HEE Quality Interventions Review Report

South London and Maudsley NHS Foundation Trust

Pharmacy

Monitoring the Learning Environment (Learner and Educator Review)

Review Overview

Background to the Review:	This review was conducted as part of Health Education England's (HEE) series of planned quality reviews to London pre-registration pharmacy training programmes. The purpose was to review the quality of education for pre-registration pharmacists (PRPs) and pre-registration trainee pharmacy technicians (PTPTs) at South London and Maudsley NHS Foundation Trust (SLaM) with a view to identifying areas of good practice and any areas for improvement. It was intended to be supportive and enable HEE to share success and innovation across pharmacy training programmes in London and the South East.
Training Programme/Learner Groups Reviewed:	Pre-registration pharmacists (PRPs) Pre-registration trainee pharmacy technicians (PTPTs)

Who we met with:	**Senior pharmacy team:** Director of Pharmacy & Pathology (Chief Pharmacist) Lead pharmacist – E&T, Education Programme Director for Pre-Registration Pharmacists Lead Technician – E&T, Education Programme Director for Pre-Registration Pharmacy Technicians Deputy Director of Pharmacy - Operational Lead **Supervisors:** Principal Pharmacist Bethlem Royal Hospital, Education Supervisor for Pre-Registration Pharmacist Senior Medicines Information Pharmacist Education Supervisor for Pre-Registration Pharmacist Principal Pharmacist Lambeth Hospital, Education Supervisor for Pre-Registration Pharmacist Principal Pharmacist Maudsley Hospital, Practice Supervisor for Pre-Registration Pharmacists Senior Medicines Information Pharmacist, Practice Supervisor for Pre-Registration Pharmacists Senior Clinical Pharmacist, Practice Supervisor for Pre-Registration Pharmacists Deputy Dispensary Manager, Practice Supervisor for Pre-Registration Pharmacists & PTPTs Dispensary Manager, Practice Supervisor for Pre-Registration Pharmacy Technicians Senior Technician Clinical Trials, Practice Supervisor for Pre-Registration Pharmacists & PTPTs Dispensary Manager, Practice Supervisor for Pre-Registration Pharmacy Technicians Two Senior Clinical Pharmacists, Practice Supervisors for Pre-Registration Pharmacists **Learners:** PRPs and PTPTs training at the Trust
Evidence utilised:	Pharmacy Local Faculty Group (LFG) minutes Pharmacy LFG reports PTPT Training Year Rota including sites and names of practice supervisors for each rotation for 2020/21onwards PRP Training Year Rota including sites and names of practice supervisors for each rotation for 2020/21 Induction and training guide or plans for PRPs and PTPTs Maudsley Departmental structure chart Lambeth Departmental structure chart Departmental structure chart

Review Panel

Role	Job Title / Role
Quality Review Lead	Helen Porter Pharmacy Dean, HEE London and the South East (LaSE)
Specialty Expert	Jaimisha Patel Preregistration Pharmacists Lead, HEE LaSE Pharmacy
External Specialty Expert	Tracy Hedley Preregistration Trainee Pharmacy Technicians East Sussex Healthcare
External Specialty Expert	Karen Shuker Preregistration Pharmacists Lead Surrey and Borders
Trainee Representative	Mitali Patel Imperial College Healthcare NHS Trust
Lay Representative	Robert Hawker
HEE Quality Representative	Kenika Osborne Learning Environment Quality Coordinator
HEE Quality Representative	James Oakley Quality and Patient Safety Officer

Executive summary

The review team heard that trainees were well supported at SLaM. The Educational Supervisors and Practice Supervisors were very passionate about their roles and wanted to ensure trainees received the very best development and training. There were numerous examples given of how supervisors actively listened and acted on the feedback received to improve the training programme and experience of trainees.

The PTPT Education Programme Director (EPD) was described as dedicated to the role and to promoting the value of pharmacy in the organisation. The review team heard about the PTPT EPD's involvement in Trust values week to increase the visibility of pharmacy.

The review team found there was an absence of clear workforce strategy or education and training strategy for the department which had potentially caused missed opportunities for building the departmental profile within the wider Trust.

The review team found the education and training structure within the department to be unclear, specifically for the PRP programme. This lack of clarity had potentially had an impact on succession planning for supervisors within this programme, and supervisors were uncertain about appropriate courses to undertake and access.

The review team heard about innovative ways the supervisors had adapted the training programmes due to Covid-19, and good ideas for shared practice, for example introducing a Trust 'passport' for each trainee within the department to make sure education supervisors were aware of which competencies the trainees had completed and which were still outstanding during trainees' rotations. However, the review team felt that there were further potential opportunities for the senior pharmacy team to strengthen relationships with partners to facilitate the development of these networks.

