

Barking, Havering and Redbridge University Hospitals NHS Trust

Pharmacy (Trust wide)

Monitoring the Learning Environment (on-site visit)



Quality Review report

13 June 2019

Final Report

Developing people
for health and
healthcare

www.hee.nhs.uk

Quality Review details

<p>Background to review</p>	<p>Baseline quality visit as part of HEE quality assurance process to review the quality of education and training programme at Barking, Havering and Redbridge University Hospitals NHS Trust and to appraise the quality of training and education, the level of support provided to trainees as well as their general experience.</p>
<p>Training programme / specialty reviewed</p>	<p>Pharmacy</p>
<p>Number and grade of trainees and trainers interviewed</p>	<p>The review team met with</p> <ul style="list-style-type: none"> • Sarla Drayan, Chief Pharmacist & Associate Director for Medicines Optimisation • Joanne Williams, Principal Pharmacist, Practice Development • Judith Turner, Senior Pharmacy Technician Education and Training • Twelve Practice Supervisors for Pre-registration Pharmacist (PRPs) & Pre-registration Trainee Pharmacy Technicians (PTPTs) • Nine Educational Supervisors for PRPs & PTPTs • Six Pre-registration Pharmacist (PRPs) • Eight Pre-registration Trainee Pharmacy Technicians (PTPTs)
<p>Review summary and outcomes</p>	<p>The Lay representative member of the HEE review panel was reported to be unavailable at the time of the visit due to a conflict in diary which resulted in the delay of the quality review start time. It should however be noted that the Chief Pharmacist agreed to continue the review without representation from a HEE Lay member.</p> <p>The review team thanked the Trust for hosting and facilitating the review.</p> <p>The review team was pleased to hear that the following areas were working well:</p> <ul style="list-style-type: none"> • The review team was delighted to hear that all trainees we met with (PRPS and PTPTs), unanimously agreed that they would recommend the Trust as a place to undertake training, citing the broad range of learning opportunities and quality of clinical rotations for the Pre-registration Pharmacist Trainees (PRPs) as well as access to HIV clinics for Pre-registration Trainees Pharmacy Technician (PTPTs) as particular highlights. <p>The trainees felt they were adequately supported and empowered by the Education, Training and Development Team and their Educational and Practice Supervisors and that their learning experience prepared them for practice.</p> <ul style="list-style-type: none"> • The review team was pleased to hear that the Education, Training and Development Team worked collaboratively with the Education and Practice Supervisors to deliver a well-structured and organised training programme for all groups of trainees met. The education and practice supervisors felt well supported by the Education, Training and Development Team to undertake their roles. The Local Faculty Groups forums were also perceived to be effective for all stakeholder groups involved. • The review team heard of the impact of increased population within

North East London geographic foot print on service demand at BHRUT but were pleased to see the steps taken by the Trust to address these challenges. Of note was the Quality Improvement approach taken from Trust's PRIDE initiative and we heard of a number of examples of when it had been used to improve service provision to optimise patient care, e.g. streamlining discharge process. The review team heard how pharmacy were championing this initiative for the Trust and the vision was to embed the approach into organisational culture in order to empower staff to make changes to improve patient care.

However, the following areas were identified as of concern or in need of improvement:

- The review team heard that the departmental induction for PRP trainees was well structured and the appropriate length. However, the PTPT reported that their departmental induction was not fit for purpose. All the PTPTs the review team heard from had previously worked at the Trust as band 2 ATOs and they felt the induction did not adequately prepare them for the new role and the skillset required.
- Although no specific concerns had been highlighted by the trainees or Education Team, the review team was concerned about the potential impact of the current weekend working arrangement on trainee and patient safety.

The review team heard that trainees working weekends were supernumerary and whilst had an experienced team working with them, the expectations surrounding weekend working and approach to supervision was inconsistent across the BHRUT sites. Specifically, the trainees were not required to complete any form of competency assessment before undertaking their weekend duties and the supervision arrangements for trainees at the weekends was unclear.

- The review team was disappointed to hear about a low-level but frequently witnessed/ experienced culture of tolerating unprofessional behaviours in some department areas. The trainee group highlighted specifically that regular demonstration of these unprofessional behaviours was distinct to a member of staff within the dispensary at the Queens site. The review team recognised that individual trainees affected by this behaviour had access to pastoral support from their practice supervisors, however it found limited evidence to suggest that these behaviours and concerns raised surrounding them had been addressed.

