

Barts Health NHS Trust

Pharmacy

Risk-based Review (On-site visit)



Quality Review report

5 February 2019

Final Report

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Quality Review details

Background to review	This review was a follow up to a previous baseline review that took place on 5 April 2017 to assess the progress the Trust had in addressing the issues identified around different stock control systems being across sites and trainee unfamiliarity with these systems, trainee pay for out of hours working at weekends, Local Faculty Groups, and educational supervision. This Risk-based Review was also based around concerns raised by trainees during exit interviews
Training programme / specialty reviewed	Pharmacy
Number and grade of trainees and trainers interviewed	<p>The review team met with:</p> <ul style="list-style-type: none"> - Trust Chief Pharmacist; - Clinical Services Lead; - Lead Pharmacist, Education, Training and Development; - Education, Training and Development Pharmacist x2; - Head of Pharmacy Technician Development; - Senior Education, Training and Development Pharmacy Technician; - 13 Pre-Registration Pharmacists (PRPs); and - Six year one Pre-registration Trainee Pharmacy Technicians (PTPTs); Five year two PTPTs
Review summary and outcomes	<p>The review team thanked the Trust for hosting and facilitating the review. It was pleased to find that the following areas were working well:</p> <ul style="list-style-type: none"> - The review team was pleased to see the steps taken to address the issues that were raised at the previous Health Education England baseline review on 5 April 2017, particularly noting the appointment of an education lead for the dispensary at the Royal London Hospital (RLH) site and the development of training objectives and resources to support rotations. - All trainee groups the review team met with reported feeling well supported by the Education, Training and Development Team and their Practice Supervisors, with notable mentions for the Lead Pharmacist - Education, Training and Development, and the Dispensary Education Lead, RLH. - The review team was pleased to hear that all trainees would recommend the Trust to their peers for the purposes of education and training, citing the broad range of learning opportunities and the quality of the training provided. PTPTs reported enjoying the Objective Structured Clinical Examination (OSCE) scenario sessions, and the PRP trainees especially valued the surgery rotation at Newham University Hospital and the cardiology rotation at St Bartholomew's Hospital. <p>However, the following areas were identified as causes of concern or in need of improvement:</p>

- The review team was concerned that some PRPs were assigned to dispensary duties at weekends prior to completing the required number of dispensing logs. In addition, due to the use of two different pharmacy systems (JAC and Cerner) across the Trust, trainees could be working at the RLH at a weekend and be required to label using a system that they had very limited, if any, experience of using. The review team felt that this introduced a high level of risk particularly at the start of the training year.
- The review team was concerned about the impact of the weekend dispensary staffing model (particularly between 16:00 and 20:00) at the RLH on patient and trainee safety and the wider education and training environment. During this period a single trainee and an on-call pharmacist provided pharmacy services across the whole Trust and the review team heard that it could be extremely busy. As outlined above, the trainees may have been in an unfamiliar and busy environment working with an unfamiliar system and with a potentially inexperienced or recently registered on-call pharmacist; the review team felt this level of risk was high especially in the first half of the training year.
- The review team felt that the PRP Educational Supervisors (ESs) needed more support to develop in their roles, noting that the submitted pieces of evidence from trainees to their e-portfolios were either too low in number for the length of time in post, or that submitted evidence was awaiting ES sign-off for long periods. It was noted that some ESs would benefit from refresher training on the use of the e-portfolio software, and that the identification of a nominated lead to oversee all e-portfolio activity would be beneficial. It was also noted that monitoring evidence submissions and recorded tutor meetings on the e-portfolio via the performance dashboard would be a valuable key performance indicator.
- The review team felt that the use of video conferencing between the four main Trust sites would allow for wider representation and increased attendance at Local Faculty Group (LFG) meetings. It was also noted that the ESs for PRPs were unclear of the role of the LFGs, and that whilst they valued the forum, it seemed apparent that they were not active participants. Furthermore, the effective use of technology could support the establishment of a Trust-wide pharmacy ES network that would provide much needed peer support particularly for less experienced ESs.
- The review team was disappointed to hear that some PRPs had encountered issues around being paid in a timely manner for weekend shifts worked, something that had been reported at the previous visit in 2017.

