

Whittington Health NHS Trust

Pharmacy

Baseline Pharmacy Review (on-site visit) & Education lead conversation



Quality Review report

2 July & 25 July 2019

Final Report

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healthcare

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Quality Review details

<p>Background to review</p>	<p>This review was conducted as part of a programme of baseline assessments into the quality of education and training for Pre-registration Pharmacist (PRP) trainees and Pre-registration Trainee Pharmacy Technicians (PTPT) across London.</p> <p>This review was not triggered due to any prior concerns held by HEE.</p>
<p>Training programme / specialty reviewed</p>	<p>Pharmacy – PRP and PTPT programmes</p>
<p>Number and grade of trainees and trainers interviewed</p>	<p>The review team met with:</p> <ul style="list-style-type: none"> – five PRP trainees; and – one PTPT <p>The review team also met with:</p> <ul style="list-style-type: none"> – Chief Pharmacist; – Deputy Chief Pharmacist; – Executive Medical Director; – PRP Programme Director and Education Lead; – Electronic Prescribing and Medicine Administration Lead; – Dispensary Manager; – four PRP Tutors; and – two PTPT Tutors
<p>Review summary and outcomes</p>	<p>The review team thanked the Trust for hosting and facilitating this review.</p> <p>The review team was pleased to find that the following areas were working well:</p> <ul style="list-style-type: none"> – Trainees overwhelmingly reported that they enjoyed the training they received and that they would all recommend the Trust as a place to work and learn. They spoke positively about the open, inclusive workplace culture across both the pharmacy department and wider trust. The review team was encouraged to find that the department was enthusiastic about education and training, that there was a clear emphasis on patient safety across the department and a culture of continuous improvement and learning was noted. – The review team found a culture that was collegiate and non-hierarchical, that trainee's felt safe to raise any concerns they may have and that they felt confident these would be acted on. Senior leaders were visible and worked collaboratively to create an open, honest and welcoming department culture. – Trainees also noted that their Educational Supervisors (ES') and Practice Supervisors (PS') were receptive to their requests to broaden their experience or spend additional time within a rotation; – Trainees reported enjoying a range of training opportunities in a diverse range of settings. Pre-Registration Pharmacist (PRP) trainees were particularly complimentary about the structure and delivery of education and training on the mental health rotation. – Senior pharmacy leaders were involved in wider conversations across the trust and local healthcare systems to work collaboratively to meet the

needs of the people it serves. They demonstrated a willingness to collaborate and work in partnership with external organisations to deliver new, integrated models of care, embedding the role of the pharmacy professional as part of these.

- The review team was impressed to hear about initiatives to develop innovative pharmacy roles such as the pharmacy/nursing role, use of advanced clinical practitioners and pharmacy roles in community.
- HEE was keen to stress that it had found the trainee's, ES' and PS' it had met with to be enthusiastic about education and training and that this had been evident from its meeting with all staff. The findings during this review process are not a reflection on their commitment to both education and training or exemplary patient care.

The following areas were identified as in need of improvement:

- Whilst the team observed that a positive workplace culture was evident across the department, the review team noted that there was a lack of robustness of formal education governance and education and training team structure.
- The review team heard that the local faculty group (LFG) was not representative of all the required stakeholders and that there was a lack of clarity across the trainee group, practice and educational supervisor groups as to its purpose and function. This was particularly evident amongst the practice supervisor group, with only one PS reporting that they had been to an LFG and that all others were unclear as to what its purpose was and what the outputs of the LFG were.
- The review team was concerned that the time required for ES' and PS' in their job plans for education and training was not sufficient to meet their commitments, particularly amongst the PTPT education leads who were balancing their education and training commitments with busy dispensary and EPMA roles.
- With regard to rotation structure, objectives and expectations, trainees, practice supervisors and educational supervisors spoke about inconsistency in approach to managing and tracking rotation objectives, feedback and handover into the next rotation. The education and practice supervisors spoke about tailoring rotations and learning objectives around individuals, however there then appeared to be inconsistency in the types of core rotational experiences afforded to different trainees. Requests for additional experience and training appeared to be driven more by trainee's as opposed to educational leads, and as such there seemed to be a wide variation in experiences reported by both trainee's and practice supervisors.
- Feedback and documentation of progress was inconsistent across the team, with varying approaches and expectations with regard to timeframes and documentation process across the trainee group, PS' and ES'.
- Trainee interactions with their ES' and PS' were not formalised or systematically documented in a number of instances. It was felt that without a more thorough approach to documentation of progression and more formalised overarching educational governance structure, there was a risk that trainees in need of additional support (TRAS) would not be identified at an early stage.
- The review team also found that there was an inconsistent approach across the department to providing pre-registration pharmacist trainees with feedback and signing off trainee uploads on the e-portfolio system.

