

King's College Hospital NHS Foundation Trust

Pharmacy

Risk-based Review (on-site visit)



Quality Review report

11 July 2018

Final Report

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Quality Review details

Background to review	<p>The Risk-based Review (on-site visit) to Pharmacy at King's College Hospital NHS Foundation Trust was conducted as part of the baseline reviews being undertaken across all Trusts in the London geography, as opposed to being in response to any particular concerns that had arisen.</p>
Training programme / specialty reviewed	<p>Pharmacy – including pre-registration pharmacists, pre-registration pharmacy technicians and foundation pharmacists</p>
Number and grade of trainees and trainers interviewed	<p>The review team initially met with the Deputy Chief Pharmacist and the Education Programme Directors for each of the trainee groups.</p> <p>The team then met with:</p> <ul style="list-style-type: none"> - Pre-registration pharmacy technicians - Pre-registration pharmacists - A Foundation pharmacist from the Vocational Training Scheme <p>The team also met with the education supervisors for all trainee groups, as well as the practice supervisors based within the dispensary.</p>
Review summary and outcomes	<p>The review team would like to thank the Trust for facilitating the review and ensuring that each session was well attended, with the exception of the pre-registration pharmacists (PRPs) undertaking the King's Health Partner's three site programme.</p> <p>Throughout the course of the review, a number of areas that were working well in relation to the training provided were highlighted as follows:</p> <ul style="list-style-type: none"> - All groups of trainees the review team met with the PRPs, the pre-registration pharmacy technicians (PTPTs) in both years and the foundation pharmacist) reported that the level of educational supervision they were provided with was excellent. The review team noted that the group of educational supervisors had overcome the barriers of cross-site working and had been able to meet with the trainees regularly, despite sometimes being based at different sites. - The review team noted the breadth of experience and variety that trainees were exposed to at the Trust and felt the Trust had capitalised on this to deliver a well-rounded training programme. In particular, the PTPTs reported that the clinical/medicines management training provided on the wards was of a high quality and that they received excellent levels of supervision and one-to-one support. Similarly, they reported that the aseptic rotation was extremely good. The review team noted that they would be keen to look into the rotation in more detail and then share any areas of good practice across other Trusts. <p>However, some areas which the review team felt needed improvement were also identified:</p> <ul style="list-style-type: none"> - The review team was informed that although the new cohort of PTPTs who were due to start in September would be paid at a band 4 Annexe U rate, as opposed to a band 3 salary, in line with the Agenda for Change job profile, the current cohort of PTPTs who would be moving into the second year of the programme would continue to be paid at a band 3 level.

- The review team was informed that there a training plan for the PRP King's Health Partnership (KHP) programme had not been submitted to the General Pharmaceutical Council to date, despite the new cohort of trainees being due to start in August. The review team stated that the structure of the rotations needed to be planned and fixed and that if the programme was not submitted and signed off before August 2018, then no trainees would be able to start on the KHP programme. Instead they should be redeployed onto 12 month programmes.
- It appeared that a significant amount of work needed to be undertaken in relation to the induction provided for all trainee groups, so that a more structured and formalised induction programme was provided for VTS foundation trainees, PTPTs and PRPs. In particular, the PTPTs reported that as many had previously worked within the department before starting the programme, they had not been given a formal and structured induction. Trainees who had worked in the department in a different role, still need to be given a formal induction with particular emphasis on contextualising this for their new role.
- The review team was pleased to note that Local Faculty Groups (LFG) took place within the department, however, they felt further work was needed to ensure they were appropriately embedded. The trainees indicated that they were sometimes informed of LFGs on the day they took place, which did not allow them time to collect adequate feedback, and that information and actions from the LFG were not disseminated to all members of staff.
- The review team noted that the different Education Programme Directors (EPD) worked well and were held in high regard. However, it was felt that it would be beneficial to all training groups if there was more collaborative working across the EPDs to share ideas and expertise, as opposed to each working in silo.
- It appeared to the review team that although it was a strength of the programme that the trainees were able to rotate across the different sites, this appeared to have led to a duplication of work for the trainees, in that they often had to repeat competencies when they started new rotations. The review team recommended that the Trust considered developing a 'trainee passport', so clinical supervisors were aware of what the trainees had completed and were able to undertake when they started new rotations.
- The review team felt that further work needed to be undertaken by the Trust to strengthen the multi-professional learning opportunities for trainees.

