

Guy's and St Thomas' NHS Foundation Trust Pharmacy Risk-based Review (on-site visit)



Quality Review report

27 March 2019

Final report

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Quality Review details

Background to review	<p>The Risk-based review (on-site visit) to Pharmacy at Guy’s and St Thomas’ NHS Foundation Trust had been arranged due to concerns in relation to educational supervision at the weekend and structure and consistency of the training programme, in specific relation to clinical services. Health Education England felt that as a result of this, a conversation with pre-registration pharmacists (PRPs) and pre-registration trainee pharmacy technicians (PTPTs) was needed.</p>
Training programme / specialty reviewed	<p>Pharmacy</p>
Number and grade of trainees and trainers interviewed	<p>The review team met with a number of trainee groups and senior staff members including;</p> <ul style="list-style-type: none"> • 13 PRP trainees • Four PTPT trainees • Nine Educational Supervisors • Six Practice Supervisors <p>The review team also met with the members of the department and Education and Training Team.</p>
Review summary and outcomes	<p>The review team would like to thank the Trust for accommodating the on-site visit and for ensuring that 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 were pleased to hear that all PTPT trainees would recommend the Trust and the programme to colleagues, highlighting the wide experience and exposure they gained and the designated training time. • The review team were pleased to hear that both weekend working arrangements and organised study times for PTPT were working well. • The review team heard from all trainees of the support that they received in post from the E&T team. The PRP trainees highlighted the Band 7 Pharmacists and the Structured Training and Experience for Pharmacists (STEP) as highly supportive in terms of clinical training. • The review team were pleased to hear that the PRPs felt the Local Faculty Group (LFG) meetings were productive and a safe environment to raise issues and concerns, with it being felt that actions from these meeting were actively chased and actioned. <p>However, the review team also noted a number of areas for improvement:</p> <ul style="list-style-type: none"> • The review team were disappointed to hear of potential patient safety risks relating to PTPT trainees being asked to perform above their competency levels within the cardio vascular department. The review team are aware that no trainees are currently rotating within the cardiovascular department. • The review team were conscious of a culture of blame within the cardio vascular pharmacy team, with trainees being threatened with Datix reports and Datix reports being submitted for mistakes made by trainees without informing and discussing the issues with the trainees first. The review team also heard that trainees didn’t feel comfortable approaching

senior members of the cardiovascular team to gain an understanding of the nature of the error and appropriate course of action in order to facilitate their learning.

- The review team were concerned to hear that PRP trainees were potentially working at weekends without the correct competencies signed off by their tutors. The PRP EPD, PRP ESs and PRPs themselves couldn't clearly articulate what the required competencies were.
- The review team had concerns about the educational infrastructure to support split pre-registration programmes run within the Trust. The review team felt that the Trust should ensure there was a robust curriculum and training plan for split programmes. This should include how the syllabus meets GPhC performance standards and provides assurance that there is not duplication of tasks between programmes.
- The review team were concerned to hear that not all tutors had attended an educational supervisors' course.
- The review team were disappointed to hear of occasions when PRP trainees were undermined in front of colleagues within the dispensary at St Thomas' when mistakes were made by trainees.
- The review team heard that PTPTs were required to undertake the HEE Medicines Optimisation Programme (MOP) as part of their medicine management training and that this was not properly integrated in the training programme, and thus trainees were unable to complete the programme within the allotted time of the rotation.

Quality Review Team

HEE Review Lead	Helen Porter, Pharmacy Dean, Health Education England London & Kent, Surrey and Sussex	External Representative	Gail Fleming, Director of Education and Professional Development, Royal Pharmaceutical Society
Programme lead Foundation and prescribing	Katie Reygate Programme lead Foundation and prescribing	Educational Programme Director	Kulpna Daya Pre-registration Trainee Pharmacy Technician Educational Programme Director
Trainee Representative	Harvina Kibbe Preregistration Pharmacist Trainee	Lay Member	Jane Chapman Lay Representative
HEE Representative	Ed Praeger Deputy Quality, Patient Safety and Commissioning Manager Health Education England	Observer	Michael Dixie Chief Pharmacy Technician, Clinical Services Observer

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

The review team met with the Trusts Chief Pharmacist (CP) and both the educational leads (EL) for Pre-Registration Trainee Pharmacy Technicians (PTPT) and Pre-Registration Pharmacists (PRP). The EL for PRP was also the Education and Training Director within the department.

When asked about the progress and overview of the PTPT trainees and their working environment since the Monitoring the Learning Environment (baseline review) in 2016, the EL for PTPT explained to the review team that the biggest focus had been on the current cohort and the inclusion of the Health Education England (HEE) MOP training package into the already established training programme, with focus on the new rotations based on this package.