Quality Review Team

HEE Review Lead	Helen Porter, HEE Pharmacy Dean	External Representative	Gail Fleming, Director of Education and Professional Development, Royal Pharmaceutical Society
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HEE Programme Director	Rachel Stretch, Pre-Registration Pharmacist (PRP) Training Programme Director	PRP Education Programme Director	Julie Featherstone, Maidstone and Tunbridge Wells NHS Trust
Pre-registration Trainee Pharmacy Technicians (PTPT) Education Programme Director	Lyn Walsh, Imperial College Healthcare Trust	Pre-registration Trainee Representative	Emma Timothy, Year two PTPT, Barking, Havering and Redbridge University Hospitals NHS Trust
Lay Member	Robert Hawker, Lay Representative	HEE Representative	John Marshall, Learning Environment Quality Coordinator
Observer	Harvina Kibbe, PRP Trainee Representative, Royal Brompton and Harefield NHS Foundation Trust		

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

The Trust presented the review team with an update on the developments in the delivery of education and training for PRP trainees and PTPT trainees since the previous HEE review in April 2017.

The review team were given an overview of the Pharmacy Education, Development and Training (ETD) team structure and of where that team sat in the wider context of Pharmacy services at the Trust. The review team was pleased to hear of the contribution and the positive effect the role of the Lead Pharmacist – ETD had had. However, it was noted that the post was not substantive and only guaranteed up until the end of the 2018/19 financial year.

With regard to trainee experience, it was reported that both PRPs and PTPTs both received education plans that covered the whole year, including weekends and bank holidays. This included a weekend competency checklist setting out roles and responsibilities for working at weekends. It was reported that all weekend working for trainees was centred on the RLH site, along with a named Practice Supervisor (PS), to offer a consistent learning experience to all trainees.

The review team heard that previous issues around trainee contracts, that had seen one trainee employed on the wrong NHS pay band, had been negated by implementing a robust checking of contracts prior to trainees starting in their posts. Other human resource issues around recording sickness absence, booking annual leave and payroll issues that were found at the previous review in 2017 were now covered as part of the induction process.

The review team was pleased to hear that the Trust had made clear the differentiation between shadowing and training in response to previous concerns that some trainees had been involved in the training of other learner groups. It was also reported that escalation pathways and reporting systems had been put in place in the event of such a situation arising again. A LFG meeting was in place for raising concerns and was attended by PRP and PTPT representatives from all four main Trust sites, along with ES and PS representation, with the minutes and action log being fed back to the attendees' respective cohorts.

The visit in 2017 had identified a differentiation in how PTPTs were having workplace competencies and assessments signed-off. The review team was pleased to hear that this had now been standardised for all PTPTs, who were all now signed up to the HEE Medicines Optimisation Programme and were all on track to complete this.

With regard to educational supervision, it was reported that all ESs were required to complete the HEE ES course. However, the Trust noted that not all ESs had yet completed this, citing time in their job plans as the reason for this. The review team heard that this had been escalated to senior Pharmacists to ensure that ESs they line managed completed the course as soon as possible. It was reported that the Trust was looking at

succession planning for ESs by identifying and encouraging staff to become ESs in the future. It was also noted that current ESs were being supported by the wider ETD team, and to improve the trainee/ES experience they were now paired on the basis of working in close proximity (on the same site) with each other where possible.

The Trust recognised that operating different stock control and labelling systems across the Trust posed problems for trainees who could be more familiar with one system than the other, particularly as all trainees moved between all four sites throughout their training. However, the review team was encouraged to hear that there were plans to implement the JAC Pharmacy Management and Stock Control System (JAC) across all sites.

The review team heard that all PRPs participated in audits and were part of a wider drive across the Trust to improve patient safety through reviewing the management of medicines on wards and in clinics with a view to fostering a culture of continuous improvement. It was also noted that trainees had previously had their audit topic assigned to them but that now they could select their own preference from a list of nominated topics. There was also the opportunity for PRPs to have their audit selected to be presented at conferences.

It was reported that to monitor trainee progress that the ETD had developed a range of dashboards to triangulate performance that could be matched against a set of key performance indicators.

Review team

When asked about the impact of any changes made to the wider Trust environment and the impact these had had on pharmacy services, it was reported that an inspection from the Care Quality Commission since the previous HEE visit had shown a significant improvement in the Trust's performance. For Pharmacy services in particular, it was reported that operating across four main sites as part of a large Trust posed unique challenges but that work was underway to integrate and streamline services – notably the implementation of the JAC system across all dispensaries in the Trust – and allow for greater oversight whilst maintaining local accountability. In terms of engaging in the wider health economy, the review team heard that the Trust was working with the local Clinical Commissioning Group (CCG) and Local Workforce Action Board (LWAB) to feed into the objectives of the North East London Sustainability Transformation Partnership (STP).

The review team wanted to explore the structure of the ETD team in greater detail, particularly with regard to line management within the team and for trainees. It was reported by the Trust that the Lead Pharmacist – ETD role was responsible for 2.4 whole time equivalent (WTE) staff who supported in the delivery of education and training of PRP trainees and worked across all sites at the Trust, and that each had a responsibility for specialist curriculum areas. The review team heard that management within Pharmacy would like the post of Lead Pharmacist – ETD to be made a permanent role but could not guarantee this without a mandate from the Trust Executive.

With regard to line management of trainees, the review team heard that PTPTs were line managed by a single ES. It was reported that the ES would meet the PTPTs as a group on a weekly basis but that each PTPTs locally engaged PS would feedback details of their conversations with individual PTPTs to the ES. This was in contrast to the line management of PRPs but it was felt by the Trust that this was the most efficient way of maintaining ES/PTPT relationships, all of whom worked across different sites within the Trust. This, it was noted by the Trust, was similar to guidelines recently issued by the Nursing and Midwifery Council for undergraduate learners in that sector.

In terms of governance, the review team heard that there was Pharmacy representation on the Board for each site within the Trust which fed up to the Trust Executive Board. The impression given to the review team was that the Pharmacy management was well engaged across the Trust with a number of pathways to engage with colleagues at all levels. It was reported that the Chief Pharmacist sat on the Board of the Education Academy, as well as maintained strong links with the Chief Medical Officer. The review team heard that Pharmacy sat within the Clinical Support Services group, one of seven groups at the Trust responsible for all aspects of the delivery of care and was engaged in conversations and workstreams around integrating services and facilitating new models of care.

With regard to appointing PRP ESs, the review team heard that ES duties formed part of the job specification for Band 7 Pharmacists, it was reported that new Band 7 Pharmacists welcomed the opportunity to provide educational supervision as it was seen as the first step towards management of staff and processes and a

valuable career development opportunity. To prepare new ESs for the role it was reported that new ESs were observed by senior ESs in their first meetings with PRPs and were provided with refresher training for using the e-portfolio system for monitoring trainee evidence submissions in addition to that offered by HEE.

Findings

GPhC Standard 1) Patient Safety

Standards

There must be clear procedures in place to address concerns about patient safety arising from initial pharmacy education and training. Concerns must be addressed immediately.

Consider supervision of trainees to ensure safe practice and trainees understanding of codes of conduct.

Ref	Findings	Action required? Requirement Reference Number
PH1.1	<p>Patient safety</p> <p>From its meeting with the Pre-registration Pharmacists (PRPs) the review team heard of two potential risks to patient safety. These were around the sign-off of PRP competencies in the dispensary, and out of hours supervision in the dispensary at the Royal London Hospital (RLH).</p> <p>The review team was concerned that some PRPs were assigned to dispensary duties at weekends prior to completing the required number of dispensing accuracy logs. In addition, due to the use of two different pharmacy systems (JAC and Cerner) across the Trust, trainees could be working at the RLH at weekends and be required to label using a system that they had only undertaken on line training in and very limited, if any, experience of using. This was the reported experience of Pre-registration Trainee Pharmacy Technicians (PTPTs) also. The review team felt that this introduced a high level of risk particularly at the start of the training year.</p> <p>It was reported that whilst there was a period at the start of the year for PRPs to complete the required number of dispensing accuracy logs to meet the curriculum requirements, these were not always completed before assigned weekend dispensary duties. However, it was noted that the PRPs themselves did not feel uncomfortable in this scenario and felt well supported by their colleagues despite some feeling that they had been 'thrown in' when first working in the RLH dispensary – although when any concerns were raised with the Practice Supervisor (PS) or Education, Development and Training team (ETD) these were acted upon in a timely manner and PRPs were assigned duties commensurate with their competencies.</p> <p>The review team was also concerned about the impact of the weekend dispensary staffing model (particularly between 16:00 and 20:00) at the RLH on patient and trainee safety and the wider education and training environment. During this period, it was reported that a single PRP and an on-call pharmacist provided pharmacy services across the whole Trust and the review team heard that it could be extremely busy. As</p>	Yes, please see PH1.1

	<p>outlined above, some trainees may be in an unfamiliar and busy environment working with an unfamiliar system and with a potentially inexperienced or recently registered on-call pharmacist; the review team felt this level of risk was high especially in the first half of the training year.</p> <p>The PTPTs experience with regard to the JAC and Cerner systems matched that of their PRP colleagues. But again, the PTPTs felt well supported by the dispensary PS.</p>	
PH1.2	<p>Serious incidents and professional duty of candour</p> <p>The review team heard of no incidences where trainees had needed to report a serious incident but reported that they were aware of the relevant reporting systems and that they could find guidance on the Trust's whistleblowing policy on the Trust intranet.</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).

PH2.1	<p>Educational governance</p> <p>The review team heard that the Trust had implemented guidance to address issues where some trainees had been involved in the training of other learner groups as highlighted at the visit in 2017, It was reported that some PTPTs had been asked if they could be shadowed in the workplace and were unclear whether this was appropriate or not. The review team was pleased to hear that both the PTPTs and PRPs were comfortable raising such issues directly with their PS or ES, as well as senior members of the ETD team.</p>	
PH2.2	<p>Local faculty groups</p> <p>The review team heard that LFG meetings were attended on a rotating basis by representatives from each trainee and trainer cohort it met with, with the responsibility of feeding back the outcomes and actions to their respective cohorts. It was unclear to the review team that the minutes and actions were shared with all trainees and both ESs and PSs. Both PRPs and PTPTs felt that the LFGs were a valuable forum for raising concerns and gaining a broader understanding of the wider Pharmacy environment. The review team heard from both the PRP and PTPT ESs that ES representation at LFG meetings was on a similar rotating basis to that of the trainees.</p> <p>The review team felt that the use of video conferencing between the four main Trust sites would allow for wider representation and increased attendance at LFG meetings. It was also noted that the ESs for PRPs were unclear of the role of the LFGs, and that whilst they valued the forum, it seemed apparent that they were not active participants. Furthermore, the effective use of technology could support the establishment of a Trust-wide pharmacy ES network that would provide much needed peer support particularly for less experienced ESs.</p>	<p>Yes, please see PH2.2a</p> <p>Yes, please see PH2.2b</p>

PH2. 3	<p>Trainee Requiring Additional Support (TRAS)</p> <p>Both the PTPT and PRP ES cohorts reported that they had encountered working with a Trainee Requiring Additional Support (TRAS). The review team was concerned to hear that in the case of the PTPT TRAS the trainee had fallen behind in their college work, the severity of which only became apparent when the trainee had failed with their second submission of a piece of coursework resulting in being removed from their course and post. It was encouraging to hear that the ETD team had put in place more robust checks to ensure that trainees did not fall too far behind, including guidance and support from HR to manage the situation and trainees out of the Trust in the event such a scenario occurred again.</p> <p>In the case of the PRP TRAS, the review team was encouraged to hear that the ES was supported by the ETD team to develop a TRAS action plan. The review team heard that the TRAS action plan included amendments to the rota that allowed extra time to complete their rotations, topping up skills to meet the curriculum requirements, and additional time to complete their Audit.</p>	
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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.

PH3. 1	<p>Staff training in equality and diversity</p> <p>N/A</p>	
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GPhC Standard 4) Selection of trainees

Standards

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

PH4. 1	<p>Selection processes and procedures to comply with relevant legislation</p> <p>N/A</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.

PH5. 1	<p>Rotas</p> <p>The review team heard that PRPs were not expected to work weekends until September with a view to settling into their roles and to achieve the required competencies. However, as noted earlier the target to have all PRPs compliant with the required number of dispensary accuracy logs was not always met prior to this.</p>	
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	<p>In contrast, it was reported that the checks for PTPT dispensary logs was more robust and that PTPTs had more time at the start of the year to achieve competency. It was also noted that PTPTs worked a 1/5 weekend rota, working either on a Saturday or Sunday on an alternating basis between 10:30 and 16:00. The PTPTs reported that they felt well supported when working at weekends.</p> <p>Neither group of trainees reported any issues booking annual leave, provided it was booked a minimum of two weeks in advance and that, for PTPTs at least, this could be booked via an e-rostering system. However, some trainees did note that they would struggle to take all of their allotted annual leave ahead of the end of the financial year.</p>	
PH5.2	<p>Induction</p> <p>Both the PRPs and the PTPTs reported that their induction was good. The review team heard that all trainees were given their required logins and introduced to the relevant reporting systems and covered all aspects of their roles and expectations. Both groups of trainees also reported that there was a single induction document for the dispensary despite the differences in set up, volume of workload, and the use of either the JAC or Cerner stock management systems depending on the site. However, the PTPTs did note the Trust's plans to implement the JAC system across all sites, believing these plans to be ahead of schedule.</p>	
PH5.3	<p>Educational plans</p> <p>The review team heard that both groups of trainees had education plans set for them at the start of the year. PRPs reported that they felt there was too much time allocated to dispensary duties in the medicine and surgery rotation, whilst there was no dispensary time in the plan for the Medicines Information rotation. The review team heard that PTPTs were given a rota matched to the National Vocational Qualification (NVQ) level 3 curriculum requirements, and in the cases where the PTPTs felt the job plan lacked variation – back to back dispensary heavy rotations for example – the ETD reconfigured their job plan. Where trainee rotations were reconfigured and rotations swapped between trainees, the review team was pleased to hear that no trainees had changes to their plans without their agreement.</p> <p>The review team heard that the PTPT programme was designed by the Education Programme Director and then finalised in consultation with the ES.</p>	
PH5.4	<p>Progression and assessment</p> <p>The review team was pleased to hear that PRPs had two weeks in November set aside for formal Audit activity. It was reported that Audit topics were submitted by PSs and were collated by the ETD team and were then selected by the PRPs based on their preference. The PS that submitted the topic also acted as the Audit assessor. Due to the number of PRPs and the need to maintain service delivery the review team heard that the PRPs were split into two groups and completed their Audit in either the first two or second two weeks of November. The review team also heard that outside of the formal Audit to meet the curriculum requirements, there was the opportunity for trainees to participate in Trust-wide audit activity.</p> <p>The review team heard from the PTPT ES that there were set objectives for each rotation and that these were cross-referenced against individual trainee needs and monitored via the ETD team dashboards.</p>	

PH5. 5	<p>Rotations and integrated curricula</p> <p>The review team heard from the PRPs that experiences across their rotations varied and was dependent on the PS. It was encouraging to hear that the majority of PSs promoted an open and engaging culture around the delivery of education and training. However, it was noted that in some cases the trainees felt that they were seen as ‘an extra pair of hands’ to help facilitate the delivery of service.</p> <p>Training in Surgery at Newham University Hospital and in Cardiology at St Bartholomew’s Hospital were highlighted as being particularly well structured and supported.</p> <p>The PRPs reported enjoying the scheduled teaching on Thursdays and noted that all rotations had set objectives, and that this was presented to them in a handbook at the start of the year. The review team was pleased to hear that the PRPs had not encountered any issues around completing their workplace assessments.</p>	
<p>GPhC Standard 6) Support and development for trainees</p> <p>Standards</p> <p>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.</p>		
PH6. 1	<p>Students must have access to support for their academic and welfare needs. Appropriate support mechanisms in place.</p> <p>The Review team was pleased to hear that the PTPTs felt well supported by the ETD, with one noting that it felt as though they were second only to patients in terms of priority. It was reported that there was some time in the rota protected to allow the PTPTs to work on their college coursework.</p>	
PH6. 2	<p>Feedback</p> <p>Both groups of trainees reported that there were several channels to receive feedback from their ES or PS about their education and training, as well as their service delivery work both formally and informally. Likewise, both groups felt that there were a variety of pathways and forums for them to feedback any issues around patient safety, the quality of teaching, or any pastoral issues that they had.</p>	
PH6. 3	<p>Educational supervision</p> <p>The review team heard that the PRPs met with their ES on a monthly basis, although in some cases this was only maintained due to trainees being proactive in ensuring that these meetings took place as some PRPs and the respective PS were not based on the same site. It was also reported that some PRPs had uploaded evidence to their e-portfolio for ES sign-off but that this was going unassessed for long periods, and in some cases the number of pieces of evidence submitted by trainees was not commensurate with the length of time in post.</p> <p>From its conversation with the PRP ESs, the review team felt that that some needed more support to develop in their roles, citing the issues reported by the trainees as</p>	Yes, please see PH6.3a

	<p>noted above. It was noted that some ESs could benefit from refresher training on the use of the e-portfolio software, and that the identification of a nominated lead to oversee all e-portfolio activity would be beneficial. It is essential that this lead has full access to the e portfolio and includes monitoring use within their remit. Furthermore, it was felt that monitoring evidence submissions and recorded tutor meetings on the e-portfolio via the performance dashboard would be a valuable key performance indicator.</p> <p>The review team heard that there was a single ES for PTPTs, as described earlier at Trust presentation. It was reported that the ES would meet the year one and two PTPTs in separate groups on Mondays and Wednesday respectively on a weekly basis. The PTPTs also reported that they would meet with their PS on a 1:1 basis three times in a four-month rotation. It was felt that there was a collaborative approach to educational supervision that encompassed the ES, PS and the Programme Director, noting that any issues that trainees had were addressed in a timely manner.</p>	Yes, please see PH6.3b
PH6.4	<p>Practice supervision</p> <p>The experiences of the dispensary PSs and the on-call pharmacist matched that which had been heard from both the trainees and ESs with regard to the weekend service. It was reported that a named dispensary PS for the weekend was clearly displayed and visible to all staff.</p> <p>The review team heard that whilst it could become very busy after 16:00 at weekends, the culture in the dispensary was good and there was willingness on the part of the daytime staff to stay late to ensure that workload accumulated throughout the day was cleared before leaving. The on-call Pharmacist that the review team met with was keen to stress that they did not feel unduly pressured after 16:00 but that they were required to prioritise and take on incoming requests at their discretion.</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.

PH7.1	<p>Range of mechanisms in place to support anyone delivering education and training (time for role and support)</p> <p>The review team heard that both the PRP and PTPTs were required to complete the HEE education supervisor's course and that in their first interactions with their assigned trainees were accompanied and observed by their respective programme directors.</p> <p>The review team heard that there was no meeting or forum that linked the PRP and PTPT ESs beyond LFG meetings. It was felt that the Trust could make better use of available technology and facilities to establish a Trust-wide pharmacy ES network that would provide much needed peer support, particularly for less experienced ESs.</p> <p>Other staff involved in training others were supported to undertake the CPPE Effective trainer course.</p>	Yes, please see PH7.1
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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.

PH8.1	<p>Accountability and responsibility for education. Education and training supported by a defined management plan.</p> <p>The review team heard that the ETD team has 2.4 WTE staff with responsibility for the management and leadership of education and professional development across the department. This is led by the ETD Lead Pharmacist who is currently on a fixed-term appointment until April 2019. The Trust described ambitions to make this a permanent post and to have better integration with the Education Academy. The review team was concerned to hear that there is no confirmation that the post will be extended at this stage.</p>	
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GPhC Standard 9) Resources and capacity

Standards

Resources and capacity are sufficient to deliver outcomes.

PH9.1	<p>Accommodation and facilities that are fit for purpose</p> <p>The review team was disappointed to hear that some PRPs had encountered issues around being paid in a timely manner for weekend shifts worked, something that had been reported at the previous visit in 2017.</p>	Yes, please PH9.1
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GPhC Standard 10) Outcomes

Standards

Outcomes for the initial education and training of pharmacists.

PH1 0.1	<p>Retention</p> <p>The review team was pleased to hear that all trainees would recommend the Trust to their peers for the purposes of education and training, citing the broad range of learning opportunities and the quality of the training. PTPTs reported enjoying the Objective Structured Clinical Examination (OSCE) scenario sessions, and the PRP trainees especially valued the surgery rotation at Newham University Hospital and the cardiology rotation at St Bartholomew's Hospital.</p>	
PH1 0.2	<p>Outcomes</p> <p>The review team was interested to hear that the ETD team were using agreed KPI to measure performance. These include retention and registration rates. The review team felt there was an opportunity to develop this further to include e -portfolio use (see PH 6.3)</p>	

Good Practice and Requirements

Good Practice			
The review team was impressed by the use of key performance indicator metrics to monitor trainee progress and the effectiveness of the education and training environment and would urge the Trust to develop these further.			

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

Mandatory Requirements		
Req. Ref No.	Requirement	Required Actions / Evidence
PH1.1	The Trust is required to ensure that all future PRPs from July 2019 complete the required number of signed-off dispensary logs to meet curriculum requirements before being allocated to weekend dispensary duties.	Please draft a Standard Operating Procedure (SOP) showing how the Trust will ensure that PRPs from July 2019 will complete the required number of signed-off dispensary accuracy logs prior to being allocated dispensing duties and provide HEE a copy within two months of the date of issue of this report.
PH2.2a	The Trust is required to ensure that all PRPs, PTPTs, ESs and PSs are included in the distribution list for LFG minutes.	Please provide HEE with the dates of the next two of LFG meetings and provide copies of the minutes and distribution list when they become available. Please provide HEE with dates of the next two LFG meetings so that an expectation of timescales can be formulated within one month of this report being issued.
PH6.3a	The Trust is required to reaffirm PRP ES expectations and refresh PRP ESs in use of the e-portfolio system.	Please hold a PRP ES workshop that reaffirms expectations of what is expected from PRP ESs and includes a refresher tutorial on using the e-portfolio system for assessing trainee evidence submissions. Please provide an attendance list of both sessions within two months from the date of issues of this report.
PH6.3b	The Trust is required to nominate a named lead to oversee PRP ES e-portfolio activity and ensure that they have full access.	Please develop an ES e-portfolio SOP that includes a named lead from the ETD team within two months of from the date of issue of this report.
Ph9.1	The Trust is required to ensure that processes are in place to pay trainees correctly.	Please provide HEE with an analysis of why pay issues have continued and the action plan to address this within two months from the date of issue of this report.

Recommendations		
Rec. Ref No.	Recommendation	Recommended Actions / Evidence
PH2.2b	The Trust is recommended to explore the possibility of using video conference facilities to facilitate cross-site LFG meetings with broader participation from trainees and ESs/PSs.	Please discuss this as an agenda item at the next LFG meeting and provide HEE with a copy of the minutes when they become available.
PH7.1	The Trust is recommended to explore the possibility of using video conference facilities implement a cross-site ES network for PRPs and PTPT ESs to come together to share best practice and peer to peer support.	Please discuss this as an agenda item at the next LFG meeting and provide HEE with a copy of the minutes when they become available.
PH8.1	The Trust is recommended to extend the role of the Education and Training Lead Pharmacist beyond April 2019.	Please provide HEE with confirmation of the leadership arrangements for pharmacy education and training from April 2019 onwards, including how the duties of the Education and Training Lead Pharmacist will be covered if the role is not continued within one month from the date of issue of this report.

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:	Helen Porter, HEE Pharmacy Dean, London and Kent, Surrey, and Sussex
Date:	26/03/2019