The review team agreed that the department provided trainees with a supportive environment and a good number of learning opportunities. However, it was agreed that there were further steps the Trust could take to build the profile of Pharmacy within the wider Trust. A list of mandatory requirements was set out for the Trust to assist in building a stronger and more sustainable workforce and training programme (see mandatory requirements section).

Review Findings

Not all the Quality Framework standards have been included within the tables below. The standards included are where the quality interventions are expected to have a direct operational impact on the quality of the learning environment. The other standards are still expected to be reviewed for each organisation and will be undertaken through different tools than the Quality Interventions identified within Table 2.1

Identify the review findings for each of the relevant standards below and remove the standards where there is no comment to be made.

Domain 1 - Learning environment and culture
1.1. Learners are in an environment that delivers safe, effective, compassionate care that provides a positive experience for service users.
1.2. The learning environment is one in which education and training is valued and learners are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours.
1.3. There are opportunities for learners to be involved in activities that facilitate quality improvement (QI), improving evidence-based practice (EBP) and research and innovation (R&I).
1.4. There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.
1.5. The learning environment provides suitable educational facilities for both learners and educators, including space, IT facilities and access to quality assured library and knowledge.
1.6. The learning environment promotes interprofessional learning opportunities.

HEE Standard	HEE Quality Domain 1 - Learning Environment & Culture	Requirement Reference Number
1.2	**Bullying and undermining** None of the trainees reported experiencing bullying or harassment in the workplace. The trainees stated that they would feel comfortable raising concerns to the appropriate persons. The trainees confirmed that they were aware of the whistleblowing policy, having seen posters at the Trust and been taught about it during their induction.	
1.3	**Quality Improvement** The Chief Pharmacist shared the research profile of the Trust and described how this exposed trainees to research opportunities during their pre-registration year. The senior pharmacy team described a number of challenges for the pharmacy workforce, including: a Trust restructure which resulted in changes to the way pharmacy services needed to be delivered; weak relationships with system partners resulting in challenges around the availability of oxygen; changes to education and training funding, with a shift towards apprenticeships; and other professions having a stronger voice in the organisation. The Lead Technician informed the review team that the department currently did not have any ward-based technicians due to the current Covid-19 pandemic, but there were plans to have more technicians on the wards in future. The department also planned to recruit electronic prescribing support pharmacy technicians once the system was implemented to help maintain	

	close working relationships with the wider Trust and give the pharmacy team a known presence in the wards. The review team was pleased to hear that the Trust provided an environment which was highly productive in terms of research. Trainees benefited from involvement in a variety of opportunities in research and development during their training.	
1.4	**Appropriate levels of Practice Supervision** The review team heard that the PTPTs knew who their Practice Supervisor (PS) was prior to starting a rotation and met with them daily. For PRPs, the PS for each rotation was not made clear in advance of the training programme and the trainees described being informally notified of who their PS was a week before commencing the rotations. During the course of the rotations, PRPs described the PS meetings as informal 'check-ins'. It was reported that the induction and supervision arrangements for PRPs working weekends were not clearly defined.	
1.4	**Appropriate levels of Educational Supervision** The review team heard about ways the supervisors had adapted the training programmes due to Covid-19, for example the use of practice objective structured clinical examinations (OSCEs) to support PRPs to develop their consultation skills because they were no longer able to attend the wards. There were also examples given of innovations to support shared practice, such as the King's Health Partners (KHP) passport. The KHP passport was designed to ensure each educational supervisor (ES) could easily identify which modules trainees had completed and what was not yet done. Any outstanding items were meant to be discussed at the 13-week progress review between ESs and their trainees. However, this had not been fully implemented. The PRPs informed the review team that they met with their ESs every two weeks. They discussed progress against objectives to date and agreed a plan for the two weeks ahead. The meetings were documented on the VQ manager (e-Portfolio for Pharmacy) system. The PTPTs met with their ESs three times during a rotation. The trainees also stated that they had good relationships with their ESs. The PRPs reported that they also had mentors who they could discuss any issues with separately to their ESs.	PH1.4
1.6	**Multi-professional learning** The PTPT EPD showed commitment to the role and to promoting the value of pharmacy in the organisation. The review team heard about the EPD's involvement in Trust values week to increase the visibility of pharmacy.	PH1.6

Domain 2 – Educational governance and leadership

2.1. The educational governance arrangements measure performance against the quality standards and actively respond when standards are not being met.
2.2. The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training.
2.3. The educational governance structures promote team-working and a multi-professional approach to education and training where appropriate, through multi-professional educational leadership.
2.4. Education and training opportunities are based on principles of equality and diversity.
2.5. There are processes in place to inform the appropriate stakeholders when performance issues with learners are identified or learners are involved in patient safety incidents.