The EL for PTPT also explained that there had been a drive to increase the practice supervisor numbers within the department. In terms of current challenges, the EL for PTPT recognised that it was felt that a number of clinical pharmacist leads (CPL) did not allow the trainees enough time to complete tasks whilst under their supervision, with the trainees being pulled from the wards as soon as they became busy. The EL for PTPT explained that there was currently a slightly disjointed team and that certain roles had been taking on more work and responsibilities than was normally expected of them. The EL for PTPT explained that this burden will be reduced with the appointment of a Principal Pharmacy Technician in the E&T team from May 2019 as the EL for PTPT had been doing two roles.

When asked about PRP training, the EL for PRP explained that the Trust is increasing from 12 to 16 PRP trainees, split over the two sites, Guys Hospital and St Thomas' Hospital. There are also plans to expand the availability of GP rotations/ splits through partnership with Greenlight Pharmacy. The EL for PRPs indicated that they had recently extended the technical services rotation but had yet to receive feedback for this from trainees. The EL for PRP further explained that they were lacking in practice supervisors, with not all having completed the HEE supervisor course.

When asked about pharmacy education across the Sustainability and Transformation Partnership (STP) footprint and the role that the Trust was playing, the CP explained to the review team that a great deal of focus was on the Early Careers programme and also workforce flexibility. The CP highlighted foundation training, their capabilities out of hours and the need to move trainees through different sectors to allow for more flexibility, as key areas of focus. The CP indicated to the review team that a single point of contact and governance within the STP would help to increase confidence going forward and that the department was fully committed to this.

When asked if the pharmacy department were actively involved in the strategic discussions around workforce, the EL for PRP indicated that they were part of the education strategy group within the Trust along with a number of other specialties, including Medics, where such issues were discussed.

In terms of recent changes made within the pharmacy department, the EL for PRP indicated to the review team that the department was looking into the apprentice programme, as well as the possible challenges related to this, in particular the 20% off the job learning that the apprentice programme required. The CP explained that the Trust were bringing together different directorates to form a series of integrated care business units. The CP described these as a collection of directorates that collectively would have a level of autonomy that the individual directorates did not. The most recent development was an integrated care strategic business unit to bring together acute services and community services. The CP indicated the integration of services in this way would for the first time mean they both report professionally to the pharmacy Associate Chief Pharmacist and with this change would come opportunities for service and workforce development e.g. Technicians in care homes.

When asked about changes that had been implemented into the department since the review in 2016, the EL for PRP explained that the Trust had built a new dispensary at St Thomas' Hospital, introduced the Care Homes at Home initiative, introduced a oncology technical services rotation and new technical services rotation in to the training programme, embedded departmental LFG meetings and looked at the PTPT weekend rotas to allow PTPT trainees to be super-numerary for weekends until comfortable. When talking about the LFG meetings, the EL for PRP highlighted that the attendance levels for the meetings was still variable and that this was something the Trust were looking into improving.

The EL for PRP indicated to the review team that the department was looking into making the induction process more robust, with the challenge of trainees starting mid-way through the year at different times something to contend with.

When asked about the culture in the department, which had been raised as an issue during the review that took place in 2016, the CP indicated that the Trust were looking at re-training of staff in the dispensaries in regards to the 'I'm going to Datix you' culture that existed, with changes made to the dispensaries as a whole to a technician led service. The CP indicated that a care re-design group had been set up to help staff through the change. When challenged that the changes suggested by the Trust were more structural than behaviour changes, the CP highlighted the Speak Up campaign as an avenue for staff to express their concerns but expressed that changes to the organisation of the department and the dispensary staffing levels would provide a solid base upon which to tackle the behavioural issues. When asked specifically about the new posts being created, the CP indicated that although this had been agreed and that they were happy for this to be reported, they were yet to have formal documentation of the changes to give to the review team at the present moment.

When asked about the LFG meetings and their effectiveness, the EL for PRP indicated to the review team that there were two LFG meetings, one for the PTPT trainees and one for the PRP trainees. The EL for PRP also highlighted that the Trainee Voice was a standing item on the agenda for both and always first. The EL for PRP explained that, as previously mentioned, attendance for the LFG meeting was low but felt that the engagement level was high. The EL for PTPT echoed this sentiment, indicating that getting the trainees released for the LFG meeting was the main challenge. Both ELs indicated that to share best practice, they would sit in on each of the LFG to make sure of consistency. The ELs also highlighted that although action points were often created during the LFG meetings, these were not always followed up on, but indicated that the action points that were followed up on were fed back to the trainees to allow for the trainees to recognise the progress made. When asked about combining the LFG meetings in to a single LFG to cover the department as a whole, the EL for PRP indicated that this had been discussed at an EPD development day and that the census was to hold two separate LFG meetings, although with the LFG implementation being new, the department was happy to try a single LFG meeting.

