured, and that too much time was spent in the dispensary.</p> <p>The PTPT trainee had also informed the review that prior to the review they had worked on the weekend rota as an ATO, but that it was mandatory since they had become a PTPT trainee. It was also heard that the late rota was mandatory for the PTPT trainee. The PTPT trainee noted that they had not learnt anything new for the first few months of working on weekends and that they would have liked a more varied experience, especially in the dispensing unit. The PTPT trainee informed the review team that they had been always supervised.</p>	<p>Yes, please see Ph5.1</p>
<p>Ph5.2</p>	<p>Induction</p> <p>The EPD advised that trainees received a Trust induction followed by a departmental induction which involved sessions with each section lead. The EPD was responsible for ensuring all elements of the trainee induction were complete.</p> <p>The PTPT trainee informed the review team that they had attended a 1-2-1 with the PRP EPD, who provided an overview on how they could complete their NVQ. However, the PTPT noted that they still felt like an ATO within the work place rather than a trainee and although this was not an issue for them, felt would be relevant to mention for the next trainee cohort.</p>	
<p>Ph5.3</p>	<p>Education and training environment</p> <p>The quality review team were informed by the PTPT that training at the Homerton had provided them with new learning experiences, opportunities to develop skills and gain experience to be a pharmacy technician (PT). Opportunity to undertake a medicines management rotation would be essential to support post-registration development.</p> <p>The review team heard that the department provided a friendly and supportive training environment.</p>	
<p>Ph5.4</p>	<p>Educational plans</p> <p>The EPD informed the review team that there was a full 12 month rotation plan in place for PRP training which covered all relevant clinical areas. PSs were aware of the standard objectives for each placement and were able to work with trainees to set additional objectives depending on the trainee's individual needs.</p> <p>The PTPT reported that they had a robust educational plan for the 2 years that had been adapted to support their personal circumstances. The PTPT wanted to mention the great support from the Chief Pharmacist and EPD to support them progress.</p>	

Ph5.5	<p>Progression and assessment</p> <p>The PSs advised that they were aware of the appraisal process for PRP training and followed this, although due to workload it was sometimes difficult to carry out mid-rotation appraisals on time. The PSs were responsible for signing off objectives during each rotation and fed this information back to the EPD to map against the overall training competencies. The PSs reported that the EPD had distributed a form for the PSs to submit formal feedback about trainees.</p> <p>The review team heard that the processes for supervision and appraisal for PTPT training were less formalised but that there were set objectives and associated competencies to be completed. The PSs expressed concern that this might create difficulties for future PTPTs if they were recruited from outside the Trust and did not know the department well. The PSs felt that feedback on the PTPT's progress was directed largely to the peripatetic assessor rather than the educational or supervision teams at the Trust.</p>	Yes please, Ph 2.3
Ph5.6	<p>Rotations and integrated curricula</p> <p>It was reported that, due to the size of the department and small number of trainees, it was not possible to run local specialist clinical teaching sessions. Following trainee feedback, the EPD arranged for the PRP trainee to attend teaching sessions at Barts Health NHS Trust. The PRP trainee reported that these sessions were useful and had helped with establishing objectives for future rotations.</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 review team was informed that the main mechanism for trainees to give feedback was via the EPD, although if queries or comments related specifically to practice in one area trainees could also discuss this with the relevant PS. The newly-established LFG provided another forum for trainees to give feedback.</p>	
Ph6.2	<p>Educational supervision</p> <p>The EPD acted as ES for the PRP trainee and had some educational oversight for the PTPT trainee, although the peripatetic assessor was mainly responsible for PTPT educational supervision. The EPD's role was allocated 0.5 whole time equivalent (WTE) for education and training and 0.5WTE for clinical work. The review team heard that this balance could be difficult to achieve, particularly during periods of high clinical demand. The EPD was also responsible for supervision of the junior pharmacists. The Chief Pharmacist acted as line manager to the PRP trainee and conducted their appraisals.</p> <p>Educational supervisor (ES) meetings between the EPD and trainees were often conducted on an informal, ad-hoc basis, enabled by the small size of the department. However, the review team heard that such ad-hoc meetings were less likely to occur if a trainee was on a rotation away from the main hospital building, such as community or mental health. These meetings were not always documented.</p> <p>The PTPT trainee informed the review team that they met with their PRP EPD every 2 months to go through their progression and learning objectives. It was heard that</p>	<p>Yes, please see Ph6.2a</p> <p>Yes, please see Ph6.2b</p> <p>Yes, please see Ph6.2b</p>

	the dispensary lead provided some PT expertise but that it was lacking a PT professional education lead to ensure national work and role was fully understood.	
Ph6.3	<p>Practice supervision</p> <p>The PRP trainee reported that there was an assigned PS for each rotation. No concerns were raised about trainees being left alone or asked to work beyond their competency level. Training logs for competencies such as medicines reconciliation and patient assessments were filed electronically on a shared drive where they could be accessed by the PSs. The PSs reported that if there were concerns about a trainee, these would be escalated to the EPD.</p>	
Ph6.4	<p>Inter-professional multi-disciplinary learning</p> <p>The review team heard that trainees were encouraged to participate in multidisciplinary ward rounds and grand rounds. The EPD reported that the PRP trainee was also encouraged to work with junior pharmacists when relevant training opportunities arose. In the dispensary, the PSs advised that the trainees were allocated to work with the pharmacy technicians as well as the PS in order to expose them to different ways of working.</p> <p>The Chief Pharmacist reported that staff in the department delivered training sessions to fifth year medical students and foundation-level junior doctors. The Chief Pharmacist was seeking an agreement whereby the PRP trainee could attend relevant medical training sessions.</p>	Yes, please see Ph7.1d

