

# Imperial College Healthcare NHS Trust

## Pharmacy

### Risk-based review (on-site visit)



## Quality Review report

3 July 2018

Final

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## Quality Review details

<b>Background to review</b>	The review (on-site visit) of pharmacy training at Imperial College Healthcare NHS 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.
<b>Training programme / specialty reviewed</b>	Pharmacy
<b>Number and grade of trainees and trainers interviewed</b>	<p>The review team met with 18 Pre-Registration Pharmacists and three first year Pre-registration Trainee Pharmacy Technicians, as well as educational and practice supervisors and Education Programme Directors.</p> <p>The review team gave feedback to the following Trust representatives:</p> <ul style="list-style-type: none"> <li>• Chief Pharmacist</li> <li>• Deputy Chief Pharmacist</li> <li>• Director of Operations, Women's, Children's and Clinical Support</li> <li>• Divisional Director, Professor and Consultant Obstetrician.</li> </ul>
<b>Review summary and outcomes</b>	<p>Health Education England (HEE) thanked the Trust for its cooperation and participation in the review process. The following areas of good practice were noted by the review team:</p> <ul style="list-style-type: none"> <li>• The team were responsive to feedback from both the review and from trainees</li> <li>• The Pre-registration Trainee Pharmacy Technicians (PTPTs) reported that their practice supervisors and Educational Programme Director (EPD) were supportive</li> <li>• The PRPs commended several clinical areas for providing well-structured and well-supported rotations, including Paediatrics, Cardiology, Medicines Information and Dispensary at the Hammersmith Hospital site</li> <li>• The PRPs and Educational Supervisors (ESs) reported that the EPD was a good source of support.</li> </ul> <p>One Immediate Mandatory Requirement was issued:</p> <ul style="list-style-type: none"> <li>• Pre-registration Pharmacist Trainees (PRPs) were not made aware that they were entitled to claim time off in lieu (TOIL) following weekend shifts. PRPs had recently been made aware of this but were concerned that there was insufficient time to take TOIL before their contracts ended in July 2018.</li> </ul> <p>There were several other areas for improvement noted during the review:</p> <ul style="list-style-type: none"> <li>• Support from PRP ESs was variable in terms of frequency, consistency and documentation of meetings. Not all ESs had undertaken training for the role</li> <li>• Line management arrangements were unclear for the PRPs</li> <li>• The PTPTs were unable to access their college website and emails at work as these sites were blocked by the Trust IT systems</li> <li>• The EPDs for both the PRPs and PTPTs held ES responsibility for multiple trainees towards the end of the year as ESs had left. There</li> </ul>

were no clear succession plans in place for ES or EPD roles, despite planned increases in the number of trainees in the next academic year

- Several PRP clinical teaching sessions had been cancelled or rescheduled, leading to loss of the trainees' personal study time
- Trainees reported that Dispensary training at the St Mary's Hospital site was poor compared to the other Trust sites. Trainees described the absence of a learning environment and culture; trainees were not always taught how to undertake tasks before being expected to undertake them and some PRPs found it difficult to complete their dispensing logs there.

### Quality Review Team

<b>HEE Review Lead</b>	Gail Fleming Pharmacy Dean	<b>External Clinician</b>	Rosemary Dempsey Education Programme Director for Pre-registration and Foundation Pharmacy  University Hospitals Southampton NHS Foundation Trust
<b>External Clinician</b>	Sheetal Jogia Chief Pharmacy Technician, Training and Development King's College Hospital	<b>HEE Representative</b>	Katie Reygate Training Programme Director for Foundation Pharmacists
<b>Observer</b>	Aizhan Kaidarova Pre-registration Trainee Pharmacy Technician  East Sussex Healthcare NHS Trust	<b>HEE Representative</b>	Louise Brooker Learning Environment Quality Coordinator  Quality, Patient Safety & Commissioning Team (London and Kent, Surrey and Sussex)
<b>Lay Member</b>	Jane Gregory Lay Representative		

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

The Trust underwent a merger in 2007 to include a total of five sites: St Mary's Hospital (SMH), Hammersmith Hospital (HH), Charing Cross Hospital (CCH), the Western Eye Hospital and Queen Charlotte's Hospital. Trainees in the Pharmacy department were each assigned a 'base' site where the majority of their placements took place, but certain rotations were not available at all sites so some movement between sites was required. The base sites were SMH, HH and CCH. There were 19 Pre-Registration Pharmacist trainees (PRPs) and three Pre-Registration Trainee Pharmacy Technicians (PTPTs) in the department. In recent years the Trust had reduced PTPT numbers in order to focus on improving the training programme but from the 2018-19 academic year the number of PTPTs was due to increase to seven.

