

Barnet, Enfield and Haringey Mental Health NHS Trust

Pharmacy

Pharmacy baseline review (On-site visit)



7 November 2019

Final Report

Developing people
for health and
healthcare

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Quality Review details

Training programme / learner group reviewed	Pre-registration Pharmacy
Number of learners and educators from each training programme	<p>Two Pre-registration Pharmacists (currently on placement at North Middlesex University Hospital NHS Trust)</p> <p>The review team also met with:</p> <ul style="list-style-type: none"> - Acting Chief Pharmacist; - Lead Clinical Pharmacist and Education Supervisor (ES); - Medicines Optimisation Pharmacist, EPD for PRPs and ES; - And two Pre-registration Trainee Pharmacy Technician Practice Supervisors - Lead Pharmacist – Enfield and NLFS- by telephone
Background to review	<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>
Summary of findings	<p>The Review team thanked the Trust for facilitating and hosting this review. From its discussions with both trainees and trainers the review found that:</p> <ul style="list-style-type: none"> - The review team was pleased to hear that Pre-registration Pharmacists (PRPs) felt that they were well supported by their Education Supervisors (ES') and the pharmacy team generally. It was encouraging to hear that the workplace culture throughout the pharmacy department and the Trust was described by trainees as open and welcoming. Trainees reported that they felt very well supported both in terms of their clinical duties and their education and training; - The review team heard that PRPs undertook a thorough and robust induction to the Trust and the department. It was reported that PRPs felt that the induction they received prepared them well for their roles and that it gave them confidence in the clinical environment and in their interactions with patients and the wider multidisciplinary team (MDT), whilst also setting out clear expectations and learning objectives. - The review team was encouraged to hear of the commitment to education and training amongst those with education or practice supervision responsibilities within their job plans. ES' described an ethos of considering the PRPs as 'pharmacists-in-waiting' which in turn made the PRPs feel valued and emboldened their professional confidence. <p>However, the following areas were identified as needing improvement:</p> <ul style="list-style-type: none"> - The review team was pleased to find a group of PRPs who spoke so positively about the education and training environment, and that this enthusiasm was matched by those with educational responsibilities within the department. However, moving forward the review team felt that the Trust should consider developing and recruiting to the role of a dedicated

Pharmacy Workforce lead, with specific remit to oversee education and training for both PRPs and PTPTs, alongside the overarching development of the wider pharmacy workforce at the Trust;

- The review team encouraged the Trust to broaden its Local Faculty Group (LFG) to ensure that Practice Supervisors (PS') at all sites that PRPs were placed were represented. It was stated that the LFG should also have trainee representation and the Trust would be required to explore the possibility of linking in with the LFG at North Middlesex University Hospital NHS Trust (NMUH) to ensure oversight of PRP training whilst working out of the Trust. HEE recommended the use of conference calling or Skype for Business to facilitate this;
- The review team was pleased to hear that the close working relationship with their ES' presented the ongoing opportunity for PRPs to receive regular, timely, and constructive feedback on their clinical work and progress against their curriculum objectives. However, it was unclear to the review team that this was recorded in a systematic way, particularly whilst trainees were on placement at NMUH. It was felt that this posed a risk in the event of unexpected absence of one of the current ES';

The review team also heard that PRPs were unsure about how their end of rotation feedback was captured and where responsibility for this lay. The Trust was urged to ensure that this was formalised, including for the time that trainees spent at NMUH; and

- PRPs reported that the role advert did not make explicitly clear the formal split of the programme between the Trust (26 weeks) and NMUH (26 weeks). PRPs described the mix of acute and mental health settings as an attractive, rich and varied education and training opportunity. The Trust was encouraged to demonstrate this within the role advert to increase its pool of prospective candidates.

Quality Review Team

HEE Review Lead	Shane Costigan, Associate Head of Pharmacy	HEE Representative	Iain Taylor, HEE Programme Lead
Lay Representative	Robert Hawker, Lay Representative	HEE Quality Representative	John Marshall, Learning Environment Quality Coordinator
HEE Observer	Tracy Tisley, HEE Programme Lead	External Observer	Steve Giddings, Pre-registration Pharmacy Education Programme Director, Royal Brompton and Harefield NHS Foundation Trust

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

The Interim Chief Pharmacist gave the review team an overview of the department and how it linked into the wider Trust. The review team heard that the Trust had recently been rated as 'Good' by the Care Quality Commission and that a new education and training suite was under construction. The review team heard that the department was small, with two Pre-registration Pharmacist (PRP) trainees in post currently, and that senior department members with responsibility for delivering education and training undertook this alongside a portfolio of responsibilities, with overarching responsibility for education and training dispersed across the senior leads in the team. It was recognised that a formal leadership role for workforce and education and training would allow for a more sustained development of the department workforce generally, and the Trust welcomed the role that HEE could play in supporting the design of role specification for this.