Quality Review Team			
HEE Review Lead	Shane Costigan, Associate Head of Pharmacy, HEE	Pharmacy Dean	Helen Porter, Pharmacy Dean, HEE
HEE Pharmacy LaSE Programme Facilitator	Laura McEwan-Smith, HEE	HEE Pharmacy LaSE Programme Facilitator	Jaimisha Patel, HEE
Pre-registration Pharmacy Training Programme Director	Kulpna Daya, Royal Marsden NHS Foundation Trust	Pre-Registration Pharmacy Trainee Representative	Sarah Halawa, Greenwich and Lewisham NHS Foundation Trust
Lay Representative	Jane Gregory, Lay Representative	HEE Representative	John Marshall, Learning Environment Quality Coordinator

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

The review team was provided with an overview of the structure of the pharmacy department and its role within the Trust and local health economy.

It was reported that the department numbered 80 whole time equivalent (WTE) staff, which included five PRP trainee and two PTPT posts – one of which was currently vacant – and that the department sat within a grouping of departments that included radiology and imaging, outpatients and Women's Health, with the Chief Pharmacist (CP) sitting on the group Board. The review team heard that the department took pride in its focus on the delivery of high-quality pharmacy services, with patient safety at its core. The senior leadership team spoke passionately about learning from clinical incidents and put large emphasis on the safe management of medicines for trainees. It was reported that there was a Workforce Assurance Committee within the Trust but that this operated at an executive and strategic level with little input from local clinical departments. However, it was noted that the pharmacy department was highly visible within the Trust and was noted for its willingness to link in and integrate with other services and professions. In addition, pharmacy leaders were engaged in conversations around population health locally and how the pharmacy workforce at Whittington Health NHS trust and in partner organisations can help support the local healthcare system to deliver excellent care to its population.

The review team heard about the pharmacy teams' innovative approaches to supporting delivery of high-quality care across the organisation, including the up-skilling and supporting of pharmacists and pharmacy technicians in new roles. The review team was given the example of a pilot scheme where ward-based pharmacists were trained to undertake a specific set of nursing competencies, including administration of IV medications and facilitation of drug rounds at ward level. Pharmacists and pharmacy technicians were included as part of the core nursing establishment on wards and functioned as an integral member of the ward-based MDT. Despite pharmacists valuing the different perspective offered by these roles, the pilot was not fully adopted as it presented additional challenges and complexity including increasing numbers of requests for pharmacists to undertake additional clinical tasks which they had not been trained for. This was particularly evident when the nursing rota was stretched. It was also noted that the pharmacists were concerned that there was a risk they might become de-skilled with regard to maintaining competence in a range of core "pharmacist" tasks such as clinical screening and checking. The review team heard that the pilot was in the process of being written up and that lessons from the pilot would be shared locally and externally to showcase the potential of pharmacy professionals using their skills to deliver care in new, innovative ways. It was also noted that those who took part benefited in terms of professional development and in most cases, career prospects of those involved in the pilot had been enhanced. It was noted that some pharmacy technicians were still embedded within a ward-based team but that they also spent some time within the pharmacy department to prevent any de-skilling.

With regard to educational governance and oversight, the review team heard that the department felt that it was managing but recognised that it lacked strategic education and training oversight to ensure compliance with curriculums, trainee progression and wellbeing, and support for ES' and PS'. To address this, it was reported that there were plans to employ a band 8b pharmacy education and training manager with a remit that encompassed all aspects of curriculum delivery for PRPs and PTPTs, trainee wellbeing developing and sustaining a body of accredited ES' and PS'. It was acknowledged that PRP end of rotation and year reports were not always completed and would benefit from more co-ordinated management. PS' would benefit from more guidance around their roles and responsibilities and meeting the expectations of trainees. It was however

reported that where PS' had not undertaken the HEE supervisor module or the train the trainer course, that there were plans for this to be completed.