As part of the Trust's Transformation Plan the department had received almost £250000 of funding for pharmacist training in 2017 and £244000 to fund PTPT training and increase the Pharmacy Technician workforce in 2018. The 2017 funding had been used to create three band seven clinical rotation posts, which had improved supervision and specialist training available to PRPs.

In response to trainee feedback the department changed the educational provider for PTPT academic training to Bradford College in 2017. The Educational Programme Director (EPD) for PTPT training reported that this change had been well-received and that the trainees had given good feedback about the online learning

platform. The PTPTs had two hours of protected learning time every two weeks and the EPD had requested approval to increase this. The PTPT training included a rotation to one of the Trust's aseptic units and from 2018 a clinical and medicines management rotation was to be introduced. The Chief Pharmacist reported that retention of PTPTs and recruitment of qualified pharmacy technicians represented a challenge for the Trust, but that the team aimed to address this by improving the career pathways and development opportunities.

The EPDs outlined some of the changes made to the training programmes as a result of trainee feedback. These included introducing more varied rotations for both PRPs and PTPTs, removing a PRP rotation where trainees were not well-supported, formalising protected study time and holding mock exams. The review team heard that trainees were encouraged to give feedback through multiple forums such as end of rotation feedback forms and meetings, the annual Trust staff survey, supervision meetings and informal meetings and phone calls with supervisors and the education team. The Trust had five Freedom to Speak Up Guardians and the departmental induction included information about how to contact them.

## 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
P1.1	<p><b>Appropriate level of clinical supervision</b></p> <p>Some of the pre-registration pharmacist trainees (PRPs) advised that at the start of their training they had been asked to carry out tasks prior to having the relevant competency signed off. However, the trainees reported that there were no risks to patient safety as their work was logged and checked through the use of competency logs. The pre-registration trainee pharmacy technicians (PTPTs) had not had to work beyond their competency but reported that they would feel confident to speak up if this occurred.</p>	

### 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).

P2.1	<p><b>Educational governance</b></p> <p>The pharmacy education and training team was represented on the Trust education committee and it was reported that this was a useful forum for escalating operational issues. The priorities at the time of the review included specialty reviews, opportunities for interdepartmental collaboration and the incorporation of new roles such as apprentices and advanced practitioners. The team also reported to the pharmacy executive team.</p>	
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P2.2	<p><b>Local faculty groups</b></p> <p>The department had a local faculty group (LFG) which had met three times so far. The Educational Supervisors (ESs) and trainees were unsure about the purposes of the LFG and did not view it as a forum to give feedback. Information from the LFG was cascaded to the ESs by the Educational Programme Directors (EPDs). There were regular feedback sessions for PTPTs every three months and for PRPs every six weeks. Feedback from these sessions was taken to the LFG by the EPDs, who were also responsible for monitoring LFG actions.</p>	Yes, please see P2.2
P2.3	<p><b>Trainees in difficulty</b></p> <p>The Practice Supervisors (PSs) were aware of the process for managing trainees requiring additional support (TRAS) and had used the process. PSs advised that if they had concerns about a trainee, they would consult with the relevant EPD and follow the TRAS process. Some PSs were undergoing the Pharmacy Training Company (PTC) supervision training and reported that the online PTC platform included useful resources for TRAS. The ESs and PSs felt that there was good communication between supervisors and the education team, which made it easier to note and manage trainees who were having difficulty.</p>	

### GPPhC 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.

Not discussed at this review

### GPPhC Standard 4) Selection of trainees

#### Standards

Selection processes must be open and fair and comply with relevant legislation.

Not discussed at this review

### GPPhC 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 GPPhC 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.

