

Central and North West London NHS Trust

Pharmacy

Baseline Review (on-site visit)



Quality Review report

04 March 2020

Final Report

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healthcare

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Quality Review details

Background to review	This visit was part of a series of baseline quality visits to the pharmacy departments in all NHS Trusts in London and Kent, Surrey and Sussex - The visit was not triggered by any concerns raised with Health Education England.
Training programme / specialty reviewed	Pharmacy
Number and grade of trainees and trainers interviewed	The review team met with three Pre-registration Pharmacists (PRP) and four Pre-registration Pharmacy Technicians (PTPT). The review team also met with nine educational and practice supervisors.
Review summary and outcomes	<p>An overview of the successes, along with challenges and pressures faced by the service were discussed. The review team identified several areas of good practice, including:</p> <ul style="list-style-type: none"> • The department was felt to be a good training environment, with trainees reporting there to be a supportive culture and a strong focus on education, training and personal development. • The review team commended the progress made to imbed the new PTPT curriculum. Educational and practice supervisors praised the communication and transition to the new programme and support provided by the education and training team. Trainees spoke highly of the support they had received from the Educational Programme Director (EPD), educational and practice supervisors. • The leadership within the department was felt to be cohesive, effective and respected by trainees and educational and practice supervisors. The departments' involvement in multidisciplinary workforce transformation across the Trust, and engagement with external colleagues at a Primary Care Network and Sustainability Transformation Partnerships (STP) were also commended. <p>The review team also noted the following areas requiring improvement:</p> <ul style="list-style-type: none"> • Variability in the level of objective setting, supervision, day to day support, feedback and timetabling of activities for PRP external rotations was reported. PRP trainees spent a large proportion of their external placement time acting in a shadowing capacity, with limited opportunities available to complete some of their core learning objectives. Supervision and feedback on progress was reported as being ad-hoc in most cases. The department was required to work collaboratively with partner organisations to review the governance of these placements to ensure consistency of conducive learning opportunities. • Trainees felt supported and exposed to good learning opportunities in the majority of internal rotations. However, they reported that due to the short nature of rotations, and the frequency with which they rotated, they did not always have time to consolidate learning in core areas and put this into practice. Trainees were positive about the wide range of learning opportunities afforded to them, however all commented that they did not yet feel ready for practice as registered professionals in a few months' time. The department were encouraged to review how they could provide trainees with more autonomy and responsibility throughout their training, as opposed to mainly towards the end. • The department was advised to review opportunities for further multidisciplinary learning for both trainees and educational supervisors.

Quality Review Team			
HEE Review Lead	Shane Costigan Associate Head of Pharmacy HEE LaSE Pharmacy	Pre-registration Pharmacist Programme Representative	Rachel Stretch Pre-registration Pharmacist Training Programme Director HEE LaSE Pharmacy
Pre-registration Trainee Pharmacy Technician Programme Representative	Tracey Tisley Pharmacy Programme Facilitator, Pre-registration Trainee Pharmacy Technician Programme HEE LaSE Pharmacy	External Representative	Fateha Al Emran Pharmacy Educational Programme Director Barts Health NHS Trust
Lay Member	Robert Hawker Lay Representative	Trainee Representative	Adam Mian Pre-registration Pharmacy Technician St Georges University Hospitals NHS Foundation Trust
HEE Representative	Emily Patterson Learning Environment Quality Coordinator Health Education England (London)		

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

Trust representatives provided an overview of the department and aspirations they were working towards.

A background to Central North West London NHS Foundation Trust (CNWL) was given. The Trust was reported to be a large and diverse Trust treating a wide range of both physical and mental health presentations across three Sustainability and Transformation Partnerships (STP). Over 7000 staff were employed who worked in more than 300 health services across 150 sites. The pharmacy department employed 96 members of staff who worked with a wide range of services varying from inpatient to community services.

The review team heard that over the last two years the number of pre-registration pharmacy trainees (PRP) had increased to three. Five pre-registration pharmacy technicians (PTPT) were employed by the Trust. Trust representatives reported that over the last three years, all trainees had successfully completed their training programmes and all PRP's had passed their registration exams. Changes in the educational supervision arrangements for all eight trainees within the Trust had occurred. More educational supervisors had been trained and each educational supervisor was assigned to one trainee.

