

The Royal Marsden NHS Foundation Trust

Pharmacy

Monitoring the Learning Environment (on-site visit)



Quality Review report

11 July 2019

Final report

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Quality Review details

Background to review	The review (on-site visit) of pharmacy training at The Royal Marsden NHS Foundation Trust was organised as part of the programme review being undertaken across all pharmacy departments in the London region. Health Education England was not aware of any specific concerns about the learning and training environment within the Trust.
Training programme / specialty reviewed	Pharmacy
Number and grade of trainees and trainers interviewed	<p>The review team met with three pre-registration pharmacists and five pre-registration trainee pharmacy technicians, as well as educational and practice supervisors from both Trust sites.</p> <p>The review team gave feedback to the following Trust representatives:</p> <ul style="list-style-type: none"> • Divisional Director of Clinical Services • Deputy Chief Pharmacist • Education Programme Director for Pre-Registration Pharmacist Programme • Education Programme Director for Pre-Registration Trainee Pharmacy Technician Programme • Senior Pharmacists for Education and Training • Lead Pharmacist for Governance and Education and Training.
Review summary and outcomes	<p>Health Education England (HEE) thanked the Trust for its cooperation and participation in the review process. Several areas of good practice were noted by the review team, including the excellent support provided to supervisors and trainees by the Education and Training team, the well-established local faculty group and the fact that training was prioritised in the department's future strategic and workforce development plans.</p> <p>A number of areas for improvement were also noted:</p> <ul style="list-style-type: none"> • There was significant variation between supervisors in terms of their level of supervision training, the frequency of supervision meetings and whether meetings were formally recorded. It was noted that several supervisors who had not undergone formal training were booked to attend the HEE course in late 2019 • The Pre-registration Pharmacist (PRP) trainees raised issues with the aseptic rotation, including supervision arrangements, curriculum coverage and the structure of the rotation. It was noted that, following trainee feedback, the team was working with the E&T team to improve this rotation • The Pre-registration Trainee Pharmacy Technician (PTPT) rotations were each 11 weeks long although the PTPTs felt that this was excessive for some rotations and this meant that the NVQ end date fell before the final rotation. It was felt that there was a lack of flexibility around the timetable and that the supervisors had little opportunity to input on this • The PRPs had multiple opportunities to work with partner Trusts and engage with other members of the multidisciplinary team in a variety of settings. More external placements for PTPTs would be beneficial in terms of exposure and chances to work with the MDT.

Quality Review Team			
HEE Review Lead	Shane Costigan Associate Head of Pharmacy Health Education England, London and Kent, Surrey and Sussex	Pharmacy Dean	Helen Porter Head of Pharmacy Health Education England, London and Kent, Surrey and Sussex
PRP Representative	Rachel Stretch Programme Lead Health Education England, London and Kent, Surrey and Sussex	Trainee Representative	Tia Shillingford-Cox Pre-Registration Pharmacist Croydon Health Services NHS Trust
PTPT Observer	Pam Duggan Principal Pharmacy Technician for Education Dartford and Gravesham NHs Trust	HEE Observer	Jaime Wright Project Support Officer, Pharmacy Health Education England, London and Kent, Surrey and Sussex
Lay Member	Robert Hawker Lay Representative	HEE Representative	Louise Brooker Learning Environment Quality Coordinator Health Education England, London
Educational overview and progress since last visit/review – summary of Trust presentation			
<p>The Director of Workforce advised that the Trust had launched a five-year strategy in April 2019, which included more emphasis on partnership working with other London Trusts as well as more collaborative working within the Trust. The Trust hosted two regional cancer alliances across north west and south west London. The review team heard that the Trust strategy involved significant investment in pharmacy services. The Chief Pharmacist was chair of the Royal Marsden Partners, which encouraged sharing of innovations and best practice between local health and care organisations and aimed to transform cancer care pathways across London to improve patient outcomes. One of the group's workstreams was the introduction of a systemic anti-cancer therapies (SACT) passport for pharmacists to reduce the training burden when SACT accredited pharmacists moved between Trusts. The Trust was also working on local service improvements, such as a chemotherapy unit which brought regular chemotherapy administration into the community, reducing the need for patients to attend hospital. New ambulatory care and diagnostic services units were to be built at the Trust's Sutton site and there was ongoing work on the Trust information technology (IT) systems including the planned introduction of an electronic patient records (EPR) system which integrated with the systems at other sites and referring Trusts. The Trust had a dedicated pharmacy education and training (E&T) team, which was due to move under the management of the new Head of Clinical Services. The department was exploring opportunities to broaden pharmacist advanced prescribing roles in specialist clinics to allow for service expansion. The department was assessing models to measure the impact of the existing advanced pharmacist prescribers and was working to train more, with an aim of having 50% of the Trust's specialist pharmacists actively prescribing.</p> <p>The Trust representatives outlined the work done to develop the future pharmacy workforce, including promoting pharmacy careers to school students, providing summer placements for undergraduate students and a programme where the Trust hosted students from Hong Kong. The department also planned to introduce more apprenticeship posts for pharmacy assistants and administration roles and create clear</p>			