Quality Review Team

HEE Review Leads	Rachel Stretch Pre-registration Pharmacist Training Programme Director Gail Fleming Pharmacy Dean	External Representative	Alice Conway Lead Pharmacist Education and Development/Clinical Teacher - Brighton and Sussex University Hospital Trust
External Representative	Kristi Anderson	HEE Representative	Elizabeth Dailly

	Principal Pharmacy Technician, Medicines Management, London North West Healthcare NHS Trust		Deputy Quality, Patient Safety and Commissioning Manager Health Education England, London, Kent, Surrey and Sussex
Lay Member	Jane Gregory Lay Representative	Observer	Dastagir Khan Pre-registration Pharmacy Technician

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

The review team was informed that the pharmacy department at King's College Hospital NHS Foundation Trust employed 307 whole-time-equivalent members of staff, who worked across the four sites: King's College Hospital (Denmark Hill site), Princess Royal University Hospital, Orpington Hospital (where some inpatient services were provided) and Beckenham Beacon (where outpatient services are provided). The Deputy Chief Pharmacist commented that the dispensaries across the four sites were extremely busy, with over 1 million items being dispensed each year.

It was reported that the Trust's Carter plan had been deemed 'exemplar' by NHS Improvement and that the Trust was undertaking work to develop and embed it. Furthermore, the review team was informed that the Trust was leading on the pharmacy and medicines work streams across the South East London Sustainability and Transformation Plan footprint. The review team was informed that this involved strategic developments regarding the centralisation of aseptic services across the region, which was being considered at the time of the review.

The review team was informed that the department was implementing its Hospital Pharmacy Transformation Plan, which involved a number of elements such as: clinical aspects, increasing independent prescribing numbers and introducing a pharmacist advanced clinical practitioner in the emergency department.

When discussing the composition of the education team within the pharmacy department, the review team was informed that education and training sat with one of the Deputy Chief Pharmacists, of which there were three. This meant that the education programme directors were able to raise any concerns to the relevant Deputy Chief Pharmacist, who met with the Chief Pharmacist regularly and so appropriate escalation took place. The review team was informed that there was an education programme director (EPD) for the PRPs and one for the PTPs, as well as the lead for the foundation pharmacy vocational training scheme (VTS) programme. However, it was reported that the VTS lead did not sit within the education and training team, as the scheme covered additional organisations to King's College Hospital NHS Foundation Trust. The review team was informed that further work was being undertaken to work out how the VTS programme fed into each organisation, as each organisation involved had its own education team.

The Deputy Chief Pharmacist discussed the foundation VTS programme, reporting that it was a Health Education England commissioned pilot, with the aim to develop a flexible, capable, adaptable workforce with the skills, knowledge and behaviours to clinically manage patients across different healthcare systems. This was ensured by providing cross sector training in the community, a hospital and a mental health setting. The review team was informed that they were currently in the tenth month of the first year of the pilot and that subsequently, work was still be undertaken to develop the curriculum, induction, resources and multidisciplinary teaching. Furthermore, it was reported that communication between the trainees and staff based at the Trust, with the other partner organisations needed to be improved.

The review team was informed that the Trust aspired to build collaborative relationships with other foundation pharmacy training programmes across the country, to enable further learning and share areas of good practice.

Regarding the number of trainees based within the pharmacy department, the Deputy Chief Pharmacist commented that there were:

- 14 pre-registration trainee pharmacists
- 10 pre-registration trainee pharmacy technicians
- One South East London Foundation Pharmacist on the Vocational Training Scheme (VTS)
- Four international MSc students
- Undergraduate students

In relation to the King's Health Partners programme, it was reported that there were three trainees who were based either at: King's College Hospital NHS Foundation Trust, Guys and St Thomas' NHS Foundation Trust or

South London and Maudsley NHS Foundation Trust. The review team was informed that the representatives from each site met annually to review the programme and make any necessary changes. Furthermore, it was stated that the Trust had received positive feedback from the trainees, who enjoyed the variety of the different placements. The PRP EPD reported that the trainees rotated approximately on a 17/18-week basis and that the initial two rotations had lasted for longer due to them falling over the Christmas period and service needs, which had resulted in the trainees' final rotation being shorter in duration. However, they stated that they had changed the length of the rotations, to make sure that each was the same length

The review team was informed that the Local Faculty Groups had become more embedded within the department and took place on a quarterly basis. It was reported that the minutes were circulated to the attendees, including the trainee representatives who then disseminated them to the rest of the group they represented. However, the review team was informed that a meeting had not taken place between January 2018 and July 2018, due to diary constraints.