It was noted that education and practice supervisor support groups had been implemented and that these were led by the leads for PTPT and PRP. These groups allowed space to discuss suggestions for change and to ensure future developments relating to the PTPT and PRP training programmes were communicated. The review team heard that all Band 7 staff were educational supervisors. There were plans to encourage more Band 8a members of staff to become educational supervisors to further imbed a culture of teaching.

The department had established Local Faculty Group (LFG) meetings that occurred three times a year. Trust representatives noted that the focus of the LFG meetings had been on trainee experience. The meetings were attended by department leads, trainees, education and practice supervisors. Each group was represented by a nominated representative on a rotational basis and teleconference was used if required. Trust representatives gave examples of where concerns had been raised at an LFG and had been acted upon by the department. It was advised that items that had been raised but not yet acted upon were reviewed and how to overcome them was discussed.

Trust representatives reported their main priorities for the coming year. These were; retaining trainees once they had qualified; succession planning for educational supervisors; ensuring that educational and training plans continued to meet the Initial Education and Training standards; apprenticeships; and improvement to education and training.

The review team enquired how well the pharmacy department was integrated into the Trust's workforce transformation and service provision planning. Trust representatives advised that approximately 20% of the nursing posts within the Trust had been vacant. It was reported that the Director of Medical Education and Director of Nursing had involved the Pharmacy department in workforce planning. The pharmacy lead sat on the Trust workforce development committee and there had been discussions had at this group around how best to utilise the pharmacy workforce to support the Trusts workforce transformation initiatives and delivery of new models of care.

Trust representatives hoped trainees viewed the department as having a learning focused and compassionate culture. The review team noted the departments' drive to provide a safe learning environment for trainees, with access to experienced supervisors and good educational resources. The development of the lead roles for PRP and PTPT training was felt to demonstrate the departments' commitment to training. The leads for PRP and PTPT worked closely together to develop the education and training environment.

The departments' working with the STP across North West London (NWL) was discussed. Trust representatives spoke about the importance of training people for integrated care systems. They noted that on occasion it was a challenge to ensure that pharmacy trainees placed within CNWL had access to acute health care experience. These challenges had however already been identified and plans were in motion to help address this. The department was working with the NWL STP to start a Band 6 rotational post, with rotations through acute health and mental health services.

The review team heard that work had occurred to help retain and attract staff into the department. An 18-month development initiative for Band 6 pharmacists to develop into Band 7 pharmacists was being discussed. It was advised that collaborative working with Primary Care Networks (PCN) had occurred where a pharmacist worked part-time with the PCN and part-time at CNWL. It was further reported that the department wanted to focus on a pathway for trainees to stay within the department once they had qualified. To support this, the department had been restructured in recent years to develop more Band 6 posts.

Trust representatives advised that trainees had a clear pathway from training into qualified work. PTPTs had the opportunity to attend technician development meetings, these sessions had been used to talk about accountability and responsibility once qualified. Fitness to practice cases had been discussed to prompt reflection. PRP trainees had a couple of months at the end of their training where they had been given more autonomy and ward responsibility. In addition, PRPs had the opportunity to gain dispensary managerial experience, which provided people management skill development. Opportunities to discuss career progression were imbedded into the training programme, this was done in collaboration with other NWL Trusts. Trainees had also been signposted material and encouraged to attend Royal Pharmaceutical Society events.

The review team enquired as to whether the department worked in collaboration with multidisciplinary colleagues who had educational roles. Trust representatives discussed that they had invited a divisional head of education to an LFG meeting. It was advised that where the Trust had provided opportunities for multidisciplinary working the department had been involved, for example setting up simulation training, workforce and apprenticeship development. It was further advised that members of the pharmacy department sat on the Non-Medical Prescribers and Advanced Clinical Practitioners committees.

It was noted that trainees had the opportunity to work with a number of multidisciplinary colleagues on their placements. The breadth of services within CNWL was felt to be beneficial in offering learning opportunities to trainees, for example CNWL was one of the largest Trusts to work in offender care. PRP trainees had been given the chance to work with acute Trusts, and rehabilitation services at St Pancras Hospital. PTPT trainees had the opportunity to be involved in the integrated pathway for community care.

