

Oxleas NHS Foundation Trust

Pharmacy

Baseline Quality Review



Quality Review report

28 November 2019

Final Report

Quality Review details

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Background to review	This quality review was arranged by Health Education England (HEE) to obtain baseline information regarding the learning environment for pharmacy trainees at Oxleas NHS Foundation Trust (Oxleas).
Training programme / specialty reviewed	Pharmacy
Number and grade of trainees and trainers interviewed	<p>The review team met with two pre-registration pharmacists (PRPs) and four educational and practice supervisors (ESs and PSs).</p> <p>The review team also met with the following Trust representatives:</p> <ul style="list-style-type: none"> • Medical Director • Chief Pharmacist • Pharmacy Education Programme Director (EPD) / ES / PS
Review summary and outcomes	<p>The review team would like to thank the Trust for accommodating the review and all those who attended.</p> <p>The review team was pleased to note the following positive areas that were working well within pharmacy at Oxleas:</p> <ul style="list-style-type: none"> • The review team heard that the PRPs at Oxleas had exposure to flexible, varied and multi-professional training opportunities. The PRPs valued these opportunities and said that they would recommend their training posts to their counterparts. • The review team was pleased to hear that the PRPs were well-supervised and supported. There were strong supervisory structures in place, both formal (i.e. regular meetings) and informal (i.e. ad hoc discussions). • It was apparent to the review team that all members of the pharmacy team involved in the education and training of PRPs were very passionate about their work. It was positive to hear that the PRPs were known by a wide range of staff within the Trust. • The review team heard that the PRPs had opportunities to share feedback and ideas at Local Faculty Group (LFG) meetings. They felt empowered to speak up at these meetings, having watched other members of the pharmacy team do so, and saw how suggestions were acknowledged and actioned. <p>However, the review team identified some areas of improvement within pharmacy:</p> <ul style="list-style-type: none"> • The pharmacy leads should have more involvement at a strategic level within Oxleas with regards to workforce planning for service provision. The review team heard that the pharmacy team had a low attrition rate and so there were opportunities to more proactively develop the workforce. • The review team heard that the pharmacy team at Oxleas hosted PRPs from other trusts, to give them experience of working within a mental health provider. PRPs based at Oxleas also trained at other trusts on rotation. It was therefore recommended that the EPD attended other trusts' LFG meetings, to obtain feedback from the external PRPs regarding their experiences at Oxleas and to hear how the Oxleas PRPs were performing at these other trusts. • As the Oxleas pharmacy team was only due to train one PRP in 2020, it was recommended that their LFG meetings were combined with those of another trust to broaden the trainee's forum and to hear about the experiences of other trainees and pharmacy teams.

- It was recommended that the pharmacy department reviewed how the EPD, who was also an ES and PS, was supported during the process of receiving and collating feedback prior to LFG meetings (particularly in relation to any negative feedback). At the same time, members of the pharmacy team should still feel they can speak freely.
- The pharmacy department were to ensure there was a succession plan in place for the EPD, ESs and PSs.
- Where historically some of the PRPs' varied learning opportunities had been arranged as a result of ad hoc requests and discussions with the EPD, the review team recommended that these were formalised as part of the PRP training programme.
- The PRPs required more exposure to working in acute situations in acute trusts and experience of working out of hours (i.e. weekends, nights) to ensure they were fit for practice in those scenarios upon registration.

Quality Review Team

HEE Review Lead	Helen Porter, Pharmacy Dean, Health Education England London & South East	HEE Representative	Rachel Stretch, PRP Programme Lead, Health Education England London & South East
External Representative	Steve Giddings, PRP Educational Programme Director, Royal Brompton & Harefield NHS Foundation Trust	Lay Representative	Jane Gregory, Lay Representative
HEE Representative	Gemma Berry, Learning Environment Quality Coordinator, Health Education England, South London	Observer	Diane Long, PRP Education Programme Director, East Kent Hospitals University NHS Foundation Trust

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

Both the chief pharmacist (CP) and education programme director (EPD) informed the review team that they were committed to the Trust's values and quality improvement and development agenda. They had subscribed to the Royal College of Psychiatrist's national quality improvement programme, Prescribing Observatory for Mental Health (POMH), and as a department had supported teams with that process. Specifically, pharmacy had been involved in a number of quality improvement projects to include; improving understanding and management of the side effects of clozapine and ward-based technicians to support medication supply and administration. The EPD attended College of Mental Health Pharmacy (CMHP) conferences and EPD network meetings and information from these events was shared with the wider pharmacy team.