<p>P5.1</p>	<p><b>Rotas</b></p> <p>The PRP and PTPT rotations were set at the start of the academic year, so all trainees were aware of their training plans in advance. The PRPs advised that they were rarely moved away from their planned rotations due to service need in other areas. During the clinical rotations at St Mary's Hospital (SMH), some PRPs reported that they were moved to dispensary on multiple occasions. Following feedback from the PRPs, the education team had removed this rotation from the training programme for the next academic year. The PTPTs reported that they were sometimes moved from their planned rotations to the dispensary when it was short-staffed and that this had impacted on their college work and experience of other rotation areas. All of the PTPTs had previously worked as dispensary assistants and felt that their dispensary training was not adjusted to take this experience into account, reducing the educational value of these rotations.</p> <p>The PRPs advised that rotations were typically well-structured and that clear objectives were set at the start of each rotation. The cardiology and paediatrics rotations at Hammersmith Hospital (HH) and the medical information and admissions rotations at Charing Cross Hospital (CCH) and SMH were particularly commended by trainees. The clinical wards rotation at SMH and discharge rotations at SMH and CCH were reported to be less well-planned. The PTPTs found that the dispensary rotations were not so well-structured particularly at SMH, but that the aseptics rotations were planned well.</p> <p>PRPs were rostered to work weekend shifts from the beginning of their training and were not required to achieve any competencies prior to working weekend or late shifts. Both PRPs and PTPTs worked one in five weekends. All weekend and late shifts were based in the dispensary at the trainee's base site, even if trainees were on rotation at another site. There was a Trust shuttle bus which trainees were able to use to move between sites.</p> <p>The PRPs believed that their training programme involved too much time in dispensary and that other rotations presented better learning opportunities. PRPs spent almost three months on rotation to dispensary, as well as being rostered there for all late and weekend shifts and over the Christmas and New Year period. The review team heard that PRPs often found it difficult to complete logs in dispensary and felt that they were treated as additional pharmacy technicians rather than being prepared for practice as pharmacists. The ESs were aware of the perception that the training programme was too focused on dispensary but emphasised that the skills learned during these rotations were valuable and particularly necessary for community-based jobs.</p> <p>Due to the working pattern, trainees were entitled to claim one hour and 25 minutes of time off in lieu (TOIL) for each weekend shift they worked. The PTPTs were aware of this and had claimed TOIL throughout the year, but the PRPs had only recently been informed of this and were concerned that they would not be able to claim their full TOIL entitlement so close to the end of the course. The EPD advised that this situation had come to light around a month prior to the review and that the department had arranged to add the outstanding TOIL hours to the PRPs' annual leave allowances, to enable the department to pay them for any time they were unable to claim. This had not been communicated to the trainees.</p> <p>Some PRPs based at CCH were rostered to work weekend shifts after the course end date and had been advised that they would need to arrange to swap these shifts themselves. PRPs at CCH and HH had also had to arrange shift swaps when their rostered shifts clashed with booked annual leave or exam periods.</p>	<p>Yes, please see P5.1a</p> <p>Yes, please see P5.1b</p>
<p>P5.2</p>	<p><b>Induction</b></p> <p>Both PRPs and PTPTs reported that their induction was thorough and useful. Trainees were shown how to use the Trust IT systems and taught the procedure for escalating concerns. PTPTs also received a separate induction for their college course.</p>	