When asked about the EPD structure, the EL for PRP indicated a vision for not separating the pre-registration trainees and that each of the ELs were happy to cover each other’s trainees.

When asked about the structure of weekend working of each trainee group, the EL for PRP explained that the PRP trainees would work a one in six rota, covering three clinical areas including cardio vascular, surgery and medicine. The EL for PRP indicated that all trainees would receive time off in lieu (TOIL), although some days were set in stone for trainees to be able to take off, with cardiovascular having fixed days, whereas surgery and medicine were flexible. The EL for PRP explained that PRP trainees would be expected to perform medicines reconciliations and order drugs, whilst being supervised by the pharmacist but recognised that supervision levels could be variable. The EL for PRP indicated that all PRP trainees would carry a bleep over the weekend. The EL for PRP also indicated that the PRP trainees would have a week of clinical training during their induction before being able to start weekends, as well as a tour of the department that they would be working in over the weekend on a Friday afternoon, preceding a weekend in a new clinical area. The EL for PRP could not confidently say that the trainees would be competent to work the weekends after this induction week and tour due to the possible gap in time between the induction and the start of the weekend work.

The EL for PTPT indicated to the review team that the PTPT trainees were super-numerary to the weekend rota and not expected to fulfil a specific role, helping with jobs that were required at the time but not a full member of the rota. The EL for PTPT indicated that the PTPT trainees would not form part of the weekend rota until three months had passed and they had completed and were signed off on dispensary competencies.

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>When asked whether the trainees had ever witnessed any patient safety issues, both the Pre-registration Pharmacists (PRP) and the Pre-Registration Trainee Pharmacy Technicians (PTPT) indicated that they had not seen or been involved with any patient safety concerns. The PTPTs highlighted that they all were aware of how to fill in R1 and Datex forms and felt that they could speak to or ask questions of senior staff easily. The PTPTs highlighted that when they had noticed any issues that had the potential to escalate, they had informed the correct person and the situation had been</p>	

	<p>rectified. The PTPTs also noted that on these rare occasions, the person notified of the issue had filled in and filed an IR1 form for them.</p> <p>The review team heard that PTPT trainees were being expected to perform the role of band 4 technicians due to staff shortages, often feeling out of their comfort limits in terms of their competencies. The review team heard that this concern was raised by the trainee at the time. The review team heard that even though the issue was raised, PTPT trainees continued to be used in the role. The review team understood that a PTPT trainee requested to be taken from the role and this was facilitated by the E&T team.</p> <p>A PTPT explained to the review team that whilst on the cardio vascular rotation, they had taken done drug histories unsupervised. Upon flagging this, one trainee indicated that the rotation had been changed to a different clinical area. The PTPTs indicated that the Educational Lead (EL) for PTPT had emphasised to the cohort that they should not be working unsupervised on the wards.</p> <p>When asked if the trainees had been asked to perform outside of their comfort levels and competencies, the PRP trainees explained to the review team that they could find themselves being asked by nurses on the medical wards at weekends for urgent drugs which they felt were above their training level. The PRPs indicated that although they had bleeped the pharmacist on duty, it would be difficult for the pharmacist to determine from this bleep whether the situation was urgent. The PRPs did not feel that this was a direct patient safety issue but felt that they were being asked more of than expected and felt that this situation could lead to further issues if not corrected.</p>	Yes, please see PH1.1 below
PH1.2	<p>Appropriate level of clinical supervision</p> <p>When asked if the trainees could easily contact a senior member of staff if required, all of the PRPs indicated that this was easy to do and felt comfortable doing it.</p> <p>When asked about supervision whilst working weekends, the PRPs indicated that they would take drug histories of a number of patients on their first weekend shifts, with these drug histories being checked by the pharmacist on duty. The PRPs did indicate that these drug histories would normally be checked by the pharmacist during rounds and that it could be quite difficult to get time in with the pharmacist to check histories before this point. They also highlighted that when covering medical wards at the weekend, they might be supervised by a pharmacist that did not work in that area and would not be clear about appropriate expectations of a PRP.</p> <p>When asked about performing medicines reconciliation logs, the PRPs indicated that they would normally watch their first three being performed and then they were able to do this on their own. A number of the PRPs indicated that as this was covered during their induction, they were able to perform meds rec logs on their first weekend. The trainees indicated that there could be a large amount of time between the induction process and the trainee actually starting their first weekend shift, indicating that there didn't seem to be a process in place to make sure that trainees were still comfortable to perform medical reconciliation logs.</p> <p>The PRPs highlighted to the review team that they were often unsure of the processes and what was expected of them on each ward, with different levels of supervision available to trainees from senior staff members. The PRP trainees indicated that because they were not always working with the same people each time on each ward, that this added to the confusion around processes and levels of supervision.</p> <p>The PTPTs highlighted to the review team that because they needed constant supervision on the wards, that they felt like an 'anchor' and that they felt like they were taking away resources from service. All the PTPTs indicated that with a larger workforce of technicians on the wards, that they would feel more supported, reduce the workload on the wards and increase their learning opportunities.</p>	Yes, please see PH1.2 below

GPPhC 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).