structures for career progression. The Trust apprenticeship funding was mostly allocated for level two and three roles, but there was some interest in creating roles at level seven. The Director of Workforce noted that there was an eight-year delay from the initial investment in an apprenticeship and the return on this investment and that there was work being done to reduce this interval. In 2019 the department had run an independent prescribing course for the first time and a strategy to improve and expand the programme was in development.

For existing staff and trainees, the review team heard that training was a priority and that the department was working to ensure uptake of statutory and mandatory training, use of the appraisal process and monitoring of personal development plans. For existing educational and practice supervisors (ESs and PSs), the Education Programme Directors (EPDs) had begun tracking who had undergone supervision training. The department planned to add supervision training to staff personal development plans where needed and the team was considering creating an in-house, multidisciplinary PS course. At the time of the review, nine team members had completed either the ES or PS course offered by Health Education England (HEE) and a further four were enrolled on courses. The Chief Pharmacist was part of the Trust Workforce and Education Committee, which informed the workforce strategy. There was also a multiprofessional working group which was looking at the professional requirements for PSs. The EPDs advised that they and the ESs and PSs were supported to undertake training such as the HEE supervision courses and to work with other London Trusts to develop links for training and share best practice. The EPDs were responsible for line management of their respective trainee groups and each trainee had an ES. Trainees were assigned PSs for each rotation and were overseen by the managers in each rotation area. Retention strategies were under consideration for pharmacists at band six and band seven levels, such as offering more varied rotational posts and placements in different areas of the hospital.

The pre-registration trainee pharmacy technician (PTPT) programme was due to change from February 2020 due to updates to the qualification and the department planned to make PTPTs supernumerary during their rotations from this time. The PTPT EPD advised that PTPTs would still rotate through the relevant areas and would have more exposure to weekend working. It was hoped that being supernumerary would allow more focus on training and skill development, but it was acknowledged that the department would need to give more consideration for preparing trainees to transition to practice towards the end of the course.

The review team heard that the department collected trainee feedback at the end of each rotation, via the regular ES meetings and through the local faculty group (LFG) meetings. This feedback had been used to make improvements to the training programmes for future cohorts and raise concerns with the relevant colleagues. For example, feedback indicated that the PTPTs felt some rotations did not deliver the required training and that there was inconsistency in practice across Trust sites, for example in the dispensaries, which was raised directly with the leads in these areas. Overall, the Trust representatives agreed that engagement with the LFG was good and that it was well-embedded in the department. Areas for improvement were suggested, such as expanding the LFG to include more qualified pharmacists who were not directly involved in education and improving the circulation of the minutes.

The department planned to introduce a mental health rotation for the next cohort of pre-registration pharmacists (PRPs) to allow them greater exposure to complex comorbidities and was working collaboratively with other Trust to provide a range of learning experiences in different specialist areas, rather than focusing too heavily on oncology services. Within the Trust, the PRPs were able to work with colleagues in a range of areas, such as the medical day unit, chemotherapy outpatients, multidisciplinary ward rounds and Schwartz rounds. The Deputy Chief Pharmacist advised that the PTPTs did not have the same opportunities to work at other Trusts as the PRPs, but that they spent time in the operating theatres and shadowed specialist nurses. In addition, governance and audit had been added to the PTPT programme and the medicines optimisation course was run in parallel to PTPT training.