Trust representatives discussed trainees' involvement in quality improvement projects and how the department supported innovative practice. The leads for PTPT and PRP had reviewed the educational strategy, which included focus on quality improvement. It was advised that historically quality improvement had not been a focus for PTPTs, however changes in the new curriculum had meant that this had been incorporated into the standards. Audit and quality improvement had been added to the PTPT monthly meeting agenda.

It was advised that the lead for PRP trainees had encouraged education leads to consider upcoming projects and whether they could have trainees support them. Trainees had been involved in Prescribing Observatory for Mental Health (POMH-UK) data collection. An away day was planned for March 2020, where audit and quality improvement was to be discussed.

Trainees were reported to work a 1:12 weekend rota. Weekend shifts were mainly based in the dispensary and were two hours on a Saturday. The review team heard that trainees, supervisors and department leads were in agreement that the system worked well.

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
	Not discussed at the review.	

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).

P2.1	Local faculty groups Trainees advised that LFG meetings took place approximately three times a year. It was discussed that all trainees were able to attend if they wanted to, however a representative was ensured on a rotational basis. If a representative was unable to attend the meeting they could dial-in or send an email with concerns they wished to raise. Trainees had received a presentation from the departmental leads on how to be a representative for the LFG meetings. Supervisors discussed how LFGs were a good forum to raise concerns and assisted progression. It was advised that following a meeting minutes were circulated, and an action log kept.	
P2.2	Trainee Requiring Additional Support (TRAS) Supervisors advised that they were pro-active in their approach to identify trainees who may require additional support. Supportive measures and an action plan would be explored with trainees at the earliest opportunity if they required additional support. The education and training leads would be kept informed and an action plan created with	

	the trainee to support performance. It was advised that if appropriate Health Education England (HEE) would be informed.	
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 the review.	
GPhC Standard 4) Selection of trainees		
Standards Selection processes must be open and fair and comply with relevant legislation.		
	Not discussed at the 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. 		
P5.1	Rotas PTPT and PRP trainees advised that they were required to work a 1:12 weekend rota on Saturday's from 09:30 – 11:30. Occasionally trainees had to stay past their rostered hours, however this was not a common occurrence. Trainees were given the option to get monetary compensation, or time back in lieu for their weekend working. It was discussed that trainees would work for at least one month in the dispensary before being expected to work on the weekends.	
P5.2	Induction All trainees had received an induction and reported this to have been good.	
P5.3	Education and training environment Most trainees reported that the department was supportive, and their senior colleagues were approachable. It was noted that the department were flexible in changing rotations to fit interests, or educational needs. The review team heard examples of specialist rotations being organised in acute hospitals, and rotations extended if it was felt to be helpful.	
P5.4	Educational plans PRPs advised that their training involved a number of rotations at different training sites. It was discussed that the department used their partnerships with other Trusts to	

	<p>provide training opportunities for trainees, that would not otherwise be available at CNWL. Trainees reported that their objectives were set using the HEE handbook. Supervisors advised how prior to a rotation they would have a discussion with the trainee on what they would like to achieve from the placement and form Specific Measurable Achievable Relevant and Timebound (SMART) actions.</p> <p>Trainees advised that for external rotations the objectives were less clear. It was reported that expectations and SMART actions were not actively discussed between the education and training department and the leads on external rotations. Supervisors advised that this could be looked into for the future.</p> <p>The level of support provided to trainees on external rotations varied. There was a reported disparity in the timetabling of learning, day to day support and access to logins and swipe cards. It was advised that on external placements trainees had spent the majority of time acting in a shadowing capacity, with limited opportunities available for them to complete some of their core learning objectives. The problems experienced at external rotations had been fed back to the PRP lead, as trainees had wanted the issues to be addressed for the next trainee rotation. Trainees advised that despite the problems encountered they found the external placements to be a good learning opportunity.</p> <p>PTPT trainees advised that they had clear educational objectives for each rotation. Trainees had an initial meeting with their rotation supervisor and then throughout the rotation to monitor their performance. At the end of a rotation a feedback meeting took place. Trainees advised that it had been suggested that external placements be introduced to their training, which was something that the trainees would like implemented.</p>	Yes, please see action P5.4
P5.5	<p>Rotations and integrated curricula</p> <p>PTPT trainees advised that they had experienced rotations in pharmacy top-up services, commercial pharmacy stores, clinics and at the dispensary. Trainees reported that it had been helpful to gain experience of patient assessments, as it had given them insight into a different side of healthcare.</p>	
P5.6	<p>Training days and packs e-learning resources and other learning opportunities</p> <p>PTPT trainees advised that they had two hours a week protected study time, in addition to their allocated college day.</p> <p>PRP trainees discussed how they were involved in monthly training days in partnership with other NWL Trusts. It was reported that the organisation of these training days was variable and that sometimes the training had not occurred. PRPs felt that having protected study time would be helpful, they had raised this with the PRP lead and advised that it was under discussion. Trainees further reported that they would appreciate more inhouse training opportunities, such as math sessions.</p>	Yes, please see action P5.6

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.