It was reported that all PRPs had a designated ES, in some cases this function was shared by two ES', who reported to the education lead and chief pharmacist. PTPTs educational supervision was the responsibility of the PTPT education leads in terms of pastoral care and rota management, whilst their progression against the curriculum requirements was the responsibility of the PS. For both groups of trainees, the PS was responsible for day to day line management.

It was reported that there was a joint LFG with Camden and Islington NHS Foundation Trust (CandI) that included representation from the education leads, ES', PS', and trainees. It was thought that the LFG was a valuable forum for raising concerns about trainee performance, developing training programme curriculums, and for trainees to feedback their experiences and suggestions for improving the delivery of education and training. It was thought that running the LFG in conjunction with CandI provided an external perspective and was source for adopting best practice from other settings. It was noted that LFG meetings comprised open and closed sessions and were minuted. The review team was pleased to find that feedback from trainees and ES' and PS' was incorporated into the design of trainee rotations.

With regard to weekend working, it was reported that both PRPs and PTPTs worked a 1:6 rota on either Saturday or Sunday between 9:30 and 13:30, with one additional working day on a bank holiday. Weekend supervision of trainees is provided by senior members of the team on the rota for that particular weekend. It was noted that trainees received the time back in lieu and the necessary salary uplift to reflect weekend working.

The review team heard that the Trust was at the heart of an integrated care system and had established and continually developing partnerships with primary care networks, second and tertiary care providers, and community-based services. It was felt that this presented trainees with unique training opportunities in a variety of settings they would otherwise not be able to take up alongside hospital-based acute services. The review team heard that the department participated in the north central London medicines optimisation forum, reporting to the North Central London Sustainability and Transformation Partnership.

The review team heard that there were some concerns around staffing if trainees and staff spent more time outside of the Trust in community settings but that as links with community pharmacies are established these concerns have not been realised. It was noted that the management of patient care and medicines had benefited from these more integrated roles and that consistency of care for patients as they moved between acute and community settings is being improved

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
WP1.1	<p>Patient safety</p> <p>The review team had no immediate concerns for patient safety. The review team was encouraged to find that the department was enthusiastic about education and training, and that there was a clear emphasis on patient safety across the department and a culture of continuous improvement and learning was noted.</p> <p>However, it was felt that the lack of overarching oversight of education and training could potentially pose risk to patient safety where trainees in need of additional support (TRAS) are not identified at an early stage.</p>	

WP1.2	<p>Serious incidents and professional duty of candour</p> <p>Trainees reported no serious incidents.</p>	
WP1.3	<p>Appropriate level of clinical supervision</p> <p>Trainees reported that they always felt well supported and supervised within the clinical environment.</p>	

GPhC Standard 2) Monitoring, review and evaluation of education and training

Standards

The quality of pharmacy education and training must be monitored, reviewed and evaluated in a systematic and developmental way. This includes the whole curriculum and timetable and evaluation of it.

Stakeholder input into monitoring and evaluation.

Trainee Requiring Additional Support (TRAS).

WP2.1	<p>Educational governance</p> <p>The review team noted that there was a lack of robustness of formal education governance and structure. It was encouraged that there was an acknowledgement of this within the department and was pleased that steps to address this through the proposed appointment of a band 8b education and training pharmacy lead. In the meantime, it was agreed that HEE would work with the department to assist in developing reporting structures and share best practice to aid the Trust in establishing a robust educational governance framework.</p> <p>Trainees, ES' and PS' spoke about tailoring rotations and learning objectives around individuals, however there seemed to be inconsistency in types of experiences afforded to different trainees. Requests for additional experience and training appeared to driven more by trainees as opposed to educational leads, and as such there seemed to be a wide breadth of different experiences reported by both trainees and practice supervisors.</p>	<p>Yes, please see other actions</p> <p>Yes, please see WP2.1</p>
WP2.2	<p>Local faculty groups</p> <p>From its discussions with trainees and trainers the review team felt that the local faculty group (LFG) was not representative of all the required stakeholders and that there was a lack of clarity across the team as to its purpose and function. This was particularly evident amongst the practice supervisor group, with only one PS reporting that they had been to an LFG and that all others were unclear as to what its purpose was and what the outputs of the LFG were.</p>	<p>Yes, please see WP2.2a and WP2.2b</p>
WP2.3	<p>Trainees in difficulty</p> <p>The review team heard of two instances in the past year where PTPTs had left or been taken off the programme. There was feeling among the ES' and PS' that the review team met with that issues relating to trainee performance were not being recognised or acted upon before it was too late. The review team heard that in some cases trainees showing signs of stress or falling behind in their academic work were being given the 'benefit of doubt' for longer than was prudent when intervention would have been more appropriate and the trainees in question may have remained in the programme. This issue was attributed to the lack of oversight within the department and a disconnect between ES' and PS'.</p> <p>The review team also heard of instances where trainees with dyslexia and any additional support that they may have required went unnoticed. The review team informed the department that there was a regional dyslexia champion that could</p>	<p>Yes, please see WP2.3</p>