The PRP EPD reported that PRPs did not start working at weekends until they had completed their dispensing accreditation and were around halfway through the training year. Prior to 2018, trainees had not undertaken weekend duties. Trainee feedback indicated that the PRPs would prefer to work more weekends and build skills such as screening. Based on this, the department aimed to have the next PRP cohort complete their dispensing accreditations earlier and have PRPs work one weekend in six. The review team heard that, as there was only one pharmacist working each weekend, it had not been possible to have the PRPs work on the wards during their weekend shifts, but that this was due to be reviewed in line with the department's seven-

day working plans. PTPTs were also required to complete their dispensing logs before working at weekends and were supernumerary when working weekend shifts. The PTPTs worked two weekend shifts per 11-week rotation.

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
	Patient safety No concerns noted.	

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

Standards

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

Stakeholder input into monitoring and evaluation.

Trainee Requiring Additional Support (TRAS).

Ph2. 1	Educational governance <p>The tutors, Educational Supervisors (ESs) and Practice Supervisors (PSs) agreed that the Education and Training (E&T) team members provided good support and were available and visible around the department. The E&T team held monthly meetings with the Pre-Registration Pharmacist (PRP) ESs. The Pre-registration Pharmacy Technician (PTPT) ESs described the Education Programme Director (EPD) as helpful and a good source of advice, particularly for new supervisors. There was some variation in the level of training undertaken for supervision roles.</p> <p>There were monthly meetings between the EPD and ESs for the PRP programme and two-monthly meetings for the PTPT programme. The ESs advised that the EPDs provided updates around the programmes, regulatory changes and other information relevant to training at these meetings, or by email for more urgent issues. The PSs received email newsletter updates from the E&T team but did not have a dedicated forum to meet outside wider departmental meetings and the LFG. The PRP ESs had meetings which fed into the LFG. The E&T team had meetings with the Chief Pharmacist and provided updates to the department management team.</p> <p>There was ongoing work between the E&T team and the Technical Services team to improve the structure of the aseptic rotation for the next PRP cohort and ensure that trainees had appropriate supervision, time to complete accreditations and gain experience in areas such as quality assurance and quality control.</p>	
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	<p>The PSs had recently received updated details of the roles and team members in the E&T team and reported feeling confident that they understood the structure and functions of the team. The PSs were aware of their own remit and how this fit with the role of the ESs and the E&T team. The PTPT PSs advised that the E&T team had provided training when the training programme requirements changed. The review team heard that supervisors had the opportunity to give feedback around rotation objectives each year so that the E&T team could consider this when setting the programme for the next trainee cohorts.</p> <p>The PTPT ESs had limited input into the programme design as the rotations were of fixed length, although they were able to influence the order of the trainees' rotations depending on their individual needs or change this if trainees required more time in a particular area.</p>	Yes, please see action Ph2.1
Ph2.2	<p>Local faculty groups</p> <p>The trainees reported that they had all had the opportunity to attend a local faculty group (LFG) meeting as the trainee representative role rotated between them. The ESs and PSs described the LFG meetings as a useful forum to get feedback from trainees and from other supervisors. However, not all PSs had had the opportunity to attend, with some reporting that their managers attended instead.</p> <p>The review team heard that staff were contacted by the E&T team if they were assigned responsibility for an action item. It was acknowledged that some actions took time to be addressed but that open actions were kept on the meeting agenda so the team was aware of which items were outstanding. The ESs were unsure whether the minutes were shared with trainees and some PSs reported that they did not have access to the minutes. The supervisors agreed that it would be helpful if the minutes were more widely distributed within the department. It was noted that there had been a lack of engagement with the LFG from the technical services team but the E&T team was working with colleagues in technical services to address this.</p>	Yes, please see action Ph2.2
Ph2.3	<p>Trainees in difficulty</p> <p>The ESs and PSs were all aware of the lines of escalation available within the department if a trainee experienced difficulty or did not achieve their competencies. Most supervisors knew of the formal process for trainees requiring additional support (TRAS), although some did not. One ES had used the TRAS process in the past.</p> <p>The ESs noted that the training programmes allowed trainees to return to a rotation if additional time was needed to meet the objectives. The PTPTs repeated the full set of rotations in the second year of the programme and there was time at the end of the PRP programme for trainees to complete outstanding competencies. The PSs advised that there was good peer support available, as well as support from trainees' ESs, the EPDs and the Clinical Leads in each area.</p>	Yes, please see action Ph2.3