P5.3	<p><b>Education and training environment</b></p> <p>In general, the PRPs felt that working across different Trust sites benefitted their training as this increased their exposure to different clinical areas, staff groups and ways of working. However, it was reported that there was disparity between the processes for completing the same task at different sites. Some PRPs reported being criticised for following the 'wrong' procedure at one site when the same procedure was considered correct at another site.</p> <p>The review team heard that the training environment in the dispensary at SMH created difficulties for some PRPs. The PRPs felt that the SMH dispensary had a blame culture and that there was a lack of communication between the pharmacy technicians and pharmacists, which sometimes led to technicians being overly critical of trainees. Some PRPs had been given feedback in an inappropriate or undermining way when they made errors, whereas some had not been given feedback at all so had missed opportunities to learn following mistakes. This had also led to a lack of clarity around who could manage the PRPs' workload and allocate tasks to them. The dispensary rotations at HH and CCH were described much more positively. PRPs based at these sites reported that they were able to complete their logs, that training was prioritised and that they felt well-supported during these rotations. Similarly, the review team heard that dispensary training was less organised for PTPTs at SMH compared with the other sites.</p> <p>When asked about differences between training at the different sites, the ESs acknowledged that there were different cultures and ways of working at each site but advised that these were minor and should not significantly affect training. The Chief Pharmacist reported that there was ongoing work to standardise processes across all Trust sites. The review team heard that supervisors were undertaking training in how to give feedback constructively but that this had not been offered to other staff. The PSs reported that trainees working in the dispensary were likely to receive feedback from colleagues regularly due to the way the team worked in this environment.</p>	Yes, please see P5.3
P5.4	<p><b>Rotations and integrated curricula</b></p> <p>The PTPTs reported that the college curriculum linked well with their rotations and contributed to their understanding of practice. The PTPTs followed a standard programme of rotations but trainees who had sufficient previous experience working in dispensary were not required to repeat the accreditation booklets if they had completed them recently.</p> <p>The PRP rotas were set at the beginning of the academic year, but could be altered if needed following progress reviews in May, where supervisors checked trainees' progress against targets and competencies. Clinical tutorials were arranged based on the curriculum and targeted to be relevant for the trainees' examinations. The PRP rotations had been reviewed and changed to remove the HIV rotation and include rotations to cardiology, neurology and oncology.</p> <p>The ESs advised that technical services had been understaffed which had resulted in the PTPTs being moved to provide cover. The review team heard that the department avoided moving the PTPTs if it was anticipated that this would compromise their training. This was due to stop now as new staff had been recruited.</p>	
P5.5	<p><b>Evidence of the impact of teaching and learning strategies on course delivery and student experience</b></p> <p>PRPs on the dispensary rotation were required to complete logs showing that they had correctly dispensed 200 consecutive inpatient prescriptions and 200 consecutive prescriptions for patients being discharged. The PRPs then completed checking logs which also included 200 inpatient and 200 discharge prescriptions, as well as 50 controlled drug prescriptions. The logging requirements were being reviewed for the next academic year as they were not in alignment with the curriculum requirements. The review team noted that several PRPs had not completed their logs although it was close to the end of the academic year. The ESs advised that in these cases the</p>	

	<p>individual trainee's ES and PS would liaise and ensure that the PRP had additional time in the dispensary. However, trainees suggested that this issue could be avoided if the programme was structured to include time to complete logs. If a PRP had made a third minor error but was close to completion of a log, the case could be reviewed by a panel to decide whether this was marked as a failure or whether the trainee could start a new log.</p> <p>If PRPs made errors after their logs were completed, the ESs reported that these were managed in the same way as errors made by a qualified pharmacist. The PRP would be encouraged to identify and reflect on the error and possible reasons for it. Trainee errors were discussed at Dispensary Liaison meetings to ensure that all PSs were aware if trainees made repeated errors or required more support. More serious errors were discussed at the Pharmacy Quality and Safety meetings and at the LFG.</p> <p>The review team heard that PRPs were discouraged from completing logs during late and weekend shifts in the dispensary, as it was thought that errors were more likely during these times and the pressure of workload meant that there was not time to complete the logs.</p>	
P5.6	<p><b>Training days and packs e-learning resources and other learning opportunities</b></p> <p>PRPs were officially allocated Wednesday afternoons as study time, however only 15 study afternoons were rostered over the course of the year. These usually included a presentation by a specialist pharmacist followed by independent study time. If a presentation was not planned or could not take place, the whole afternoon session was cancelled so the PRPs lost their private study time. Some presentations were cancelled and were rescheduled to replace the private study period of a subsequent week. The PRPs complimented the presentations and found them useful, but felt that the study time should be regular and protected.</p> <p>The Chief Pharmacist advised that there had been problems with cancelled sessions due to a Trust policy of suspending training if a hospital was placed on 'black alert', which was a frequent occurrence. This policy had been amended and the review team heard that training sessions were only cancelled for unavoidable circumstances such as trainer sickness or adverse weather conditions which affected travel.</p> <p>As a result of PTPT feedback, the education provider had been changed to Bradford College in 2017. This live online programme was delivered in a virtual classroom which the trainees accessed from one site. The review team heard that this had improved the trainee experience and made the PTPTs feel like a cohort within the organisation, whereas previous PTPTs reported feeling more isolated at separate hospital sites.</p>	Yes, please see P5.6
<p><b>GPhC Standard 6) Support and development for trainees</b></p>		
<p><b>Standards</b></p> <p><b>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.</b></p>		
P6.1	<p><b>Feedback</b></p> <p>The PRPs were aware of the various feedback mechanisms available to them and advised that their initial method of feedback was usually via the EPD for issues around the training programme or via their individual ESs for personal problems. The PRPs knew that the EPD had regular teleconferences with the PSs and that their feedback was discussed on these calls, but they felt frustrated that it sometimes took a long time to address issues. For example, the trainees were aware that previous cohorts of PRPs had had difficulty taking TOIL after weekend shifts or had not been made aware of the policy but that no solution had been put in place. The PRPs also acknowledged</p>	



