QUALITY AND REGULATION TEAM
(LONDON AND SOUTH EAST)

NHS
Health Education England

North Middlesex University Hospital NHS Trust

Pharmacy

Risk-based Review (on-site visit)

Quality Review report

1 May 2018

Final Report

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Quality Review details

Background to review	The Programme Review (on-site visit) to pharmacy at North Middlesex University Hospital NHS Trust was organised as part of the programme review being undertaken across all pharmacy departments in the London and Kent, Surrey and Sussex geography, rather than 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.
Training programme / specialty reviewed	Pharmacy
Number and grade of trainees and trainers interviewed	The review team met with the following: - The Chief Pharmacist and education programme leads; - eight Pre-registration Pharmacist Educational Supervisors; - five Pre-registration Pharmacy Technician Educational Supervisors; - seven Pre-registration Pharmacist trainees; - five Pre-registration Trainee Pharmacy Technicians; and - three practice supervisors for dispensary and medicines information
Review summary and outcomes	The quality review panel thanked the Trust for facilitating the review. The review team was pleased to report that the following areas were working well: - All Pre-registration Pharmacist (PRP) and Pre-registration Trainee Pharmacy Technician (PTPT) trainees agreed that the Trust had been a good place for training and that their education supervisors were supportive in getting the trainees any additional training that they needed. The majority of trainees in both groups would recommend the Trust to their peers for training; - The new leads for education, along with the Chief Pharmacist, had been proactive in developing training programmes with appropriate induction. In particular, the PTPTs all spoke highly of the PTPT education programme lead; and - The Local Faculty Group (LFG) was well organised and recognised as a valuable forum for raising concerns for the PRP trainees However, the review team identified the following areas for improvement: - Although significant work was being undertaken to develop the pharmacy workforce, this was taking place in isolation of other professions. There is an urgent need for a joined up approach to workforce planning and development to capitalise on new roles such as apprentices and advanced clinical practitioners across the organisation; - Whilst valuable for the PRPs, the PTPT trainees were unclear of the purpose of the Local Faculty Group and the PTPT EPD felt that the meetings tended to be heavily weighted toward PRP issues; - There were specific operational issues around training in outpatient dispensing and issuing of prescribed medicines, particularly for PTPTs.

	The review team heard that there was more structure and time for training in inpatient dispensing and as a result recommended that timetables are reviewed so that trainees are trained in inpatient dispensing before rotating into outpatients; - Some of the PTPTs were on split rotations, and in some cases covering more than two rotations in the same day meaning that it was hard for them to derive value from their training experience; - The PRPs reported that there was little scope for interprofessional learning across the Trust; and - The PRPs reported that their initial clinical training varied depending on the rotation and experience of the trainer. The review team recommended that the curriculum be reviewed to ensure consistency in this initial rotation with an experienced practice supervisor

Quality Review Team			
HEE Review Lead	Gail Fleming Dean of Pharmacy, London and Kent, Surrey and Sussex	**HEE Representative**	Liz Fidler Associate Head of Pharmacy
External Representative	Sheetal Jogia Pre-registration Pharmacy Technician Education Programme Director, King's College NHS Foundation Trust	**External Representative**	Karen Shuker Education and Training lead, Surrey and Borders Partnership NHS Foundation Trust
Lay Member	Robert Hawker	**HEE Representative**	John Marshall Health Education England, Learning Environment Quality Co-ordinator
Observer	Laura O'Sullivan Policy Manager, Health Education England	**Observer**	Emma Timothy Pre-registration Pharmacy Technician, Barking, Havering and Redbridge University Hospitals NHS Trust

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

The quality review team met with the Chief Pharmacist, the Education Programme Director (EPD) for Pre-registration Trainee Pharmacist Technicians (PTPT) training, the acting EPD for Pre-registration Pharmacists (PRP), and the lead PRP Education Supervisor (ES).