<p>PH2.1</p>	<p>Local faculty groups</p> <p>When asked about the trainee voice and feedback they received from the Trust, the PRPs indicated that there were now embedded local faculty group (LFG) meetings three times a year, from which feedback was good and which allowed them a voice opinions and viewpoints.</p> <p>When asked if they attended or understood the purpose of the LFG meetings within the department, the Practice Supervisors (PS) indicated that they did not attend and did not fully understand the reason and purpose of these meetings. The PSs also indicated that they did not see any output from these meetings in regard to actions created for concerns raised.</p>	<p>Yes, please see PH2.1 below</p>
<p>PH2.2</p>	<p>Trainees Requiring Additional Support</p> <p>When asked about the framework in place to help trainees in difficulty, the Educational Supervisors (ES) indicated that they had escalated concerns to the Education and Training Team (E+T) and that the formal Health Education England (HEE) process of Trainee Receiving Additional Support (TRAS) had been started by one ES. This included ES led objective setting and weekly meetings to track and update progress, shared with HEE. This process involved making adjustments to the trainee’s programme to give the trainee more patient facing work to facilitate progress against the performance standards. This process was felt to be clearly mapped and fully understood by all of the ESs the review team met on the day.</p>	

GPPhC Standard 3) Equality, diversity and fairness**Standards**

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

<p>PH3.1</p>	<p>Staff training in equality and diversity</p> <p>When asked if the department that they worked in was a supportive environment, the PRPs indicated that there had been a number of issues within the cardio vascular rotation that had caused the trainees to become upset and feel undermined. This was felt to have improved somewhat, with other PRP trainees indicating that feedback had been taken on board by the cardio vascular team.</p> <p>Whilst discussing the cardio vascular rotation, the PRP trainees indicated that there was a culture of ‘Datexing you’ being used as a threat against trainees. Whilst recognising the value of Datix and the importance of learning from mistakes, the trainees felt the way errors were highlighted to them by senior staff members within the rotation was not supportive and did not promote a learning environment. The PRP trainees explained that when a Datex was put in against them, they were not notified of this and not explained to at the time of the mistake what they had done wrong. The trainees heard about it when the Datix’s were reviewed as part of the team meeting. The trainees felt that this was a blame culture. The PRPs felt that there was a missed</p>	
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	<p>learning opportunity in this and highlighted that other rotations did indeed create learning opportunities out of mistakes made by the trainees.</p> <p>When asked about any bullying and undermining issues within the department, the PTPTs all indicated that there were no direct bullying or undermining issues, and that when there had been a few cross words spoken between colleagues in the cardio vascular department, the Principal Pharmacist Lead for Education and Development (PPLED) at the Guys and St Thomas’ site had met with the senior staff members within cardio vascular and that it had been resolved.</p> <p>When the ESs were asked about the perceived ‘blame culture’ within the cardio vascular rotation, the ESs confirmed that feedback from trainees was that a culture existed, and that through the LFG meetings, feedback had been given. The ES highlighted that they felt a change had been made regarding this culture in the cardio vascular department.</p> <p>When asked about the calling out of mistakes by trainees within the dispensary, the PSs indicated that due to the lack of clear definition of roles within the dispensary, a small number of staff members were undermining PRP trainees in front of other colleagues over mistakes they were making. The PSs for dispensaries indicated that there were currently meetings being held with the senior Trust members to determine the best way to tackle this issue. The PSs for dispensaries indicated that there were a small number of senior staff members that trainees would actively avoid when requiring answers to questions.</p>	Yes, please see PH3.1 below
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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:

- **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

Rotas

When asked about working at the weekends, the PTPTs indicated that they currently worked a one in twelve weekend rota, with the rota emailed to them ahead of time and that they all received time off in lieu (TOIL) for working weekends. When asked if taking the TOIL was difficult, the PTPTs indicated that it depended on the department, and that it often required a little flexibility, but in general it was not a problem.