The CP stated that the Trust had a good learning and education department and the EPD worked closely with them to organise course attendance for the pharmacy department. The CP and EPD thought that the Trust had a progressive approach and was supportive of pharmacy – investing in staff, equipment and retention. The review team heard that the pharmacy department had reconfigured staffing to create two community pharmacist posts to support community mental health teams. Projects were underway to look at the early review of patients starting depots in the community to prevent attrition. The Trust had organised staff engagement events to reflect

upon good practice and identify areas for improvement, to inform the five-year strategy of the Trust. The EPD expressed the view that the pharmacy education and training team played an active role in wider discussions about pharmacy department workforce planning.

Findings

GPhC Standard 1) Patient Safety

Standards

There must be clear procedures in place to address concerns about patient safety arising from initial pharmacy education and training. Concerns must be addressed immediately.

Consider supervision of trainees to ensure safe practice and trainees understanding of codes of conduct.

Ref	Findings	Action required? Requirement Reference Number
Ph1.1	Serious incidents and professional duty of candour The pre-registration pharmacists (PRPs) told the review team that they had not witnessed any serious incidents whilst training at Oxleas NHS Foundation Trust (Oxleas).	
Ph1.2	Appropriate level of clinical supervision The review team heard from the supervisors that when the PRPs were based in the dispensary, they had one-to-one supervision at all times. The PRPs described a strong departmental emphasis on not working outside their comfort limits and they were encouraged to report immediately if they ever felt that this was the case. The PRPs were never left on their own on the mental health wards and they were given rules about service user interactions. The PRPs were asked to read and sign the standard operating procedures for the Trust.	

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 The Chief Pharmacist (CP) told the review team that the pharmacy department at Oxleas had a low attrition rate and most team members had worked at the Trust for around 15/20 years. Whilst the CP thought that the current staffing model worked well, they said that they wanted to expand the pharmacy technician (PT) workforce and re-introduce a pre-registration trainee PT (PTPT), as some PTs were due to retire. They thought that this proposal would be supported by reports of PTs working well at one of the Trust's sites, Green Parks House, but that it would take time to make this change. Similarly, the CP hoped that there would be further development of the community	Yes, please see Ph2.1a
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	<p>services delivered by the Trust but that there were challenges with recruitment, such as getting good quality staff who could work autonomously.</p> <p>The Education Programme Director (EPD) advised the review team that being a specialist mental health Trust with a small pharmacy team meant that the educational structure of the pharmacy department at Oxleas was quite limited and so the EPD covered three roles, including educational supervisor (ES) and practice supervisor (PS). In 2008/9, the department had started to explore PRP training and at that time the current EPD had developed a training programme and took on the EPD role. Since then, the department had developed its training programme further and trainee numbers increased, which previously included PTPTs, Foundation Pharmacists (FPs) and undergraduate pharmacy students.</p> <p>The EPD, based at the Trust's Bexley site, reported directly to the clinical lead (who was line managed by the CP) and line managed the PRPs but not the ESs and PSs. One of the current PRPs was based at the Bexley site (Bracken House) and the other was based at the Queen Mary's Hospital (QMH) site, although they trained at various locations on rotation.</p> <p>There was a new PRP ES (who was also a PS) at the QMH site, who was managed by the site lead at QMH. This site lead was an experienced ES and provided support to the new ES, who had not undertaken any formal ES training. However, the site lead was due to retire in February 2020, so there was only going to be one PRP ES at the QMH site from then on. The review team heard that there was a formal General Pharmaceutical Council (GPhC) joint tutor arrangement between the new ES and the EPD for the PRP based at the QMH site, but the EPD had overall responsibility for sign-off of the PRPs. The EPD provided educational supervision to the PRP based at Bracken House.</p> <p>As the Trust was only due to train one PRP next year, the CP said there would be no PRP predominantly based at QMH at that time.</p> <p>The review team heard that there were PSs in place across various subspecialties of pharmacy at the Trust, including stores and dispensary.</p> <p>When asked how education and training was embedded throughout the entire pharmacy department, the CP told the review team that because the team was small, there were no boundaries around educational responsibilities and all members of the team were involved and aware of PRP education and training requirements, facilitated by Local Faculty Group (LFG) meetings. Furthermore, the EPD said that as part of their continuing professional development and personal development plans, all qualified pharmacy staff undertook training courses and gained accreditations to ensure they could supervise and support trainees effectively.</p> <p>The CP informed the review team that in general, members of the pharmacy team did not wait for formal meetings, such as LFG meetings, to address matters or share information. Instead, they held informal discussions on an ongoing basis. However, when formal meetings were convened, these were minuted for transparency, as per the Trust's requirements. If any changes were discussed and implemented, these were also documented and shared with the team.</p> <p>The review team heard that the pharmacy department did not hold formal senior team meetings, but clinical supervision meetings were held once a month, attended by all pharmacists where possible, and outcomes were discussed with relevant parties as appropriate. Actions were recorded and reviewed at subsequent meetings. The EPD said that they found ways to ensure all members of the department were kept updated with important information.</p>	<p>Yes, please see Ph2.1b</p> <p>Yes, please see Ph2.1c</p> <p>Yes, please see Ph2.2b</p>
Ph2.2	<p>Local faculty groups</p> <p>The CP advised the review team that there were 12 whole time equivalent pharmacists and 15 whole time equivalent pharmacy assistants in the pharmacy department at Bracken House, but a large number were part-time. Therefore, one of the difficulties the department faced when arranging their LFG meetings was being able to convene all members of the team when they were working at various times of the week. However, the EPD said that the department had sought the support of senior</p>	