When discussing the opportunities for multi-disciplinary learning in the department, it was reported that the PRPs and foundation pharmacists attended teaching sessions with fifth year undergraduate medical students and that the department was planning to look at simulation pilots with the PRPs and medical students. Additionally, the review team was informed that informal training with other professions took place during the trainees' rotations, such as when they undertook ward rounds with doctors and drug administration rounds with nurses.

When discussing oversight of the curriculum, the EPD for the PRPs reported that they undertake a mid-year review with the trainees via a survey and then an exit review: the results of which are discussed at the Local Faculty Groups. Furthermore, an annual review with each service lead was undertaken to discuss how each rotation was and gain feedback. This was in addition to the end of rotation feedback they received from each trainee. The review team was informed that the information from the various sources was then collated and reviewed by the education and training team to ascertain any issues and where further improvements could be made.

In relation to the PTPTs, the EPD reported that a chief pharmacy technicians meeting had been set up, which took place on a quarterly basis. This presented an opportunity to escalate and discuss any issues regarding trainees. Similarly, the EPD undertook end of rotation meetings with the trainees, to gain further feedback, ensuring they were aware of any issues regarding their competency or progression.

The review team was informed that the aseptic unit at Princess Royal University Hospital had been closed prior to the review which had unfortunately negatively impacted upon the training of one PTPT in their second year, who was unable to complete their training. However, it was reported that an action plan had been created and the training programme modified, which had been signed off by Health Education England, to ensure the trainee could complete all their relevant training and be signed off in August 2018.

The EPDs confirmed that the Trust had a Speak Up Guardian that trainees could approach if they felt the need to raise concerns, and that the Chief Pharmacist had an open door policy.

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	Patient safety No issues highlighted.	

P1.2	<p>Serious incidents and professional duty of candour</p> <p>The PTPTs were not aware of the error reporting systems in place within the department and reported that they had not been informed of how to use this when they began their placements.</p> <p>However, all of the PRPs confirmed that they were aware of and had been shown how to submit Datix forms.</p>	Yes, please see P1.2
P1.3	<p>Appropriate level of clinical supervision</p> <p>The PTPTs confirmed that they received good levels of supervision during their ward, aseptic and stores rotations and that if necessary, they would always be able to find a senior member of staff in the department to ask questions and receive advice from.</p> <p>This was echoed by the PRPs, who reported that they received good support from the dispensary staff and others within the department, who were very friendly. They further stated that they felt well supported on the ward and that there was always someone available to approach for advice.</p> <p>All of the PRPs and the foundation pharmacist confirmed that they had not been made to work outside of their comfort zone and reported that they felt able to voice if they were not ready to complete or undertake certain tasks.</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>Educational governance</p> <p>The PTPTs reported that they were able to raise any concerns they had with their Educational Programme Director (EPD) and that a meeting had been held in December 2017, with the EPD and all of the trainees, giving them an opportunity to feedback on different aspects of the course and any issues they had.</p> <p>Similarly, the PRPs and foundation trainee reported that they would raise any issues they had with their educational supervisor or EPD.</p> <p>It appeared that the department had acted upon a lot of the feedback that had been received from the PRPs and foundation pharmacist and the trainees commented that they felt the courses would be much better for the new cohort of students.</p> <p>The review team was informed that there were regular monthly meetings for the PRP tutors, which was chaired by the EPD, where they could discuss any issues they had and gain updates on their trainees' progress. The supervisors commented that they found the meetings extremely helpful, as it enabled them to obtain peer support, which was especially useful for those who had not been educational supervisors previously. It was reported that any issues that were raised in this forum were then taken to the Local Faculty Group (LFG) meetings by the tutor representative.</p>	
P2.2	<p>Local faculty groups</p> <p>All of the trainees the review team met with confirmed that they were aware of the Local Faculty Group (LFG) meetings that took place and reported that they gave feedback to the relevant trainee representative, who then raised it at the meetings.</p>	