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: <ul style="list-style-type: none"> • The GPhC pre-reg performance standards, Pre-registration Trainee Pharmacist Handbook and local curricular response to them. • Range of educational and practice activities as set out in the local curriculum. • Access to training days, e-learning resources and other learning opportunities that form an intrinsic part of the training programme. 		
Ph5.1	<p>Rotas</p> <p>The PRPs rotated through dispensing, clinical trials, medicines information, community, aseptics, the local Clinical Commissioning Group (CCG) and clinical areas such as haematology, medical day unit and cardiology and respiratory medicine at the Royal Brompton Hospital. The review team heard that the E&T team had good oversight of the objectives and plans for the CCG rotations but that the team at the Royal Brompton Hospital set the objectives for the specialist medical rotations and these were not always shared with the ESs or EPDs. The first PRPs to complete the CCG placement had found it disorganised and lacking in clear objectives and a timetable. Following feedback to the EPD and the LFG, the second group of PRPs to undertake the placement had received objectives and a timetable at the start of the rotation, including details of which team member they would shadow each day. Overall the PRPs described the placement as useful for their future roles and were satisfied that the E&T team had acted on their feedback in a timely way.</p> <p>PRPs reported variable experiences of the specialist medical rotations at the Royal Brompton Hospital and the community rotation. Some PRPs had found the medical rotations poorly planned and others reported being in competition for learning opportunities with other PRPs at community pharmacies, but others had felt well-supported during these rotations and enjoyed them.</p> <p>The PRPs described most rotations at the Trust as well-planned and reported no difficulties in completing their competencies. The length of the rotations varied and the PSs reported that both they and the trainees had opportunities to give feedback around the duration and order of rotations. The PRPs indicated that their feedback to the E&T team had resulted in changes to the programme for the 2019-20 academic year, for example shortening the aseptics rotation, introducing a mental health rotation and moving the ward accreditation earlier in the training year.</p> <p>The PTPTs had 11-week rotations in dispensary, stores, clinical trials and medicines management at the Sutton site and a rotation at the Trust's Chelsea site which included dispensary and community. The rotations were repeated in the second year of training. The PTPTs found the programme well-structured and reported that they were able to achieve their competencies and take on more challenging tasks in the second year when they returned to each area, which helped them feel more confident and prepared for practice. However, the PTPTs felt that some rotations were too long and that they would benefit from altering the rotation lengths depending on the objectives for each area. For example, the PTPTs noted that qualified technicians did not work in stores and that the stores rotation mainly involved shadowing so could be completed in a shorter time, whereas there was a lot more to learn in the clinical trials rotation. Some PTPTs expressed concern that the college course finished in July but that they had one further rotation to complete after this. When asked how this would be addressed, the PTPTs suggested that they could delay submission of some evidence until they had started the rotation and been able to complete their outstanding objectives. The PTPTs also undertook the medicines optimisation course parallel to</p>	<p>Yes, please see action Ph5.1a</p> <p>Yes, please see action 5.1b</p> <p>Yes, please see action Ph5.1c</p> <p>Yes, please see action Ph5.1d</p>