When asked if they had been well prepared before starting on weekends, some PTPTs explained that having prior experience as an Assistant Technical Officer (ATO) had allowed them to start on weekends without any problems. For the trainees that had not worked as an ATO, the PTPT trainees indicated that they would not be placed on weekend shifts until they had worked the dispensary rotation and when they had completed their dispensary logs

	<p>When asked out their rotas, the PRPs indicated to the review team that their rotas were fixed and that they did not change dependent on the service. The ESs indicated to the review team that they had had trainees requesting to change their rotation and that following a discussion with the PPLEd, this had been possible.</p> <p>The ESs explained to the review team that at the beginning of each year all practice leads would receive rotation timetables to ensure that all each trainees learning needs could be sufficiently covered within the timeframes of the rotations.</p> <p>The ESs explained that trainees would generally rotate across dispensaries at both sites and that within paediatrics trainees would also rotate.</p>	
PH5.2	<p>Induction</p> <p>When asked about the induction that they received, the PRPs indicated that they received a two-week induction, which they felt to be a good time to bond as a cohort. To this end, trainees that started part way through the year did not feel that they received a comprehensive induction as others that started at the beginning of the year and felt that a buddy system would be greatly beneficial for these trainees as well as a more robust induction. Other improvements that the PRP trainees felt would be beneficial were if leads from each of the rotations came and introduced themselves during the induction period so that trainees had a familiar face when rotating. PRPs reported that there was a workbook to support induction but not all rotations used it. When asked about the weekend induction trainees received before starting a weekend shift, the PRP trainees indicated that they would have a Friday induction that took place before the first weekend shift. The PRPs highlighted to the review team that they had not had any push back from leads in organising the weekend orientation and stated that it seemed to work in the context that leads for each rotation could explain the processes and mechanisms in place before the weekend shift started. The PRPs also stated that they would receive a timetable for the weekend shift in advance.</p> <p>When asked about induction, the PTPTs expressed to the review team that they felt lucky to receive comprehensive inductions where rotations for the year were set out ahead of time to allow for potential swaps to be made. The PTPTs also highlighted the tour of the department and the meeting of supervisors within the first week of their induction as being a large plus point.</p> <p>When asked about the induction process in the dispensaries (no PS from Guys site present), the PSs indicated to the review team that the trainees would receive an induction check list as well as buddies for the PTPT trainees, who were also responsible for the PTPT trainee’s mid rotation appraisals. The PSs indicated that the PRPs did not receive a buddy when a starting and that they were mainly left up to their own devices when starting in the dispensary. The review team heard that following the loss of a number of pharmacists from the dispensary, a single pharmacist was appointed to manage the dispensary and PRP training. However, the review team heard that the job was challenging for one person to manage. The review team felt that if technician PSs were given responsibility, they would be willing to support the PRP training. The PSs highlighted that despite feedback, the PRPs were not introduced to dispensary staff when they started the rotation and that because of this, it could be a challenging place to work.</p>	Yes, please see PH5.2 below
PH5.3	<p>Education and training environment</p> <p>When asked about the training environment, the PRPs indicated to the review team that there were a large number of opportunities to speak to patients and felt this to be of benefit.</p> <p>When asked if they would recommend the Trust and programme to a colleague, the PRP trainees indicated that they would all recommend the Trust, but a number of</p>	

	<p>trainees, particularly those on split programmes indicated that they would not recommend the programme due to the lack of organisation and co-ordination between sites. Other comments regarding the programme were that due to the workload on the paediatric rotation, the trainees were not supernumerary and thus this reduced learning opportunities and that there could be more clinical experience opportunities across all rotations. The PRP trainees felt that being on a 12-month rotation worked well, but a split did not.</p> <p>The PTPTs all indicated to the review team that they would recommend both the Trust and the programme to a colleague and that they were lucky to have a lot of the opportunities and experience that they gained within the programme.</p>	Yes, please see PH5.3 below
PH5.4	<p>Educational plans</p> <p>When asked about the structure of their rotations and programme in general, the PTPT trainees all agreed that the programme was well structured, with all rotational managers aware of what each trainee should be doing and where they were with their studies. The PTPT trainees also highlighted that they had dedicated study time allocated to them.</p>	
PH5.5	<p>Progression and assessment</p> <p>When asked if competencies were signed off in a timely manner, the PTPTs indicated that they were and that any delay would almost always be on them. The PTPTs praised their assessor and indicated that they made everything very clear in terms of what each trainee should be covering. When asked if being pulled from a rotation impacted on the trainee’s competencies, the PTPT trainees indicated that they could extend the rotation a little to complete competencies.</p> <p>When asked how the trainees were assessed to ensure that they were competent to undertake weekend duties, the ESs explained that the trainees would receive a weekend working pack and be signed off on logs. If the trainee was looking like they may not be competent within three weeks, the ESs would liaise with the pharmacist covering that weekend to let them know. The ESs highlighted that the trainees were never unsupervised at the weekends.</p> <p>When asked about the set number of logs that each trainee was to complete before working weekends, the ESs explained that these were detailed in their induction packs and were to be signed off by the trainee’s tutor. The ESs indicated that there were around 20 logs in total to be completed by PTPT trainees. The ESs indicated that during the induction period, the trainees would move through the dispensary and ward areas and get these signed off.</p> <p>When asked if the pharmacist was always on the same ward as the trainees at the weekend, the ESs indicated that during the cardio vascular rotation, the trainees could be on a different ward to the pharmacist but would never be working fully independently.</p> <p>The PSs for dispensary explained to the review team that the PTPT trainees would be required to complete their dispensary logs before starting a weekend shift but explained that they were unsure of the logs required for PRP trainees. When asked if they would recognise PRP trainees that had not completed their logs before starting in the dispensary, the PSs indicated that they would not know. When asked about what each group would need to achieve in the dispensary, the PSs indicated that the PTPT trainees would need to complete a number of specific logs whilst the PRP trainees would need to tell them what they required.</p> <p>When asked what happened if a trainee failed to achieve all of their competencies within the rotation, the PSs for dispensary indicated that PTPT trainees they would need to be put back into dispensary until the competencies were complete, with a final log check completed. The PSs for dispensary were unsure of who had final signoff of the PRP trainees’ competencies.</p>	