	<p>management to rearrange rotas to enable attendance wherever possible and that this situation had improved. The EPD also suggested that IT or teleconference solutions may be deployed in due course to make it easier for staff based more remotely than the majority of the pharmacy team involved to join the meetings.</p> <p>The EPD and CP told the review team that LFG meetings had only recently been established in the pharmacy department and dates were set a month in advance. The EPD said that, in advance of all LFG meetings, they would personally request and collate information and feedback from the PRPs and supervisors via email, which was shared at the meetings by the ESs, PSs, and PRPs (rather than circulating it beforehand). The minutes taken at the LFG meeting were accuracy checked at subsequent LFG meetings.</p> <p>At the meetings, the group would discuss PRP education, training and development, PRPs' progress against their objectives, areas for improvement and any issues highlighted by members of the pharmacy team. The CP said that when suggestions and ideas were shared by members of the team, the departmental leads would aim to act on these points and incorporate them into practice, where resources allowed. The CP also said that the department had implemented end-of-rotation surveys for the PRPs to complete and this feedback was reviewed at the LFG meetings, exploring ways in which the training experience could be improved.</p> <p>The review team was informed by the EPD that initially, only one PRP would attend the LFG meetings as a trainee representative. However, as there were only two PRPs based at the Trust this year, it was decided they would both attend the meetings if possible, to support one another, share responsibility, develop leadership skills and to give them both a sense of ownership. Both PRPs had been able to attend the most recent LFG meeting. However, the EPD said that any discussions regarding PRPs' progress were not conducted while the PRPs were present.</p> <p>The EPD said that after the LFG meetings, consideration was given to how the information could be recorded suitably for a wider audience.</p> <p>The PRPs told the review team that they attended a LFG meeting as part of their induction and thought that the meetings worked well, as communication was open and members of the team spoke freely. The PRPs felt they were respected members of the pharmacy team. They also said that it was positive that they were both invited to join the LFG meetings, as this would not have been the case at larger trusts where only a trainee representative would attend.</p> <p>The supervisors said they found the LFG meetings valuable.</p>	<p>Yes, please see Ph2.2a</p> <p>Yes, please see Ph2.2b</p>
Ph2.3	<p>Trainee Requiring Additional Support (TRAS)</p> <p>The supervisors advised that if they had any concerns regarding a PRPs' training, they could consult with the EPD, who would then consult with the Trust's divisional programme director. The supervisors were not themselves aware of the TRAS process.</p>	Yes, please see 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.

