

Moorfields Eye Hospital NHS Foundation Trust

Pharmacy

Monitoring the Learning Environment (on-site visit)



Quality Review report

21 May 2019

Final report

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Quality Review details

Background to review	Health Education England (HEE) carried out a review to Moorfields Eye Hospital NHS Foundation Trust to assess and monitor the learning and educational environment for trainees currently in post at the Trust.
Training programme / specialty reviewed	Pharmacy
Number and grade of trainees and trainers interviewed	<p>The review team met with four pre-registration pharmacist trainees (PRPs) and the following Trust representatives:</p> <ul style="list-style-type: none"> - Trust Chief Pharmacist (CP) - Associate Chief Pharmacist/Education Programme Director Pre-Registration Training Programme (EPD) - Education Training Lead Technician (ETL) - Senior Technician Practice Supervisor - Senior Pharmacy Technician for Distribution - Dispensary Practice Supervisor & Pre-registration Pharmacist Tutor - Associate Pharmacist, Medicines Information & Pre-Registration Pharmacist Tutor - Associate Pharmacist, Clinical Services and Operations - Senior Technician Practice Supervisor for Dispensary - Head of Procurement and Medicine Supply - Private Patients Specialist Pharmacist
Review summary and outcomes	<p>The review team thanked the Trust for hosting and facilitating the review and ensuring that the sessions were well attended. The review team identified several areas of good practice, including the well-embedded culture around training, the proactive approach to seeking feedback and the fact that all trainees stated they would recommend their training posts to colleagues.</p> <p>The review team also noted the following areas requiring improvement:</p> <ul style="list-style-type: none"> - The review team heard about a number of meetings where education and training was discussed. These included local faculty groups (LFGs), education and training (E&T) forums and pharmacy operational meetings. The review team felt the purpose of these meetings required clarity. Although it was acknowledged that these meetings gave trainees a voice and allowed them to take on additional responsibilities, the review team questioned the appropriateness of trainees setting the agenda for the LFG. The department was encouraged to seek support from HEE or other teams within the Trust regarding how to run an effective LFG. - While there were functioning, informal feedback channels in place, the department required a more robust process to ensure oversight of the support provided to trainees. - The department provided many opportunities to explore multi-professional learning and development of advanced roles and was

advised to continue with the good work being done in these areas. The review team offered to advise the department on potential funding streams around workforce development.

Quality Review Team

HEE Review Lead	Helen Porter Pharmacy Dean Health Education England, London and Kent, Surrey and Sussex	External Representative	Aarti Shah Pre-registration Pharmacy Education Programme Director, Royal Marsden NHS Foundation Trust
HEE Programme Director	Rachel Stretch Pre-Registration Pharmacist (PRP) Training Programme Director Health Education England, London and Kent, Surrey and Sussex	Lay Member	Robert Hawker Lay Representative
HEE Associate Head of Pharmacy	Shane Costigan Associate Head of Pharmacy Health Education England, London and Kent, Surrey and Sussex	Observer/ Trainee Representative	Tia Shillingford-Cox PRP trainee representative, Croydon Health Services NHS Trust
Observer	Katherine Le Bosquest Fellow NHS England	HEE Representative	Kenika Osborne Learning Environment Quality Coordinator Health Education England, London

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

The review team was informed that the majority of services in this specialist setting were outpatient based, with day case procedures and a large portfolio of clinical trials. Since being appointed, the Chief Pharmacist (CP) had been working with the pharmacy teams to refine the medicines optimisation processes, to replace the more traditional supply models used in some areas of the Trust.

The CP celebrated the introduction of technician training and the introduction of an apprenticeship route into training. The review team heard that the Trust had developed many extended and enhanced roles for advanced healthcare practitioners (AHPs) in other areas but that there were few advanced prescribing roles for pharmacists. The CP planned to address this and highlighted the example of a pharmacist working in an advanced prescribing role in inflammatory eye disease.