	<p>However, it appeared that the trainees did not receive any feedback from the meetings, or any subsequent information about steps that were being taken by the department to address the issues raised.</p> <p>Furthermore, the review team heard that for the last LFG, the trainee representatives had only been informed that it was taking place on the day it was happening, which meant that they did not have adequate time to collect feedback from the other trainees in the department.</p> <p>The educational supervisors for all trainees reported that they found the LFGs useful, as it provided a voice for both them and the trainees and enabled them to look at the larger picture in the department and see how all the training programmes fitted together.</p> <p>The review team was informed that the dispensary practice supervisor who worked in the Lloyds Pharmacy on site, did not attend the LFG meetings, which they felt would have been beneficial.</p> <p>In relation to the King's Health Partners programme, it was reported that they fed into the departmental LFG, but that the Trust was considering developing another LFG for trainees and tutors based at all three sites for the upcoming year.</p>	<p>Yes, please see P2.2a</p> <p>Yes, please see P2.2b</p> <p>Yes, please see P2.2c</p>
P2.2	<p>Trainees in difficulty</p> <p>The review team was informed that the department used various strategies for any trainees in difficulty, such as giving very structured feedback, organising regular meetings with their supervisors and seeking support from Health Education England.</p>	

GPhc Standard 3) Equality, diversity and fairness

Standards

Pharmacy education and training must be based on the principles of equality, diversity and fairness. It must meet the needs of current legislation.

P3.1	<p>Staff training in equality and diversity</p> <p>Not discussed at this review.</p>	
P3.2	<p>Parity</p> <p>Not discussed at this review.</p>	

GPhc Standard 4) Selection of trainees

Standards

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

P4.1	<p>Selection processes and procedures to comply with relevant legislation</p> <p>Not discussed at this review.</p>	
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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.

P5.1	<p>Rotas</p> <p>The PTPTs reported that previously they had not been given any study time during their placements at the Trust. However, the review team was informed that prior to the review, it had been agreed that during the holiday period, the PTPTs were allowed to take study time on the days when they normally attended college. The review team was informed that trainees based at KCH were given half a day of study leave, whereas those based at PRU were only allocated two hours.</p>	Yes, please see P5.1
P5.2	<p>Induction</p> <p>All of the PTPTs the review team met with reported that they did not receive a formal induction when they began their programme. This was especially relevant when discussing the dispensary. They indicated that they were given training for their first day, but that because of the busy nature of the department it was not adequately in-depth. The review team was informed that the PTPTs were expected to be fully aware of all the processes and systems and to function as a fully qualified technician in the dispensary after their first week, despite not receiving a formal induction and being trainees rather than qualified pharmacy technicians.</p> <p>The trainees indicated that this may have been due to the fact that many had worked in the department previously as an assistant technical officer (ATO). However, the review team felt that a formal induction was still necessary, especially for those trainees who had previously been an ATO at a different site and were therefore unfamiliar with the systems used. One trainee indicated that during their first weekend shift, they had been based in the dispensary, despite having not undertaken a rotation there or worked there before. The review team was informed that they had not been given an induction and did not have any of the relevant log in details or passwords for their shift.</p> <p>Similarly, the PRPs indicated that they received no specific induction or training for their weekend shifts at KCH. Some reported that they undertook their first weekend shift in the dispensary, without having completed a rotation there or receiving any formal training or induction. However, the review team was informed that some trainees who were undertaking the weekend shifts at PRU, had highlighted to their tutor that they did not feel fully prepared or comfortable, and that as a result the department had delayed their weekend rota from starting, to give the trainees additional time.</p> <p>The foundation pharmacist indicated it would have been beneficial if they had had a more comprehensive induction, that included more time shadowing a pharmacist in the Trust, to gain a further understanding of their role, especially if the trainee had never worked in a hospital pharmacy setting before. The review team was further informed that more structure during their first few weeks would have been appreciated and would have made them feel more prepared.</p> <p>The FP who had never worked in a hospital Pharmacy described having to learn the role of a hospital ward pharmacist as well as a ward-based technician and suggested that it would have been helpful to have support from a pharmacy technician during her 'induction' onto the wards.</p>	Yes, please see P5.2
P5.3	<p>Education and training environment</p> <p>Not discussed at this review.</p>	