HEE Standard	HEE Quality Domain 2 – Educational Governance and Leadership	Requirement Reference Number
2.2	**Appropriate systems for raising concerns about education and training** The review team heard there was a lack of clear direction from the Senior leadership Team with regards to the structure and roles and responsibilities of the Education and Training Team, specifically the PRP programme. During the review, the Deputy Director of Pharmacy clarified the line management responsibilities of the PRP EPD. The review heard how this lack of clarity was directly impacting the relationship between the senior team, Education and Training (E&T) team and supervisors. Specifically, the PRP ESs and PSs were not aware of their roles and responsibilities or what training they needed to complete to undertake their role and how to access it. However, the ESs and PSs were passionate about facilitating the development of trainees and had formed a strong cohesive network. There was clear evidence of support and shared learning between members of the group. The review team heard that there were teaching sessions held every Monday which trainees could attend. Local Faculty Group (LFG) meetings were held four times a year. The trainees and supervisors were aware of the purpose of the meeting and reported that any items raised were actioned in a timely manner. However, the trainees felt communication to the wider department about the outcomes of the LFG could be improved. In addition, the review team heard the attendance at the LFG was from senior pharmacy team representatives only and therefore was felt to be a missed opportunity to review and capture areas for improvement on the KHP programme.	PH2.2a
2.2	**Appropriate systems to manage learners' progression** Trainees advised that they met regularly with their ESs and PSs. The senior pharmacy team representatives explained to the review team that trainees were given handbooks and dates with deadlines to complete outcomes. However, the PRP objectives were not mapped to General Pharmaceutical Council (GPhC) performance standards. All information was tracked. The ESs reported that they held regular conversations with trainees, and they were also able to discuss any issues relating to their training or progress. If trainees were having difficulty in achieving their required outcomes or the department did not have the particular staff member required to deliver the training during a rotation, the ESs advised that they would support trainees in finding another suitable supervisor at another site who was able to assist them in achieving the outcome.	PH2.2b

	The PTPT EPD informed the review team that they provided trainees with the necessary support when going through difficulties. If a trainee was found to be struggling, their ES was informed and would arrange a meeting with the trainee to discuss a plan of action to meet the required objectives. The senior pharmacy team representatives stated that they would ensure they provided trainees with all the help needed to meet the objectives. However, if the objectives were still not met, this was raised as a trainee requiring additional support (TRAS) case with HEE. A similar process was followed for both PRPs and PTPTs.	

Domain 3 – Supporting and empowering learners

3.1. Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.
3.2. Learners are supported to complete appropriate summative and formative assessments to evidence that they are meeting their curriculum, professional standards or learning outcomes.
3.3. Learners feel they are valued members of the healthcare team within which they are placed.
3.4. Learners receive an appropriate and timely induction into the learning environment.
3.5. Learners understand their role and the context of their placement in relation to care pathways and patient journeys.

HEE Standard	HEE Quality Domain 3 – Supporting and empowering learners	Requirement Reference Number
3.1	**Learners being asked to work above their level of competence, confidence, and experience** None of the learners reported being asked to carry out any tasks they were not familiar with. The PRP ESs and PSs described how they had made changes to the PRP training programme to minimise the impact of the Covid-19 pandemic on their training experience, for example by introducing objective structured clinical examinations (OSCEs) to practice consultation skills when they were not allowed on wards. There were similar weekend working arrangements across the three sites, with trainees undertaking shifts in the dispensary on Saturdays. The Principal Pharmacist stated that weekend working was carried out on voluntary basis for the PRPs. However, the PRPs and supervisors stated that there was a rota with the opportunity for PRPs to undertake additional slots. Trainees who worked at weekends were given time off in lieu or overtime pay. The PTPTs stated that they did not carry out any weekend work. The review team heard that there was a requirement for all trainees to complete labelling and dispensary training before commencing weekend working. However, there was no formal weekend working induction or clear process to ensure competency in the tasks required before undertaking the duty.	PH3.1

3.1	**Regular constructive and meaningful feedback**	
	The review team was pleased to hear that the senior pharmacy team representatives and trainees agreed that LFGs were beneficial to the department and occurred regularly. The LFGs were described as an effective forum with good trainee representation and input. The trainees informed the review team that items raised on the agendas were actioned, and feedback was received at follow-up meetings.	
	Trainees also stated that the ESs and PSs were friendly, approachable, and regularly met with them to receive feedback on a formal and informal basis.	
3.4	**Induction (organisational and placement)**	
	The trainees stated that their induction was sufficient although they did not get to undertake much clinical independent learning due to constraints caused by the Covid-19 pandemic. However, they had the ability to attend teaching sessions virtually as part of an online learning programme.	
	The PTPTs informed the review team that, as part of the induction on each rotation, trainees were given logbooks and information packs after being informed of the standard operating procedures, which aided in them meeting their competencies.	