	support both trainees and trainers and agreed to share the details of this with the department.	Yes, please see other actions
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.		
WP3.1	Staff training in equality and diversity N/A	
GPhC Standard 4) Selection of trainees		
Standards		
Selection processes must be open and fair and comply with relevant legislation.		
WP4.1	Selection processes and procedures to comply with relevant legislation N/A	
GPhC Standard 5) Curriculum delivery and trainee experience		
Standards		
The local curriculum must be appropriate for national requirements. It must ensure that trainees practise safely and effectively. To ensure this, pass/ competence criteria must describe professional, safe and effective practice.		
This includes:		
<ul style="list-style-type: none"> • The GPhC pre-reg performance standards, Pre-registration Trainee Pharmacist Handbook and local curricular response to them. • Range of educational and practice activities as set out in the local curriculum. • Access to training days, e-learning resources and other learning opportunities that form an intrinsic part of the training programme. 		
WP5.1	Rotas Trainees did not report any concerns around their rotas or work patterns.	
WP5.2	Induction The review team heard that PRPs had both a Trust-wide and departmental induction. In some cases, it was reported that trainees did not receive their Trust-wide induction until they had been in their posts for two months. It was thought that this was down to a lack of capacity to facilitate all new starters at the same time and due to a clash with the HEE orientation days. However, it was noted that trainees did not feel that the delayed Trust-wide induction had a negative impact. The PTPT trainee the review team met with had worked at the Trust previously so did not repeat this induction but it was understood that PTPTs new to the Trust would receive the Trust-wide induction. It was reported that both PRPs and PTPTs started in the dispensary. PRPs reported that they were given a handbook and a set of objectives which included the completion of the dispensary log. However, the review team heard that trainees felt rushed to complete this and felt that they did not receive sufficient guidance initially around the timeframe and criteria for completion of these. It was reported that trainees had four weeks to complete their dispensary logs in order for them to be deemed competent for weekend working. However, the review team was pleased to hear that based on trainee feedback this was revised to six-weeks and where	

	<p>trainees had been scheduled to work at the weekend within this period they were not required to do so if they felt underprepared to do so or had not met the dispensary log sign-off criteria. The PTPT trainee reported that they did not receive a formal departmental induction as they had transitioned from another role in the department. Subsequently they felt that they had not had an opportunity to fully discuss their new learning objectives as part of their induction to the training programme</p>	<p>Yes, please see WP5.2</p>
<p>WP5.3</p>	<p>Education and training environment</p> <p>Trainees overwhelmingly reported that they enjoyed the training they received and that they would all recommend the Trust as a place to work and learn. They spoke positively about the open, inclusive workplace culture across both the pharmacy department and wider trust.</p> <p>The review team found a culture that was collegiate and non-hierarchical, that trainee's felt safe to raise any concerns they may have and that they felt confident these would be acted on. Senior leaders were visible and worked collaboratively to create an open, honest and welcoming department culture.</p> <p>Both PPRs and PTPTs reported enjoyed a breadth of training opportunities in a diverse range of settings. PPRs were particularly complimentary with regard to their mental health rotation, citing the structured learning objectives and the opportunity to shadow and work with a variety of different professions within the multidisciplinary team (MDT).</p> <p>Trainees felt that they were well supported when moving between rotations to settle into their new team, It was noted that trainees did not feel pressured to act beyond their competencies or comfort level and that the progression of responsibilities felt 'natural'.</p> <p>Trainees also noted that their ES and PS were receptive to their requests to broaden their experience or spend additional time within a rotation.</p>	
<p>WP5.4</p>	<p>Educational plans</p> <p>PRP trainees reported that some rotations were well planned out and objectives were discussed with the PS at the start of the rotation. It was also noted that the nature of rotations differed with some being more practical with an emphasis of learning whilst providing service, whereas others had a strong element of shadowing the PS and other senior pharmacists in the clinical environment. Trainees reported that at the end of each rotation a rotation feedback form was completed alongside the PS. The review team heard that the onus was on trainees to ensure that these end of rotation review meetings took place and that the quality of this process varied greatly with some PS' providing 360-degree feedback from the whole clinical team on trainee performance and progress against their rotation objectives, while others provided more informal end of rotation feedback. From its meeting with the ES and PS it was unclear to the review team whether this feedback was systematically captured and recorded, and there appeared to be wide variation in approach and opinions across the ES and PS groups.</p> <p>The PTPT reported that they felt there was a disconnect between the academic and practical elements of their training programme. The review team heard that the trainees faced long delays in getting their submissions to their e-portfolio signed-off by an expert witness – although this was recognised to be an issue that resided with Bradford University rather than the Trust. It was also noted that liaison with Bradford University was driven by trainees and that it could be time consuming chasing Edexcel, the programme facilitator, for course criteria and curriculum objectives. With regard to the PTPT rotations, the review team heard that the community rotation was valuable, albeit too long at eight-months. The PTPT trainee also reported that they would like to have exposure to mental health, clinical trials and procurement processes in order to develop a base-level understanding of a broader set of</p>	