<p>P5.4</p>	<p>Educational plans</p> <p>The foundation pharmacist indicated that they did not have clear objectives set for each rotation, that they needed to complete. They indicated that they had the Foundation Pharmacist Vocational Training Scheme (VTS) framework, which they went through with their educational supervisor, but more formal objectives would have been beneficial. The supervisor the review team met with stated that the rotational plan and clinical outcomes for the foundation pharmacists were not necessarily mapped to the framework, as the framework focused more on expected behaviours and day to day skills. The review team was informed that as the programme was a pilot, further work was being undertaken in this respect.</p> <p>The review team was informed that a training plan for the PRP Kings Health Partners (KHP) programme had not been submitted to the General Pharmaceutical Council despite a new cohort of trainees being due to start in August. The team heard that rotations did not always occur as scheduled. The review team stated that the structure of the rotations needed to be planned and fixed and that if the programme was not submitted and signed off before August 2018, then no trainees would be able to start on the KHP programme. Instead they should be redeployed onto 12 month programmes.</p>	<p>Yes, please see P5.4a</p> <p>Yes, please see P5.4b</p>
<p>P5.5</p>	<p>Rotations and integrated curricula</p> <p>The PTPTs reported that the aseptic rotation at the Trust was of a high quality and that they were provided with a workbook that they had to complete in the rotation. Similarly, they reported that the medicines management rotations on the wards were a good learning experience and that as they were with a senior technician at all times, the level of one-to-one support they received was outstanding.</p> <p>However, the trainees were less complimentary about the dispensary rotations, especially the rotation at the King's College Hospital site. The review team was informed that the dispensary was often a stressful environment, especially when they had just started their posts. Due to the high workload, the trainees indicated that they found it difficult in the dispensary rotations to collect the relevant evidence for their NVQ. Furthermore, the review team was informed that the PTPTs often felt as if they were treated as fully qualified technicians when working in the dispensary by other members of staff and that it was not fully recognised and appreciated that they were still trainees, who needed to learn.</p> <p>The trainees also reported that often they were pulled from their rotations to work in the dispensary if the department was short staffed and to help with service demands. When asked whether they were able to receive extra time in the rotations they had missed when covering the dispensary, the trainees reported that this was not organised.</p> <p>The practice supervisors for the dispensary commented that they had found the cross site working arrangements for the PRPs challenging the previous year, as they had had two separate dispensary rotations in place: dispensing and checking. The review team was informed that this resulted in an increased number of checks to be made to ensure the trainees had completed their log books. However, the supervisors reported that this would be changed for the new cohort of trainees. It was stated that during the year prior to the review, as the Ascribe pharmacy IT system was only in place at KCH and not at PRUH, the trainees had found it difficult to rotate between the two sites. However, the review team was informed that Ascribe had now been rolled out across the whole Trust.</p> <p>The review team was informed that the length of rotations for the PTPTs differed depending on whether they were based at King's College Hospital (KCH) site, or Princess Royal University Hospital (PRU). At PRUH, the trainees reported that they undertook one-month rotations and rotated more frequently, as opposed to those</p>	<p>Yes, please see P5.5a</p>