	<p>their training programme, although the PSs advised that they were not expected to complete the objective structured clinical examination (OSCE) until after their training was complete.</p> <p>The trainees advised that they worked very few weekend shifts. PRPs worked two weekends during the year in the dispensary and PTPTs worked up to two weekends per rotation in their second year. The review team heard that this was due to supervision requirements, which were more difficult to meet at weekends when there were fewer staff working. The trainees felt that they were treated as additional staff members while working at weekends but thought that this was safe as they had all completed their dispensing logs prior to starting their weekend shifts.</p> <p>Both groups of trainees reported that there were occasions when they were moved to a different area of the department due to a lack of staff and high workloads. In these instances, trainees advised that they usually moved for one or two days and that arrangements were made to enable them to complete any outstanding logs or accreditations. The ESs indicated that trainees were rarely moved and that this was only done if trainees required more time in another rotation area or if they had completed the objectives for their current rotation and another area was understaffed. The PTPT PSs reported that any changes to the planned rota were agreed with the trainee and their PS. The PRP EPD noted that there were contingency periods included in the timetable around the Christmas and Easter school holidays. These could be used to allow the PRPs to return to previous rotations to meet any remaining objectives or for them to cover short-staffed areas. The ESs advised that other changes to the rota were due to annual leave and study days which were planned during the year.</p>	
Ph5.2	<p>Education and training environment</p> <p>Both trainee groups described a positive training environment with supportive supervisors and friendly, helpful multidisciplinary teams who were passionate about their work.</p>	
Ph5.3	<p>Educational plans</p> <p>The supervisors advised that at induction trainees were provided with rotas, training programme handbooks and educational plans, including objectives for the majority of individual rotations.</p> <p>ESs and PSs were able to give feedback on the design of these resources through the LFG and through regular interactions with the E&T team.</p>	
GPhC Standard 6) Support and development for trainees		
Standards <p>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>		
Ph6.1	<p>Mechanisms in place to support trainees to develop as learners and professionals</p> <p>All of the trainees felt that their roles had prepared them well for practice, although some PRPs added a caveat that their training was particularly tailored to work in a specialist oncology unit. Others disagreed, stating that the detailed knowledge of drugs such as antibiotics would be valuable for work in more generalist hospitals as well as specialist environments. Some trainees advised that the specialist nature of the Trust meant that standard texts such as the British National Formulary were often not the most valuable reference sources and that advice around relevant specialist texts would be useful for the next cohort of trainees.</p>	

	<p>The ESs and PSs noted that the training programmes were arranged so that trainees gradually became more autonomous and built up more in-depth knowledge as their rotations progressed. Towards the end of the training year, the PRPs advised that they were encouraged to take on more responsibility on the wards towards the end of the year by overseeing up to 10 patients on a shift. However, the PRPs suggested that their colleagues in other Trusts were given such responsibilities earlier in the training year and felt that this would be beneficial. The ESs and PSs reported that they encouraged the nurses and technicians on the wards to treat the PRPs nearing the end of their training like qualified pharmacists, to develop their decision-making skills and confidence while they were still working under supervision. The PSs pointed out that newly qualified team members were given inductions, learning resources and periods of shadowing to assist them in the transition from trainee to professional.</p> <p>The PRP ESs advised that they reviewed PRP's mock examination results and used these to identify areas where more practical experience, practice questions or other resources were needed. Some ESs had developed strategies such as setting a 'drug of the week' for their trainees to study which was relevant to their current rotation. Approximately half-way through the year, the PRP EPD had started running monthly examination preparation sessions for PRPs.</p>	
Ph6.2	<p>Students must have access to support for their academic and welfare needs. Appropriate support mechanisms in place.</p> <p>The review team heard of an instance where a staff member had used offensive language towards two trainees for a period of several months. One trainee had interpreted this as an inappropriate attempt at humour but the other had found it upsetting and escalated the issue to an ES and the Trust Human Resources team. The trainee elected not to proceed with a formal complaint and had not been required to interact with the staff member since. The EPD and DCP advised that the department had immediately investigated the issue and had addressed the behaviour with the staff member in question within 24 hours of receiving the report. It was reported that the department worked with the HR team to support the trainee and plan the response and that the staff member had been given a formal warning letter. The review team was informed that the Trust had appointed Speak Up Champions to support staff and trainees and that there had been no similar incidents reported within the department. The DCP advised that there was a process in place for trainees to escalate concerns around bullying and harassment, which was available on the Trust intranet, although the EPD was unsure whether trainees were informed of this at induction.</p>	Yes, please see action Ph6.2
Ph6.3	<p>Feedback</p> <p>There was a standard feedback form for trainees to complete at the end of each rotation and an additional form for the PSs to complete regarding their trainees' progress. The PRPs felt it was their responsibility to ensure that they PSs filled in these forms, which were submitted to their ESs and EPD. The trainees had additional opportunities to give feedback via the trainee representative at each LFG meeting. There was no routine mechanism for trainees to receive formal feedback directly from the PSs at the end of each rotation.</p> <p>ES feedback forms were uploaded onto an online portal along with records of supervision meetings. The PTPT PSs advised that they preferred to give feedback through the ES and EPD so that it could be collated and the ESs had oversight of their trainees' progress. However, if trainees made errors or concerns arose, the PSs reported that they were comfortable to address these issues directly with trainees and complete error reflection forms with them. The PRPs received email or hard copy feedback forms from their PSs and uploaded these onto the online portal which their ESs and EPD could access.</p>	Yes, please see action Ph6.3
Ph6.4	Educational supervision	