Quality Review Team

HEE Review Lead	Helen Porter Pharmacy Postgraduate Dean Health Education England (London & South East)	Training Programme Director	Katie Reygate Programme Lead Foundation and Prescribing Health Education England (London & South East)
HEE Representative	Shane Costigan Associate Head of Pharmacy	HEE Representative	Laura McEwan-Smith Pharmacy Programme

	Health Education England (London & South East)		Facilitator Health Education England (London & South East)
HEE Representative	Tolu Oni Learning Environment Quality Coordinator Health Education England (London & South East)		

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

The Chief Pharmacist presented the review team with an overview of recent organisational development (OD) and the steps that had been taken to enhance the quality of education and training for Pre-Registration Pharmacist (PRP) and Pre-Registration Trainee Pharmacy Technicians (PTPT) at the Trust.

At organisational level, the review team was pleased to hear that the Trust remained committed to maintaining its improvement trajectory in addressing issues that undermined the quality and standard of care delivered across sites. The Trust's commitment to achieve this was evidenced by recent partnering with Virginia Mason to learn, adopt and embed the lean improvement management methodology. To supplement this, the review team heard that an inspection from the Care Quality Commission in 2017 had shown a significant improvement in the Trust's performance. The review team heard about some of the local challenges- for cross site working in particular, it was reported that variation in dispensary unit practices across the two sites presented unique challenges, but that work was underway to standardise and streamline pharmacy practices/services across the two sites. The review team also heard about a number of achievements.

In terms of engagement with the wider health economy, the review team heard that the Trust was working with the Local Health Economy, Clinical Commissioning Groups (CCG) and other Trusts within the footprint to feed into the regional objectives of the North East London (NEL) geographic footprint. The review team also heard that the Trust was beginning to work with the local BHR integrated care partnership and that the key strategic priority would be around the management of workforce development to meet local demands. For pharmacy specifically, focus would be around workforce development to improve patient journey across the system.

As part of the pharmacy workforce collaborative the review team heard of work that had taken place to progress discharge to pharmacy initiative and locally to develop pharmacist Advanced Clinical Practitioners (ACPs) roles to support the UCC, previously run by the Trust. The model for UCC and ED departments changed in 2018 and the Trust is developing a strategy to build multi-professional ACPs. Pharmacy is one of the key professions involved and pharmacists are being encouraged to undergo CEPIP training to support development of pharmacy roles. It was reported that workforce plans were developing for the ACP and Technician workforce and other workforces to absorb the growth in service demand that is anticipated by the current and future population increase. To underpin this effort, the review team heard that the Trust maintained regular engagement with its trainees through forums such as people link, local staff feedback surveys, catch up with Chief Pharmacist, or staff meetings, nursing and midwifery forums and implemented feedback obtained for the planning of education programme.

The review team heard of the impact of increased population within NEL geographic footprint on service demand at BHRUT but were pleased to see the steps taken by the Trust to address these challenges. Of note was the Quality Improvement approach taken from Trust's PRIDE initiative to improve service provision to grow the local pharmacy workforce and optimise patient care, e.g. The Discharge Value stream. The review team heard how pharmacy were championing these elements of this value stream initiative for the Trust and that the vision was to embed the improvement methodology approach into organisational culture in order to empower staff to make incremental changes to improve patient care as part of their daily practice. In terms of the learning opportunities arising from the Trust PRIDE Way initiative, the review team noted that a number of trainees had been involved in the PRIDE Way work in the dispensaries and supporting ward-based work as part of their multi-professional learning opportunities and that HEE would welcome increased involvement.

The review team wanted to explore the structure of the Education, Training and Development (ETD) team in greater detail, particularly with regard to line management within the team and for trainees. It was reported by the Trust that the Chief Pharmacist held the line management responsibility for the Deputy Chief Pharmacist (DCP), who line managed the EPD for pre-reg pharmacists. The EPD for PRP held line management responsibility for PTPT EPD, and that each had an Educational Supervisor (ESs) role.