N/A

GPhC Standard 4) Selection of trainees

Standards

Selection processes must be open and fair and 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:

- 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 review team heard from both the EPD and PRPs that the PRPs did not work out of hours or at weekends. However, the EPD said that the department was considering introducing a late working session at the acute sites as part of the PRP training programme. The pharmacy department had an on-call service but no dispensary-based weekend service.</p> <p>The supervisors told the review team that they were kept informed about any rota changes in advance. They said that the PRPs had three weeks blocked out for study/exam leave at the end of the year. This was not mandated but most PRPs in the past had wanted to take it, so it was built into their training programme. If the PRPs did not want to take leave at that time, they would use the time to finish something that they had not completed due to taking leave at an earlier date. The department would accommodate these requests wherever possible.</p>	Yes, please see Ph5.1
Ph5.2	<p>Induction</p> <p>The review team heard from the PRPs that they received a two-week induction at Oxleas and they thought that this was satisfactory. They had spoken with counterparts at other Trusts who had received a four-week induction, but they thought this was too long. The PRPs thought that a longer induction would have made them feel tired of being constantly introduced to new colleagues and they appreciated being proactive within two weeks of joining the Trust and having the chance to learn in a setting, rather than observing. They thought that a one-week induction would have made them feel uneasy.</p> <p>The PRPs told the review team that the EPD had provided them with a printed Trust handbook and London and South East (LaSE) Pharmacy handbook on induction. They had also received training on how to respond to alarms, how to close doors and how to protect themselves in incident-related situations. The PRPs were going to be enrolled on the 'Breakaway' training course when on the mental health ward rotation with the EPD, to learn how to protect themselves from patients.</p>	
Ph5.3	<p>Education and training environment</p> <p>The PRPs said that they had not experienced harassment from anyone at the Trust, either in or outside of the pharmacy department. They also had not had any negative encounters with service users.</p>	
Ph5.4	<p>Progression and assessment</p> <p>The PRPs informed the review team that they found their Trust and LaSE handbooks useful, as they included checklists of their training objectives to enable them to monitor progress. They said they mapped the learning outcomes for each rotation to the GPhC performance standards to ensure they had covered all necessary tasks within each</p>	

	<p>rotation. They thought that this was partly due to self-motivation, but also due to the guidance of their rotational supervisors and ES (referred to as 'tutor', who was also the EPD).</p> <p>The PRPs thought that, because their rotations were split into segments, their objectives were achievable within the allocated timeframes, but they said they had meetings with their rotational supervisors every week and their ES ('tutor'/EPD) every two weeks to track progression and identify whether any support was required. The PRPs thought that they had to be proactive to put themselves in the best position to meet their objectives. The supervisors said that if the PRPs had not met certain objectives, they would occasionally give them case studies and work books to progress through.</p> <p>The review team heard that the supervisors used a range of methods to ensure the curriculum was being followed during the PRPs' rotations. These took the form of UK National Medicines Information (UKMi) standards and the UKMi learning portal, competency booklets/checklists and dispensing logs.</p> <p>The supervisors told the review team that they could log in to the LaSE e-portfolio system and review how much evidence the PRPs had uploaded to monitor their progress against the curriculum. One of the supervisors said that their PRP had already submitted 66% of the evidence needed to demonstrate their competence as at November 2019, but it was not made clear to the review team whether this was specific to a particular rotation, or total evidence from across the entire training programme to date. The supervisors were required to assess the evidence submitted by the PRPs to ensure it was correct and a true reflection of the PRPs' developing competence. They provided feedback to the PRPs on how they could improve their submissions (i.e. elaboration of detail provided) and they encouraged reflective practice.</p>	Yes, please see Ph5.4
Ph5.5	<p>Rotations and integrated curricula</p> <p>The CP informed the review team that some PRPs had, at times, thought that training in a mental health Trust such as Oxleas would mean only gaining experience relating to mental health, but the department was keen to ensure they had a broad base of experience and this was built into the training programme. The department had worked closely with local acute trusts (King's College Hospital NHS Foundation Trust and Lewisham & Greenwich NHS Trust) to design the PRPs' timetables, so they could gain a rounded and balanced level of experience in the acute sector as well as the mental health sector, whilst based at Oxleas.</p> <p>Along with rotations in the acute sector, the CP and supervisors said that the trainees also gained a variety of experience on their mental health-related rotations, including Clinical Commissioning Groups, a community medicine optimisation service in Bromley, forensic units and long-stay units, inpatient/specialty wards, medicines information, stores and community services in Bexley and Greenwich. The review team heard that the largest population of the Trust's service users were in the community and the Oxleas community service teams would accommodate the PRPs whenever they could, in order to offer a variety of learning opportunities.</p> <p>The EPD advised the review team that some of the PRPs' rotations lasted four weeks rather than two weeks (which was more common at some other Trusts) giving them exposure to a wide range of clinical areas, particularly in community pharmacy and medicines information. In addition to the established training programme, the CP said that if they heard about good practice elsewhere, they would link up with that location and negotiate additional learning opportunities for the PRPs if appropriate.</p> <p>The review team heard from the CP that one of the current PRPs was involved in a clozapine quality improvement programme, identifying the side-effects commonly experienced and drafting advice on how these side-effects may be managed to try and reduce attrition from treatment. They also said that the department was looking into providing learning opportunities within general practice as part of the training programme.</p> <p>The PRPs told the review team that they were currently based at different Trust sites - QMH and Bracken House. They said that whilst a lot of their peers at other Trusts were</p>	