The Chief Pharmacist gave the review team an overall picture of the structure and changes taking place within pharmacy education at the Trust. The review team heard that a new PTPT educational lead role had been established who had reorganised PTPT training and had established a team of 10 Medicines management technicians (MMT), an increase of two from the time of the PTPT educational lead joining the Trust. The PTPT EPD's role had shifted from an active training role to overall management and coordination of PTPT education. The Chief Pharmacist informed the review team that the Trust had acted upon feedback from previous PTPT cohorts to devise more bespoke, individual training programmes for the PTPTs.

The review team heard that each of the PTPT ESs were responsible for one year one (Y1) PTPT and one year two (Y2) PTPT. Rotations between specialties were divided into four rotations per year, rotating every three months. It was expected that the PTPTs would take on more responsibilities in their Y2 rotations to prepare them for the next stage of their training, for example more patient-focused work around medicines counselling. The review team heard that the PTPT EPD was in the process of devising a new induction scheme for the next incoming cohort of trainees.

For PRP training, the review team heard that an EPD was in post as a maternity cover. The acting EPD was doing the role alongside their pharmacy service work on a 50/50 split. The acting EPD was assisted in their role by the lead PRP ES. The review team heard that there were 11 PRPs at the Trust and that they solely undertook training for their first three months in the role to prepare them for service work. The review team heard that once prepared for service work, the PRPs contributed to the role of either a junior pharmacist or a Medicines Management Technician (MMT). The review team heard that once into their rotations, the PRPs would be joining a team that usually consisted of a lead pharmacist, a deputy pharmacist and an MMT.

Both the PRP and PTPT leads felt well supported by the Trust in their roles as lead educators and were keen to develop in their roles and had plans to take the training on offer from HEE and the General Pharmaceutical Council, as well as in-house training offered by The Trust.

The Chief Pharmacist acknowledged that they had not seen a Trust-wide strategy for workforce development but felt that the ongoing changes within pharmacy training were working well and hoped that now these were better established that they could explore opportunities for MDT learning across the Trust. The review team heard that the Trust induction included a section on pharmacy and that recent changes to the organisation of pharmacy services at the Trust were showing the potential benefits of MDT working. The review team heard that the Trust had recently introduced pharmacist prescribers to some wards, releasing doctors to undertake other clinical duties. In cases of patient discharge the average time taken from the decision being made to the patient leaving had reduced from around five hours to two hours with the prescribers on the ward. The Chief Pharmacist informed the panel that the plan was to have 90% of pharmacists in patient facing roles and that there were plans to introduce a prescribing pharmacist to a new rheumatology clinic.

The review team heard that there is no electronic prescribing system in place at the Trust but that this is something that the Chief Pharmacist has been taking forward.

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	**Patient safety** The quality review team heard of no incidences of patient safety being compromised.	