It was felt by the review team that this role, with specific remit to oversee both PRP and Pre-registration Trainee Pharmacy Technician (PTPT) training, alongside the overarching development of the wider pharmacy workforce at the Trust could also support BEH engaging with wider NHS long term plan and interim people plan requirements to further embed clinical pharmacy across integrated care systems and Primary Care Networks, along with developing the mental health pharmacy workforce at an organisation and systems level. This is a rapidly evolving agenda, with integrated foundation pharmacist training across health and care sectors being developed across north central and east London in the coming year. To support this, the trust would need to work collaboratively with stakeholders outside of pharmacy both within the Trust and across the local healthcare system and a pharmacy workforce role could help develop this agenda moving forward.

The role would also be expected to ensure that the stakeholder relationship with North Middlesex University Hospital NHS Trust (NMUH), owing to the close relationship in terms of education and training between the two Trusts, is managed effectively and to develop overarching education and training programmes in the future. The review team heard that at times the Trust had found it challenging to retain staff due to limited opportunities to progress within the department and felt that there may be future opportunities to co-design retention strategies both internal and with local partners.

It was reported that PRPs divided their time between the Trust and NMUH, spending 26 weeks of the year at each Trust. This formerly had been split into two six-month blocks, but it was reported that current trainees were alternating between Trusts on a more frequent basis. The review team heard that the Trust did not intend to take any PTPTs in February 2020 but would be keen to see a return of PTPTs to the Trust once the new curriculum had been implemented. In addition to the two substantive PRPs, the Trust also facilitated four-week blocks of mental health-focused pharmacy education and training for PRPs from NMUH.

The review team heard that a local faculty group (LFG) was established but that maintaining frequency of the meetings proved challenging, particularly through the ongoing absence of the Chief Pharmacist and the impact of the loss of leadership capacity within the department that this had. It was reported that both PRPs and those with supervision responsibilities were represented at LFG meetings, including those PRPs on short rotations from NMUH. However, it was also reported that getting representation from all sites within the Trust was challenging and that the current BEH PRPs were yet to attend an LFG meeting. The review team heard that the LFG served as a forum for raising concerns and it was noted that there had been issues for NMUH PRPs accessing IT facilities at the Trust in a timely manner upon starting their short rotations. The review team was surprised to hear that the LFG did not have links to the NMUH LFG to account for the time the PRPs spent working within NMUH.

The review team heard that there were opportunities for trainees to become involved in clinical trials and quality improvement projects but that these were fewer in number than the Trust would wish to be able to offer. It was reported that the department would welcome the opportunity to have more influence on the wider Trust workforce development programme to develop new roles within the pharmacy department and wider Trust to retain trainees and be able to offer career development and progression for both PRPs and PTPTs.

Findings

1. Learning environment and culture

HEE Quality Standards

1.1 Learners are in an environment that delivers safe, effective, compassionate care that provides a positive learning experience for service users.

1.2 The learning environment is one in which education and training is valued and learners are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours.

1.3 There are opportunities for learners to be involved in activities that facilitate quality improvement (QI), improving evidence based practice (EBP) and research and innovation (R&I).

1.4 There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.

1.5 The learning environment provides suitable educational facilities for both learners and educators, including space, IT facilities and access to quality assured library and knowledge.