	<p>The review team heard that there was variation between ESs in terms of the level of supervision training undertaken, the frequency of supervision meetings with trainees and whether meetings were formally recorded. It was noted that several supervisors who had not undergone formal training were booked to attend the relevant HEE course in autumn 2019. The majority of trainees advised that they initially met with their ESs every two weeks, with some changing this to every week if they required more support or every three or four weeks if they were on an off-site rotation or felt this was sufficient. PRP ES meetings were formally recorded and the notes were stored electronically. If the PRPs were off-site for a rotation, the ESs used email or phone calls to keep in contact with them. The PTPTs reported that there was a form for their ESs to record meetings, but some did not use this and some were unsure where the completed forms were stored or whether they could access them. PTPTs underwent appraisals every three months which were formally documented.</p> <p>None of the trainees felt that they had received invalid or unfair feedback; all stated that the feedback from their supervisors was constructive and aimed at helping them to improve.</p> <p>The ESs stated that there were objectives set for all trainee rotations and that progress against these was monitored through supervision meetings. The ESs would review evidence at supervision meetings and consider the PSs' feedback as described above. If PSs did not upload the signed off objective forms, this was escalated to the EPD to follow up if needed. The PTPT ESs noted that there was a website hosted by the college for PTPTs to upload their academic work, but that it was difficult for the ESs to gain access to this.</p>	<p>Yes, please see action Ph6.4a</p> <p>Yes, please see action Ph6.4b</p>
Ph6.5	<p>Practice supervision</p> <p>Both trainee groups had been given timetables which stated who their PSs were for each rotation. The PRPs described having mainly informal meetings with their PSs as they often worked together closely during rotations. The PTPTs advised that the frequency and formality of their meetings with PSs varied depending on the rotation, although there were always meetings at the beginning and end of rotations to agree and sign off the objectives. The PSs described similar variation in practice, with some areas setting objectives and timetables prior to the start of a rotation and others agreeing objectives with the trainees when the rotation began. Due to staffing levels and skill-mix in some areas, trainees could be assigned to work with mentors other than their PS for certain days or specific tasks.</p> <p>Most trainees did not feel that they had been asked to work outside their remit or level of competence, though there were occasional cases where this had happened due to a lack of familiarity with staff or procedures.</p>	
Ph6.6	<p>Inter-professional multi-disciplinary learning</p> <p>The PRPs advised that they had a good range of opportunities to work with multi-professional teams on the wards, in the medical day unit and in Haematology multi-disciplinary team (MDT) meetings. The PTPTs had fewer interactions with other staff groups as they spent less time on wards.</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>	

	The PSs advised that the E&T team supported them to develop trainees' objectives throughout the year and that they had regular opportunities to engage with the E&T team and give feedback.	
GPhC Standard 8) Management of initial education and training		
Standards		
Initial pharmacy education and training must be planned and maintained through transparent processes which must show who is responsible for what at each stage.		
Ph8.1	<p>Systems and structures in place to manage the learning of students and trainees in practice</p> <p>All trainees were aware of who their line managers were and knew which issues should be discussed or escalated with their line manager as opposed to their tutor, ES or PS. The trainees felt that this system worked well and that it was useful to have multiple lines of reporting in place.</p>	
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.		
Ph10.1	<p>Retention</p> <p>Four of the current PRPs had accepted band six pharmacist jobs at the Trust and four of the current PTPTs had accepted technician posts. The review team noted that the department appeared to have a clear approach to career development, including investment in training and a focus on retaining staff.</p>	

Good Practice and Requirements

Good Practice
All who attended the Local Faculty Group (LFG) meeting found it to be a useful forum which enabled trainees and staff to share feedback and resulted in actions and improvements.
All trainees would recommend their training posts to colleagues and described an open, honest, supportive culture within the department. The trainees valued the support of the Education and Training (E&T) team and their supervisors.
There was a clear vision for growth within the department and Trust over next five years, including planned innovations in care and workforce diversification. Staff development and training was a priority and a source of pride for staff at all levels. The Pharmacy department was clearly embedded in the Trust's plans and strategies.
The department adjusted PRP rotations when needed to facilitate PRPs achieving their objectives in all areas of practice. The timetables included 'contingency periods' at two points to allow additional time to return to a rotation or spend time in an area of interest.
The PSs and ESs described the Education and Training team as supportive and easily accessible.