	that several positive changes had been made in response to feedback and felt that the education team were receptive to their comments.	
P6.2	<p><b>Educational supervision</b></p> <p>The EPDs reported that they worked across all Trust sites to ensure they were available to the trainees. At the time of the review the education team was short-staffed as two staff members were on long-term leave, although recruitment was in progress to cover one post. However, the review team heard that the team worked closely and were able to cover one another's work.</p> <p>The EPD for PTPT training advised that PTPTs had ES meetings scheduled regularly as well as formal appraisals with the EPD and meetings with their PSs at the beginning, mid-point and end of each rotation. Records from all of these meetings were compiled by the EPD. The ESs reported that they met with the PTPTs every two to four weeks, typically meeting more frequently at the start of the year and less often as the training progressed, depending on the individual trainee's needs.</p> <p>The PRPs reported that educational supervision was variable, with some supervisors holding regular, formal and informal meetings with trainees and some having meetings infrequently or having little time for their trainees. Some PRPs had experienced difficulty in arranging mandatory appraisals and getting in contact with their supervisors. All PRPs were using e-portfolio to record supervision meetings and competencies, but some had not known how to use the system initially. The ESs found the e-portfolio system useful for keeping records and preparing for supervision meetings.</p> <p>Several supervisors had left the Trust during the year and supervision responsibility for their trainees had been transferred to the EPD, resulting in the EPD supervising seven trainees.</p>	<p>Yes, please see P6.2a</p> <p>Yes, please see P6.2b</p>
P6.3	<p><b>Practice supervision</b></p> <p>The PTPTs complimented the standard of practice supervision and stated that they had assigned PSs for each rotation who were supportive and available to the trainees. If the PS was not present, the PTPTs felt able to ask other colleagues for help or advice when needed.</p> <p>The review team heard that the PS for each PRP rotation was usually the band seven pharmacist working in the relevant area. If there were multiple band seven pharmacists, trainees could be allocated a PS based on their specialist interests.</p> <p>PRPs reported that in the dispensary there was some confusion over supervision arrangements as both pharmacists and technicians could assign tasks, which sometimes led to conflicting priorities. The PSs stated that tasks were allocated at the start of each shift, usually by the senior pharmacist but sometimes by a technician.</p>	
<p><b>GPhC Standard 7) Support and development for education supervisors and pre-registration tutors</b></p>		
<p><b>Standards</b></p> <p>Anyone delivering initial education and training should be supported to develop in their professional role.</p>		
7.1	<p><b>Education Supervisor Training</b></p> <p>Most of the ESs advised that they had undertaken London Pharmacy Education and Training (LPET) tutor training or PTC modules, including some ESs who were part-way through this training at the time of the review. Some ESs had not undertaken specific training for the role.</p>	Yes, please see P7.1
<p><b>GPhC Standard 8) Management of initial education and training</b></p>		

**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.**

P8.1	<p><b>Accountability and responsibility for education. Education and training supported by a defined management plan.</b></p> <p>Both the PRPs and PTPTs were unsure about the arrangements for their line management. All trainees thought that the PSs acted as line managers as they held responsibility for tasks such as approving annual leave requests.</p> <p>The ESs confirmed that the PSs for each rotation acted as line managers, but that the EPDs held overall line management responsibility for trainees. In cases where trainees required performance management, the ESs reported that the EPD would lead on this process and that the trainee's ES would carry out the direct supervision. This did not reflect the line management arrangements described in the organisational structure.</p> <p>The EPD for PRP training held teleconferences with the ESs at the end of each six-week rotation period. The ESs stated that these calls were a useful way to share good practice, identify PRPs who were having difficulties and discuss any changes to the curriculum. The EPD also reviewed the PRPs' feedback about rotations and summarised this information for the ESs.</p>	Yes, please see P8.1
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**GPhC Standard 9) Resources and capacity****Standards**