The CP informed the review team that the department had built links with other providers by adopting a mixed model approach and establishing medicine supplies scheme. The Trust had carried out risk assessments and appraisals to identify areas needing improvement and was working to address staff training and development needs. These were reviewed yearly and fed into north and south directory boards. The review team noted the work done by the Trust to create good working relationships with host Trusts, including Croydon Health Services NHS Trust and King's College Hospital NHS Foundation Trust (KCH). The KCH rotation was a new addition to the pre-registration pharmacist (PRP) training programme for 2018-19.

The CP informed the review team that a lot of work was currently being undertaken around raising the profile of the department within the Trust. The department was part of the Clinical Support Services directorate. The Associate Chief Pharmacist was also the Education Programme Lead (EPD) for PRP training and was part of a new education and training (E&T) forum which aimed to better embed and support training activities within the pharmacy department. This group's work included, but was not limited to, ensuring that all staff understood their responsibilities and had a well-defined job plan to incorporate E&T in their job roles.

The Trust representatives indicated that the educational supervisors (ESs) and practice supervisors (PSs) were supported through mentoring, practice supervisory roles and that if a supervisor required particular training this was arranged through the personal development plan. The EPD reported that all senior pharmacists had time for E&T activities in their job plans and that the department had an ethos of encouraging experienced staff to take on supervision responsibilities.

The Trust reviewed the training programmes and rotas on an annual basis. The CP had held meetings with the outgoing cohort of PRPs to seek feedback about the strengths of the programme and areas which could be improved. This feedback was shared with the ESs and PSs to be incorporated into the programmes for the following year. In previous years, the PRPs had reported that more time in external rotations would be beneficial, so the department had extended the community pharmacy placement to include anticoagulant clinics at the Barking satellite site and at KCH and an optional two-week placement at KCH.

The Trust informed the review team that PRPs were rostered into the weekend rota once they had completed their dispensing logs and undertaken the rotation at the main dispensary site. The review team heard that trainees were given around three months to gain experience and complete these competencies prior to working at weekends. Trainees worked one Saturday shift in six weeks and were given the option to be paid or receive time back in lieu. When working at the weekend, trainees were supervised by a senior member of staff. The Trust representatives advised that workloads were reduced at the weekend so trainees had opportunities to complete their checking logs during these shifts.

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>The review team did not hear of any reports of patient safety issues.</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 trainees reported that they were aware of the relevant reporting systems.</p>	

<p>PH1. 3</p>	<p>Appropriate level of clinical supervision</p> <p>The trainees reported having suitable clinical supervision. The trainees explained that there was always a senior member of staff present and that they had never experienced any issues contacting a member of staff if required.</p> <p>All trainees reported having weekly one-to-one meetings with their dispensary managers to discuss training logs and to gauge progress whilst in the dispensary rotation. All trainees reported having fortnightly meetings with their tutor as well as the opportunity to meet up informally between the scheduled one-to-ones. The review team heard that meetings were documented and that each trainee was responsible for uploading their own supervision meeting records onto VQ manager. The review team heard that the trainees met with their PS at the end of each rotation to receive feedback on their performance and discuss their experience of the rotation. The trainees noted that some PSs were based off-site which made it more difficult to have frequent meetings, but that the Trust allocated deputy PSs in cases where trainees and PSs were not able to meet sufficiently often.</p>	
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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).

<p>PH2. 1</p>	<p>Local faculty groups</p> <p>The Trust reported that there were regular local faculty group (LFG) meetings in the department. These were described as being well-attended with approximately 60-70% regular attendance. Ownership was given to trainees to organise and run these meetings. The EPD stated that the LFG minutes included well-defined agenda items and the meetings were well-attended. There was a standing LFG agenda item called 'Trainees' Voice', which aimed to provide a platform to understand trainees' needs. There were a variety of different meetings held in the department where training was discussed, including an E&T forum and operational meetings. The review team advised the Trust to ensure that there was clarity around the purpose of each of these meetings, including the LFG.</p> <p>The review team heard that LFG meetings were chaired by the Associate Chief Pharmacist. It was suggested that a trainee representative should attend each meeting and present feedback from the trainee cohort. The trainees advised that this approach might make some more willing to share their views as the feedback was more anonymised. It was also recommended that trainee representatives receive training in the role.</p> <p>The review team was pleased to hear that the department had invited EPDs from other Trusts to attend the LFG in order to share learning experiences and good practice. Moreover, the department generated actions and action logs from meetings to share with the wider team which staff and trainees found useful.</p>	<p>Yes, please see PH2.1a</p> <p>Yes, please see PH2.1b</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.