	<p>based at KCH, where the rotations lasted for longer. The trainees based at PRUH indicated that they enjoyed the short rotations, as it allowed them to reflect on what else they still needed to learn from each rotation and then pick up any areas when they returned to the same rotation at a later date. Furthermore, the PTPTs based at KCH indicated that they would have preferred to have undertaken shorter rotations.</p> <p>The PTPT EPD and supervisors reported that despite the difference in rotation lengths, they ensured that each trainee received the same learning experience and in total, still spent the same length of time in each rotation. Furthermore, the review team was informed that they were planning to discuss how the rotations worked, to see if they could make them more uniform across both sites.</p> <p>The PRPs reported that they enjoyed the variety of different specialties and exposure they received whilst working within the Trust, which they felt had improved their decision making and gave them a more well-rounded and broad knowledge. Furthermore, the review team was informed that the cross-site working between KCH and PRUH allowed them to experience working environments in different types of hospitals.</p> <p>However, the one draw-back to the cross-site working appeared to be that as different systems and processes were used at PRUH and KCH (such as different prescribing and dispensing systems) when the trainees rotated between the two, (which in some cases could be extremely frequently, with trainees completing their first rotation at PRUH, their second at KCH and then third at PRUH again) the trainees had to relearn all of the new processes each time they moved, which they could sometimes find unsettling. The educational supervisors acknowledged that this had been an issue, however reported that the systems at both sites were being brought in line, so it would not be an issue for new trainees within the department.</p> <p>The PRPs informed the review team that it would have been beneficial if they were allocated longer periods on the wards in some clinical areas, as opposed to just being based on them for two hours each morning, as this would have improved their clinical skills and enabled them to become more independent. The review team was informed that some of the clinical rotations had two hours allocated each day, whereas trainees undertaking the ward rotations in different specialties spent half of the day on the ward, resulting in a different experience for each trainee depending on which rotation they undertook. However, the EPD reported that this had been fed back through the LFG and that for the new cohort of trainees all would spend half a day on the ward.</p> <p>Furthermore, the review team heard that the trainees had no clinical training pack or guide, which set out objectives and which skills and tasks they should have undertaken in a certain period of time, which they would have found beneficial.</p> <p>The trainees reported that when they started new rotations, often their new practice supervisors were not aware of what skills they had and what tasks they were comfortable with and able to undertake. For example, the review team was informed that the trainees often spent the first couple of weeks of each rotation taking drug histories, as the practice supervisors did not know that the trainee had already learnt this skill. When the review team enquired as to whether there was a 'trainee passport' that they completed and took to each rotation, demonstrating what competencies they already had, the PRPs reported that no such system was in place.</p> <p>The EPD and supervisors for the PRPs reported that the same rota was in place at both sites and that all trainees went through the same seven rotations. The only variation was the clinical area the trainees rotated through. The review team was informed that they aimed for all trainees to complete a rotation in medicine, surgery and paediatrics, but that as they had undertaken the clinical allocations in two parts, some trainees had had more surgery exposure than others. However, it was reported that this had been changed for the new cohort of trainees who were due to start.</p>	<p>Yes, please see P5.5b</p> <p>Yes, please see P5.5c</p>
<p>P5.6</p>	<p>Evidence of the impact of teaching and learning strategies on course delivery and student experience</p> <p>The PRPs reported that they would have preferred to have had more clinical responsibility (such as screening patients and counselling) from earlier on in their</p>	<p>Yes, please see P5.5b</p>

	placements, as opposed to focusing upon technical skills (such as how to take a patient's drug history and completing their logs) for the first three to six months of their placement. The review team was informed that the trainees felt that if they had had more responsibility earlier on, they would have felt more confident at the time of the review, when planning to apply for Band 6 posts.	
P5.7	<p>Training days and packs e-learning resources and other learning opportunities</p> <p>The PRPs based at PRUH reported that they received clinical tutorials, but that on occasions the people who were supposed to be delivering the course did not turn up or the sessions were cancelled.</p> <p>The trainees indicated that the formal teaching sessions delivered at KCH were more structured and organised and that they received regular teaching each week.</p>	Yes, please see P5.7

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.

P6.1	<p>Mechanisms in place to support trainees to develop as learners and professionals</p> <p>Not discussed at this review.</p>	
P6.2	<p>Evidence of appropriate personal and professional development</p> <p>Not discussed at this review.</p>	
P6.3	<p>Students must have access to support for their academic and welfare needs. Appropriate support mechanisms in place.</p> <p>Some of the PTPTs indicated that they had had four different assessors for their college programmes, resulting in a lack of continuity being provided.</p>	
P6.4	<p>Feedback</p> <p>The PRPs reported that they often found it difficult to know how they were progressing throughout their placement, especially in relation to their clinical rotations. Although the review team was informed that there was an appraisal process in place for each rotation, in which the trainees received feedback on their performance during the rotation, the PRPs stated that the appraisal form needed to be re-designed to ensure that each section was relevant for the rotations and to include more space for their practice supervisors to comment on their progress and which areas they needed to further develop and work on.</p>	Yes, please see P6.4
P6.5	<p>Educational supervision</p> <p>The PTPTs reported that they felt well supported by their educational supervisors and could approach them with any questions. They further indicated that they met with them after each rotation, to discuss their progress. This was confirmed by the educational supervisors, who indicated that they undertook end of rotation reviews and often tried to gather mid-rotation feedback as well. The review team was also informed</p>	