PH1.2	**Serious incidents and professional duty of candour** The quality review team heard that there were no serious incidents reported.	
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	**Local faculty groups (LFG)** The quality review team heard that LFG meetings were scheduled to take place quarterly but that these sometimes were moved to take into account service pressures. The review team heard that these meetings had representation from all levels of pharmacy, PRP and PTPT – trainees and education leads and ESs – and was attended by the Chief Pharmacist. Whilst it was agreed that the LFG was a valuable forum for raising concerns and addressing issues, the review team heard that the meetings tended to be heavily weighted toward PRP issues and that it was not possible to fully address all areas of PTPT. The review team heard that although the meetings were documented and actions set, the minutes were not distributed to all trainees and ES'. The review team were particularly impressed with the input to LFGs by the PRPs, noting that the pre-meeting survey of 10-12 questions for PRPs and the analysis of the results to determine the issues to be raised at the LFG was a sign of good practice.	Yes, please see PH2.1a Yes, please see PH2.1b
PH2.2	**Trainees in difficulty** The quality review team heard that the PRP ESs felt well equipped as a group to manage situations where a trainee required additional support. The ES' reported that there was enough experience within the group to act proactively and sensitively where a trainee was in difficulty or had missed parts of their training due to unforeseen factors. Where a trainee did need additional support they were provided with the pastoral support necessary and increased contact time with their ES'. The review team heard that bespoke work plans were devised where trainees needed to catch up.	
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	**Rotas** The quality review team heard that the rota for PRPs was fixed, allowing for changes only when there were service demands. Any changes to the rota for PRPs had to be cleared with the acting PRP EPD. The PRP EPD noted that this new system was an improvement when compared to the previous year. For the PTPT ES' there was protected time on the rota to meet their educational commitments and associated paperwork. The review team heard that it was compulsory for ES' to meet with their trainees so that on the rare occurrence that service demands impacted this the PTPT EPD would step in to fill the gap. The review team heard that the PRPs were required to work late shifts once every two weeks in the dispensary, 16:00 – 19:15. Any time over that would be given back as time off in lieu (TOIL). The PRPs reported no issues in having to ask for the TOIL back but that it had to be taken within two weeks of being accrued and could not be taken from time that they were scheduled to be in the dispensary. This meant that the time was usually taken from their time on the ward which is time that the PRPs felt offered more educational value. The review team heard that PRPs were required to work 1 in 5 weekends, on either Saturday or Sunday. The PRPs were not expected to work late or weekends immediately upon starting their posts in order to allow them to gain competencies within their roles. At weekends the PRPs would usually be working with either a band 7 or 8 pharmacist and an accuracy checking technician. The review team heard that PTPTs were required to work late and at weekends; their duties at these times primarily included dispensary work and stock checking.	Yes please see PH5.1
PH5.2	**Induction** The quality review team heard from the PRPs that they had received a thorough pharmacy induction. The review team heard that the induction covered all aspects of their pharmacy rotations, including details on their objectives and the completion of training logs. The PRPs reported that they received a handbook with information on rotas, out of hours services and other support available. The review team heard that the quality of inductions for specific rotations depended on the pharmacist leading them. It was reported that some lead pharmacists conducted well planned inductions to their areas and that others did not. The review team heard that introductions to rotations also depended on the specialty, with some allowing time to familiarise the PRPs with what was expected of them, however, when compared to the acute medical wards the PRPs felt there was pressure on them to know their roles immediately. As a result, some of the PRPs reported that they enjoyed their rotations based on the	Yes, please see PH5.2

	pharmacist leading it rather than the specialty. It was also reported that not all of the PRPs received any formal Medicines Reconciliation (MedRec) training. The PTPTs reported that they received a two week induction that covered all aspects of their rotations and a handbook detailing their training plan that included named training leads across all specialties, including information on completing distribution and production logs. The review team heard that the induction process for outpatient clinics was unclear. Some of the PTPTs reported being in patient facing roles without knowing the correct processes and questions to ask when handing medicines to patients, for example asking whether a patient was pregnant or not. The review team heard from the PTPTs that they felt as though they were expected to use their own initiative to familiarise themselves in outpatient settings. The PTPTs reported that where they felt unsure, they could raise issues around their induction or training to the PTPT EPD or their ES and that they were proactive in ensuring that the PTPTs received the required training.	
PH5.3	**Education and training environment** The quality review team heard that the PRPs enjoyed a good relationship with their ES' and the specialist pharmacists leading their rotations. The PRPs reported that they found the specialist pharmacists approachable and accommodating to their training needs. It was reported that as some of the rotations were intensively demanding in terms of service there was little scope for learning. In contrast, PRPs who had undertaken rotations at St Ann's Hospital noted that whilst there they felt that they were on a training placement whereas at NMUH they felt like permanent members of staff. The review team heard that the PRPs enjoyed being part of a large PRP cohort and found that their shared experiences made for a rounded training environment. The PRPs reported that their ES' were proactive in facilitating their requests for particular training rotations and obtaining additional training for PRPs where required. The review team heard that the PRPs felt that they were being used to cover gaps in dispensary service due to a lack of staff and this was at the expense of their training, especially during short rotations. The PRPs reported that they had raised the issue with the ES' but felt that this was beyond the immediate control of pharmacy management. The PRPs noted that it was becoming more frequent that they were covering dispensary duties and that they were usually called upon in the afternoons when there were a large number of items due for dispensing before 17:00. The review team heard that the PRPs enjoyed their fortnightly training sessions on Thursdays but that they had to ensure that these were scheduled on the rota. The PRPs had raised the issue at an LFG meeting and the request had been accommodated by the PRP EPD. When asked about MedRec training the PRPs informed the review team that they were required to meet a minimum of 10 cases signed off correctly and checked by the lead pharmacist before being cleared to undertake medicines reconciliation. The PRPs noted that on wards with a slow patient turnover, such as surgery wards, it could take a long time to meet the required number of cases. The PRPs reported that they had regular meetings with their ES', usually every two or three weeks, and that these were documented but that there was no fixed format for documenting these meetings across pharmacy training. The review team heard that PRPs valued their relationship with their ES and felt that they could raise any issues that they had. The review team heard that the PRPs in off-site rotations maintained regular contact time with their ES.	Yes, please see 5.3a