With regard to line management of trainees, the review team heard that PRP and PTPT trainees were line managed by the PRP EPD and the PTPT EPD respectively. It was reported that the PRP EPD had line

management responsibility for thirteen trainees (6PRP and 7 Band 6 pharmacists). The PRP EPD acknowledged this was a large number of trainees to directly supervise and provided clarity that day to day supervision was provided by PS and she was responsible for the monitoring of absences, performance issues and the Trust's appraisal process (Personal Performance Review – PPR) for both PRPs and Band 6 pharmacists.

The PTPT EPD confirmed line management responsibility for the 12 PTPTs i.e. absence monitoring, performance issues, professional appraisals and trust PPRs.

The Trust indicated that there were five PRP ESs and seven PTPT ESs in post at the time of visit (in addition to the two EPDs, who are also ESs). The two ES teams worked collaboratively to capture feedback from trainees to inform future rotations. In addition, there was recognition by the chief pharmacist and ETD team of the need to grow the number of ESs in the department in order to support planned growth in pharmacy workforce.

The review team heard that there was now a Local Faculty Group (LFG) meeting in place for raising concerns and was attended by PRP and PTPT trainees from both sites, along with ES and PS representation and that a number of actions had been closed as a result of regular meetings being held. It was reported that the LFG agenda had been linked with HEE Quality Standards to set a clear line of sight in terms of objectives for the meeting.

In terms of challenges faced with LFG meetings, the large membership for the meetings was noted to have been of concern but the CP advised that steps had been taken to review the Terms of Reference (ToR) for these meetings to ensure appropriate representation in light of experience and the Trust was due to expand the use of video conferencing - this would support staff in being able to participate and limit requirement of representatives to travel between sites in order to attend the meeting.

With regard to changes made to the PRP programme following trainee feedback: it was reported that the ESs regularly engaged with trainees and that they were encouraged to escalate concerns impacting on their training through LFG and staff meetings. When asked about the process to review and design the training programmes and rotas for PRPs each year: the review team heard that the ETD team designed programme for PRP trainees around weighting of the therapeutic areas for the pre-registration exam and mapped to General Pharmacy Council (GPhC) standards. Trainees were afforded the opportunity to meet with a PS at the end of each rotation and there was evidence that this feedback is acted on in a timely manner. For example, during a four-week PTPT rotation when covering the dispensary hatch, the trainees found it very demanding and noted that other staff members were not required to cover in a prolonged block. The review team noted that after this feedback was received, the rotation was changed so that trainees spent only half-days at the hatch, the remainder of the day would be spent undertaking other dispensary duties.

The CP informed the review team that the ESs received training to undertake their role, mixture of HEE courses, Train the Trainer and NVQ Assessor/IQA training. To prepare new ESs for the role it was reported that new ESs observed an experienced ES in their meetings with PRPs and/or PTPTs. They are then observed and receive support in initial meetings with their own trainees. PRP ESs were provided with training for using the e-portfolio system for monitoring trainee evidence submissions as per the guidance provided by HEE.

The review team heard that PRPs and PTPTs work 1 in 8 Saturdays and 1 in 8 Sundays on the weekend rota. At the Queens's site these trainees are in the 'assistant column' on the rota and are therefore supported by a team (8-9) with the appropriate skillset for the weekend workload. Trainees are able to arrange swaps on the rota but these must be done with a member of the team in the same column to ensure the skillset is maintained. With regard to completion of competency assessment before weekend working: it was reported that there was no requirement for trainees to complete their dispensing accuracy logs before undertaking their weekend duties and the supervision arrangement for the trainees at the weekend was unclear. The review team heard that PRP trainees working on the Queen's Hospital weekend rota were supernumerary and that their first weekend shifts occurred approximately a month after commencing their posts. The primary reasons for getting trainees on the rota within a month of starting was to set the expectation that the pharmacy service was 7 days a week and not a 9-5pm Monday-Friday service, and that the weekend working forms part of the contracted hours

In terms of educational supervision, the review team was informed that there had been a substantial growth in the pharmacy workforce and ESs and PSs were afforded the opportunity and exposure to work more closely with a high number of students as part of their educational and training commitment. It was also reported that the ETD team worked closely with the ESs and Practice Supervisors (PSs) to ensure an appropriate level of supervision and support afforded to all trainees PRPs and PTPT trainees.