1.6 The learning environment promotes inter-professional learning opportunities.

Ref	Findings	Action required? Requirement Reference Number
PH1.1	<p>Patient safety</p> <p>The review team did not hear of any concerns for patient safety. It was also noted that the PRPs stated that they had never had concerns for their own safety in the clinical environment. The review team was encouraged to hear that the PRPs had been issued with panic alarms and were booked on to a breakaway training session.</p>	
PH1.2	<p>Appropriate level of clinical supervision</p> <p>The review team was pleased to hear that clinical supervision was readily available. It was encouraging to hear that the workplace culture throughout the pharmacy department and wider Trust described by PRPs as open and welcoming. The PRPs reported that they felt very well supported both in terms of their clinical duties and their education and training.</p>	
PH1.3	<p>Responsibilities for patient care appropriate for stage of education and training</p> <p>The review team heard that each of the PRPs were assigned to their own ward and felt that they had a great deal of autonomy in the clinical environment but were keen to stress that appropriate senior oversight was in place and support readily available. The review team was pleased to hear that the PRPs felt empowered by this arrangement and what the Educational Supervisors (ES') described as an ethos of considering the trainees as 'pharmacists-in-waiting' which in turn made trainees feel valued and gave them professional confidence.</p>	
PH1.4	<p>Rotas</p> <p>The review team heard that the PRPs had minimal weekend working commitments. It was reported that there was no on-site pharmacy service on Sundays, but PRPs were required to work on some Saturdays for four hours, 08:30 – 12:30. PRPs also noted that they were expected to work occasional bank holidays.</p>	
PH1.5	<p>Induction</p> <p>The review team was pleased to hear PRPs describe their induction as thorough, stating that they felt it prepared them well for their roles in a mental health setting. It was reported that prior to joining the Trust there had been a degree of apprehension around working and communicating with patients with a complex array of mental health conditions. However, owing to the breadth and quality of the induction, PRPs reported feeling confident when entering the clinical environment.</p> <p>It was reported that PRPs had set curriculum objectives and that where they were expected to work across multiple sites that they received an appropriate local induction. It was also reported that PRPs received a trust-wide induction at NMUH, as well as all the required departmental inductions.</p>	
PH1.6	<p>Access to simulation-based training opportunities</p> <p>The review team heard that PRPs had access to a simulated rapid tranquilization exercise.</p>	

2. Educational governance and leadership

HEE Quality Standards

2.1 The educational governance arrangements measure performance against the quality standards and actively respond when standards are not being met.

2.2 The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training.

2.3 The educational governance structures promote team-working and a multi-professional approach to education and training where appropriate, through multi-professional educational leadership.

2.4 Education and training opportunities are based on principles of equality and diversity.

2.5 There are processes in place to inform the appropriate stakeholders when performance issues with learners are identified or learners are involved in patient safety incidents.

<p>PH2.1</p>	<p>Effective, transparent and clearly understood educational governance systems and processes</p> <p>The review team encouraged the Trust to broaden its Local Faculty Group (LFG) to ensure that Practice Supervisors (PS') at all sites where PRPs are placed were represented. It was stated that the LFG should also have trainee representation and the Trust would be required to explore the possibility of linking in with the LFG at NMUH to ensure oversight of Trainees whilst working out of the Trust. HEE recommended the use of conference calling or Skype for Business to facilitate this.</p> <p>It was noted that the PRPs the review team met were not aware of the role or function of the LFG, and from its discussion with education leads it was acknowledged that the terms of reference for the LFG needed to be revised and reasserted to all stakeholders.</p> <p>It was agreed among the ES' and PS' that the appointment of a substantive Pharmacy Education and Training Lead with oversight of the whole education and training environment would make the Trust's educational offering more robust and feed into future workforce development needs.</p>	<p>Yes, please see PH2.1a and PH2.1b</p> <p>Yes, please see PH2.1c</p>
<p>PH2.2</p>	<p>Impact of service design on learners</p> <p>The review team heard that the responsibility given to PRPs on the ward empowered them to feel confident to be active participants at ward rounds and in their engagement with the wider multidisciplinary team. It was noted that this was a marked difference from the PRPs time at NMUH where they felt that the majority of time spent on the wards was shadowing a senior pharmacist. PRPs also reported that afternoons at NMUH were spent in the dispensary, this was felt to be excessive but the PRPs did acknowledge that it presented the opportunity to develop in outpatient settings and medicines counselling.</p> <p>The review team was encouraged to hear that the mix of mental health and acute health settings across the two Trusts presented trainees with a broad and rewarding education and training environment. Whilst at the Trust it was reported that PRPs worked to a varied timetable, rather than more formal rotations, but that there were no concerns that this method for delivering education and training posed any risk to their being gaps in the curriculum coverage. For each curriculum area it was noted that there were set objectives and a workbook that set out training objectives.</p> <p>The review team heard that due to the small size of the department that there was a continuous opportunity for feedback to the PRPs and to be responsive to address any concerns as and when they arose. The PRPs reported that they would welcome more opportunities within primary care settings to gain experience Trust-based and care home exposure.</p> <p>The review team heard from the ES' and PS' that previous trainees had fed back that they wanted more ward work in their job plans and that this had been taken into account when designing the current PRPs roles – previous PRPs had felt that they had had excessive dispensary exposure. It was reported that some core curriculum areas</p>	