	The PTPTs reported that they enjoyed their training and that they felt well supported by their ES' and the PTPT training lead and that they were proactive in addressing any concerns they had. The review team heard that PTPTs had regular contact with their ES' and that they were given progress reports every six to eight weeks. The review team heard that the PTPTs would like more time protected in their job plans for studying, noting that the one hour per week was not enough and that at busy times of year there was no time for studying due to service demands. The PTPTs also reported that the correlation between their work at the Trust and their college work was not always clear. With regard to medicines management training, the PTPTs reported that the training included what information was required and why it was collected for the compilation of drugs charts. The PTPTs reported that they shadowed a Medicines Management Technician (MMT), and were issued with a log and training pack. The review team heard that in some cases medicines management training was shortened to cover a lack of dispensary staff. The review team heard that there were specific operational issues around training in outpatient prescribing, particularly for PTPTs. The review team heard that there was more structure and time for training in inpatient dispensing. It was reported that whilst there was a standard operating procedure in place, some of the PTPTs did not feel they had been given a sufficient induction to be fully comfortable with what they felt was expected of them. The Practice Supervisor (PS) for dispensary gave the review team an overall picture of the dispensary operation at the Trust. The review team heard that the dispensary for inpatients and outpatients was a single facility divided between the two functions. PRPs and PTPTs entering the dispensary for the first time would be welcomed by the PS and follow the same induction process. The review team heard that both groups of trainees would be assigned a pharmacist or MMT to shadow to observe and familiarise themselves with the dispensary processes as appropriate. Trainees were provided with a standard operating procedure covering medicines handling and stock control. The review team heard that the PRPs in the dispensary were given a workbook containing assessments and a log book and were required to complete 200 practice logs before being allowed to sign off outgoing medicines. The review team heard that for clinical screening the PRPs were required to shadow a prescribing pharmacist. It was reported that the PRPs needed to complete a clinical screening log of 200 cases. Before being dispensed these cases were countersigned by a senior pharmacist to ensure accuracy. For PTPTs the review team heard that there was no set checklist for determining progress in outpatient dispensing. The dispensary PS acknowledged that the training for PTPTs in the outpatient dispensary were not as robust as for inpatient dispensary due to service demands. The review team heard that the PS was looking to review practices and develop a comprehensive induction handbook for PTPTs. However, it was reported that the PTPTs would not dispense any medicines if they had not yet met the required number of dispensing logs. The review team heard that the dispensary was short staffed with four or five posts currently vacant across all staff. It was acknowledged that the PTPTs were treated as part of the permanent workforce rather than trainees on placement.	Yes, please see PH5.3b
PH5.4	**Progression and assessment**	