P6.1	<p>Evidence of appropriate personal and professional development</p> <p>PRP trainees discussed that more could be done to prepare them for when they were qualified. It was advised that trainees would appreciate more opportunities to follow a patient's care plan on a ward, as well as more ward management experience at an earlier point in the year. The benefits of having had a large number of rotations were discussed, however trainees felt that more consistency and longer time in core rotations would be helpful. Constantly settling into new placements was felt to have taken time and took away from training opportunities.</p> <p>PTPT trainees advised that they would like the opportunity for a longer ward-based placement.</p> <p>Supervisors discussed the progression of education and training within the department. It was advised that training was more advanced and supportive than it had been. Supervisors felt that the training the PRP and PTPT trainees received had equipped them for practice. It was discussed that the trainee's confidence grew throughout the training scheme and at the end they had been ready for qualified work. Supervisors felt that particularly PRPs had been under a lot of pressure with exams.</p>	Yes, please see action P6.1
P6.2	<p>Students must have access to support for their academic and welfare needs. Appropriate support mechanisms in place.</p> <p>Trainees advised that their educational supervisors and education and training team were supportive and approachable. Trainees felt that they knew who to speak to if they had concerns when on an external rotation.</p> <p>Trainees discussed how they were not aware of any bullying or undermining behaviour within the department. It was advised that if trainees had experienced this behaviour, they would escalate to their line manager or tutor. Trainees were not aware of the Trusts' whistleblowing policy, however reported that they could find this on the intranet.</p>	Yes, please see action P6.2
P6.3	<p>Feedback</p> <p>PTPTs reported that they had received constructive feedback midway and at the end of each rotation. It was advised that feedback paperwork had a section which rated the level of their performance. It was further discussed that there was a section where the trainee could reflect on how they found the placement. Supervisors spoken to discussed how placement supervisors would feed back on the trainee's performance, which would help to guide the education supervisor's conversation with the trainee.</p> <p>PRPs discussed how feedback was provided throughout training in the form of clinical exercises and Medication-Related Consultation Framework (MRCF) forms. Trainees advised that these were helpful in monitoring progress. Trainees advised that feedback was more difficult to obtain on external placements. The review team heard of occasions where the trainee and the PRP lead had been unsuccessful in receiving placement feedback.</p> <p>Supervisors advised that 360 appraisals took place for trainees.</p>	
P6.4	<p>Educational supervision</p> <p>All trainees discussed how they had one educational supervisor. PTPT trainees reported that they had met with their supervisor on a monthly basis. Supervision meetings were formalised and recorded.</p> <p>PRP trainees advised that they were meant to meet with their educational supervisor every two weeks, however this had not occurred for all trainees. It was discussed that there was not an agenda for their supervision meeting, however progress against</p>	

	GPhC learning outcomes and rotation progress was always discussed. Trainees were required to upload supporting documentation to their portfolio.	Yes, please see action P6.4
P6.5	Practice supervision Practice supervisors advised that there was not a set training plan for each placement. Supervisors would discuss with the trainee prior to their placement competencies they were required to meet and gaps in their training logs. Supervisors reported that they were not involved in deciding the length of the rotation, however organised the training opportunities for when the trainee was there.	
P6.6	Inter-professional multi-disciplinary learning PRPs advised that dependant on the rotation there were usually opportunities for multidisciplinary working. Trainees reported having worked with nurse specialists in clinics and had attended surgery. Trainees advised that opportunities were discussed at the start of placement, however required trainee initiative to organise. It was reported that there currently was not the opportunity to attend classroom-based learning, or simulation type exercises with multidisciplinary colleagues. PTPT trainees reported that they had experienced multidisciplinary learning and had taken part in nursing and psychology teaching sessions. PRP and PTPT trainees discussed that they did not have joint teaching sessions.	Yes, please see action P6.6.