	<p>were set in PRPs' job plans but that the onus was on trainees to ensure that they got the required level of demonstrable experience in their own areas of interest. To achieve this the review team heard that there was an element of flexibility in PRPs job plans to meet these needs.</p> <p>The review team also heard that the Trust had an element of influence over what the PRPs did whilst at NMUH to help avoid duplication. It was also reported that PRPs had the opportunity to participate in NMUH objective structured clinical examinations (OSCEs).</p>	
PH2.3	<p>Systems to manage learners' progression</p> <p>The review team heard that progress against the PRP curriculum was tracked online through the VQ manager e-portfolio system. It was reported that trainees met with their ES' at regular intervals to discuss and review their progress. It was also reported that the notes and actions for these meetings were also recorded on the VQ manager, although it was unclear that this was done so in a formal and systematic way.</p>	Yes, please see PH2.3
PH2.4	<p>Organisation to ensure access to a named clinical/practice supervisor</p> <p>The review team heard that the PRPs had a named practice supervisor (PS) for each curriculum area or rotation at both Trusts. At BEH the review team heard that work carried out by the PRPs was reviewed with the PS at the end of each day.</p>	
PH2.5	<p>Organisation to ensure access to a named educational supervisor</p> <p>The review team was pleased to hear that the close working relationship with their ES presented the ongoing opportunity for PRPs to receive regular, timely feedback on their clinical work and progress against their curriculum objectives. However, it was unclear to the review team that this was recorded in a systematic way, particularly whilst trainees were on placement at NMUH. It was felt that this posed a risk in the event of unexpected absence of one of the current ES'.</p>	
PH2.6	<p>Systems and processes to identify, support and manage learners when there are concerns</p> <p>The review team heard that there had not been cause to undertake any formal action to support trainees requiring additional support (TRAS) It was noted however, that the department was aware of TRAS processes and the support guidance available from the General Pharmaceutical Council and HEE.</p>	

3. Supporting and empowering learners

HEE Quality Standards

3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.

3.2 Learners are supported to complete appropriate summative and formative assessments to evidence that they are meeting their curriculum, professional standards or learning outcomes.

3.3 Learners feel they are valued members of the healthcare team within which they are placed.

3.4 Learners receive an appropriate and timely induction into the learning environment.

3.5 Learners understand their role and the context of their placement in relation to care pathways and patient journeys.

PH3.1	<p>Regular, constructive and meaningful feedback</p> <p>The review team also heard that trainees were unsure about how their end of rotation feedback was captured and where responsibility for this lay. The Trust was urged to ensure that this was formalised, including for the time that trainees spent at NMUH. PRPs from NMUH on the short four-week rotation to BEH were required to take part in</p>	
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	<p>clinical case studies and to present these back to the team. Upon completion of these rotations feedback was provided to the NMUH ES'.</p> <p>It was acknowledged that maintaining links between the Trust and the education leads at NMUH could be more robust with more formal written feedback captured for PRPs working across the two Trusts. It was noted however, that ES' from BEH had met with the PRPs whilst they were based at NMUH and had encouraged their fellow ES' from NMUH to observe their PRPs whilst on placement at BEH.</p>	Yes, please see PH2.3
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4. Supporting and empowering educators

HEE Quality Standards

4.1 Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.

4.2 Educators are familiar with the curricula of the learners they are educating.

4.3 Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression.

4.4 Formally recognised educators are appropriately supported to undertake their roles.

PH4.1	<p>Access to appropriately funded professional development, training and an appraisal for educators</p> <p>The review team heard that those with ES duties for PRPs had completed formal supervision training, but it was less clear that this was the case for PS'. The review team felt that the Trust would benefit from mapping the supervision experience of all those with supervision duties against their respective PRP or PTPT curriculums. It was felt that this, coupled with the development of an Education and Training Lead role, would put the Trust's pharmacy education and training structure on a more sustainable and robust footing.</p>	Yes, please see PH4.1
PH4.2	<p>Sufficient time in educators' job plans to meet educational responsibilities</p> <p>The review team heard that the small size of the department meant that ES' and PS' had the time and capacity in their job plans for their educational responsibilities. However, it was noted that the reintroduction of PTPTs could have an impact on this.</p>	

5. Delivering curricula and assessments

HEE Quality Standards

5.1 The planning and delivery of curricula, assessments and programmes enable learners to meet the learning outcomes required by their curriculum or required professional standards.

