

The Royal Brompton and Harefield NHS Foundation Trust

Pharmacy

Risk-based Review (on site visit)



Quality Review report

18 July 2018

Final

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Quality Review details

Background to review	The review (on-site visit) of pharmacy training at the Royal Brompton and Harefield NHS Foundation Trust was organised as part of the programme review being undertaken across all pharmacy departments in the London geography. Health Education England was not aware of any specific concerns about the learning and training environment within the Trust.
Training programme / specialty reviewed	Pharmacy
Number and grade of trainees and trainers interviewed	<p>The review team met with four pre-registration pharmacists and three pre-registration trainee pharmacy technicians, as well as educational and practice supervisors at both the Royal Brompton Hospital and Harefield Hospital sites.</p> <p>The review team gave feedback to the following Trust representatives:</p> <ul style="list-style-type: none"> • Chief Operating Officer • Chief Pharmacist • Interim Chief Pharmacist.
Review summary and outcomes	<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"> • Both trainees and supervisors described the Trust as a positive and supportive learning environment with a patient-centred ethos. The review team found the department to be an outstanding example of Pharmacy education • All trainees reported that they would recommend their training posts to colleagues • The review team heard several examples of the department planning for the future and adapting the training programmes by updating curricula, introducing new rotations, developing the pre-registration trainee pharmacy technician (PTPT) medicines management programme and participating in the general practice rotation pilot for pre-registration pharmacists (PRPs) • The local faculty group was well-run and was seen by trainees as an effective forum to bring about change. Feedback and agreed actions were logged and progress against actions was monitored • The trainees were complimentary about the education leads and the level of support they offered • PRPs completed individualised learning contracts with the practice supervisor for each rotation. This enabled supervisors to monitor trainee progress and meet individual training needs <p>There were two areas for improvement noted during the review:</p> <ul style="list-style-type: none"> • Some PRPs reported that practice supervision was less robust in the community pharmacy rotation and that they had been asked to carry out tasks prior to completing the relevant competencies • Trainees had experienced difficulty accessing desks and computers in the department when they needed to upload evidence to E-portfolio or do college work.

Quality Review Team			
HEE Review Lead	Gail Fleming Dean of Pharmacy	HEE Deputy Review Lead	Liz Fidler Associate Head of Pharmacy
Education Programme Director	Kulpna Daya Deputy Governance Lead and Education and Development Technician Royal Marsden NHS Trust	Trainee Representative	Michael Champion Pre-registration Pharmacist Kings Health Partners
Lay Member	Kate Rivett Lay Representative	HEE Representative	Louise Brooker Learning Environment Quality Coordinator Quality, Patient Safety & Commissioning Team (London and Kent, Surrey and Sussex)
Educational overview and progress since last visit/review – summary of Trust presentation			
<p>The review team heard that the Pharmacy department was split across the two Trust sites, the Royal Brompton Hospital (RBH) in central London and Harefield Hospital (HH) in Uxbridge. The Trust was a tertiary referral centre for heart and lung disease and offered specialist services including: cardiac and thoracic surgery, heart and lung transplant, cystic fibrosis centre, congenital heart defect treatment and sleep study.</p> <p>At the time of the review, at RBH there were 32 pharmacists and 12 pharmacy technicians. At HH there were 17 pharmacists and eight pharmacy technicians. There were four pre-registration pharmacist trainees (PRPs) and three pre-registration trainee pharmacy technicians (PTPTs) who worked across both sites. This was due to increase to five PRPs and four PTPTs in the 2018-19 academic year. Both sites offered ward and dispensary rotations for trainees, with other rotations such as purchasing, medicines advisory service, outsourcing and clinical trials located at the RBH.</p> <p>At the time of the review the Trust vacancy rate was 12% and the Trust ran at a financial deficit of £50 million. The Trust-wide cost-reduction and transformation planning initiative was led by the Darwin Group, which all divisions and directorates reported into. The department planned to make long-term cost savings through staff development and retention, for example by introducing a rotational band six to seven progression programme for pharmacists. The Trust also planned to develop the pharmacy technician workforce in the dispensaries and in medicines management roles so that pharmacists could become more clinically oriented. The Chief Pharmacist advised that the department approached the transformation planning process as an opportunity to review ways of working and adapt to meet anticipated service needs. Developments to the training programmes included introducing the Medicines Optimisation Programme (MOP) for PTPTs from 2018 and the planned implementation of general practice (GP) rotations for PRPs in the 2019-20 academic year.</p> <p>The review team heard that the Trust did not have an overall education and training group or budget, but that training was the responsibility of each department. This had led to a lack of interprofessional training, although individual education leads liaised with each other to share training on specific areas, such as working with the Nursing Directorate on intravenous drug training.</p> <p>The Chief Pharmacist was leaving the Trust and the review team heard that an interim appointment had been made. The Senior Principal Pharmacists planned to work additional hours to support this transition. The department intended to recruit to the post permanently in autumn 2018.</p>			