Domain 4 – Supporting and empowering educators

4.1. Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.
4.2. Educators are familiar with the curricula of the learners they are educating.
4.3. Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression.
4.4. Formally recognised educators are appropriately supported to undertake their roles.

HEE Standard	HEE Quality Domain 4 – Supporting and empowering educators	Requirement Reference Number
4.1	**Educators who are supporting and assessing learners, meet the requirements of the relevant Professional Body**	
	The review team found the education and training structure within the department to be unclear, specifically for the PRP programme. The review lead suggested that this lack of clarity had potentially impacted on succession planning for supervisors within this programme. There was also concern that this created uncertainty among the supervisors about which courses to undertake.	PH4.1a
	The reviews team heard that there were PS's were still awaiting access to training courses.	PH4.1b
4.2	**Educators are familiar with the learners' programme/curriculum**	
	The relationship between the E&T team and the supervisors and learners was not well defined and thus the lines of communication between these groups was unclear.	

4.3	**Educational appraisal and continued professional development** The review team found that the PSs were unclear what training they needed to undertake the role and how to access these training opportunities.	

Domain 5 – Delivering curricula and assessments		

5.1. The planning and delivery of curricula, assessments and programmes enable learners to meet the learning outcomes required by their curriculum or required professional standards.
5.2. Placement providers shape the delivery of curricula, assessments and programmes to ensure the content is responsive to changes in treatments, technologies and care delivery models.
5.3. Providers proactively engage patients, service users and learners in the development and delivery of education and training to embed the ethos of patient partnership within the learning environment.

HEE Standard	HEE Quality Domain 5 – Developing and implementing curricula and assessments	Requirement Reference Number
5.1	**Placements must enable learners to meet their required learning outcomes** The trainees informed the review team that they were able to complete dispensary and medicine management logs and were able to get a few weeks' experience on the clinical rotations, although this was limited as they were not allowed to go onto the wards. The PRPs stated that the rotation objectives were clear, and they received an induction when moved to a new site. They were able to meet with their PSs and ESs. Trainees were given a handbook to fill out, which they gave to their PSs to track their progress during rotations. The PRPs stated that there was a good mix of rotations including older adults, general practice, and integrated complementary and alternative medicine. They had also received a six-week training programme in physical health needs at Guy's and St. Thomas' Hospitals. The review team heard that the PRPs started their rotations in dispensary and the training became more clinical as they progressed. There was a six-week placement in a general medical area and opportunity to work within community mental health teams, often observing pharmacy prescribers. The Trust felt that this was a progressive programme leading the PRPs to become qualified pharmacists. The trainees advised that there was no set study day except the King's College Hospital teaching on a Monday afternoon. Trainees expressed to the review team that they felt comfortable requesting extra time with ESs if needed. The review team heard that the Trust had gone through a major restructure during the Covid-19 pandemic which affected changes in services and delivery. The senior pharmacy team representatives stated that this had been very challenging time for the department. This resulted in a change in working hours for the team.	
5.1	**Appropriate balance between providing services and accessing educational and training opportunities**	

| | The senior pharmacy team representatives explained that the PRP and PTPT training programmes exposed the trainees to a variety of settings to gain relevant experience. These included access to clinical wards (although this was temporarily affected by Covid-19) and by being part of local community teams.
The review team found that there was an absence of clear workforce strategy for the department, lack of clarity around the education and training strategy in the department which had potentially caused missed opportunities for building the profile of Pharmacy within the wider Trust. | |

Domain 6 – Developing a sustainable workforce

6.1. Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.
6.2. There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.
6.3. The organisation engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs of patients and service.
6.4. Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.

HEE Standard	HEE Quality Domain 6 – Developing a sustainable workforce	Requirement Reference Number
6.1	**Retention and attrition of learners** **N/A**	

Requirements (mandatory)

Any Immediate Mandatory Requirements (IMRs) identified should be identified separately in the appropriate table below. The requirement for any immediate actions will be undertaken prior to the draft Quality Review Report being created and forwarded to the placement provider. The report should identify how the IMR has been implemented in the short term and any longer termed plans. Any failure to meet these immediate requirements and the subsequent escalation of actions to be taken should also be recorded if there is a need to.