Findings

GPhC Standard 1) Patient Safety		
Standards		
<p>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.</p> <p>Consider supervision of trainees to ensure safe practice and trainees understanding of codes of conduct.</p>		
Ref	Findings	Action required? Requirement Reference Number
PH1.1	<p>Patient safety</p> <p>Although no specific concerns had been highlighted by the trainees or Education Team, the review team was concerned about the potential impact of the current weekend working arrangement on trainee and patient safety.</p> <p>The review team heard that trainees working weekends were supernumerary and whilst had an experienced team working with them, the expectations surrounding weekend working and approach to supervision was inconsistent across the BHRUT sites. Specifically, the trainees were not required to complete any form of competency assessment before undertaking their weekend duties and the supervision arrangements for trainees at the weekends was unclear. The review team heard that although trainees appreciated, they were supernumerary at the weekends, the queen's site was much busier and as a consequence the expectations re service contribution was higher. Trainees felt that when they started work at weekends their role was not clear, as time has gone on this has improved. They are on seven-day contracts but if they work longer at the weekend this time can be claimed back as lieu, which we heard can be difficult to take if the weekend work is undertaken at the opposite site.</p>	Yes, please see PH1.1
PH1.2	<p>Serious incidents and professional duty of candour</p> <p>The review team heard of no instances which required completion of incident reports for either PRPs or PTPTs.</p>	
GPhC Standard 2) Monitoring, review and evaluation of education and training		
Standards		
<p>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.</p> <p>Stakeholder input into monitoring and evaluation.</p> <p>Trainee Requiring Additional Support (TRAS).</p>		
PH2.1	<p>Local faculty groups</p> <p>The review team heard that there was a Local Faculty Group (LFG) meeting in place for trainees to feedback and raise concerns and was attended by PRP and PTPT trainees from both sites, along with ES and PS representation. The LFG forums were perceived to be effective for all stakeholder groups involved. The review team heard that feedback was acted on promptly and a number of actions had already been closed. However, the ESs felt that trainee expectations could be better managed with regards to what changes are possible. The review team noted the minutes and actions were shared with all trainees and both ESs and PSs. The review team heard that the expectation was that all ES/PS should attend, however we heard from the CP that the ToR was under review to ensure appropriate representation from the training supervisors for each rotation. However, it was unclear to the review team as to how</p>	Yes, please

	well the closed part of the LFG ran, as the review team heard from the PSs that this section would be more beneficial if it was more structured and utilised tools to support prioritisation of cases discussed.	see PH2.1
PH2.2	<p>Trainee Requiring Additional Support (TRAS)</p> <p>When asked about the process for identifying and managing trainees in difficulty: the review team noted that the PRP ESs met were aware of the formal Health Education England LaSE training programme requirement for Trainee Requiring Additional Support (TRAS). However, the review team heard that this was not reflective of PS, only two out of twelve were aware of TRAS process.</p> <p>In the case of the PRP TRAS, the review team was encouraged to hear that ESs were supported by the ETD team to set a TRAS clinical objectives action plan. The review team heard that the TRAS action plan included amendments to the rota that allowed extra time to complete their rotations, topping up skills to meet the curriculum requirements.</p>	Yes, please see PH2.2

GPhC Standard 3) Equality, diversity and fairness

Standards

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

PH3.1	<p>Staff training in equality and diversity</p> <p>The review team was disappointed to hear about a low-level but frequently witnessed/experienced culture of tolerating unprofessional behaviours distinct to one member of staff within the dispensary at the Queen’s site. The review team recognised that individual trainees affected by this behaviour had access to pastoral support from their practice supervisors, however it found limited evidence to suggest that there was a level of willingness to change, following discussion of the concerns raised with the individual involved.</p>	Yes, please see PH3.1
PH3.2	<p>Parity</p> <p>No issues were reported by trainees.</p>	

GPhC Standard 4) Selection of trainees

Standards

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

PH4.1	<p>Selection processes and procedures to comply with relevant legislation</p> <p>No issues were reported by trainees.</p>	
-------	--	--