**Resources and capacity are sufficient to deliver outcomes.**

P9.1	<p><b>Appropriate learning resources and IT support</b></p> <p>The review team heard that the PTPTs were unable to access their college emails using Trust computers as the website was blocked by the Trust IT systems. Sometimes the PTPTs could not interact with the live learning site on college days. The issue had been reported to the IT team but had not been addressed.</p>	Yes, please see P9.1
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**GPhC Standard 10) Outcomes****Standards**

**Outcomes for the initial education and training of pharmacists.**

P10.1	<p><b>Retention</b></p> <p>Most of the PRPs advised that they would recommend their post to a colleague. Those who would not recommend their posts felt that other Trusts offered more protected study time, less time in dispensary and a more supportive training environment.</p> <p>The PTPTs reported that they would recommend training posts at CCH and HH to colleagues, but not the SMH site. This was due to the physical environment in the SMH dispensary and more varied learning opportunities at CCH and HH.</p>	
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## Good Practice and Requirements

**Good Practice**

The Trust was accommodating towards the review team and willing to receive and respond to feedback from both the review and from trainees.

The Pre-registration Trainee Pharmacy Technicians (PTPTs) reported that their practice supervisors and Educational Programme Director (EPD) were supportive.

The PRPs commended several clinical areas for providing well-structured and well-supported rotations, including Paediatrics, Cardiology, Medicines Information and Dispensary at the Hammersmith Hospital site.

The PRPs and Educational Supervisors (ESs) reported that the EPD was a good source of support.

### Immediate Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence
P5.1a	All PRP trainees should be made aware that the outstanding TOIL hours will be financially reimbursed.	The Trust should provide evidence that this information has been communicated to all PRP trainees by 10 July 2018.

### Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence
P2.2	The department should ensure that all supervisors and trainees are aware of the purpose and scope of the LFG and the meeting schedule.	Please provide evidence that this information has been cascaded to supervisors and trainees within the department.
P5.3	The Trust has done some work around the culture in the dispensary at SMH. This should continue and its impact should be monitored through trainee feedback.	Please add this item to the agenda for the LFG and provide minutes of the next two LFG meetings showing that this item has been discussed. Please also provide summaries of trainee feedback relating to rotations at the SMH dispensary at the end of January 2019.
P6.2a	A clear policy is required detailing ES responsibilities including frequency and documentation of supervision meetings.	Please provide a copy of this policy and LFG minutes showing that this policy has been discussed and disseminated, as well as evidence that all ESs in the department have received supervision training or have training booked.
P7.1	All ESs should be trained for their role.	Please audit to ensure that all ESs have undertaken baseline ES training and those that have not been trained are enrolled on training.
P8.1	Trainees should be made aware of who their line managers are and what their remit is.	Please add this item to the agenda of the next LFG meeting and provide the minutes of this meeting. The Trust should also provide evidence that trainees have been informed of line management arrangements and responsibilities and that all trainees in the 2018-19 cohorts have a meeting arranged with their line manager by the end of October 2018.
P9.1	The Trust should ensure that PTPTs are able to access their college emails and other online resources from Trust computers.	The department should raise this issue with the Trust education Executive and ensure that the IT department are aware that the trainees require access to these websites by the start of the 2018-19 academic year.

### Recommendations

Rec. Ref No.	Recommendation	Recommended Actions
P5.1b	Where trainees are mistakenly rostered to work shifts during booked annual leave, exam leave or beyond the end of their training, the rota coordinator should be responsible for rearranging these shifts, not the individual trainees.	The department should ensure that the policy covering rota arrangements is amended to clarify that the rota coordinator is responsible for taking leave arrangements and training dates into account when planning the rota and for amending the rota when errors are made. This information should be shared with trainees during their induction.
P5.6	PRP trainees' study time should be protected and not subject to cancellation if presenters are not available.	The schedule of study time for the 2018-19 academic year and PRP rotas should be reviewed to ensure that this time is protected and not allocated to service commitments.
P6.2b	The department should make clear succession plans for ESs and EPDs in case of staff changes or long-term leave.	The department should document the succession plans for these roles.

#### 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:

Gail Fleming

Date:

31 July 2018