	The PTPT ES' reported that since the move to the Smart Assessor system the monitoring of PTPT training progress was harder to keep track of and obtaining data from Westminster Kingsway College on trainee progress was inefficient. Despite this, the ES' felt that they maintained a clear and detailed record of PTPT progress. The review team heard that the PTPTs had no issues with regard to their NVQ progress. The PTPTs reported that feedback from Smart Assessor was slow but that it was usually received whilst still in the given rotation.	
PH5.5	**Rotations and integrated curricula** The quality review team heard that the quality of training opportunities varied across rotations. The PRPs reported that there were good opportunities across the surgical wards, critical care, and the acute medical unit (AMU). The review team heard that PRPs in the AMU were exposed to a varied case mix and were invited to pick a case and devise a medicines plan to be talked through with the lead pharmacist. The review team heard that there was no set number of cases to be logged across different rotations. Some rotations had set case numbers to be logged whereas on others, PRPs were signed off once they could demonstrate the required competencies. The majority of the PRPs the review team met with indicated that they had completed the majority of the required logs and that they were now thinking of themselves as pharmacists and that they were incrementally taking on more responsibilities, including being on the ward without immediate supervision. The PRPs reported that they felt comfortable with this arrangement as the Trust had in place suitable mechanisms to escalate cases when the need arose. The review team heard that the PTPTs enjoyed their rotations but that due to service demands and lack of staffing across the Trust, some of the PTPTs were on split rotations, and in some cases covering more than two rotations at a time meaning that it was hard for them to derive value from their training experience. The review team also heard that it was common for the PTPTs to have to cover other duties at short notice, taking them out of their training. When asked about what improvements they felt could be made to their training, the PRPs responded that that they would like the opportunity to take a whole rotation in clinical pharmacy.	Yes, please see PH5.5

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	**Mechanisms in place to support trainees to develop as learners and professionals** The quality review team heard that the PRPs were aware of the necessary mechanisms for reporting dispensary errors. The review team heard that errors were uncommon and that the majority of these were around the format medicines were dispensed in, for instance issuing tablets instead of capsules. The PRPs reported that where needed the appropriate escalation process and supervision was available and that they felt well supported when reporting errors. When errors did occur the review team heard that they were recorded in the dispensary log. However, the review team heard that in outpatient settings there was little time for constructive feedback due to the nature of the demands of service.	

PH6.2	**Practice supervision** The quality review team heard that the PRPs had assumed that the lead pharmacist was the practice supervisor (PS) on each rotation but that this had not been made explicitly clear. However, despite this no issues were raised and the majority of PRPs reported that they enjoyed good relations with the lead pharmacists on their rotations. The PRPs also reported that they were unsure who the practice supervisor was whilst they were on duty in the dispensary. The review team heard that the PTPTs were informed well in advance who their PS would be but that this could change at short notice. It was reported that there was little scope for learning opportunities in some rotations due to service demands.	Yes please see PH6.2 below
PH6.3	**Inter-professional multidisciplinary learning** The quality review team heard that there was a recognisable benefit to inter-professional and multidisciplinary learning but that there was no joined up strategy in place across pharmacy or the Trust. The PRP ES' noted that they encouraged their trainees to join the Royal Pharmaceutical Society and to attend events and training days offered by pharmaceutical companies. The review team heard that all PRPs had the opportunity to attend a study day organised by GlaxoSmithKline where they were invited to tour the production facility and could explore research pharmacy career options. The review team heard from the PRPs that they had enjoyed the inter-professional working opportunities received at undergraduate level and would welcome the chance to have the same during their pre-registration year and beyond. The review team heard that inter-professional training opportunities were rare but that where they did occur they were valuable. One of the PRPs reported that they had shadowed a diabetes specialist nurse on their ward round to gain further clinical experience. Some of the PRPs noted that they had attended ward rounds with a wider multidisciplinary team (MDT)and had found it valuable observing other professions and that in some cases any necessary prescribing would be done on these ward rounds.	
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.**		
GPhC Standard 8) Management of initial education and training		
Standards **Initial pharmacy education and training must be planned and maintained through transparent processes which must show who is responsible for what at each stage.**		
PH8.1	**Accountability and responsibility for education. Education and training supported by a defined management plan.** The quality review team heard that although significant work was being undertaken to develop the pharmacy workforce, this was taking place in isolation of other professions and that the Trust was missing out on the opportunity to capitalise on new roles such as apprentices and advanced clinical practitioners. However, the Chief Pharmacist noted that now the work to transform pharmacy education was more established that	Yes, please see PH8.1

	this was an area to be explored, also noting that they enjoyed a good relationship with the Transformation Director at the Trust.	