<p>PH5.6</p>	<p>Rotations and integrated curricula</p> <p>When asked about the rotations available, the PRP trainees indicated that there was a large amount of variation within the rotations, with a large amount of clinical experience.</p> <p>The PRP trainees highlighted that during the technical services rotation, there had been a large amount of shadowing, which they did not feel to be beneficial to their learning experience as some other rotations, but also noted that this may have changed now to reduce the amount of shadowing.</p> <p>The PRP trainees highlighted that completing the dispensary rotation at the start would be of great benefit to them going forward into other rotations, and that more dispensary skills should be involved in the induction.</p> <p>The PRP trainees explained to the review team that although rotation objectives were generic, they were encouraged to highlight their individual learning needs so that these could be factored in. A PRP trainee explained that in split programmes such as between GSTT and Kings College, clinical objectives and logs were often repeated due to organisational requirements.</p> <p>When asked what the highlights of their clinical rotations had been, the PRP trainees felt that the help and guidance that they received from the Band 7’s and Diploma Pharmacists was of great help and fully appreciated this. In both the medical and surgical rotations there was a Band 7 in charge of co-ordinating the PRP rotation. They provided an overview throughout the rotation. In CVS a band 8 organised the rotation, the trainee was supervised by a band 7 and spent time on the wards with a band 6 and/or 7.</p> <p>The PRP trainees highlighted the admissions ward at the Evelina site to be a great location and ward to gather technical skills but did also highlight that there was not a highly specialised pharmacist there to learn from.</p> <p>PRPs described a number of rotations e.g. medical admissions, where they were only doing technical checks and due to a lack of time and support were not developing their clinical skills.</p> <p>When asked about the Clinical Commissioning Groups (CCGs) placements, the PRPs explained that they would work alongside the General Practitioner (GP) pharmacist and then complete a project and presentation at the end of the placement. The PRP trainees did highlight that when on CCG placements, they were always working with their tutor which they found to be slightly stressful at times. PRPs said the short rotation provided to 12-month trainees was very corporate and did not clearly link to the GPhC standards or syllabus.</p> <p>When asked how they felt the rotations within the programme were, the PTPT explained that due to staffing levels, they had been used as Band 4s for a while and that the removal of the technical rotation was disappointing. The PTPTs also highlighted the outpatient sections as being a lot of the same information and work but did also highlight that doing a variety of rotations meant that they could build up a better picture of what they enjoy and what they did not.</p>	<p>Yes, please see PH5.6a below</p> <p>Yes, please see PH5.6b below</p>
<p>PH5.7</p>	<p>Training days and packs e-learning resources and other learning opportunities</p> <p>When asked about the teaching that they received, the PRP trainees indicated that they received a good amount of teaching time and that the teachers were of high quality.</p> <p>When asked about their dispensary rotation, the PRP trainees explained that they often had one hour each morning to go through various teaching subjects, dispensing logs</p>	