	<p>pharmacy practices and roles. The PTPT also reported that some PS' were not aware of their curriculum requirements or what the rotation objectives were for their time in that particular rotation.</p> <p>The review team heard that there was a four-week window at the end of the training year that allowed for trainees to catch-up on areas that they felt they needed to or to pursue areas of interest that they would like additional exposure to.</p>	<p>Yes, please see WP5.4</p>
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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.

<p>WP6.1</p>	<p>Feedback</p> <p>The review team heard that approaches to feedback and documentation of progress was inconsistent across the team, with varying approaches and expectations across the trainee group, PS's and ES's.</p>	<p>Yes, please see WP6.1</p>
<p>WP6.2</p>	<p>Educational supervision</p> <p>The review team heard that PRP trainees met with their ES roughly on a fortnightly to a once a month basis. This was variable across the department and was dependent on trainee needs and workload. Trainees reported that their ES' were approachable and receptive to trainee feedback and concerns about their education and training. The review team was pleased to hear that trainees felt well supported and in addition to the ES, they could meet with their PS' who were equally described as supportive and accommodating toward meeting trainee requests to diversify their training or consolidate their learning within a given rotation.</p> <p>However, the overall impression that the review team took away from its meeting with both groups of trainees and the ES' and PS' was a concern that trainee interactions with their ES' and PS' were not formalised or systematically documented.</p>	
<p>WP6.3</p>	<p>Inter-professional multi-disciplinary learning</p> <p>The review team heard that trainees exposure to multidisciplinary learning opportunities was varied across different specialties. Trainees did note that they had the opportunity to join the monthly grand round, as well as other junior doctor teaching sessions, but that they were often unable to attend these due to rota clashes or other duties.</p> <p>As mentioned, PRP trainees were particularly complimentary toward the opportunities to shadow and work with other professional groups in their mental health rotation. HEE would urge the department to use this rotation as an example of good practice when looking to add a multidisciplinary component to other rotations.</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.