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
	No patient safety concerns were heard at this review.	

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>Local faculty groups</p> <p>The Pharmacy local faculty group (LFG) had been established for 18 months at the time of the review and met four times per year. Both trainees and supervisors were engaged with the LFG and saw it as a valuable forum for sharing information and feedback. The trainees described the LFG as their main feedback mechanism and felt that this was an effective way to create change. There was a closed session for supervisors at each LFG meeting to share practice and discuss trainee progress, which supervisors found helpful. All supervisors had attended at least one LFG meeting and trainees took turns to represent their cohorts at the meetings.</p>	
P2.2	<p>Trainees requiring additional support</p> <p>The educational supervisors (ESs) were aware of the Trainees Requiring Additional Support (TRAS) process and had activated this process for a trainee in the year prior to the review. This had been successful and the trainee was expected to complete the training year on time. Another trainee had experienced difficulty carrying out calculations and had been given specific support to improve, for example additional study time, more supervision time and calculation exercises to practice. This support was tracked through the ES meetings and was logged electronically with the trainee's supervision records. The trainee had successfully completed the relevant assessments and had not experienced any other difficulties.</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.

	Not discussed at this review	
GPhC Standard 4) Selection of trainees		
Standards		
Selection processes must be open and fair and comply with relevant legislation.		
	Not discussed at this review	
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:		
<ul style="list-style-type: none"> • The GPhC pre-reg performance standards, Pre-registration Trainee Pharmacist Handbook and local curricular response to them. • Range of educational and practice activities as set out in the local curriculum. • Access to training days, e-learning resources and other learning opportunities that form an intrinsic part of the training programme. 		
P5.1	<p>Rotas</p> <p>The pre-registration pharmacists (PRPs) described their rotations as varied and giving good exposure to a range of specialist areas such as commissioning, paediatrics, mental health and antimicrobials. The rotation programme was arranged so that PRPs could establish basic skills and achieve competencies in areas such as dispensary before moving to the more complex or specialist rotations. PRP rotations tended to be split for PRPs so that they gained a basic grounding in a three to four-week rotation and then returned at a later date to consolidate and build upon this. Specialist areas such as mental health or paediatrics were planned for the latter part of the year.</p> <p>The pre-registration trainee pharmacy technicians (PTPTs) also had fixed rotation programmes. The department was in the process of introducing the Medicines Optimisation Programme (MOP) training for PTPTs and the rotations were to be altered accordingly for the next academic year, reducing the amount of time spent in stores. The review team heard that the department sought to be forward-thinking and develop training to meet the future needs of the PTPT workforce.</p> <p>Each PTPT was assigned to a 'base' hospital site but spent three months per year at the other site. All PRPs were based at the Royal Brompton Hospital (RBH) site but had rotations at both sites. The trainees reported that they were made aware of the need to travel between sites prior to starting their training and had been offered the chance to apply for hospital accommodation. The Trust provided a shuttle bus between sites but there were currently only two morning and two evening services (the service had been reduced from three times daily each way until October 2018 due to major local roadworks). The review team heard that staff at Harefield Hospital (HH) sometimes drove trainees to the train station if the bus times did not fit with their working hours.</p> <p>There had been major changes to the medicines information (MI) service and trainee rotas had been altered to reflect this. Following trainee feedback, two of the PTPTs' MI rotations had been moved earlier in the academic year to take place before the change to the service and the third had been given MI case studies to work on. The PRPs' MI rotations had been shortened from six weeks to five, with the remaining week allocated</p>	

