

West London NHS Trust

Pharmacy

Risk-based Review (education lead conversation)



Quality Review report

6 February 2020

Final report

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Quality Review details

Training programme	Pharmacy
Background to review	The review was planned to ascertain whether the Trust was prepared to accept Pre-Registration Pharmacist (PRP) trainees from August 2020. The Trust had not had PRP trainees since the 2018-2019 training year due to a lack of capacity for supervision within the Pharmacy department following a number of staffing and leadership changes.
HEE quality review team	<p>Helen Porter Pharmacy Dean HEE London and the South East</p> <p>Rachel Stretch Pre-Registration Pharmacist Programme Lead HEE London and the South East</p> <p>Louise Brooker Deputy Quality, Patient Safety and Commissioning Manager HEE Quality, Reviews and Intelligence Team</p>
Trust attendees	<p>Chief Pharmacist</p> <p>Education Programme Director for Pre-Registration Pharmacists</p>

Conversation details

	Summary of discussions	Action to be taken? Y/N
1	<p>Pharmacy department and workforce</p> <p>The review team was informed that the Trust had undergone a significant period of change over the past two years, following the decision to offer more physical health services as well as the existing inpatient and community mental health services. The Trust now consisted of four clinical service units.</p> <p>The Chief Pharmacist had come into post around nine months prior to the review and had recently submitted a business case for new posts in order to drive workforce development, staff recruitment and retention, and service expansion. The first phase of this had included an expansion of 30 percent in wider pharmacy team staffing, which the Chief Pharmacist advised included a Child and Adolescent Mental Health Services (CAMHS) post, a perinatal post and was mostly among the lower staff bands and training posts, although it also included three new band six pharmacist posts. The second phase was to include a further six posts which would be more senior and focus on community mental health services and subspecialist areas such as psychiatry liaison and discharge planning. The Chief Pharmacist also planned to develop a strategy for diversifying the workforce by incorporating advanced clinical practitioner roles for both nurses and pharmacists. Additionally, the Trust was working to develop</p>	

	<p>stronger links with local universities, including offering lectureships. A group of Trusts across north west London were working together to create a rotational training programme to allow trainees to experience placements in mental health, acute secondary care and Clinical Commissioning Group (CCG) settings.</p> <p>The Chief Pharmacist felt that the culture of the department was positive and was supportive of learners. The review team heard that £10,000 of the department's budget had been ringfenced for postgraduate education and training. Current learning opportunities for staff included case review sessions two or three times per week and a monthly journal club, which linked to those run by the postgraduate medical education team. Through the relationships with teams at Ealing Hospital and Northwick Park Hospital, staff had access to grand rounds. This also enabled the Chief Pharmacist and Education Programme Director (EPD) to liaise with colleagues from longer-established education teams at the other hospitals.</p>	
2	<p>Governance</p> <p>The review lead enquired about the links between pharmacy education and training with the wider Trust management and workforce planning, particularly in terms of attracting and retaining staff. It was reported that there were development objectives in place for roles at all levels in line with national frameworks.</p> <p>The Trust planned to train one pre-registration pharmacist (PRP) in 2020-21 but the review team noted that PRPs based at other hospitals rotated through the Trust to gain specialist mental health experience and that there were other learner groups who could provide peer support. As well as the advanced clinical practitioner course, there were staff training to become independent prescribers, a medicines management technician who was undergoing medicines optimisation training and non-patient facing managers on training courses such as the Edward Jenner programme. The department hosted volunteers for one-week summer placements each year and the EPD advised that this helped to increase interest in substantive roles, including apprenticeship posts. The Chief Pharmacist stated that the training programmes were planned to prevent different learner groups from being placed in the same team simultaneously, to avoid them having to compete for learning opportunities.</p> <p>The department did not have a local faculty group (LFG) in place. It was suggested that initially the EPD could arrange to link with the pharmacy LFG at another Trust and that HEE could provide support to establish this. The Trust offered multidisciplinary safety huddles in most clinical areas which formed a network and provided another mechanism for trainees to feedback about safety concerns.</p> <p>The EPD was also responsible for setting objectives and establishing logs for band six and seven pharmacists at all Trust sites and had oversight of staff on the independent prescribing course. The EPD was able to access support through the Chief Pharmacist, EPDs at other Trusts and through the Royal Pharmaceutical Society.</p>	Yes, please see action Ph2
3	<p>Supervision and induction</p> <p>If a pre-registration pharmacist (PRP) trainee was placed in the department, the EPD planned to act as educational supervisor and line manager, and to allocate practice supervisors from each of the Trust's clinical service units. At the time of the review one of the senior pharmacists was on maternity leave and there was a possibility that they would take over the educational supervision role upon their return. The EPD reported that all colleagues who planned to take on educational supervision roles had</p>	