5.2 Placement providers shape the delivery of curricula, assessments and programmes to ensure the content is responsive to changes in treatments, technologies and care delivery models.

5.3 Providers proactively engage patients, service users and learners in the development and delivery of education and training to embed the ethos of patient partnership within the learning environment.

N/A

6. Developing a sustainable workforce

HEE Quality Standards

6.1 Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.

6.2 There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.

6.3 The organisation engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs to patients and service.

6.4 Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.

PH6.1	<p>Learner retention</p> <p>The review team was pleased to hear that both PRPs it met would recommend their training posts to their peers.</p> <p>PRPs reported that the role advert did not make explicitly clear the formal split of the programme between the Trust (26 weeks) and NMUH (26 weeks). PRPs described the mix of acute and mental health settings as an attractive, rich and varied education and training opportunity. The Trust was encouraged to demonstrate this within the role advert to increase its pool of prospective candidates.</p>	Yes, please see PH6.1
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Good Practice and Requirements

Good Practice

The review team was impressed by the confidence shown in Pre-registration Pharmacists (PRPs) and the clinical responsibility placed on them. The Trust's ethos of treating PRPs as 'pharmacists-in-waiting' was seen as a demonstrable example of empowering trainees within the clinical environment.

Immediate Mandatory Requirements

Given the severity of an Immediate Mandatory Requirement, the risk rating must fall within the range of 15 to 25 or have an Intensive Support Framework rating of 3. This risk rating will be reviewed once the Trust has provided their response to the Immediate Mandatory Requirement.

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

Mandatory Requirements

The most common outcome from a quality intervention. The risk rating must fall within the range of 8 to 12 or have an Intensive Support Framework rating of 2.

Req. Ref No.	Requirement	Required Actions / Evidence	GPhC Req. No.
PH2.1a	The Trust is required to refresh the Terms of Reference (ToR) for the local faculty group (LFG) to ensure that LFG meetings are representative of the whole faculty working across multiple sites and that trainee representation is present.	Please provide HEE with a copy of the new LFG ToR.	
PH2.1b	The Trust is required to explore the possibility of linking its LFG to that of North Middlesex University Hospital Trust	Please share with HEE the outcome of the discussions with pharmacy colleagues at NMUH.	

	(NMUH) to ensure oversight of its PRPs when working outside of the Trust.		
PH2.1c	The Trust is required to explore developing a role specification and business case proposal for the role of a Pharmacy Workforce and Education and Training Lead.	The Trust is required to work with HEE, colleagues within BEH and external partners across the North London STP to develop a scope and role specification for this post. This could be a joint post across organisations, an STP facing role with other partners, linked to the wider work of the London MH chief pharmacists workforce development plans etc. HEE LaSE pharmacy are willing to help develop this as needed, however please provide an update at regular intervals as this progresses.	
PH2.3	The Trust is required to ensure that all feedback from formal 1:1s between PRPs and their Educational Supervisor, and end of rotation feedback from time spent at NMUH is recorded in a systematic way on VQ Manager.	Please develop a standard operating procedure (SOP) for capturing all formal PRP feedback and share a copy with HEE.	
PH4.1	The Trust is required to map the supervision experience of all those with supervision duties address any training or support needs identified.	Please provide HEE with an update on the outcome of this exercise and any actions taken.	

Minor Concerns

Low level actions which the Trust need to be notified about and investigate, providing HEE with evidence of the investigation and outcome. Given the low level nature of this category, the risk rating must fall within the range of 3 to 6 or have an Intensive Support Framework rating of 1.

Req. Ref No.	Requirement	Required Actions / Evidence	GPhC Req. No.
PH6.1	The Trust is required to develop the PRP role specification on Oriel and other platforms so that it explicitly states the split-Trust working arrangements and highlights the varied and rich mix of mental health and physical health exposure offered in the post.	Please provide HEE with a copy of the updated role specification for PRPs.	

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

Requirement	Responsibility
N/A	

Signed

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

Shane Costigan, Associate Head of Pharmacy, HEE London, and Kent, Surrey, and Sussex

Date:

19 December 2019

What happens next?

We will add any requirements or recommendations generated during this review to your LEP master action plan. These actions will be monitored via our usual action planning process. An initial response will be due within two weeks of receipt of this summary report.