	<p>to commissioning. An antimicrobial rotation was created by converting an historical ward cover and dispensary week. The practice supervisors (PSs) explained that MI had been changed to medicines advisory service (MAS), which maintained a patient helpline and acted as a triage service, referring queries to the relevant specialist pharmacist. A MAS training package had been developed to reflect the changes to the service and the PTPT MAS rotation was being redesigned for the next cohort.</p> <p>All trainees worked Saturday shifts in dispensary on a one-in-six weeks rota. The trainees advised that they had not been assigned to work on Saturdays until they had completed their controlled drug and dispensing logs. Saturday shifts lasted from 10:00 to 12:45 at HH (for all PRPs and the HH-based PTPT), but the review team heard that staff and trainees frequently worked overtime on these shifts due to the workload. The remaining two RBH based PTPTs worked 09:00 -15:00.-Trainees were given time off in lieu (TOIL) for planned work on Saturdays and, in some circumstances, overtime payments for additional time worked (instead of TOIL in agreement with management). PRPs reported that on Saturday shifts they were supervised by the most senior Pharmacist present and that they typically found out who this was at the start of the shift. PTPTs had supervisors allocated on the rota and were given a list of useful contacts and bleep numbers. PTPTs were also assigned to work with a more experienced pharmacy technician (PT) for their first weekend shifts. The PRPs had given feedback that a weekend specific induction would be useful for trainees in future, as there were fewer PTs present on these shifts to assist with tasks such as stock checking, managing controlled drug storage and using the robots. The PRPs felt that working in a smaller team on Saturdays encouraged them to learn different skills and understand different aspects of dispensary work, which they thought was good preparation for being on-call in future.</p> <p>The review team heard that it was rare for trainees to be moved from their planned rotation to another area due to service need. When this was done trainees were given additional time in their planned rotation to ensure that rotations were equitable between trainees and learning opportunities were not missed. The ESs reported that occasionally PRP rotas were changed if a trainee needed more time in a particular area to achieve competencies or complete logs.</p>	
<p>P5.2</p>	<p>Induction</p> <p>The review team heard that the induction for both PRPs and PTPTs was comprehensive and that trainees received separate inductions for the different practice areas at the start of each rotation. As part of the initial induction, trainees were taught the process for raising and escalating concerns. All trainees had induction checklists to complete. The PRPs reported that they had also had induction handbooks to complete and that handbooks were being introduced for the PTPTs from the next academic year.</p>	
<p>P5.3</p>	<p>Education and training environment</p> <p>The trainees described the Trust as patient-centred, with staff who modelled good patient care and prioritised patient safety.</p> <p>The review lead enquired whether the training experience varied between Trust sites. The trainees reported some minor differences in processes such as labelling between the RBH and HH dispensaries. The review team heard that workloads at both sites were similar despite the variance between patient numbers and complexity, as there were fewer staff at HH. The PTPTs reported that there was less senior support at HH but that there were always staff to supervise and assist them if needed. Sometimes there would be just one trainee working at HH, but trainees reported that they did not feel isolated and were well-incorporated into the team. The ESs were aware of the disparity in support between sites and advised that the department was working to address this. The ESs observed that trainees were willing to help when the department was short-staffed or workloads were high, as they felt like part of the team.</p>	