- All mandatory requirements should be detailed in this section. The requirement reference should work chronologically throughout the report and link with the right-hand column in the 'Review Findings' section
- Requirements identified should be succinct, SMART and not include the full narrative from the detailed report
- Any Requirements should clearly relate to improved achievement of HEE Domain & Standards by the placement provider

Immediate Mandatory Requirements		
Given the severity of an Immediate Mandatory Requirement, initial action must be undertaken as required within 5 days and will be monitored by HEE Quality Team. Completion of immediate requirements will be recorded below. Subsequent action to embed and sustain any changes may be required and should also be entered below with relevant timescales		
Requirement Reference number	Review Findings	Required Action, timeline, evidence (to be completed within 5 days following review)
	N/A	

Mandatory Requirements		
The Quality Review Panel will consider which individual or collective findings from the intervention will be added to the Quality Reporting Register, determining the relevant risk score, ISF rating and reflecting the accepted QRR narrative conventions.		
Requirement Reference number	Review Findings	Required Action, timeline, evidence
PH1.4	The KHP passport was a positive innovation but had not been fully implemented.	The Trust is required to provide evidence showing that the KCH passport has been implemented into the trainee induction and has benefitted their training and development. Please provide an update on this action by 1 March 2021.
PH1.6	The review team found that there was an absence of a clear workforce strategy for the department following the restructure to Trust services.	The Trust is required to provide HEE with a draft pharmacy workforce strategy which explores opportunities to work with teams across the wider Trust and local healthcare system. Please provide an update on this action by 1 March 2021.
PH2.2a	There was a lack of input from partner organisations involved in the KHP programme into the LFG, potentially resulting in missed opportunities for improvements to be made with the programme.	The Trust is required to work with EPDs from organisations involved in the KHP programme to describe how feedback from the programme can be captured to inform improvements. Please provide evidence of meeting outcomes and improvements identified. These should be tracked through the LFG and recorded in the minutes. Please provide HEE with this evidence by March 2021.
PH2.2b	PRP learning outcomes are not mapped to GPhC performance standards.	The Trust is to ensure that the PRP learning outcomes are mapped to GPhC performance standards. Please provide a document showing evidence of this by March 2021.
PH3.1	Weekend working arrangements for trainees lacked clarity and there were no formal induction arrangements in place.	The Trust is required to provide evidence of clear induction and assessment of competency for trainees prior to commencing weekend working. Please provide an update on this action by 1 March 2021.
PH4.1a	The department lacked a clear education and training structure, particularly for the PRP programme.	The senior management team is required to provide evidence of a clear E&T structure showing the relationship between the levels and clear definitions of the roles and responsibilities at each level. Please provide an update on this action by 1 March 2021.

PH4.1b	The ESs and PSs needed to have easy access to all the training opportunities that were available to them and suitable for their role.	The senior management team is required to provide HEE with a list of all ESs and PSs and the training they have undertaken or plan to undertake to perform roles. This should include access to the appropriate courses to undertake the relevant training and experience for their roles. Please provide an update on this action by 1 March 2021.

Recommendations

Recommendations are not mandatory, and they would not be expected to be included within any requirements for the placement provider in terms of action plans or timeframe. It may however be useful to raise them at any future reviews or conversations with the placement provider in terms of evaluating whether they have resulted in any beneficial outcome.

Recommendation	
Related Domain(s) & Standard(s)	Recommendation
5.2	The review team found that the pharmacy team had missed opportunities to create more innovative ways to expand the training programmes and improve training and education for trainees. The Trust is advised to look into ways of strengthening relationships with networks such as KHP in order to do this.

Good practice

Good practice is used as a phrase to incorporate educational or patient care initiatives that, in the view of the HEE Quality representatives, enable the standards within the Quality Framework to be more effectively delivered or help make a difference or improvement to the learning environment being reviewed. Examples of good practice may be worthy of wider dissemination

Learning environment / Prof. group / Dept. / Team	Good practice	Related Domain(s) & Standard(s)
	N/A	

Report sign off

Outcome report completed by *(name)*:	Kenika Osborne
Review Lead signature:	Helen Porter
Date signed:	04/01/2021

HEE authorised signature:	
Date signed:	

Date final report submitted to organisation:	

What happens next:

Any requirements generated during this review will be recorded and monitored following the usual HEE Quality Assurance processes.
As part of our intention to development a consistent approach to the management of quality across England, Quality Reports will increasingly be published and where that is the case, these can be found on (web link)Information from quality reports will be shared with other System Partners such as Regulators and Quality Surveillance Groups