GPhC Standard 9) Resources and capacity

Standards Resources and capacity are sufficient to deliver outcomes.		
PH9.1	**Appropriate learning resources and IT support** The review team heard that there was broad agreement across all groups that there were no major issues regarding IT facilities at the Trust but that an upgrade of systems would be beneficial to meet increasing service demands. It was reported that availability of computers on the ward could be improved as there were competing demands across all professions.	

GPhC Standard 10) Outcomes

Standards Outcomes for the initial education and training of pharmacists.		
PH10.1	**Retention** The quality review team heard that most of the PRPs would recommend the Trust as a training provider to their peers. The review team also heard that many of the PRPs were keen to remain at the Trust for their next post but that they saw their career in the longer term away from the Trust. It was reported that career planning meetings between the PRPs and ES were due to take place in the near future. The review team heard from the PTPTs that they would all recommend the Trust as a training provider to their peers. However, they did note that they were having to complete college coursework outside of work hours in addition. The review team was pleased to hear that one of the Y2 PTPTs had accepted a post at the Trust.	

Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date
The recent investment in developing a Pharmacy Education Team was impacting positively on the training experience and outcomes			
The Pharmacy Department has a clear vision for developing its clinical workforce particularly extended roles in prescribing			

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

Mandatory Requirements		
Req. Ref No.	**Requirement**	**Required Actions / Evidence**
PH2.1a	LFG meetings should reflect both PRP and PTPT issues equally. The Trust should inform PTPTs of the purpose and organisation of the LFG and allow set time on the agenda to address PTPT issues	Trust to submit copies of LFG minutes over the next 12 months as evidence of this being implemented
PH5.2	The Trust needs to ensure that inductions are standardised and consistent across all PRP rotations. To achieve this, trainees should undertake their first clinical rotation with an experienced PS in particular and complete the same training and assessments	The Trust to submit evidence outlining a standard training plan for a consistent induction process and first rotation in clinical training for PRPs for 2018/19 intake
PH5.3b	The Trust should ensure that timetables are reviewed so that trainees are trained in inpatient dispensing before rotating into outpatients.	The Trust to submit timetables for 2018/19 trainees reflecting training in inpatients prior to outpatients
PH5.5	The Trust should ensure that where PTPTs are required to work on split rotations that they are doing so in a systematic way and are not exceeding two rotations at a time	The Trust to submit PTPT rotas evidencing that PTPTs avoid split rotations but if necessary, there are clearly defined roles, allotted time and educational goals for each rotation and no more than 2 locations in a day
PH8.1	The Trust needs a joined up approach to workforce planning and development to capitalise on new roles such as apprentices and advanced clinical practitioners across the organisation	The Trust to submit evidence of a wider Trust workforce development strategy and how pharmacy services are feeding into this

Recommendations		
Rec. Ref No.	**Recommendation**	**Recommended Actions / Evidence**
PH2.1b	LFG minutes should be routinely distributed to all PRPs and PTPs	
PH5.1	Trainees should be taking TOIL while they are in the dispensary to ensure that they have their timetabled clinical training and avoiding a disproportionate amount of their training year in the dispensary	TOIL to be taken from trainee time in the dispensary. This should be audited within the next 6 months
PH5.3a	Introduce a standard operating procedure to document and capture actions for PRP trainee/ES meetings	
PH6.2	Trainees should all receive a list of their practice supervisors prior to commencing rotations	Timetable for 2018/19 to be submitted including named PSs for each rotation

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

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Gail Fleming Dean of Pharmacy, London and Kent, Surrey and Sussex
Date:	4 June 2018