<p>WP7.1</p>	<p>Range of mechanisms in place to support anyone delivering education and training (time for role and support)</p>	
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	<p>From its discussions with the ES' and PS' the review team was concerned that the time required for in their job plans for education and training was not sufficient to meet their commitments, particularly amongst the PTPT education leads.</p> <p>From its discussions with trainees it was the view of the review team that the trainer cohort would benefit from a refresher training session and an agreed standard operating procedure (SOP) for reviewing trainee submissions to the QV Manager e-portfolio.</p>	<p>Yes, please see WP7.1a</p> <p>Yes, please see WP7.1b and WP7.1c</p>
WP7.2	<p>Continuing professional development opportunities</p> <p>The review team was pleased to hear from those with educational commitments that they enjoyed their roles, and that whilst some trainees presented some additional challenges, they found their roles rewarding.</p> <p>The review team heard from the PRP Programme Director, and later from the ES' and PS' for both PRPs and PTPTs that not all of those with supervision responsibilities had completed the HEE educational supervisor module or equivalent training course.</p>	<p>Yes, please see WP7.2</p>
<p>GPhC Standard 8) Management of initial education and training</p>		
<p>Standards</p> <p>Initial pharmacy education and training must be planned and maintained through transparent processes which must show who is responsible for what at each stage.</p>		
WP8.1	<p>Accountability and responsibility for education. Education and training supported by a defined management plan.</p> <p>N/A</p>	
<p>GPhC Standard 9) Resources and capacity</p>		
<p>Standards</p> <p>Resources and capacity are sufficient to deliver outcomes.</p>		
WP9.1	<p>Sufficient staff to deliver the curriculum to trainees</p> <p>N/A</p>	
<p>GPhC Standard 10) Outcomes</p>		
<p>Standards</p> <p>Outcomes for the initial education and training of pharmacists.</p>		
WP10.1	<p>Retention</p> <p>The review team was concerned to hear that two PTPT trainees had left the programme in the last year or so – albeit due to a range of extenuating circumstances. However, the review team was encouraged that the department was willing to work with HEE to develop a more robust process for identifying TRAS trainees earlier so that the appropriate interventions and support can be offered sooner.</p>	<p>Yes, please see other actions</p>

Education lead conversation – 25 July 2019

Summary of discussions

Following the on-site visit by HEE on 2 July 2019 it was agreed that a follow up meeting would take place between HEE and the department to agree the report actions and timeframes (set out below) and next steps, with a particular focus on the department's preparedness for the next cohort of PTPT who will start in February 2020.

Attendees

Whittington Health NHS Trust:

- Stuart Richardson - Chief Pharmacist;
- Caroline Edwards – PRP Programme Director and Education Lead;
- Sahedia Hussain – Dispensary Lead and PTPT tutor

HEE:

- Helen Porter, Pharmacy Dean;
- Shane Costigan, Associate Head of Pharmacy; and
- John Marshall, Learning Environment Quality Coordinator

Educational governance posts

HEE was encouraged to hear that in addition to the proposed band 8b lead Pharmacist for education, training and workforce development, there were plans to create another band 6 post responsible for supporting PTPTs. It was also noted that this role would potentially also encompass elements of home care, trials and research, however the exact funding route for this role was yet to be determined. It was felt however that Trust management would be receptive to the need to fund and create the post. Once this has been agreed and signed off, work would begin immediately to advertise and recruit to the post. It was anticipated that once signed off it would take two to three months to fill the position.

The review team heard that the department had two vacant PTPT posts that it was looking to recruit into. Nationally. The PTPT qualification is changing to a new integrated education and training model, which will be offered across London, Kent, Surrey and Sussex from February 2020 onwards. As such there were conversations ongoing internally around whether trainee's should start in post in September 2019, or wait until February 2020 to align with the starting point of the new integrated education and training model. In either case, the view held was that, provided the new band 6 post could be recruited to, the department would be in a position to appoint and support the two new PTPTs. If the post was not recruited to in the short-term, the PRP programme director and education lead would oversee these trainees in the interim.

Dispensary logs and weekend working

At the on-site visit the review team heard that PRPs 'were given a handbook and a set of objectives which included the completion of the dispensary log. However, the review team heard that trainees felt rushed to complete this and felt that they did not receive sufficient guidance initially around the timeframe and criteria for completion of these. It was reported that trainees had four weeks to complete their dispensary logs in order for them to be deemed competent for weekend working. However, the review team was pleased to hear that based on trainee feedback this was revised to six-weeks and where trainees had been scheduled to work at the weekend within this period they were not required to do so if they felt underprepared to do so or had not met the dispensary log sign-off criteria.'

The department clarified that there was no set window for PRPs to have their dispensary log signed-off and that the situation as described above was in relation to one trainee that was offered support once specific learning needs

had been identified and supported. However, as part of the development of a new set of trainee handbooks and educational governance materials HEE would like to see this clearly set out to PRPs as part of their induction.