	<p>based at one site, at Oxleas they had the flexibility to work at a variety of sites and gain experience in a plethora of environments as part of their rotations. They said that they appreciated this variety and flexibility for their training and thought that they gained a different perspective and broader outlook on pharmacy training compared to other PRPs, for example in relation to patient demographics, drugs and services.</p> <p>The review team was advised by the PRPs that their timetables were similar to begin with; they had started in dispensary. They were each due to spend a month at both QMH and Princess Royal University Hospital (PRUH) and a month in community services, as mentioned by the CP. They were also due to go on rotation to Queen Elizabeth Hospital (QEH) in Woolwich, to gain experience in general medicine. Their first external placement was scheduled to begin in January 2020.</p> <p>The PRPs said that they would have liked longer ward rotations in their training programme, to help them feel more comfortable and familiar working in that environment. However, they highlighted that they had been gradually introduced to the wards and this had increased as time went on, which they considered to be a good approach. They were due to spend an increased amount of time on wards between January and March 2020 and they thought this would be helpful for seeing service users' progression from the beginning of their pathway through to discharge.</p> <p>The review team heard from the supervisors that both they and the PRPs were given the opportunity to share feedback on the training programme and rotations and changes were implemented as a result. They did not believe they could change the training programme itself and there were core elements of the curriculum that had to be covered, but they said there was some flexibility for supervisors to amend the specific rotations they managed, to meet the needs of the individual PRPs. They said that some PRPs had previously had particular interests in certain areas of pharmacy and so arrangements had been made for them to extend the relevant rotations. The review team was told that this year, the stores rotation had been altered to include homecare processes, which had not been done before, and this change was based on feedback from the PRPs (via an LFG meeting) who said there was a gap in their learning in this regard. There were also plans to introduce some work in the wholesale dealers licensed store and rehabilitation ward at QMH as part of the training programme.</p> <p>One of the supervisors told the review team that they supervised external PRPs from other Trusts who came to Oxleas for a one-week mental health rotation. Depending on their previous experience and knowledge, they would encourage the external PRPs to apply what they had learned elsewhere to a mental health setting.</p> <p>Overall, the supervisors expressed the view that the PRP training programme at Oxleas was very good and provided a range of experience.</p>	<p>Yes, please see Ph5.5</p> <p>Yes, please see Ph5.5</p>
Ph5.6	<p>Evidence of the impact of teaching and learning strategies on course delivery and student experience</p> <p>The PRPs told the review team that they would recommend Oxleas for PRP training because of the amount of clinical knowledge they were able to gain at the Trust as part of their training programme. They expressed appreciation for having rotations that allowed them to interact with other professions.</p>	
Ph5.7	<p>Training days and packs e-learning resources and other learning opportunities</p> <p>The PRPs told the review team that they had study sessions scheduled every Monday afternoon from 15:30 – 17:30 at either Lewisham Hospital or QEH, along with PRPs from Lewisham & Greenwich NHS Trust who had the same study programme. They said there were approximately 11 PRPs from Lewisham & Greenwich NHS Trust and the combined study days were effective, as they allowed the Oxleas PRPs the opportunity to meet other PRPs and experience a different health care setting.</p> <p>The PRPs knew the study topics in advance of the study sessions as these were timetabled. Each PRP was required to present on a certain topic each week and they were then asked questions.</p>	

	<p>The Oxleas PRPs also had study sessions together on Monday mornings; this was protected time in their schedules but they were able to utilise that time for other aspects of training if required.</p> <p>The review team heard that the PRPs had recently attended a training day when they were taught how to protect themselves from service user incidents.</p> <p>The PRPs thought that their training programme was exciting, as it was not repetitive and they had exposure to new learning opportunities each day. They said that the EPD would offer to arrange ad hoc learning experiences for them that were not always timetabled.</p>	Yes, please see Ph5.7
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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.