	<p>that the EPD had an open door policy and that the trainees were always able to meet if they had any issues.</p> <p>The PRPs stated that due to the cross-site working of the placements, it was sometimes difficult to organise face-to-face meetings with their educational supervisors, if they were based at the other site. However, the trainees reported that they often still met with their supervisor on a monthly basis, as opposed to every two weeks, and that they were always available over the phone and by email. The trainees confirmed that they regularly documented the meetings they had with their supervisors, but it appeared that this occurred more regularly at the beginning of their placements.</p> <p>Similarly, the foundation trainee reported that their educational supervisor was readily available and that they could arrange face-to-face meetings regularly, as the supervisor travelled to which ever site they were based at. The educational supervisor further reported that they were also available on an ad hoc basis over the phone.</p> <p>This was confirmed by the educational supervisors, who reported that although typically they met with the trainees every two weeks, when they were based at different sites they often had phone call meetings, but that they still met with the trainees face-to-face on approximately a monthly basis. Furthermore, the department made sure that each trainees' educational supervisor was based at the same site during their first rotation at the beginning of the placement, to ensure support could be provided when the trainees needed it most.</p> <p>The review team noted that the arrangements for providing educational supervision worked well and overcame the normal barriers associated with cross-site working.</p>	
P6.6	<p>Practice supervision</p> <p>All trainees confirmed that they had practice supervisors for each rotation they undertook.</p>	
P6.7	<p>Inter-professional multi-disciplinary learning</p> <p>The review team heard that a nurse has been employed to work with the medication safety team with a primary focus of promoting medication safety to nurses at ward level.</p> <p>The review team felt that further work needed to be undertaken by the Trust to strengthen the multi-professional learning opportunities for trainees.</p>	Yes, please see P6.7
<p>GPhC Standard 7) Support and development for education supervisors and pre-registration tutors</p>		
<p>Standards</p> <p>Anyone delivering initial education and training should be supported to develop in their professional role.</p>		
P7.1	<p>Range of mechanisms in place to support anyone delivering education and training (time for role and support)</p> <p>The educational supervisors for the PTPTs reported that they were informed of any changes to the trainees' curriculum or assessments by the Educational Programme Director via email, which would then be discussed at their next face-to-face meeting.</p> <p>Similarly, the PRP supervisors reported that any such changes were communicated either through the EPD or the education and training lead, either through regular email updates or the Wednesday morning meetings that took place.</p> <p>The review team was informed that the PRP tutors had all undertaken training to ensure they were suitable and qualified to be educational supervisors.</p>	
P7.2	<p>Continuing professional development opportunities</p> <p>Not discussed at this review.</p>	

P7.3	Staff appraisals and development Not discussed at this review.	
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.		
P8.1	Accountability and responsibility for education. Education and training supported by a defined management plan. Not discussed at this review.	
P8.2	Systems and structures in place to manage the learning of students and trainees in practice Not discussed at this review.	
GPhC Standard 9) Resources and capacity		
Standards		
Resources and capacity are sufficient to deliver outcomes.		
P9.1	Sufficient staff to deliver the curriculum to trainees Not discussed at this review.	
P9.2	Appropriate learning resources and IT support The PTPTs reported that they had access to the library facilities in the Trust, but that typically they completed their college work at home as they did not have time during their working day to access the facilities. The review team was informed that although the new cohort of PTPTs who were due to start in September would be paid at a band 4 Annexe U rate, as opposed to a band 3 salary, in line with the Agenda for Change job profile, the current cohort of PTPTs who would be moving into the second year of the programme would continue to be paid at a band 3 level.	
P9.3	Accommodation and facilities that are fit for purpose Not discussed at this review.	
GPhC Standard 10) Outcomes		
Standards		
Outcomes for the initial education and training of pharmacists.		
P10.1	Registration, pass rates Not discussed at this review.	
P10.2	Retention The review team was informed that a high number of pre-registration trainees intended to stay on working at the Trust once they had finished their training programmes.	