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>Range of mechanisms in place to support anyone delivering education and training (time for role and support)</p> <p>Both the EPD and PSs reported that it was difficult to fit supervision responsibilities into the working day and establish dedicated time for supervision. The PSs felt that having allocated time for supervision would enhance trainees' learning. It was unclear whether there would be additional time for clinical supervision in the new job plans created by the departmental restructure.</p> <p>The review team was informed that national developments and training updates were sent to the EPD and cascaded to the PSs. The Review Lead advised that the department currently lacked representation at national training networks, for PTPT/PT training.</p> <p>As noted in the initial discussion with the Chief Pharmacist, the educational strategy for pharmacy was separate from the overall Trust strategy and there was a lack of inter-divisional communication around training.</p>	<p>Yes, please see Ph7.1a</p> <p>Yes, please see Ph7.1b</p> <p>Yes, please see Ph7.1c</p> <p>Yes, please see Ph7.1d</p>
Ph7.2	<p>Continuing professional development opportunities</p> <p>There was a discussion of the supervision training undertaken by the PSs. The PSs reported that this varied, with some having undergone formal training, and some having learned through experience of working with trainees in current and former roles. The EPD has completed a post graduate certificate and diploma in pharmacy practice, has qualified and is registered as an independent prescriber and has attended both LPET and London School of Pharmacy education supervisor study days.</p>	Yes, please see Ph7.2

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.

Not discussed at this review

GPhC Standard 9) Resources and capacity

Standards

Resources and capacity are sufficient to deliver outcomes.

Not discussed at this review

GPhC Standard 10) Outcomes

Standards

Outcomes for the initial education and training of pharmacists.

Ph10.1

Retention

The review team heard that the PSs had informally talked to the PRP trainee and given advice about the transition to a junior pharmacist role and the different skills needed in different settings. The PSs reported that these discussions were led by the PRP trainee's interests and experience on rotation. The PSs were unsure of whose formal responsibility it was to inform trainees about post-registration roles.

Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date
The flexibility and one-to-one support offered to trainees with relation to individual needs whilst undertaking their programmes of study	Iola Williams	Share models and experience at Education Programme Director events	30/04/2018

Immediate Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence
	Not applicable	

Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence
Ph2.2 & Ph7.1b	The Trust would benefit from Pharmacy workforce and education representation at a strategic level within the Trust to support enhancing clinical service development, sharing best practice, discussing trainee progression and to capitalise on multi-professional learning opportunities.	Please provide evidence that the Department is integrated with the wider Trust Education Governance infrastructures.
Ph2.3	The Trust is advised to formalise the processes and training for Educational Supervisors (ESs) regarding identifying and supporting trainees requiring additional support (TRAS). HEE can provide guidance to support this.	The Trust should document a formal process for management of TRAS and identify the training required for ESs to carry out this process. Please provide a copy of the documented process and evidence that relevant training has been identified and is available to the ES(s).
Ph5.1	The Trust should ensure that, prior to undertaking weekend shifts, trainees' roles and responsibilities are clarified with staff and that they are confident and competent to carry out the necessary tasks.	Please provide evidence of communication to staff and trainees regarding the role of trainees working on weekend shifts. Please also provide evidence that trainees competencies are assessed and documented prior to working at weekends and that this information is shared with the relevant practice supervisors (PSs).
Ph6.2a	The Trust should consider the need for formalised processes and documentation to support trainee development and progression, for example relating to supervision meetings, trainee appraisals and TRAS as above.	Please provide electronic copies of the relevant documentation once this has been developed.

Recommendations		
Rec. Ref No.	Recommendation	Recommended Actions / Evidence
Ph6.2b	There is a need for greater clarity around the roles and educational requirements of educational and practice supervisors within the department.	Please provide evidence of communication to the supervisors within the department detailing the requirements and remits for ESs and PSs.
Ph7.1a	The Trust are strongly advised to consider educational supervision responsibilities when planning the new posts as part of the restructure.	Please provide copies of the job plans for the new posts which will include ES responsibilities.
Ph7.c	The department does not currently have a named Education Programme Director lead for pre-registration trainee pharmacy technician (PTPT) or Pharmacy Technician development with awareness of national or regional initiatives to support development of this professional group.	Please provide evidence that the new band 8b post holder (who will become educational lead for PTPT), when appointed, links with national and/or regional training initiatives and cascades relevant information to trainees and practice supervisors.
Ph7.1d	The department should ensure that it is represented at regional educational forums and engaged with relevant educational networks to support workforce transformation with relation to Pharmacy Technicians and Apprenticeships.	Please provide evidence of participation in regional forums and networks relating to the Pharmacy Technician role and its development.
Ph7.2	The review team recognises the range of expertise in the department relating to supporting trainees educationally. The department is advised to conduct an audit of this expertise and consider this when allocating supervision responsibilities and reviewing roles as part of the restructure so this can be formalised in job plans.	Please provide documentation showing the current supervision expertise for ESs and PSs , as well as the training and development opportunities available for those staff who have not undergone supervision training.

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: