

Croydon University Hospital NHS Trust

Pharmacy

Monitoring the Learning Environment (On-site Visit)



Quality Review report

13 March 2019

Final Report

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for health and
healthcare**

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Quality Review details

Background to review	The Monitoring the learning environment (on-site visit) to pharmacy at Croydon University Hospital NHS Trust had been arranged further to a letter from HEE IN 2016 stating that baseline reviews would be undertaken at all Trusts. The purpose of the visit was to review the training environment, support and supervision that preregistration pharmacists and preregistration pharmacy technicians were receiving.
Training programme / specialty reviewed	Pharmacy
Number and grade of trainees and trainers interviewed	<p>The review team met with the Chief Pharmacist, Educational Programme Director (EPD) for preregistration pharmacists (PRPs) and preregistration pharmacy technicians (PTPTs) and Educational Supervisors (ESs).</p> <p>The review team met with four PRPs and two first year PTPTs.</p> <p>The review team also met with the practice supervisors for all trainee groups in medicines information, surgery, acute and general medicine.</p>
Review summary and outcomes	<p>Health Education England would like to thank the Trust for accommodating the on-site visit and for ensuring all sessions were well attended. The quality review team was pleased to note the following areas that were working well:</p> <ul style="list-style-type: none"> - The review team was pleased to hear that all PRPs and PTPTs felt supported by the educational supervisors and tutors and noted that the department as a whole was very friendly and caring. - The review team was pleased with the extent of educational opportunities available and was pleased to hear that local teaching was well received by the PRPs and mapped to General Pharmaceutical Council (GPhC) standards. The review team heard of multi-professional teaching taking place with junior doctors and medical students. - The review team heard from Educational Supervisors (ESs) that the Local Faculty Group (LFG) meetings took place regularly and worked well. The PRPs and PTPTs reiterated this and felt it was a comfortable environment in which to raise concerns. - The review team was pleased to hear that the Trust invested in the education and development of ESs and Practice Supervisors (PSs). - The review team was pleased to hear that all PRPs would recommend the Trust as a place for education and training. <p>The quality review team also noted a number of areas that still require improvement:</p> <ul style="list-style-type: none"> - The review team was disappointed to hear from the PTPTs that due to workload they were finding it difficult to balance service provision alongside attending college and completing their National Vocational Qualification (NVQ). - The review team recommends that the Trust look at the structure of rotations in PTPT year one to provide some experience on the wards. - The review team heard from PRPs and PTPTs that access to PCs within the department was challenging at times.

Quality Review Team			
HEE Review Lead	Helen Porter, HEE Pharmacy Dean	External Representative	Gail Fleming, Director of Education and Professional Development, Royal Pharmaceutical Society
HEE Training Programme Director	Rachel Stretch, Pre-Registration Pharmacist (PRP) Training Programme Director	PRP Education Programme Director	Stuart Gill-Banham Pre-Registration Pharmacist (PRP) Educational Programme Director
Pre-registration Trainee Pharmacy Technicians (PTPT) Education Programme Director	Sue Jones Pre-registration Trainee Pharmacy Technicians (PTPT) Education Programme Director	Pre-registration Trainee Representative	Emma Timothy Pre-registration Trainee Pharmacy Technician Representative
Lay Member	Robert Hawker Lay Representative	Scribe	Bindiya Dhanak Learning Environment Quality Co-ordinator, Health Education England, (London)
Observer	Sarah Halawa Pre-Registration Pharmacist (PRP) representative		

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

The Trust gave a summary to the review team of the developments in the delivery of education and training for PRPs and PTPTs.

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 Chief Pharmacist informed the review team that their post sat jointly with the Croydon Clinical Commissioning Group (CCG) and was in the beginning stages of integration with the Trust, with training and development potentially expanding to allow further learning opportunities for PRPs and PTPTs across Croydon. It was heard that there were two recently appointment pharmacy technicians within the CCG which would potentially give the PTPTs further educational opportunities at the CCG in the future.

The review team heard that the Associate Chief Pharmacist for clinical services attended the workforce development board and the Educational Programme Director (EPD) for PRPs worked closely with the medical education team. The EPD informed the review team that they attended the Medical Education Committee and Foundation LFG. The EPD noted to the review team that the Medical Education Manager (MEM) regularly attended the Local Faculty Group (LFG) meetings for pharmacy and collaboratively worked on teaching and Trust induction.

The PRP EPD informed the review team that they were employed by Brighton University to teach on the undergraduate degree programme for one day a week. The EPD for PTPTs also had similar teaching commitments outside of the Trust at Westminster Kingsway College.

With regard to educational supervision, it was reported that all ESs were required to complete the HEE ES course. The ESs that the review team met with on the day had completed the course as well as the PSs even though this was not a requirement.

Findings

GPhC Standard 1) Patient Safety

Standards

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

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

Ref	Findings	Action required? Requirement Reference Number
PH1.1	Patient safety The review team was pleased that no patient safety issues were reported by the pre-registration pharmacists (PRPs) and the pre-registration pharmacy technician (PTPTs) within the department.	
PH1.2	Serious incidents and professional duty of candour The review team heard of no incidences where trainees had needed to report a serious incident but reported that they were aware of the escalation pathways which were presented to them as part of their departmental induction.	

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	Educational governance The review team was pleased to hear that both the PTPTs and PRPs were comfortable raising issues directly with their Practice Supervisor (PS) or Educational Supervisor (ES), as well as the PRP Educational Programme Directors (EPD).	
PH2.2	Local faculty groups The review team heard that Local Faculty Group (LFG) meetings took place quarterly with good trainee representation. The PRP EPD informed the review team that the LFG was formally set up four years ago and is structured with an agenda that is mapped to the Health Education England (HEE) quality framework. The LFG is chaired by the Chief Pharmacist. The review team was pleased to hear that the PRPs and PTPTs felt that this was a comfortable environment to raise any concerns. It was heard that all trainees had the opportunity to complete an anonymous survey prior to LFG meetings which is fed back through the trainee representatives. The PRP EPD explained the benefits of having a lay representative at the LFG meetings as they gave an oversight from a different prospective. This was further strengthened by their background in education. It was heard that a library representative also attended the meetings to highlight resources available to trainees.	

PH2.3	<p>Trainees in difficulty</p> <p>Both the PTPT and PRP ESs reported that they had encountered working with a Trainee Requiring Additional Support (TRAS). Both groups were clear about how to identify TRASs and felt well supported by the EPDs.</p> <p>The PSs worked closely with tutors to put a plan in place to support TRAS trainees and identified any TRAS trainees during the weekly clinical meetings.</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.		
	N/A	
GPhC Standard 4) Selection of trainees		
Standards Selection processes must be open and fair and comply with relevant legislation.		
	N/A	
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. 		
PH5.1	<p>Rotas</p> <p>The review team heard that at the end of the PRP year, consultation meetings took place with EPDs and ESs where rotas were mapped and designed taking into account feedback and reflections from the previous year.</p> <p>When asked about weekend cover, it was highlighted that PTPTs worked weekend dispensary shifts regularly and was rostered to a 1 in 6 on Saturdays and 1 in 10 on Sundays. It was heard that PRPs are not usually required to work weekends, however due to staff shortages, they were working a 1 in 12 weekend rota on a Saturday for four hours with no Sunday shifts. Both groups indicated that if there were changes implemented to the rota, these would be made months in advance. The PTPT EPD informed the review team that time off in lieu (TOIL) was taken by staff working Saturday shifts and staff were paid for working Sunday shifts.. It was heard that PTPTs often found it difficult to take TOIL the following week due to service requirements and often took TOIL weeks after accumulating it. It was noted by the PTPT ESs that up to 15 hours of TOIL could be accumulated at one time and it was a month or more before PTPTs were able to take time back.</p> <p>It was heard that PRPs were required to work in the dispensary between 16:00 – 17:15 each week day.</p>	Yes, please see PH5.1

PH5.2	<p>Induction</p> <p>Both the PRPs and the PTPTs reported that Trust and departmental inductions were good. Both groups of trainees reported to the review team that they were given their required logins, introduced to the relevant reporting systems and covered all aspects of their roles and expectations. The lead pharmacist for medicines information informed the review team that all new starters were given a handbook at induction.</p>	
PH5.3	<p>Educational plans</p> <p>The review team heard that both groups of trainees had educational plans and objectives set for them at the start of the year. It was heard that these were monitored through fortnightly meetings with PRPs and PTPTs.</p> <p>The PRPs explained to the review team that they were given a selection of audit topics to choose from which were submitted by PSs and ESs. It was heard that the topics were allocated according to preference but if a topic was selected by more than one trainee it was allocated on a first come first served basis.</p>	
PH5.4	<p>Progression and assessment</p> <p>The review team heard from the PRP ESs that there were set objectives for each rotation and that these were cross-referenced against individual trainee needs and monitored through ES and PS fortnightly meetings.</p> <p>The review team was disappointed to hear from the PTPTs that due to workload they were finding it difficult to balance service provision alongside attending college and completing their National Vocational Qualification (NVQ). The PTPTs had been told that they would have protected time to write up NVQ evidences in the college holidays but due to staffing in the dispensary this did not always happen. They were able to have protected time during the production rotation. The review team heard that the lack of time to do the NVQ had been raised a number of times at the LFG but not addressed.</p> <p>The review team heard that PTPTs were not all on target with their NVQ and additional time will be set aside in May.</p>	Yes, please see PH5.4
PH5.5	<p>Rotations and integrated curricula</p> <p>The PTPT EPD informed the review team that the PTPTs rotated between stores, production, medicines management and dispensary services. The rota was provided at the start of the year along with objectives for each rotation and a named PS. The review team felt that year one PTPTs would benefit from some time on the wards in year one to gain a better understanding of the breadth of pharmacy roles and that this would motivate trainees. The review team recommended that the Trust look at the structure of rotations in PTPT year one to provide some experience on the wards.</p> <p>Similar to PTPTs, the PRPs were given their timetable for the year at departmental induction. The PRPs rotated between Medicine Information (MI), community pharmacy, acute medicine, surgery and general medicine. The rota was designed to reflect the weighting of clinical areas in the GPhC registration assessment syllabus. It was heard that depending on the needs of the PRPs, the PRP EPD and ESs, rotations were adjusted according to the progress of individuals. It was noted that any changes implemented to rotations were formally communicated and discussed face to face with the trainees.</p> <p>It was heard that the PRPs had spent four weeks in MI supported by a MI training booklet. It was noted by the PRPs that they had access to the UK Medicine Information (UKMi) portal which they found helpful. The PRPs were set objectives at the start of each week and valued the practice scenario sessions. The PRPs noted to</p>	Yes, please see PH5.5

	<p>the review team that they had specifically enjoyed the MI rotation and felt it prepared them for real scenarios. It was noted that the PTPTs had spent two days in MI last year with the potential to expand this to a one-week training block.</p> <p>The review team was pleased to hear the breadth of experience available to the PRPs in clinical rotations. It was heard by the review team that the training in acute medicine consisted of two distinctive experiences. PRPs were initially trained in clinical basics including medicines reconciliation, clinical screening and using IT systems. In the second rotation later in the year there was a greater focus on clinical rather than technical training and an opportunity to fill gaps of knowledge in specific areas such as cardiology and respiratory. With regards to setting objectives, the PS for medicine informed the review team that an appraisal sheet would be completed with the PS at the beginning of a rotation outlining objectives based on the handbooks of each rotation and what the trainee had completed in previous rotations.</p> <p>Similar to medicine and acute medicine, the PRPs spent four weeks on a surgical rotation. The clinical objectives included pain, nausea and vomiting, pain, surgical antimicrobial prophylaxis.</p> <p>In previous years the PTPTs had undertaken their outpatient training in the onsite Lloyds pharmacy however this had now been stopped due to concerns about the quality of training. PRPs gained experience in outpatient dispensing through a rotation at Moorfields in the final month of their training programme.</p>	
PH5.6	<p>Training days and packs e-learning resources and other learning opportunities</p> <p>The review team was pleased with the extent of educational opportunities available to the PRPs. It was heard that there were internal led tutorial sessions which took place on Tuesdays which were received well by the PRPs. The PRPs also noted that there were lunchtime teaching sessions where care plans were presented, consultant led teaching and external speakers from drug companies.</p> <p>It was heard that the PRPs were given the opportunity to supervise medical students which they felt was valuable experience and commended the ESs and PSs in their educational lead roles.</p> <p>The review team heard that the PRP EPD and the Postgraduate Medical Education (PGME) team worked closely together to set up regular prescribing scenario sessions with the PRPs and undergraduate medical students which has been received well by both groups.</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.

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 all PRPs and PTPTs felt supported by their ESs and PSs and noted that the department as a whole was very friendly and caring.</p>	
PH6.2	<p>Feedback</p> <p>Both groups of trainees informed the review team that there were various ways to receive and give feedback both formally and informally to their ES or PS about their training experience. Both groups indicated 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, particularly through the trainee representative at LFG meetings.</p>	

	It was heard from both groups of trainees that there was also an opportunity for feedback at the end of each rotation with the PS. Following this, a meeting with their respective line manager and ES would also take place.	
PH6.3	Educational supervision <p>The review team heard that the PRPs and PTPTs met with their ES every two weeks, although in some cases this was once a week. The ESs informed the review team that they had a set time in their diaries but were flexible to suit the needs of both groups of trainees. It was heard that ESs had an open door policy which was echoed by both groups of trainees noting that ESs were very approachable and supportive.</p>	
PH6.4	Practice supervision <p>Both groups of trainees informed the review team that they all had a PS during each rotation who were always approachable. It was heard that objectives were set and supporting handbooks provided at the beginning of each rotation. In addition PRPs had opportunities to learn about the roles of the broader health care team, for example through shadowing nurses or the opportunity to observe a surgical procedure.</p> <p>It was heard that there was always supervision on wards and both groups informed the review team that meetings with PSs and trainees took place every two weeks which fed through to their respective line managers. The PTPT PSs informed the review team that there was always a senior pharmacist technician to supervise, likewise, there was sufficient supervision in medicine information as the lead pharmacist and PRP sat in the same office. The PSs for acute medicine and surgery indicated to the review team that they allocated a clinical supervisor to supervise PRPs rotating into the departments and would touch base with the supervisor at the end of the day. It was heard that general medicine differed as there were various different wards where a supervisor was allocated to each PRP.</p> <p>When asked by the review team if PSs had a formal meeting to discuss both groups of trainees, the PSs informed the review team that there was no formal meeting dedicated to the discussion of trainees however, clinical meetings took place on a Wednesday morning where any issues could be raised for discussion.</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	Range of mechanisms in place to support anyone delivering education and training (time for role and support) <p>The review team heard that pharmacists in the department start ES training after completing their PG diploma. They shadow the EPD initially and review evidences under supervision. In their first year as an ES they will have additional support from the EPD including being shadowed in tutee meetings.</p> <p>All pharmacy technicians at AFC band 5 or above will be trained as PSs. both the PRP and PTPTs ESs were required to complete the HEE educational supervisor course and that a shadow system was in place for tutor meetings throughout the year. All PSs had attended formal training programmes for their PS role.</p> <p>It was heard that the ESs would meet once a month to provide support and to discuss ES roles and responsibilities which was helpful for less experienced ESs. The PSs informed the review team that there was no formal meeting that took place as they worked in the same office space and would discuss any issues in an-informal setting. It was noted that if any serious concerns would arise, there would be formal written and verbal communication.</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.

PH8.1	<p>Accountability and responsibility for education. Education and training supported by a defined management plan.</p> <p>The Chief Pharmacist informed the review team there are two Associate Chief Pharmacists, one for clinical services and another for operations and procurement. The PRP EPD had responsibility for the management of education and professional development for the four PRPs. It was noted by the Chief Pharmacist that there was an EPD for the two year one PTPTs and a separate EPD for the two second year PTPTs.</p>	
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GPhC Standard 9) Resources and capacity**Standards**

Resources and capacity are sufficient to deliver outcomes.

PH9.1	<p>Appropriate learning resources and IT support</p> <p>The review team heard from PRPs and PTPTs that access to PCs was challenging at times. The PRPs often found it difficult to access computers on the wards as these would be used by the junior doctors. The Chief pharmacist informed the review team that space was limited in the pharmacy department but they were looking to purchase laptops for the department.</p>	Yes, please see PH9.1
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GPhC Standard 10) Outcomes**Standards**

Outcomes for the initial education and training of pharmacists.

PH10.1	<p>Retention</p> <p>The review team was pleased to hear that all PRPs would recommend the Trust to their peers for the purposes of education and training based on their experiences, the available learning opportunities and the friendly working culture within the department. The PTPTs echoed that the department was a supportive and friendly environment but felt that the lack of time to undertake their NVQ was an issue.</p>	
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Good Practice and Requirements

Good Practice

The review team was pleased with the extent of educational opportunities available and was pleased to hear that local teaching was well received by the PRPs which was mapped to General Pharmaceutical Council (GPhC) standards.

The review team was pleased to hear that all Pre-Registration Pharmacists (PRPs) and Preregistration Pharmacy Technicians (PTPT) felt supported by the educational supervisors and tutors and noted that the department as a whole was very friendly and caring.

The AMU rotation for PRPs was well structured i.e. clinical basics for 1st rotation and a structured second rotation that includes toxicology, infection and AKI.

Immediate Mandatory Requirements

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

Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence
PH5.1	The Trust is to ensure that PTPTs take TOIL in a timely manner.	Please provide HEE with evidence that PTPTs are taking TOIL in a certain timescale which can be evidenced through LFG meetings or trainee meetings. Please provide HEE a copy of minutes within two months.

Recommendations

Rec. Ref No.	Recommendation	Recommended Actions
PH5.5	The review team recommends that the Trust look at the structure of rotation in PTPT year one to provide some experience on the wards	Please send HEE evidence that a discussion has taken place at the next LFG meeting and send a copy of the minutes when available.
PH9.1	The Trust is to ensure trainees can access laptops or PCs to complete day to day tasks.	Please provide HEE with an update and evidence of action taken and trainee feedback that the situation has improved and to indicate they are available to pharmacy trainees. Please provide an update in two months.
PH5.4	As part of the recruitment process, the Trust is to make clear to the PTPT the expectations about time to undertake study in work and weekend commitments.	Evidence for each PTPT that the NVQ course content is finished at the end of the rotation. We would need to see evidence that assignments had been finished at the end of the corresponding rotation and if this wasn't the case the plan to get the trainee back on target. Please provide an update of the next 2 rotations for year 1 PTPTs.

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, Dean of Pharmacy, Health Education England, London and South East
Date:	29 April 2019