	<p>and controlled drugs. Although the trainees said that this was a regular event, the PRP trainees indicated that it wasn't always consistent. A number of the PRP trainees indicated that the teaching sessions were not as consistent at the dispensary at St Thomas' site, explaining that they had had two morning teaching sessions in four weeks.</p> <p>When asked about how patient focussed the programme was, the PTPT trainees explained that the training they received gave them a good foundation. One PTPT trainee explained a scenario where teaching of pertinent questions had allowed the trainee to recognise an issue with a patient and the patient was transferred to a different team to help manage the situation. The PTPT trainees praised this teaching approach.</p> <p>The PTPT trainees explained to the review team that the medicines management rotation was started in their second year and that they had in house logs alongside the HEE Medicine Optimisation Course (MOPS) and OSCEs. The PTPT trainees further explained that they could have benefited from a better explanation of the MOPS course and its duration, with trainees reporting that they did not know that the course could be completed across 12 months. The trainees also reported that due to the lack of supervisors that had completed the course and the lack of in-house training, information about the course was lacking. The PTPT trainees highlighted to the review team their lack of understanding as to why they were required to complete the course.</p>	Yes, please see PH5.7 below
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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>Mechanisms in place to support trainees to develop as learners and professionals</p> <p>When asked if the PRP trainees had an Educational Supervisor (ES), the PRP trainees all indicated that they met with their ES every two to three weeks. The PRP trainees explained that the meetings were documented through a form that was uploaded to the VQ Manager platform. A PRP trainee indicated that they would not see their GSTT ES as frequently as their King's College ES but was able to see them when required.</p> <p>The PTPT trainees indicated to the review team that they met with their ESs all together at the same time, with the option to meet with the ES separately afterwards. The trainees indicated that this format seemed to work, and that the ESs were readily available to them if required.</p>	
PH6.2	<p>Feedback</p> <p>When asked if the trainees received well-structured and helpful feedback, the PRPs indicated that at the end of the dispensary rotation, they would receive feedback via an end of rotation feedback form. Although this seemed true for the Guy's site dispensary, the trainees indicated that this did not always happen at the St Thomas' site.</p>	Yes, please see PH6.2 below
PH6.3	<p>Educational supervision</p> <p>When asked how often the ESs would see their trainees, the ESs all agreed that they saw their trainees every two to three weeks. The ESs explained that they would</p>	

	<p>generally get a date for the next meeting confirmed at the end of the previous meeting to ensure that meetings were not missed.</p> <p>The ESs explained to the review team that they would meet at a group four times a year as part of the LFG to discuss issues, standards and changes to the curriculum.</p>	
PH6.4	<p>Practice supervision</p> <p>When asked how the ESs would hand over the trainee’s information and progress to the next PS, the ESs explained that they had a standard form to complete at the end of rotation and that objectives could be set in regard to the next rotation. When asked how this system worked when dealing with colleagues in other Trusts, the ESs highlighted that with the six-month split programme trainees they would talk to their trainee’s tutor at the second Trust and make sure that information was handed over.</p> <p>In regard to the CCG based trainees, the ES explained that there would be a handover meeting where areas of improvement were identified for the trainee.</p> <p>In terms of the Evelina site, the ESs explained to the review team that the trainees would need to redo their logs once rotating out of the Evelina due to the difference in processes between the Evelina site and others.</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>When asked what courses the ESs had completed, the ESs stated to the review team that the majority had completed either the HEE ES or Kings STP (Statement of Teaching Proficiency) course.</p> <p>A small number that had completed the HEE Educational Supervisor course had also been buddied up with a more senior tutor. The ESs that did not have a senior buddy tutor all indicated that they could speak to one if required.</p> <p>When asked, the PS for dispensary indicated that they had been an assessor for a number of years and that they had no formal training as such.</p> <p>When speaking to the PSs for dispensary, the review team heard how there was a lack of clearly defined roles within the dispensary at the St Thomas’ site. The PS indicated that with a large number of staff from within the dispensary leaving the department recently, there was a lack of clear guidance around the responsibilities of teaching and training, with teaching and training falling to the way side when dealing with busy departments. The PS explained that when the team was larger, fixed staff were responsible for the assessments of the PRP trainees, allowing the trainees to have a single point of contact. The PS indicated that this was not the case anymore.</p> <p>The PSs for dispensary explained to the review team that they did not have enough time to spend with their trainees as they would like. The PSs indicated that support to them would need to be provided for this to happen.</p>	<p>Yes, please see PH7.1a below</p> <p>Yes, please see PH7.1b below</p> <p>Yes, please see PH7.1c below</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 review team heard that the Education and Training team were responsible for PRP, PTPT and registered PT training. Post registration pharmacist training was managed by the Associate Chief Pharmacist. It was not clear to the panel how the pre and post reg pharmacist education was integrated.</p>	
PH8.2	<p>Systems and structures in place to manage the learning of students and trainees in practice</p> <p>All PRPs have the same manager who is the EL for PRPs. They each have a different ES. All PTPTs have the same line manager and ES.</p>	

GPhC Standard 9) Resources and capacity

Standards

Resources and capacity are sufficient to deliver outcomes.