Post visit actions

The review team was pleased that the department had devised its own set of actions following receipt of the initial feedback from HEE of its findings. These were broadly in line with those set out at the foot of this report. To help facilitate these actions it was agreed that the department would contact colleagues at other Trusts whom HEE held up as examples of good practice. Great Ormond Street NHS Foundation Trust was singled out for the processes it had introduced around identifying and supporting TRAS trainees, whilst The Royal Marsden NHS Foundation Trust and Royal Brompton and Harefield NHS Foundation Trust were held up as good examples of clear and well communicated educational plans for PTPTs and good educational governance respectively. The possibility of a more formal buddying arrangement was also discussed.

In terms of documenting and demonstrating progress against these actions it was agreed that the maturing of the LFG and ensuring meetings had representation from all stakeholders in the department was key, and that there was an established quorum to ensure that meetings were of value and productive. In addition, the documentation of trainee/trainer interactions was stressed and it was suggested that the introduction and use of standardised paperwork for both trainer groups would be a positive step forward.

One action that HEE felt was important but was missing from the plan devised by the department was to make sure that all staff with either educational or practice supervision duties had completed the HEE educational supervision module as a bare minimum. It was agreed that the department would assess the needs of the workforce in relation to this and act accordingly. It was also noted from a HEE position that new supervision courses were due to be implemented across pharmacy education more widely and that assessment of needs to attend would be undertaken locally once these were functional.

Finally, the department provided HEE with feedback regarding the quality review process. HEE would like to thank the Whittington team for this, and will use this feedback to continuously refine the pharmacy quality review process moving forward.

Good Practice and Requirements

Good Practice

PRP trainees reported that the multi-professional nature and the structure of their mental health rotation was an enjoyable and valuable experience. The department is encouraged to use this as an example of good practice when considering the educational programme structure in other settings wherever it is appropriate to do so.

Department culture appeared to be supportive and empowering of trainee's and staff.

Immediate Mandatory Requirements

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

Mandatory Requirements		
Req. Ref No.	Requirement	Required Actions / Evidence
WP2.1a	<ul style="list-style-type: none"> – Develop a clear education and training (E+T) leadership structure and associated E+T governance structure. – Recruit a named Pharmacy Education and Training, workforce development lead, with overarching responsibility for each programme, with clearly defined roles and responsibilities. – Develop a dedicated Pharmacy Technician Education and training, workforce development role. – In addition, we would need a clear understanding of how this role feeds into the overall department structure and thus how decisions about E+T, moving into overall workforce development are made. – ES/PS within the department need to be able to clearly articulate roles and responsibilities in relation to training of staff and need to understand where their line management sits. – We do acknowledge that there will be investment required to develop an E+T structure but in the short term we will need to have a named person who clearly understand the roles and responsibilities. 	<p>Short Term:</p> <ul style="list-style-type: none"> – Provide HEE with named lead(s) for E&T generally, as well as for PRP's and PTPT's specifically. – These individuals will hold responsibility for overarching governance in the here and now and with responsibility for taking forward and actioning of the findings of the Quality review. Please complete this by 27 September 2019. – Review job description of education and training lead pharmacist and technician lead, submit to internal workforce group and advertise once agreed. <p>Longer Term:</p> <ul style="list-style-type: none"> – Recruit pharmacy education and training lead and technician lead. – As agreed at the ELC on 25 July 2019, please provide HEE with an update against this and all other actions by 1 December 2019 unless due to be completed before this date.
WP2.2a	<ul style="list-style-type: none"> – The department is required to review the terms of reference (ToR) of the local faculty group and develop a circulation strategy so that all relevant staff across the department are cited on the workings of the group. – In particular, the department should work to include practice supervisors more in the LFG process. 	<ul style="list-style-type: none"> – Please provide a copy of the updated LFG ToR, outputs dissemination strategy and evidence of increased PS participation at the LFG following each of the next two LFG meetings. To be completed by 1 March 2020.
WP2.2b	<ul style="list-style-type: none"> – Linked to WP2.2a, the department is required to design a process whereby LFG minutes and accompanying actions are circulated to all staff within the department in a timely manner post LFG meeting. 	<ul style="list-style-type: none"> – Please provide evidence of this following each of the next two LFG meetings. To be completed in line with WP2.2a by 1 March 2020.
WP2.3	<ul style="list-style-type: none"> – The department is required to develop a clear process for monitoring trainee development to include trigger points for escalation from PS to ES, ES to E+T lead and E+T lead to HEE to start TRAS process. This should outline how this process is managed in a standardised way across the ES/PS groups and monitored through closed part of the LFG. 	<ul style="list-style-type: none"> – Co-design, and embed process and associated documentation. To be completed by 1 March 2020.