Not discussed at this review.

GPhC Standard 4) Selection of trainees

Standards

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

Not discussed at this review.

GPhC Standard 5) Curriculum delivery and trainee experience

Standards

The local curriculum must be appropriate for national requirements. It must ensure that trainees practise safely and effectively. To ensure this, pass/ competence criteria must describe professional, safe and effective practice.

This includes:

- 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

The review team heard that rotas were mapped in advance of the trainees starting their placements but that modifications were made when necessary during the programme to meet individual training requirements. The trainees were occasionally moved from their placement area to another area to provide cover in the event of staff shortages. The trainees advised that there were two unallocated weeks built into the programme to give them the opportunity to complete competencies or revisit rotations where they needed more time.

When asked about weekend cover, it was reported that PRPs were expected to work one in every six weekends on a Saturday and were not required to work on a Sunday as the pharmacy department was closed on that day. Trainees had the option of being paid or receiving time off in lieu for weekend working.

Trainees stated that they were required to complete a rotation in the main dispensary complete their dispensing logs and to be confident in dispensing before undertaking weekend work and that they were well supervised on weekend shifts. The weekend rota usually included four members of staff, including a band six or seven pharmacist who would supervise the trainee and there was always a senior staff member on call. The trainees indicated that they enjoyed working weekends as it provided them with a good opportunity to learn and complete their accuracy checking logs.

None of the trainees reported any difficulties in booking annual leave.

PH5.
2

Induction

It was reported that there was a two-day Trust-wide induction and a three-day departmental induction and that these were well-organised. There were also specific inductions for each rotation. Trainees felt that their roles and responsibilities were clearly explained during the induction and that they were well-prepared for the training

	<p>year ahead. The Trust had also prepared a printed induction pack including contact information for staff in the department and essential documents relating to the programme, which trainees found useful. All trainees fed back to the review team that they had received the required log in details for the VQ manager e-portfolio system and were taught how to use the system during the induction. The trainees also met with their ESs and PSs prior at the start of the training year. The trainees found this very beneficial as they had the opportunity to discuss any queries or seek clarity on any part of their training.</p> <p>The trainees reported that they were given opportunities to host teaching sessions to University College London (UCL) fourth year students and participate in other training workshops.</p>	
PH5.3	<p>Educational plans</p> <p>The trainees reported that educational plans and objectives were set for them at the start of the year. It was reported that there were standard and enhanced level objectives, with the standard level aimed at meeting the demands of the curriculum and the enhanced level focused on accessing further learning opportunities. The trainees spoke positively about the programme and the opportunity to set more individualised objectives.</p> <p>All trainees met with their educational supervisors on a fortnightly basis and the department had an ‘open-door’ policy so more frequent meetings were possible if trainees required them.</p> <p>The review team heard that while the department emphasised the development of a good range of professional competencies to deliver patient, there was a disconnect between some of the theoretical teaching and application to practice. Specific areas were highlighted, including conflict management, personal resilience and acting as an autonomous practitioner.</p>	Yes, please see PH5.3
PH5.4	<p>Progression and assessment</p> <p>The PRP ESs informed the review team that there were set objectives for each rotation and that these were cross-referenced against individual trainee needs, with trainees encouraged to set SMART (specific, measurable, achievable, realistic and time-bound) objectives for themselves in addition to the rotation objectives. These were monitored through ES fortnightly meetings.</p> <p>At the end of each rotation the PRPs met with their PS to review their performance against the GPhC standards. The PSs aimed to create an open dialogue with trainees and provided opportunities to present additional evidence to demonstrate that standards had been met. The feedback from these meetings was shared with the trainees’ ESs.</p> <p>Trainees received protected time every Thursday afternoon. The review team was pleased to hear that the Thursday study sessions were prioritised and built into each rotation, none of the trainees reported having to be called in to work during that time.</p>	
PH5.5	<p>Rotations and integrated curricula</p> <p>The PRP rotations included Medicines Information (MI), community pharmacy, acute medicine, surgery and general medicine. The trainees felt that, despite working in a specialist hospital, they gained a good breadth of experience through their rotations and had access to a variety of learning opportunities.</p>	