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.

P7.1	Range of mechanisms in place to support anyone delivering education and training (time for role and support) Education and practice supervisors advised that they had undertaken supervisory courses. PTPT supervisors discussed having regular catch up meetings with the PTPT lead. It was noted that there were three monthly formal supervisor meetings, and supervisors felt that they could raise concerns or ask for advice in the interim. It was discussed that external placement supervisors were not involved in the supervisor meetings.	
P7.2	Continuing professional development opportunities Supervisors advised that they reviewed the General Pharmaceutical Council framework regularly in order to develop their competencies. It was discussed that both supervisor groups utilised supervisor meetings to share examples of exemplary practice.	
P7.3	Staff appraisals and development It was discussed that the new PTPT curriculum had been communicated to supervisors by the PTPT lead. Supervisors felt that they had had the opportunity to contribute to the implementation of the new curriculum into the training.	

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.

P8.1	<p>Systems and structures in place to manage the learning of students and trainees in practice</p> <p>Trust representatives advised that Key Performance Indicators for trainee progression were monitored in an effort to identify problems earlier on.</p> <p>Trainees had regular meetings with educational and practice supervisors, who reported they would escalate to the education and training leads if problems were identified. Practice supervision at external rotations was reported to be variable.</p>	
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GPhC Standard 9) Resources and capacity**Standards**

Resources and capacity are sufficient to deliver outcomes.

	Not discussed at the review.	
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GPhC Standard 10) Outcomes**Standards**

Outcomes for the initial education and training of pharmacists.

	Not discussed at the review.	
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Good Practice and Requirements

Good Practice

The department was felt to be a good training environment, with trainees reporting there to be a supportive culture and a strong focus on education, training and personal development.

The review team commended the progress already made to imbed the new Pre-registration Trainee Pharmacy Technicians curriculum. Educational and practice supervisors praised the communication and transition to the new programme and support given to them by the education and training team. Trainees spoke highly of the support they received from the Educational Programme Director (EPD), educational and practice supervisors.

The leadership within the department was felt to be cohesive, effective and respected by trainees, educational and practice supervisors. The departments' involvement in multidisciplinary workforce transformation across the Trust, and engagement with external colleagues in the Primary Care Network (PCN) and Sustainability Transformation Partnership (STP) was commended.

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
	None.	

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
P5.4	The department is required to work collaboratively with partner organisations to review the governance of external placements to ensure consistency of conducive learning opportunities.	Please provide evidence of agreements, or Standard Operating Procedures in place for sharing and agreeing external placement objectives with partner Trusts. This should include an agreement on the level and type of supervision expected during placement, the process for feeding back to trainees on progress against objectives, and a mechanism for the department to monitor the trainees experience on external rotations.
P6.1	The department to review learning objectives for rotations occurring earlier in the training year(s) and explore opportunities to provide trainees with more autonomy and responsibility (under supervision) earlier in their training years.	Please provide evidence of plans and discussions relating to this requirement, and any associated outputs arising. This should involve liaising with trainees through the LFG process and other focus groups to agree and co-design what this might look like in practice
P6.2	The department to inform trainees who the Freedom to Speak Up Guardian(s) are, and outline how to contact them if needed.	Please provide evidence that there has been communication with trainees around about who the Freedom to Speak Up Guardian is and how to contact them if needed.
P6.6	The department were advised to review opportunities for further multidisciplinary learning for both trainees and educational supervisors.	Please provide evidence that opportunities for further multidisciplinary learning has been explored.

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
P5.6	The department to review having protected study time for all trainees and the possibility in implementing inhouse teaching sessions. The review should be in collaboration with trainees.	To included timetabled study time and inhouse teaching sessions.
P6.4	The department to ensure that educational supervision arrangements are consistent for PRP trainees.	Please provide evidence that all trainees are receiving timely educational supervision.

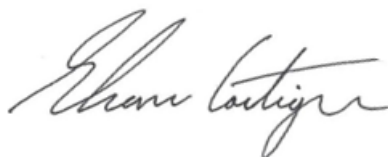
Other Actions (including actions to be taken by Health Education England)

Requirement	Responsibility
None.	

Signed

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

Shane Costigan
Associate Head of Pharmacy, HEE LaSE



Date:

18/03/2020