WP5.2	<ul style="list-style-type: none"> - Linked to WP5.4. The department is required to clearly define competency logs trainees are required to complete before working weekends. Trainees should not be working weekends until they have completed these logs and any associated training. As part of this process, please define the level of supervision at the weekend for trainees and how to ensure the named supervisor/team is aware of responsibility to trainee. 	<ul style="list-style-type: none"> - Please incorporate as part of PRP education and training programme and associated handbook/trainee resources. <p>Provide HEE with a copy by 1 March 2020.</p>
WP5.4	<ul style="list-style-type: none"> - The department is required to develop a more detailed local education and training programme for PRPs and PTPTs, ensuring that each rotation has clearly defined objectives and that all trainees receive a consistent programme of educational and clinical experiences. - The programme should encompass a structured department induction, pre-agreed rotas which are circulated to all relevant staff in advance of commencing rotations, and specific support and time for internal candidates transitioning onto training programmes, aiding both trainees and other staff members better understand how expectations will change with new role (we heard about this in relation to transition from ATO to PTPT) 	<ul style="list-style-type: none"> - Update and refresh the local PRP and PTPT trainee handbooks in order to clearly outline a core set of rotational learning objectives. Engage trainees and supervisors in this process to better align expectations and approaches from each group. Provide HEE with copies by 1 March 2020.
WP6.1	<ul style="list-style-type: none"> - Linked to WP2.3, the department is required to establish a robust mechanism for formally and systematically capturing feedback, actions, and outcomes of trainer/trainee interactions, including end of rotation review. - Define timeframes for feedback to be provided, including that on e-portfolios systems. - This should include a Template for documenting meetings with trainees to discuss progress and development, as part of each rotation (PS) and as part of overall department (ES). For PRPs this will need to include training on VQ Manager for ES'. - Define expectations surrounding escalation of concerns from PS, to ES to EPD. 	<ul style="list-style-type: none"> - Following the meeting with HEE on 25 July, please provide HEE with an SOP document that sets out the agreed expectations of trainees, trainers, and the education and training department, along with the devised process for capturing trainer/trainees feedback. To be completed by 1 March 2020.
WP7.1a	<ul style="list-style-type: none"> - The department is required to review ES' and PS' job plans and to identify ways of ensuring that more time is available to carry out educational commitments. - Define and share the roles and responsibilities of all staff and roles involved in E&T across department, including EPD, ES and PS. 	<ul style="list-style-type: none"> - Please provide HEE with the outcomes of this review and any subsequent actions by 1 March 2020.

WP7.1c	– The department is required to provide opportunity for all relevant staff to attend a refresher training session for VQ Manager.	– Please provide HEE with evidence that this session was offered to staff by 1 March 2020.
WP7.2	– The department is required to ensure that all staff with supervision responsibilities have completed the HEE educational supervision module as a minimum. This should involve a review of current staff training and development of a department plan to provide any staff needing training with the opportunity to enrol onto the HEE ES course.	– Please provide HEE with the timeframe for this piece of work to be completed and evidence that all required staff have completed this module by 1 March 2020.

Recommendations

Rec. Ref No.	Recommendation
N/A	Continue to develop opportunities for multi-disciplinary learning for trainees and ensure offer is consistent.

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

Requirement	Responsibility
HEE will provide details to the department of the regional dyslexia champion.	HEE
HEE will meet with the department to provide guidance on the job specification for the band 8b pharmacy education lead role. This meeting is scheduled to take place on 25 July 2019.	HEE/Whittington Health
At the meeting on 25 July HEE will work with the department to establish a set of educational governance tools that will ensure that trainee/trainer interactions are captured formally and systematically.	HEE/Whittington Health
HEE will provide the department with example templates, guides, and other materials in relation to educational governance and link with local trusts undertaking similar work to share and spread good practice.	Shane Costigan/Helen Porter, HEE
HEE to specifically offer support to the pre-registration trainee pharmacy technician programme as required from August 2019 onwards.	Shane Costigan/Helen Porter, HEE

Signed

By the HEE Review Lead on behalf of the Quality Review Team:	Shane Costigan, Associate Head of Pharmacy
Date:	29 August 2019