	<p>The review team heard that the current trainee cohort had had a two-week rotation in MI, reduced from the 10-week rotation undertaken by trainees in previous years. All trainees stated that they enjoyed the MI rotation and would have benefited from having more time there, as it prepared them for scenarios they were likely to encounter in their practice.</p> <p>Feedback on the community pharmacy rotations was much less favourable, with trainees citing frequent instances of aggression from patients and monotonous work compared to the varied nature of hospital pharmacy.</p>	
PH5.6	<p>Training days and packs e-learning resources and other learning opportunities</p> <p>The review team was informed that the trainees benefited from a wide range of educational opportunities. Regular teaching sessions were held in the department.</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>Mechanisms in place to support trainees to develop as learners and professionals</p> <p>The review team was pleased to hear that all PRPs felt supported by their ESs and PSs and that the department was a supportive and welcoming environment. No trainees reported experiencing or witnessing bullying or harassment. The review team was pleased to hear that the Trust had a Freedom to Speak Up Guardian in place and had worked to ensure that the Guardian's photograph and contact details were shared with staff and trainees. Trainees reported that they would normally speak to their line managers before escalating issues to the Freedom to Speak Up Guardian.</p> <p>The PRPs reported that all section leads given input on improvements to the training programme based on the feedback from trainees and supervisors from the previous year. The trainees regularly met as a group and advised that they felt well-supported by the EPD.</p> <p>Updates from the General Pharmaceutical Council (GPhC) and changes to the curriculum or assessment process were communicated to supervisors via the EPDs. EPDs, PSs and ESs also reported that there were a number of formal, minuted meetings within the department where they were able to discuss education and the department's strategic agenda, including pharmacy operational meetings, Friday meetings and senior pharmacy meetings. The PSs stated that there was a good, though informal, handover system in place as trainees moved from one rotation to the other. The review team heard that the supervisors had an open-door policy with trainees and that there were fortnightly meetings between ESs and tutors. The tutors reported that tracked their trainees' progress via the e-portfolios and through discussion with the trainees meetings. It was a standing agenda item at departmental meetings to discuss trainee progression. Although individual trainees' information was not divulged in this open forum and was kept confidential, common trends were discussed in order for each ESs and PSs to benefit from discussions.</p>	<p>Yes, please see action PH6.1</p>
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PH6.2	<p>Feedback</p> <p>The department was described as having an open feedback culture, with a variety of ways in which feedback was provided and obtained. There were opportunities for trainees to feedback at the end of LFG meetings. Trainees received regular updates on their performance when they met with their line managers and ESs.</p>	Yes, please see PH6.2
PH6.3	<p>Educational supervision</p> <p>The review team heard that PRPs met with their ESs on a fortnightly basis and they were able to meet with them more frequently if required. Additionally, the PRPs stated that their ES were contactable by phone. The review team noted that the managers and supervisors in the pharmacy department were approachable and willing to help trainees.</p>	
PH6.4	<p>Practice supervision</p> <p>The trainees reported that they had allocated PSs for each rotation. The PSs provided opportunities for the trainees to discuss any changes that needed to be made to their training plan.</p> <p>Trainees stated that they were all required to complete an end of rotation assessment form. This was done with the PS for the rotation and gave the trainees the opportunity to review their strengths and areas requiring improvement. All the information from these assessments was loaded on to the VQ manager e-portfolio system, which trainees found easy to use.</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>It was noted that there were many opportunities within the department to explore multi-professional learning. The department had also identified a number of areas where advanced prescribing roles could be developed, but this work was at an early stage and there were few such roles in the department at the time of the review.</p> <p>The tutors stated that they had completed a regional pharmacy training supervisory course, which was very useful and helped them to input into the PRP programme. The tutors were also able to undertake training courses beyond the mandatory courses. The ESs and PSs varied in terms of the level of supervision training they had received and not all supervisors had completed the relevant HEE online supervision training modules.</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.