Ph6.1	<p>Mechanisms in place to support trainees to develop as learners and professionals</p> <p>The PRPs told the review team that they attended weekly continuing professional development (CPD) sessions but it was not stated who these were with.</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 that one of the supervisors had written objectives and guidance for how staff at Oxleas who were not in formal training roles could be supportive to PRPs.</p> <p>The supervisors also informed the review team that if a PRP needed pastoral support, there were Trust-wide services they could access, such as occupational health, staff therapists or raising concerns via the Oxleas website. They also said they would discuss any training issues with the PRPs themselves and identify how they could be supported or signpost them to the Centre for Counselling and Psychotherapy Education (CCPE).</p> <p>The PRPs told the review team that on their first day at Oxleas, the EPD had strongly emphasised that they should not feel obliged to do anything outside of their required limits and the PRPs said they felt content to tell the EPD if they had any concerns. Similarly, the supervisors told the review team that the PRPs were encouraged to raise any concerns with them and they were there to provide support for mental wellbeing as well as training.</p>	
Ph6.3	<p>Feedback</p> <p>The review team heard that the Trust had implemented 'feedback boxes' to receive anonymous feedback from staff but the PRPs had not used these yet. However, the PRPs said that they felt their feedback was listened to by the pharmacy team. They had seen other pharmacy staff share their views when they wanted something to be changed and this had empowered the PRPs to do the same.</p> <p>The supervisors told the review team that they provided PRPs with feedback in regular formal and informal meetings, usually regarding their progress against objectives, things they had done well and areas for improvement. They would also discuss any tasks that the PRPs had not had time to achieve and how they might complete these.</p> <p>One of the supervisors said they completed an appraisal document for each PRP and shared it with the EPD.</p>	

	<p>The review team was also informed that PRPs were asked to seek feedback at the end of their rotations from people that they had worked with. They would then meet with their PS to discuss feedback, specifically focussing on areas for improvement and how it could be achieved. This feedback was also documented.</p>	
Ph6.4	<p>Educational supervision</p> <p>The PRPs informed the review team that they met with their main ES/EPD every two weeks on a formal basis, but more regularly on an informal basis. In the formal meetings (referred to as 'tutor' meetings), they would discuss general matters, such as how the PRPs were managing with their current rotations, portfolio evidence and progression in terms of revision, Medicines, Ethics and Practice (MEP), calculations and over-the-counter (OTC) drugs. They would also discuss pastoral matters, such as how the PRPs were getting along outside of work. The PRPs thought that these fortnightly meetings were valuable. They were documented and uploaded onto the VQ Manager system.</p> <p>The supervisors told the review team that the EPD and PRPs had a WhatsApp group to communicate with one another.</p> <p>Whilst the PRP based at Bracken House received educational supervision from the EPD, the review team heard that the QMH ES and EPD shared joint 'tutoring' arrangements for the PRP based at the QMH site and held joint appraisals with them. However, when the PRP based at QMH was working elsewhere on rotation, they would not necessarily travel back to the QMH site just for a formal meeting with the ES based there. The EPD would maintain communication with the QMH ES when the PRP was at a different site as part of their training programme.</p> <p>The PRPs thought that their supervision structure at Oxleas worked well to date. They said that it was helpful having just one person, the EPD (a 'focal point'), to go to for any concerns or queries, but that approaching other members of the pharmacy department was not an issue, as everyone was approachable.</p>	
Ph6.5	<p>Practice supervision</p> <p>The PRPs confirmed to the review team that they had a rotational supervisor/PS, also referred to as a 'section lead', for each rotation. On commencing a rotation, the PRP and supervisor would hold an introductory meeting, when they would discuss the supervisor's role and the PRP's objectives for that particular rotation. The supervisor was the PRP's first port of call for any enquiries/queries regarding that rotation, but they could also discuss any concerns with their ES/EPD. Most of the supervisors and PRPs held formal meetings weekly or fortnightly, but also met informally most days.</p> <p>This information was reiterated by the supervisors.</p> <p>The PRPs said they knew in advance who their rotational supervisor/PS would be before they started a rotation as it was in their induction handbook. The pharmacy department also had an online system that allowed PRPs to notify their supervisors in advance of any dates they would not be available whilst on their rotation, although they also emailed the relevant supervisor to let them know.</p> <p>The PRPs said that at the end of each rotation, both the supervisor and PRP completed feedback forms and shared constructive criticism. The PRPs said this had always happened on time so far.</p>	
Ph6.6	<p>Inter-professional multi-disciplinary learning</p> <p>The PRPs informed the review team that the EPD for pharmacy attended multi-professional training days at Oxleas and invited them to join. This gave the PRPs the opportunity to interact with a range of professionals at the Trust. The PRPs visited wards under supervision, reviewed drug charts and discussed issues with doctors, building their confidence.</p>	