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>When asked about working at the weekends, the PTPT indicated that they were allocated on the weekend rota one month after joining the department, with the rota emailed to them ahead of time and that they all received time off in lieu (TOIL) when they worked beyond their contracted seven days/week hours at the weekends. It was understood that the arrangement was the same for both groups of trainees. When asked if taking the TOIL was difficult, the PTPT indicated that it depended on the site, and that it often required a little flexibility, but in general it was often a problem if weekend worked was different to base site.</p> <p>The PTPT ESs explained to the review team that at the beginning of each year all practice leads would receive rotation timetables to ensure that each trainee’s learning needs could be sufficiently covered within the agreed rotation timeframes. PTPTs’ progress was mapped using the Smart Assessor. and PRPs’ progress was monitored / reviewed via e-portfolios (VQ Manager).</p> <p>It was however understood that trainees were being allocated on the weekend rota before of achieving their workplace competencies, as they would be well supported by the weekend team which included sufficient numbers of senior pharmacists/technicians because they were considered to be supernumerary.</p>	
PH5.2	<p>Induction</p> <p>The review team heard that the departmental induction for PRP trainees was well structured and the appropriate length. However, the PTPTs reported that their departmental induction was not fit for purpose. All the PTPTs the review team heard from had previously worked at the Trust as band 2 ATOs and they felt the induction did not adequately prepare them for the new role and the skillset required. The review team were advised that an induction for staff not from the dispensary had been devised but that internally recruited trainees would benefit from a bespoke induction to the change in role. The PRPs also highlighted the meeting with the Human Resources (HR) and dispensary managers within the first couple of weeks of their induction as being a large plus point.</p> <p>When asked about the induction that they received, the PRPs indicated that they received a two-week departmental induction, which they felt was well structured and sufficient to learn about the role ahead.</p>	Yes, please see PH5.2
PH5.3	<p>Education and training environment</p> <p>The review team was delighted to hear that all trainees we met with (PRPS and PTPTs), unanimously agreed that they would recommend the Trust as a place to undertake training, citing the broad range of learning opportunities and quality of clinical rotations for the Pre-registration Pharmacist Trainees (PRPs) as well as access to HIV clinics for Pre-registration Trainees Pharmacy Technician (PTPTs) as particular highlights.</p> <p>The trainees felt they were adequately supported and empowered by the Education, Training and Development Team and their Education and Practice Supervisors and that their learning experience prepared them for practice. However, it was felt that exposure to multi-professional learning within the unit was limited.</p> <p>In terms of how frequently each trainee group met with their ESs and PSs: it was reported that the PTPT trainees met with the ETD team on a monthly basis and with their line manager every three months. The PRP trainees echoed that they experienced regular engagement with the ESs but indicated that their meeting with the</p>	

	PSs only occurred at the start, mid and end of their rotations.	
PH5.4	<p>Educational plans</p> <p>The review team heard that PTPTs were given a rota and objectives that aligned to the National Vocational Qualification (NVQ) level requirements and that the PRP trainees also received their rotation outlines and objectives in advance. The PTPT trainees also highlighted that they had dedicated two half-days' study leave per term, allocated to them, but often experienced some degree of difficulty in claiming study. Specifically, the review team heard that in order to be given the study time they had to specify in advance what they would be spending time doing and if it did not relate to NVQ, then it would often be declined.</p>	Yes, please see PH5.4
PH5.5	<p>Progression and assessment</p> <p>In terms of setting clear objectives for PTPT trainees prior to the start of their rotations: it was understood that trainees received a two-year rotational plan in advance.</p> <p>The review team recognised that a number of PTPT trainees would be required to complete their competency logs and accreditations before starting their medicines management rotation. In the case of dispensary rotations, the review team heard of an instance where the progress of a trainee had been stunted due to difficulty in accessing training packs. The review team noted that this had been escalated and had been dealt with prior to time of visit.</p> <p>From its conversation with the PTPT trainees the prevalent opinion was that the dispensary unit lacked clarity in its progression pathway, particularly for the aforementioned cohorts of trainees.</p> <p>The review team heard that all the PRP and PTPT trainees' performance standards were embedded within the e- portfolio (VQ Manager) and Smart Assessor but recognised that there were known challenges in tracking PRPs trainees' performance standard. Of note was the difficulty in accessing the Evidence Witness statement section of the E-portfolio. This and the Trust's poor IT infrastructure posed a problem for the PSs in obtaining evidence in advance of section rotation.</p> <p>With regard to the end of rotation objectives for PRP trainees: the end of rotation appraisal was described as laborious as it went through the suite of GPhC standards and that rotation occurred only 3/52 each. The review team acknowledged that PRP trainees progress was to be monitored through VQ manager.</p>	
PH5.6	<p>Rotations and integrated curricula</p> <p>In terms of rotation arrangement, the ESs explained that they had a standard form to review at the end of rotation and that objectives could be set in regard to the next rotation.</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>	