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Good Practice and Requirements

Good Practice

The PTPTs reported that the aseptic rotation at the Trust was of a high quality and that they were provided with a workbook that they had to complete in the rotation. Similarly, they reported that the medicines management rotations on the wards were a good learning experience and that as they were with a senior technician at all times, the level of one-to-one support they received was outstanding.

Immediate Mandatory Requirements

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

Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence
P1.2	The Trust to ensure that all trainees are informed of the error reporting systems in place across the Trust	The Trust to submit induction materials demonstrating that this information is given to trainees during their induction
P2.2a	The Trust to ensure that all groups of trainees receive feedback from Local Faculty Group (LFG) meetings, by providing them with the minutes and information regarding any actions being taken by the department to address issues raised	The Trust to provide a copy of training provided to LFG trainee reps for the new cohort commencing Aug/ Sept 2018 and to confirm that this includes responsibility for disseminating minutes and any actions stemming from LFGs.
P2.2b	The Trust also to ensure that trainee representatives are informed of LFG meetings in a timely manner, to allow them to gather feedback from other trainees. LFG meetings should take place 3 times per year	A schedule of LFG meeting dates for the next 12 months to be submitted and confirmation that these have been provided to trainees.
P5.1	The Trust to ensure that all pre-registration pharmacy technicians (PTPTs) based at both sites receive the same amount of study time	The Trust to provide trainee feedback, through LFG minutes, confirming that all PTPTs are allocated the same amount of study time
P5.2	<p>The Trust to review the induction programmes provided for all trainees within the department</p> <p>The Trust to ensure all PTPTs receive a formal induction, regardless of whether they have worked in the department previously as an assistant technical officer</p> <p>The Trust to ensure that the pre-registration pharmacists (PRPs) receive a specific induction for the dispensary before they undertake any weekend shifts</p> <p>The Trust to review the induction in place for the foundation pharmacists and consider whether a</p>	The Trust to submit all induction materials and timetables and trainee feedback, through a survey or LFG minutes, demonstrating that the induction they received ensured they were adequately prepared for their roles

	longer period of time for shadowing can be included	
P5.4b	The Trust to ensure that the training plan for the PRP King's Health Partners (KHP) programme is submitted to the General Pharmaceutical Council, before the end of August. If this is not the case, no trainees will be able to start on the KHP programme	The Trust to submit the training plan for the KHP programme and confirmation that this has been sent to the General Pharmaceutical Council
P5.5a	The Trust to ensure that if trainees are pulled from their rotations to cover service pressures in the dispensary, they are retrospectively allocated the time lost in their rotations	The Trust to submit LFG minutes including trainee feedback demonstrating that this has taken place

Recommendations		
Rec. Ref No.	Recommendation	Recommended Actions / Evidence
P2.2c	In relation to the King's Health Partners programme, it was reported that they fed into the departmental LFG, but that the Trust was considering developing another LFG for trainees and tutors based at all three sites for the upcoming year.	The Trust should review the educational governance arrangements relating to the KHP programme to ensure that all partners are held to account and programme requirements are met
P5.4a	The Trust to ensure that the foundation pharmacists on the VTS programme have formal objectives in place for each rotation, which is mapped to the Foundation Vocational Training Scheme Framework	The Trust to confirm this has taken place and submit the objectives for each rotation
P5.5b	PRPs did not have a clinical training pack or guide that set what was expected of them in each rotation	A clinical training guide / objectives should be developed and submitted
P5.5c	The Trust to consider implementing a 'trainee passport' which trainees could take to each rotation, demonstrating their skills and competencies so they do not need to repeat the same tasks repeatedly	The Trust to confirm what action has been taken to reduce or avoid duplication in training and assessment
P5.7	The Trust to review the clinical teaching programme in place for PRP trainees based at the Princess Royal University Hospital, to ensure they are more structured	The Trust to submit the clinical teaching timetable for PRPs based at the Princess Royal University Hospital and confirmation from trainees, via LFG minutes, that the planned sessions take place
P6.4	The Trust to review the appraisal/ review forms in place that are completed at the end of each rotation, to ensure they are useful and beneficial for trainees to know how they are progressing	The Trust to outline changes made and LFG minutes where the impact of this has been reviewed
P6.7	The Trust to undertake further work to strengthen the multi-professional learning opportunities for trainees	The Trust to outline what steps have been taken to ensure more multi-professional learning takes place

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
Date:	25/07/2018