	<p>undertaken supervision training or were enrolled on the HEE online training, but none of the four proposed practice supervisors had received formal training for this role. The EPD was aware of the process for managing trainees requiring additional support (TRAS) and advised that the clinical leads across the Trust were also aware of this. The Trust planned to incorporate educational supervision responsibilities into future band seven pharmacist job descriptions. The review team encouraged engagement with HEE regional training days to ensure supervisors were well-supported and were able to build networks with colleagues at other Trusts.</p> <p>A new induction programme had recently been developed which covered all four of the Trust sites and lasted for two weeks. The EPD explained that this included a three-day corporate induction, statutory and mandatory training modules and time at each site where new staff or trainees would meet with the teams and clinical leads in each area.</p>	<p>Yes, please see action Ph3a</p> <p>Yes, please see action Ph3b</p>
4	<p>Training programme</p> <p>The review lead asked about the proposed structure for the PRP training programme and was informed that the trainees would have the opportunity to meet the EPD and discuss the timetable prior to starting. The EPD confirmed that the department had a handbook for training rotations which outlined the competencies which trainees needed to meet in each area. The Chief Pharmacist advised that the timetable largely followed the one developed for the PRP trainee in the 2018-19 training year, which had received good feedback.</p> <p>Dispensary rotations would be carried out at St Bernard's Hospital, clinical rotations would be provided by Ealing Hospital, Lakeside Hospital, Clayponds Hospital and Ealing Community Partners, and the medicines information rotation would take place at Northwick Park Hospital as the Trust did not have the facilities needed to provide the latter. The Trust had identified potential learning opportunities around community pharmacy, specialist nursing and general practice. It was hoped that the workforce transformation project would introduce new elements of multidisciplinary working and sub-specialty experience.</p> <p>The review team heard that trainees had not worked at weekends in the department previously, except to shadow the on-call pharmacist, and advised that it would be useful to arrange for trainees to gain out of hours experience at, for example, Ealing Hospital or at another partner site.</p>	<p>Yes, please see action Ph4a</p> <p>Yes, please see action Ph4b</p>
5	<p>Approval for training</p> <p>The review team noted that the General Pharmaceutical Council training approval had expired and required renewal by 1 March 2020. The review team advised that HEE could offer support to the department in preparing the application for renewal and that other local Trusts may be able to offer advice around this too.</p>	<p>Yes, please see action Ph5</p>

Next steps

Conclusion

The review team thanked the Chief Pharmacist and EPD for facilitating the review. It was agreed that the PRP trainee could be placed at the Trust from August 2020 as planned. The Trust was advised to seek

support from both HEE and partner Trusts in re-establishing some aspects of the training programme (see actions below).

Good Practice and Requirements

Good Practice

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.
Ph3b	The Trust is should ensure that practice supervisors, as well as educational supervisors, are provided with formal supervision training.	Please provide a list of the supervision training undertaken by all educational and practice supervisors and indicate where there are gaps. HEE can signpost to appropriate training courses if required.	7.1
Ph5	The Trust is required to ensure that the application to renew the GPhC training approval is submitted by 1 March 2020 in order to ensure that this is in place for the 2020-21 training year.	Please provide evidence that the approval is in place for the 2020-2021 training year.	2.1

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.
Ph4a	The Trust is required to detail the process by which the EPD will gather feedback from trainees and supervisors to support improvements to the programme and trainee development.	Please provide details of the planned feedback process.	2.1
Ph4b	The Trust is required to outline the plans to ensure that trainees are exposed to out of hours working.	Please provide evidence that the PRP training programme will include some out of hours experience.	5.12

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	GPhC Req. No.
Ph2	The Trust should either arrange to link with the LFG at a partner hospital or establish a pharmacy LFG. HEE can provide support with this if required.	2.1
Ph3a	The Trust is advised to engage with HEE regional training days and training networks. HEE to update trust details to ensure the EPD replaces the Chief Pharmacist on distribution lists to ensure receives information about network days	7.3

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

Requirement	Responsibility
The HEE Pharmacy team can offer support to the Trust in re-establishing the PRP training programme and providing details of regional training.	Trust/HEE
The HEE Pharmacy team will liaise with the Trust to support the establishment of a community pharmacy placement for PRP.	HEE
The HEE Pharmacy team will ensure that details of the PRP trainee to be placed at the Trust in August 2020 have been sent to the Chief Pharmacist and EPD.	HEE

Signed

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

Helen Porter, Pharmacy Dean

Date:

21 February 2020

What happens next?

We will add any requirements or recommendations generated during this review to the Quality Management Portal. These actions will be monitored via our usual action planning process.