	As a result of getting multi-professional exposure at Oxleas, including shadowing nurses and occupational therapists, the review team was pleased to hear from the EPD that the PRPs were well known by a range of staff within the Trust.	
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GPhC Standard 7) Support and development for education supervisors and pre-registration tutors

Standards

Anyone delivering initial education and training should be supported to develop in their professional role.

Ph7.1	<p>Range of mechanisms in place to support anyone delivering education and training (time for role and support)</p> <p>The review team heard that a 'clinical pharmacist supervision meeting' was held once a month when general issues were discussed. The PRPs were also invited to this. One of the supervisors told the review team that if they had any feedback to share, they made the EPD aware first and this was discussed at the meeting.</p> <p>The supervisors also told the review team that they received regular updates on the PRP training programme/curriculum and assessments through various means of communication.</p> <p>They said that the department was 'close-knit' and they could easily communicate with one another. They felt they could speak with the EPD if they needed support with their supervisory roles.</p>	
Ph7.2	<p>Continuing professional development opportunities</p> <p>The EPD said that as part of their continuing professional development and personal development plans, all qualified pharmacy staff undertook training courses and gained accreditations to ensure they could supervise and support trainees effectively. The review team heard that two of the PSs completed their PS training last year and another had already completed theirs. The ES based at QMH missed the training course due to other commitments, but as there were no PRPs due to be trained at that site next year, there were no plans to rearrange this. This ES had experience of performance review and was being supported by the EPD regarding frameworks to assess the current PRPs against and how the training programme was set out.</p> <p>The EPD and CP both thought that there were development opportunities available to members of the pharmacy team and they were supported to pursue these, including becoming faculty members if that was of interest to them. However, the CP suggested that this often required a lot of work outside of the workplace and as many of the team members worked part-time, this may not suit them. The EPD said that the department had linked up with the Joint Programmes Board (JPB) and local universities to be able to support pharmacists interested in Foundation Stage Two training.</p> <p>The CP advised the review team that the number of Band 7 pharmacists had increased within the Trust and the pool was growing. They hoped that some of the existing pharmacy staff would apply for these roles in the future.</p>	

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.

	N/A	
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GPhC Standard 9) Resources and capacity

Standards

Resources and capacity are sufficient to deliver outcomes.

Ph9. 1	Accommodation and facilities that are fit for purpose <p>The CP and EPD told the review team that geography was an issue for PRPs trying to get to a variety of locations on their rotations, as transport links were not always easily available and some PRPs did not always have their own transport. They said that, although transport was provided to PRPs by the Trust when travelling to sites and they were usually accompanied by a member of the pharmacy team, it would be useful to ensure that future PRPs had their own transport to enable them to access more learning opportunities. The PRPs were given parking permits for some sites.</p>	
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GPhC Standard 10) Outcomes**Standards****Outcomes for the initial education and training of pharmacists.**

Ph10 .1	Registration, pass rates <p>The supervisors told the review team that the PRPs trained at Oxleas seemed to be well prepared for working as registered pharmacists. All 12 of the PRPs they had trained over the years had passed their registration assessment and got jobs.</p>	
Ph10 .2	Retention <p>The CP and supervisors advised that some of the PRPs who trained at Oxleas had come back to work at the Trust upon registration. They said that retention was variable as the Trust was only small and they did not have many vacant posts.</p>	

Good Practice and Requirements

Good Practice

N/A

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
	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