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 trainees felt they were adequately supported and empowered by the Education, Training and Development Team and their Education and Practice Supervisors and that their learning experience prepared them for practice.</p>	
PH6. 2	<p>Feedback</p> <p>Both groups of trainees reported that there were several channels to receive feedback from their ESs or PSs about their education and training, as well as their service delivery work both formally and informally. Likewise, both groups felt that there were a variety of pathways and forums for them to feedback any issues around patient safety, the quality of teaching, or any pastoral issues that they had. The review team heard of examples of where programmes had changed due to feedback received.</p>	
PH6. 3	<p>Educational supervision</p> <p>The review team heard that all PRP and PTPT trainees met with their ESs on a monthly basis and noted that trainees were well supported by their ESs.</p> <p>In regard to their engagement with the training programme, the ESs explained to the review team that they would meet as a group four times a year as part of the LFG. It was felt that there was a collaborative approach to educational supervision that encompassed the ES, and ETD team, noting that any issues around standards and change in curriculum were addressed in a timely manner. The review team also heard that the ESs held regular monthly meetings with the PTPT trainees to monitor and discuss progress.</p>	
PH6. 4	<p>Practice supervision</p> <p>When asked to describe their working relationship with the ETD team: the review team heard that there was a collaborative approach to practice supervision that encompassed the PSs, noting that information regarding pre-registration programme was conveyed via emails and at LFG meetings</p> <p>The review team heard that the PRP and PTPT trainees had access to a named Practice Supervisor (PS) for each rotation and met with them through LFG meetings, phone calls, emails and face-to-face consultations.</p>	
PH6. 5	<p>Inter-professional multi-disciplinary learning</p> <p>The review team heard that access to simulation teaching was non-existent for all trainees. It should however be noted that learning was encouraged in the department, in particular was the learning received by the PRP and a number of PTPT trainees from other healthcare professionals.</p>	
<p>GPhC Standard 7) Support and development for education supervisors and pre-registration tutors</p> <p>Standards</p> <p>Anyone delivering initial education and training should be supported to develop in their professional role.</p>		
PH7. 1	<p>Range of mechanisms in place to support anyone delivering education and training (time for role and support)</p>	

	The review team heard that many of the ESs met with, undertook A1, D32 and NVQs as part of their initial qualifications. The review team noted that a small number within the ESs body had completed the Health Education England ES Course.	
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	Accountability and responsibility for education. Education and training supported by a defined management plan. The review team heard that PRP and PTPT trainees were line managed by the PRP EPD and the PTPT EPD respectively. It was reported that the PRP EPD had line management responsibility for thirteen trainees (6PRP and 7 Band 6 pharmacists). The PRP EPD acknowledged this was a large number of trainees to directly supervise, and provided clarity that day to day supervision was provided by PS and she was responsible for the monitoring of absences, Trust Personal Performance Reviews (appraisals) and performance issues	
GPhC Standard 9) Resources and capacity		
Standards		
Resources and capacity are sufficient to deliver outcomes.		
PH9.1	Appropriate learning resources and IT support No issues were reported by trainees.	
GPhC Standard 10) Outcomes		
Standards		
Outcomes for the initial education and training of pharmacists.		
PH10.1	Registration, pass rates The review team heard that the Trust had maintained a 100 % pass rate record.	
Ph10.2	Retention No issues were reported by the Trust.	

Good Practice and Requirements

Good Practice

The review team was delighted to hear that all trainees we met with (PRPS and PTPTs), unanimously agreed that they would recommend the Trust as a place to undertake training, citing the broad range of learning opportunities and quality of clinical rotations for the Pre-registration Pharmacist Trainees (PRPs) as well as access to HIV clinics for Pre-registration Trainees Pharmacy Technician (PTPTs) as particular highlights.

The trainees felt they were adequately supported and empowered by the Education, Training and Development

Team and their Education and Practice Supervisors and that their learning experience prepared them for practice.

The review team was pleased to hear that the Education, Training and Development Team worked collaboratively with the Education and Practice Supervisors to deliver a well-structured and organised training programme for all groups of trainees met. The education and practice supervisors felt well supported by the Education, Training and Development Team to undertake their roles. The Local Faculty Groups forums were also perceived to be effective for all stakeholder groups involved.