P5.4	<p>Progression and assessment</p> <p>The PRPs reported that they completed a learning contract with the PS for each rotation which included a review of the rotation objectives, progress against competencies and logs, individual training needs and upcoming study days. The contract was checked at the end of the rotation and recorded on e-portfolio so that other PSs could access it. The e-portfolio records included all assessment deadlines and indicative timeframes for completing each competency, which the PSs advised was helpful in monitoring progress and planning the learning needs for each rotation. The annual plan for logs and assessments was set so that trainees worked on simpler tasks and skills at first and built up to more complex ones, finishing with workplace-based assessments towards the end of the academic year.</p> <p>The PTPTs did not have learning contracts but used their National Vocational Qualification (NVQ) competencies as the basis for discussion with the PS for each rotation. The PTPT education lead (EL) met with each PTPT once or twice a month and liaised with the college about progress on assignments. The EL did not have access to the college portal at the time of the review but was working with the college to arrange this.</p>	
P5.5	<p>Rotations and integrated curricula</p> <p>The PTPTs reported that their college work fitted well with their rotations and there were many opportunities to apply knowledge to practice, particularly in the second year of training. The only exception to this was that the PTPTs did not rotate to a community pharmacy, but much of the college work related to community practice. The PTPTs advised that this had been raised with the LFG and was being reviewed.</p>	
P5.6	<p>Training days and packs e-learning resources and other learning opportunities</p> <p>The department participated in a shared programme of PRP study days run by a group of hospitals including the Royal Marsden Hospital, Chelsea and Westminster Hospital, the West Middlesex Hospital and St Charles' Hospital. PRPs took turns to present on their hospital's specialty areas and participated in case-based discussions, in addition to the taught elements of the programme. The ELs from each hospital gathered trainee feedback and suggestions for study topics which formed the basis for the programme.</p> <p>All PRPs used Skillwise e-portfolio to support their training year. The EL had designed coding of evidences to make it easier to navigate these.</p>	

GPhC Standard 6) Support and development for trainees

Standards

Trainees on any programme managed by the Pharmacy LFG must be supported to develop as learners and professionals. They must have regular on-going educational supervision with a timetable for supervision meetings. All LFGs must adhere to the HEE LaSE Trainees requiring additional support reference guide and be able to show how this works in practice. LFGs must implement and monitor policies and incidents of grievance and discipline, bullying and harassment. All trainees should have the opportunity to learn from and with other health care professionals.

P6.1	<p>Feedback</p> <p>The PTPTs reported that there was no official feedback mechanism at the end of each rotation, although they would review their progress against the competencies and rotation objectives with the PSs. The PTPTs advised that they felt able to informally give feedback during rotations.</p> <p>The ELs informed the review team that the Trust had a whistleblowing policy and a Freedom to Speak Up Guardian, whose contact details were available on the Trust intranet and given to all staff and trainees during the Trust induction.</p>	
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<p>P6.2</p>	<p>Educational supervision</p> <p>The review team heard that PRPs met with their ESs on average every two weeks, though this varied depending on the trainee’s needs. If the PRP was on rotation at the HH site, the ESs advised that they would travel to HH for the supervision meeting. Meetings sometimes needed to be moved due to the requirements of the rotation or service need but the ESs reported that meetings were never cancelled for these reasons.</p> <p>The PTPTs did not have individual ESs at the beginning of the year but had been allocated ESs by the EL during the year. The PTPTs reported that they usually met monthly or fortnightly with their ESs.</p> <p>All trainees were aware of who their line managers were and how to contact them. All trainees reported meeting with their line managers.</p>	
<p>P6.3</p>	<p>Practice supervision</p> <p>The review team was informed of occasions when PRPs were asked to work beyond their competency during the community pharmacy placement. Specifically, they had been asked to perform final checks on dispensed items but had not completed competency assessments for this. The PRPs had given feedback to the EL about this but were unsure what action had been taken. During rotations within the Trust, PRPs reported that they were given tasks to challenge them but were well-supervised and supported, so felt that this was appropriate and useful to their training. The PSs acknowledged the difficulty in monitoring the supervision arrangements for the community rotation and ensuring that training objectives were met.</p> <p>The ELs ran an internal training programme for PSs, providing updates to practice, refresher training and sessions on topics requested by supervisors, such as how to give feedback. New PSs were directed to this training programme and all PSs were being encouraged to undertake Health Education England (HEE) PS training as well.</p>	<p>Yes, please see P6.3</p>

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.