Ph2.1a	The pharmacy leads should have more involvement at a strategic level within Oxleas NHS Foundation Trust (Oxleas) with regards to workforce planning for service provision. The review team heard that the pharmacy team has had a low attrition rate and so there are opportunities to more proactively develop the workforce.	The pharmacy leads should engage in discussions with the Trust regarding workforce development and planning and in addition, explore what opportunities there are at a sustainability and transformation partnership (STP) level. Please provide evidence that these discussions have taken place via meeting minutes or other written correspondence by 1 March 2020, in line with the Health Education England (HEE) action plan timeline.
Ph5.5	The review team heard that the pharmacy team at Oxleas hosts pre-registration pharmacists (PRPs) from other trusts to give them experience of working within a mental health provider. PRPs based at Oxleas also train at other trusts on rotation. It is therefore recommended that the Educational Programme Director (EPD) attends other trusts' Local Faculty Group (LFG) meetings, to obtain feedback from the external PRPs regarding their experiences at Oxleas and to hear how the Oxleas PRPs are performing at these other trusts.	Please provide evidence to show that the EPD has attended other trusts' LFG meetings, via LFG meeting minutes. Please provide this evidence by 1 March 2020, in line with HEE's action plan timeline.
Ph2.2b	As the Oxleas pharmacy team is only due to train one PRP in 2020, it is recommended that their LFG meetings are combined with those of another trust to broaden the trainee's forum and to hear about the experiences of other trainees and pharmacy teams.	Please provide evidence to show that plans are being made to combine LFG meetings with another trust, via LFG meeting minutes. Please provide this evidence by 1 March 2020, in line with HEE's action plan timeline.
Ph2.2a	The pharmacy department should review how the EPD – who is also an educational supervisor (ES) and practice supervisor (PS) - is supported during the process of receiving and collating feedback prior to LFG meetings (particularly in relation to any negative feedback). At the same time, members of the pharmacy team should still feel they can speak freely.	Please provide evidence to show how the process of receiving and collating feedback prior to LFG meetings is being reviewed and changed, via LFG meeting minutes or other written correspondence. Please provide this evidence by 1 March 2020, in line with HEE's action plan timeline.
Ph2.1b	The pharmacy department should ensure there is a succession plan in place for the EPD.	Please provide written evidence to show that workforce planning is being undertaken to ensure a succession plan for the EPD. Please provide this evidence by 1 March 2020, in line with HEE's action plan timeline.
Ph5.7	Where historically some of the PRPs' varied learning opportunities have been arranged as a result of ad hoc requests and discussions with the EPD, the review team recommends that these are formalised as part of the PRP training programme.	Please provide evidence of changes to the PRP training programme by 1 March 2020, in line with HEE's action plan timeline.
Ph5.1	The PRPs should have more exposure to working in acute situations in acute trusts and experience of working out of hours (i.e. weekends, nights) to ensure they are fit for practice in those scenarios upon registration	Please provide copies of PRP rotas showing out-of-hours shifts and shifts in acute trusts. Please provide this evidence by 1 March 2020, in line with HEE's action plan timeline.
Ph2.3	All ESs/PSs should be aware of the Trainee Requiring Additional Support (TRAS) process.	Please provide evidence to show that the EPD has held a TRAS training session for the

		supervisors. Please provide documented evidence of attendance. Please provide this evidence by 1 March 2020, in line with HEE's action plan timeline.
Ph5.4	The Trust's PRP rotational programme should be mapped to General Pharmaceutical Council (GPhC) performance standards. This should be done at a strategic level to identify any gaps and thus, understand which learning opportunities the PRPs need from their rotations at other organisations, and the partnerships that need to be formed to enable to PRPs to gain necessary experience.	Please provide evidence to show that the EPD/ES/PS has coordinated a mapping exercise between the rotational objectives and GPhC performance standards. Please provide this evidence by 1 March 2020, in line with HEE's action plan timeline.
Ph2.1c	The future PRP ES at the Queen Mary's Hospital (QMH) site should undertake formal ES training.	Please provide evidence of a plan for the future PRP ES at the QMH site to receive ES training. Please provide this evidence by 1 March 2020, in line with HEE's action plan timeline.

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
	N/A	

Recommendations

These are not recorded as 'open' on the Trust action plan so no evidence will be actively sought from the Trust; as a result, there is no requirement to assign a risk rating.

Rec. Ref No.	Recommendation	Recommended Actions
	N/A	

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

Requirement	Responsibility
N/A	

Signed

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

Helen Porter, Pharmacy Dean, Health Education England London & South East

Date:

14 February 2020