Not discussed at this review.

GPhC Standard 9) Resources and capacity

Standards

Resources and capacity are sufficient to deliver outcomes.

Not discussed at this review.

GPhC Standard 10) Outcomes

Standards

Outcomes for the initial education and training of pharmacists.

PH1 Retention

0.1

The review team was pleased to hear that the trainees unanimously agreed that they would recommend the Trust as a place to train. Trainees commended the quality of the training programmes and the extra opportunities for development.

Good Practice and Requirements

Good Practice

Trainees unanimously agreed that the Trust provided them with a good training experience and that they would recommend it as a place to undertake pre-registration training. Trainees felt empowered and stated that there were a variety of opportunities available to support the development of a broad skillset, which they felt helped to shape them into well-rounded professionals. Particular highlights were the Medicines Information rotation and chance to participate in a public health campaign named 'Know your drops'. Additionally, the opportunity to spend time in external placements, such as those at King's College Hospital and in anticoagulant clinics, was valued.

The department displayed evidence of a well embedded education and training culture. There was a clear sense that staff were aware of their responsibility to contribute towards workforce development and that they were supported to undertake that role.

The department provided many opportunities for staff and trainees alike to give feedback on the training programmes and individual development opportunities. Trainees felt that feedback was actioned very quickly.

Immediate Mandatory Requirements

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

Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence
PH2.1a	The review team felt the purpose of the various meetings around E&T required clarity. The Trust	Please provide copies of the published Terms of Reference (ToR) for all departmental meetings.

	to clearly define purpose and functionality of the LFG and record this in the minutes.	It is recommended that the department seeks information from other Trust departments on how the various LFG meetings are run, in order to identify best practice.
PH2.1b	The Trust is required to ensure that trainee representatives to the Local Faculty Group (LFG) receive training to become effective members of the group in order to relay trainee concerns and feedback.	Please provide evidence that the trainee representatives have received appropriate training.
PH6.1	The department requires a more robust process and greater oversight of staff support for trainees. At the time of the review there were many informal feedback and support channels in place.	The Trust should review departmental procedures to ensure there is formal oversight of the whole education programme and its tracking of trainees' progress. Please provide evidence of this oversight and specifically demonstrate that there are robust processes for identifying Trainees Requiring Additional Support (TRAS).
PH6.2	The department is required to ensure that all ESs and PSs undertake the HEE supervision e-learning module and that this be included in the training plan for current and future ESs and PSs. This should help to ensure continuity and assist with succession planning.	Please audit current ESs and PSs level of supervision training and provide HEE with the results of this audit.

Recommendations

Rec. Ref No.	Recommendation	Recommended Actions
PH5.3	The review team recommends the department reviews cross sector training to place a greater emphasis on developing skills such as managing conflict, being an autonomous practitioner and application to practice.	Please update HEE on how the department would propose to incorporate personal resilience and personal development training into the curriculum.
PH7.1	The review team identified that there were many opportunities within the department to explore multi-professional learning and to develop advanced prescribing roles.	The department is advised to capitalise on these opportunities to develop advanced roles. HEE can provide advice around how to access the necessary funding. This will require a clinical strategy, with an underpinning workforce strategy detailing how the Trust intends to develop these roles.

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, Pharmacy Dean, London, and Kent, Surrey, and Sussex
Date:	12 September 2019