PH9.1	<p>Sufficient staff to deliver the curriculum to trainees</p> <p>It was noted that there had been recent investment in the Education and Training team which would provide additional support for PTs. The PRPs did not mention other members of the E&T team apart from the EL for PRPs in terms of available support to them. There were no clear succession plans in place.</p>	
PH9.2	<p>Appropriate learning resources and IT support</p> <p>No issues were reported by trainees.</p>	

GPhC Standard 10) Outcomes

Standards

Outcomes for the initial education and training of pharmacists.

PH1 0.1	<p>Retention</p> <p>When asked about the staff retention in the department, the PSs for dispensary indicated that there had been a large number of staff leaving within the last year.</p>	
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Good Practice and Requirements

Good Practice

N/A

Immediate Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence
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	N/A	
Mandatory Requirements		
Req. Ref No.	Requirement	Required Actions / Evidence
PH1.1	PTPTs should not undertake medicines management rotations until there is an appropriate rotational training programme mapped to the NVQ or successor qualification and associated procedures that ensure trainees are not required to undertake the roles or responsibilities of registered staff. These rotations should not recommence until the action has been completed and approval has been provided by HEE.	Submission of a rotational programme for PTPTs in CVS and a procedure which sets out roles and responsibilities of trainees. Alternatively, PTPTs should not undertake rotations in CVS. Please provide this evidence within two weeks of the issuing of this report.
PH1.2	PRPs should receive adequate training to ensure that they are competent to undertake weekend duties.	Submission of a PRP training pack for weekend working which includes induction, tasks expected to complete and how competency will be assured (logs and who is responsible for signing off). PRPs should not undertake weekend duties for first three months at Trust to allow time for induction and competency sign off). Please provide the weekend rotas as evidence within two months of the issuing of this report.
PH3.1	The Trust should provide an action plan to outline how it intends to address the concerning behaviour issues in the dispensary.	Action plan to be submitted and evidence that actions have been implemented and are impacting positively. Please provide this within two months of the issuing of this report.
PH5.2	The Trust should review departmental plans to ensure that all trainees that are on split programmes and start in the Trust out with the main summer start dates receive a well-structured and supported induction.	The Trust is to provide HEE with copies of its induction process, highlighting how trainees starting throughout the year will receive the same comprehensive induction as those starting at the beginning of the year. Please provide this within two months of the issuing of this report.
PH5.3/P H5.6a/P H5.6b	The curriculum and associated training plans for split programmes should provide an integrated learning experience across rotations avoiding duplications.	Split programme training programme plans should be submitted which are <ul style="list-style-type: none"> - mapped to GPhC performance standards - demonstrate progressive learning over the course of the year - avoid duplication Please provide this within two months of the issuing of this report.
PH5.7	The learning outcomes and associated training programme for PTPT medicines management rotations should be achievable and clear to trainees and their practice supervisors.	A training plan should be submitted which clearly sets out the links, as applicable to the HEE LaSE training programme. There should also be evidence of how this has been communicated to all relevant staff. Please provide this within two months of the issuing of this report.
PH6.2	The Trust is to ensure that both dispensary sites provide trainees with end of rotation feedback.	The Trust is to provide HEE with evidence of communications to dispensary teams outlining this process. Also please provide confirmation from the trainees highlighting that trainees have received feedback at the end of rotations. Please provide evidence of communications this within

		two months of the issuing of this report and trainee feedback at the end of the two next rotations.
PH7.1b	All education and practice supervisors should have received formal training for their roles.	The Trust should submit a report outlining what formal training all ESs and PSs have undertaken for their role including a plan with timelines for those that have not been formally trained. Please provide this within two months of the issuing of this report.

Recommendations

Rec. Ref No.	Recommendation	Recommended Actions
PH2.1	All staff involved in training should be aware of the Pharmacy LFG, its purpose and associated actions.	The Trust is to provide two LFG minutes detailing attendance. The Trust is also to provide a copy of the communication to all staff highlighting the function of the LFG. Please provide the communication to staff within two months of this report being published and the LFG minutes after each meeting.
PH7.1a	The Trust is to look into the use of a ‘buddy’ system in providing junior ESs with support from more senior ESs.	The Trust is to provide HEE with evidence of discussions with ESs into the adoption of the ‘buddy’ system. Please provide this within two months of the issuing of this report.
PH7.1c	There should be clear roles and responsibilities in relation to practice supervision and training responsibilities in the dispensaries.	Trust to submit job plans and job descriptions outlining which roles have training and practice supervision responsibilities and the time within job plans allocated to this. Please provide this within two months of the issuing of this report.

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

Requirement	Responsibility
Content of HEE MOP course should be reviewed for errors	HEE Pharmacy

Signed

By the HEE Review Lead on behalf of the Quality Review Team:	Helen Porter, Pharmacy Dean, Health Education England
Date:	18 April 2019