<p>P7.1</p>	<p>Staff appraisals and development</p> <p>The review team was informed that all staff had annual appraisals, but that the ES and PS roles were not appraised separately. All ESs had annual refresher training to help standardise assessments and documentation, as well as end of year debriefing meetings to reflect on their supervision practice. There was a closed session at each LFG where supervisors could discuss individual trainees, address concerns and share good practice.</p> <p>The ELs advised that the Trust no longer provided appraisal training due to financial constraints. Updated Trust appraisal paperwork and a subsequent in-house training tool were in development at the time of the review. The ELs reported that they aimed to run regular peer reflection sessions for the supervisors in order to maintain marking consistency. These sessions were part of the LFG meeting but as not all ESs could attend each meeting, the ELs were considering alternatives.</p>	
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GPhC Standard 8) Management of initial education and training

Standards

Initial pharmacy education and training must be planned and maintained through transparent processes which must show who is responsible for what at each stage.

	Not discussed at this review	
GPhC Standard 9) Resources and capacity		
Standards		
Resources and capacity are sufficient to deliver outcomes.		
P9.1	<p>Appropriate learning resources and IT support</p> <p>Due to financial constraints, the trainees no longer had access to the Imperial College library. There were libraries at both the RBH and HH sites, but the trainees reported that the library at the RBH was in a different block to the supervisors' offices and the majority of the rotation areas. There was no allocated desk or computer space in the department for trainees to use to work on audits, PTPT NVQ assignments or uploading competency evidence. The department had ordered more computers for trainee use and awaited delivery of these at the time of the review.</p>	Yes, please see P9.1
GPhC Standard 10) Outcomes		
Standards		
Outcomes for the initial education and training of pharmacists.		
10.1	<p>Retention</p> <p>All trainees advised that they would recommend their training posts to colleagues. The three PTPTs who were due to complete their training in 2018 had all accepted posts at the Trust.</p>	

Good Practice and Requirements

Good Practice
Both trainees and supervisors described the Trust as a positive and supportive learning environment with a patient-centred ethos. The review team found the department to be an outstanding example of Pharmacy education.
All trainees reported that they would recommend their training posts to colleagues.
The review team heard several examples of the department planning for the future and adapting the training programmes by updating curricula, introducing new rotations, developing the pre-registration trainee pharmacy technician (PTPT) medicines management programme and participating in the general practice rotation pilot for pre-registration pharmacists (PRPs).
The local faculty group was well-run and was seen by trainees as an effective forum to bring about change. Feedback and agreed actions were logged and progress against actions was monitored.
The trainees were complimentary about the education leads and the level of support they offered.
PRPs completed individualised learning contracts with the practice supervisor for each rotation. This enabled supervisors to monitor trainee progress and meet individual training needs.
The PTPT EPDs (current and Interim) were commended by trainees as being incredibly supportive and forward thinking with regards to the work undertaken to modernise their educational plans and rotations.

Immediate Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence
	None	

Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence
	None	

Recommendations

Rec. Ref No.	Recommendation	Recommended Actions
P6.3	PRPs should not be asked to work beyond their competency level during the community pharmacy rotation	The department are advised to clarify the PRPs' remit and supervision requirements in the external placement agreement with the community pharmacy placement providers.
P9.1	The department should work to increase the availability of computers and work spaces for the trainees.	The department has ordered additional laptop computers for trainee use and is advised to monitor trainee feedback to determine if these are sufficient to meet their needs.

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

Requirement	Responsibility
None	

Signed

By the HEE Review Lead on behalf of the Quality Review Team:	Gail Fleming
Date:	15 August 2018