The review team heard of the impact of increased population within North East London geographic foot print on service demand at BHRUT but were pleased to see the steps taken by the Trust to address these challenges. Of note was the Quality Improvement approach taken from Trust's PRIDE initiative and we heard of a number of examples of when it had been used to improve service provision to optimise patient care, e.g. streamlining discharge process. The review team heard how pharmacy were championing this initiative for the Trust and the vision was to embed the approach into organisational culture in order to empower staff to make changes to improve patient care.

Immediate Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence
	N/A	None

Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence
PH1.1	The review team was concerned about the potential impact of the current weekend working arrangement on trainee and patient safety.	The Trust to provide evidence of roles trainees will undertake at weekend and how competency is assured. The Trust is also required to provide evidence that all educational supervisors (ESs) are aware of their supervision arrangements for trainees at weekend. The Trust to provide evidence by 01 March 2020.
PH2.1	The review team noted a lack of clarity around who should or should not attend the LFG and the potential for this uncertainty to impact on the ability of certain groups to effectively feed into the LFG. This was particularly evident for the PS group.	Ensure LFG includes PS representation, clearly reflected in ToR and LFG minutes should detail attendance. Please provide an updated LFG ToR outlining this and evidence of communication of this updated ToR to the wider department. The Trust to provide evidence by 01 March 2020.
PH2.2	The review team noted that all PRP ESs met were aware of the formal Health Education England LaSE training programme requirement for Trainee Requiring Additional Support (TRAS) but no evidence to suggest this was reflective of the practice supervisors (PSs) with only two out of twelve were aware of TRAS process.	The Trust must provide PSs with clear guidance and education support around the TRAS process empowering them to adhere to the process and escalate concerns accordingly. Please provide evidence of activities undertaken to achieve this. The Trust to provide evidence by 01 March 2020.
PH3.1	Co-develop with staff a charter of excellence in day-to-day interactions, respectful communication, supportive team-working and a	The Trust to provide evidence of participation for all senior pharmacy staff, along with trainees at all levels across the department in any organisational

	high standard of professionalism mapped to the General Pharmacy Council (GPhC) standards.	development workshops, 'Away Days' and/or values and behaviours development initiatives moving forward. The Trust to provide evidence by 01 March 2020.
PH5.2	The department is required to develop a robust and bespoke induction program around PTPT trainee's competency sign-off which includes senior led overview of compliance with the dispensary logs. The induction should clearly set out the duties, expectations and supervision arrangement at each rotation.	The Trust to provide evidence of implementation of an improved induction program and submitted to HEE at least 3 weeks before the next cohort of trainees starting in post. The Trust to provide data on attendance and feedback from PTPT trainees to HEE at the earliest opportunity. The Trust to provide evidence, where feasible by 01 March 2020.
PH5.4	The review team heard that PTPTs were given a rota matched to the National Vocational Qualification (NVQ) level. The PTPT trainees also highlighted that they had dedicated two half-days' study leave per term, allocated to them, but often experienced some degree of difficulty in taking study leave.	The Trust is required to provide evidence of an effective rota management system that will ensure access to study leave for all trainees. The Trust is to provide HEE with evidence indicating trainees are able to obtain study leave. The Trust to provide evidence by 01 March 2020.

Recommendations

Rec. Ref No.	Recommendation	Recommended Actions
	With anticipated growth in workforce, succession plan for ES and PS	The Trust is asked to share succession plans for ESs and PSs.
	Explore further opportunities for multi-professional learning for PRP trainees and PTPT	The Trust is asked to share details of exploration for further multi-professional learning for PRP and PTPT trainees.
	With specific reference to PRP ESs and PSs, review and consider streamlining trainee/supervisor paperwork and explore opportunities to better utilise VQ manager to track and monitor progress	The Trust is asked to share thoughts round streamlining trainee supervisor paperwork and plans to enhance VQ manager to track and monitor progress of trainees.

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

Requirement	Responsibility
The Trust is encouraged to undertake Local Faculty Group (LFG) workshops with HEE representatives with the view of obtaining support and guidance on the optimum structure and operation of the group.	Programme Facilitator and Post Graduate Dean

Signed

By the HEE Review Lead on behalf of the Quality Review Team:

Helen Porter, Post Graduate Dean, North East London

Date:

17 December 2019