The department had clear lines of escalation for both trainees and supervisors to raise concerns.
The department planned to make the PTPTs supernumerary from February 2020, to allow increased focus on skill-building and training needs.
The PRPs were offered good opportunities to work with partner Trusts and with a range of teams and professionals within the Trust
The PRPs and PTPTs gave positive feedback about the supervision and support available. The majority of trainees who were about to qualify planned to take up permanent roles at the Trust and all said that they would recommend their training posts.
Training rotas were set and adjusted based on training needs as far as possible and were rarely altered to meet service need.
The staffing structure created clear lines of progression within the department and there was evidence of a wide range of workforce strategies, including upskilling existing staff and availability of apprenticeship roles.

Immediate Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence
	None	

Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence
Ph2.1	The PRPs raised issues with the aseptics rotation, including supervision arrangements, curriculum coverage and the structure of the rotation. It was noted that, following trainee feedback, the team was working with the E&T team to improve this rotation.	Please provide an update on the new plans for the aseptics rotation, including how trainee satisfaction with the rotation will be monitored.
Ph2.3	The department should ensure that all ESs and PSs are aware of the TRAS process and how to locate information about this if a trainee is experiencing difficulty.	Please provide evidence that this process has been communicated to all ESs and PSs.
Ph5.1a	The Trust requires a clear memorandum of understanding or similar agreement with the Royal Brompton Hospital to ensure that PRP training rotation objectives are agreed in advance with the E&T team and that feedback is sent to the PRPs' ESs.	Please provide a copy of an MOU or agreement with the Royal Brompton Hospital.
Ph5.1b	The Trust requires clear oversight of training objectives for external PRP placements, including those at the CCG and the planned mental health rotation at CNWL.	Please provide evidence that training objectives have been set and agreed with the E&T team in advance of external PRP rotations.
Ph6.2	The department should include information about the policies around bullying and undermining in the trainee induction programme.	Please provide a copy of the PRP and PTPT induction programmes showing that bullying and undermining is discussed and trainees are signposted to the location of the policy on the Trust intranet.
Ph6.3	The trainees and supervisors require clarity around responsibilities for giving feedback and completing the relevant documentation at the end of each rotation.	Please provide evidence that this process has been communicated to all supervisors and trainees for the next PRP and PTPT cohorts.

Ph6.4a	The Trust is required to clarify the responsibilities of ESs for both PRPs and PTPTs around the format, frequency and recording of supervision meetings.	Please provide evidence that these responsibilities have been communicated and agreed with the ESs.
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Recommendations

Rec. Ref No.	Recommendation	Recommended Actions
Ph2.2	All PSs would benefit from the opportunity to attend the LFG meetings.	The department should encourage teams to send PSs to the LFG, on a rotating basis if it is not possible for a team to release more than one staff member at a time.
Ph5.1c	More placements external to pharmacy would be beneficial for PTPTs in terms of exposure and chances to work with the MDT. For example, the PTPTs suggested that more time in the clinical trials team would be useful.	The department is advised to consider establishing more rotations for PTPTs outside the pharmacy department and the Trust.
Ph5.1d	The PTPTs and their supervisors felt that there should be more flexibility around the PTPT rotation timetable and more opportunity for the supervisors to give input.	The department is advised to review the length of the PTPT rotations in consultation with the PTPTs and their supervisors, and to consider whether some should change based on the trainees' learning needs and objectives for each area.
Ph6.4b	The PTPT ESs require access to the college website so that they can track trainees' progress with their college work.	The department is advised to request access to this website for the PTPT ESs.

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

Requirement	Responsibility

Signed

By the HEE Review Lead on behalf of the Quality Review Team:	Shane Costigan, Associate Head of Pharmacy, Health Education England, London and Kent, Surrey and Sussex
Date:	28 August 2019