

# HEE Quality Interventions Review Report

**South West London and St George's Mental  
Health NHS Trust (Trust-wide)  
Pharmacy  
Learner and educator review**



**Quality, Reviews & Intelligence Team, HEE London**

**24 November 2020**

## Review Overview

<p><b>Background to the Review:</b></p>	<p>This learner and educator review was arranged as part of a series of baseline pharmacy quality reviews to all NHS trusts in London, Kent, Surrey and Sussex, and was not triggered by any concerns raised to Health Education England (HEE).</p> <p>The purpose of the review was to assess the quality of education for pre-registration pharmacists (PRPs) and pre-registration trainee pharmacy technicians (PTPTs) at South West London and St George's Mental Health NHS Trust (SWLStG), with a view to identifying areas of good practice and any areas for improvement.</p> <p>HEE's 2019/20 pharmacy trainee exit survey for SWLStG highlighted a positive training experience for pre-registration trainees. The PRPs felt they were well supported, that they received satisfactory supervision in all rotations and that they had a sufficient range of learning opportunities throughout their training programme.</p> <p>Feedback from PTPTs was also positive overall, with educational supervisors being particularly praised for the high level of support and guidance they provide to trainees. Time spent with the procurement teams and with medicines safety leads were highlights for PTPTs.</p> <p>All trainees surveyed said they would recommend SWLStG as a place to work and learn.</p>
<p><b>Training Programme/Learner Groups Reviewed:</b></p>	<ul style="list-style-type: none"> <li>• PRPs</li> <li>• PTPTs</li> </ul>
<p><b>Who we met with:</b></p>	<p>The review team met with:</p> <ul style="list-style-type: none"> <li>• Three PRPs and PTPTs based at SWLStG</li> </ul> <p>The review team also met with the following Trust representatives:</p> <ul style="list-style-type: none"> <li>• Medical Director</li> <li>• Chief Pharmacist</li> <li>• Educational Programme Directors (for PRPs and PTPTs)</li> <li>• Educational and practice supervisors</li> <li>• Lead pharmacists</li> </ul>

<b>Evidence utilised:</b>	<p>The review team received the following supporting evidence from the Trust in advance of the review:</p> <ul style="list-style-type: none"> <li>• Local Faculty Group (LFG) meeting minutes (November 2018, March 2019, July 2019, September 2019, January 2020, May 2020, October 2020) and Terms of Reference;</li> <li>• LFG action tracker;</li> <li>• 2019/20 LFG report;</li> <li>• PRP yearly timetable, handbook and training plans;</li> <li>• PTPT handbook and training plans; and</li> <li>• Departmental structure chart.</li> </ul>
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## Review Panel

Role	Job Title / Role
<b>Quality Review Lead</b>	Shane Costigan, Associate Head of Pharmacy, Health Education England London, Kent, Surrey & Sussex
<b>Specialty Expert</b>	Katie Reygate, Pre-registration Pharmacists & Early Careers Lead, Health Education England London, Kent, Surrey and Sussex
<b>External Specialty Expert</b>	Emma Walker, Pre-registration Trainee Pharmacy Technician Lead, Central & North West London NHS Foundation Trust
<b>External Specialty Expert</b>	Chloe Beale, Senior Pharmacy Technician & Lead for Education & Training, Barking, Havering & Redbridge University Hospitals NHS Trust
<b>Lay Representative</b>	Kate Brian, Lay Representative
<b>Learner Representative</b>	Sara Barakat, Learner Representative
<b>HEE Quality Representative</b>	Gemma Berry, Learning Environment Quality Coordinator, Health Education England, London
<b>Supportive Role</b>	James Oakley, Quality & Patient Safety Officer, Health Education England, London

## Executive summary

The review team would like to thank the Trust for accommodating the review.

The review team was pleased to note areas that were working well within the pharmacy department at South West London and St George's Mental Health NHS Trust (SWLStG).

The review team was pleased to hear that the pre-registration pharmacists (PRPs) and pre-registration trainee pharmacy technicians (PTPTs) enjoyed their rotations in dispensary.

The review team also heard that the educational and practice supervisors were active members of the Local Faculty Group meetings and found these to be useful forums to discuss the delivery of education and training across the pharmacy department.

However, one serious concern was highlighted to the review team, which initiated an Immediate Mandatory Requirement, requiring a response from the Trust within five working days.

The review team was concerned to hear that trainees were asked to participate in duties beyond their competence, and there was a lack of clarity with regards to escalation processes in clinical areas where trainees required support. The Trust is required to provide written guidance and evidence relating to escalation processes and to the roles and responsibilities of trainees and practice supervisors during clinical rotations.

Other areas for improvement included induction, communication channels and the culture of engagement with education and training from some members of the pharmacy team, responsiveness to trainees' concerns, facilitation of learning opportunities and supervision meetings.

Actions have been set for all of the above concerns (outlined in this report), which will be reviewed by Health Education England as part of the three-monthly action planning timeline.

## 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
1.1	<p><b>Serious incidents and professional duty of candour</b></p> <p>The pre-registration pharmacist (PRP) and pre-registration trainee pharmacy technician (PTPT) trainees confirmed that they were familiar with the Trust's incident reporting protocol and system (Ulysses) and thought these were effective. The trainees advised that the Trust's Medicines Safety Officer was supportive and helpful if they had any enquiries in this regard.</p> <p>The review team heard that incidents were discussed in medicines optimisation and dispensary team meetings, with the aim of preventing repeated mistakes. The trainees said that some changes had been implemented in dispensary as a result of these reflective conversations.</p> <p>However, it was reported by the trainees that when they had noticed dispensing errors made by other colleagues and had tried to highlight these as quickly as possible, this feedback was, at times, met with defensiveness, rather than encouragement.</p>	Yes, please see Ph1.2a
1.2	<p><b>Bullying and undermining</b></p> <p>Some of the trainees reported experiencing undermining behaviour from some senior colleagues and supervisors. The review team heard about an instance when a trainee had been reprimanded for not carrying out a task that they felt had not been communicated clearly to them and that they were not responsible for. The trainee had been very upset by this episode. The trainees also told the review team that on occasion, supervisors had expressed the opinion that they were not adhering to the tasks assigned to them, and that in some instances this had led to the subsequent micromanagement of their daily duties.</p> <p>The review team heard that although a compassionate leadership session had been undertaken by members of the pharmacy team, the trainees still felt that the culture of the department was not conducive to open discussion and feedback regarding their training programmes. They described supervisors at times responding defensively to concerns raised, that communication channels and feedback loops were disconnected and that some supervisors showed limited engagement with education and training. The trainees cited staff turnover and changes as a contributing factor, along with significant service pressures faced by staff across all areas of the department.</p> <p>The trainees sometimes felt that they were not trusted by senior colleagues, particularly with regards to working from home. The trainees advised that they</p>	Yes, please see Ph1.2a  Yes, please see Ph1.2a, Ph2.2a & Ph5.1b

	were required to be present on site when taking their study time/days, which did not necessarily optimise their learning, particularly when large portions of their study involved accessing online learning resources that could be done from home.	Yes, please see Ph1.2b
<b>1.3</b>	<p><b>Quality improvement</b></p> <p>The educational leads advised the review team that the current PTPT had been working on a patient safety and lithium audit and had been involved with standard operating procedure (SOP) reviews, all of which offered good learning opportunities.</p> <p>The current PRPs were reportedly involved in a quality improvement project relating to laxative prescribing for eating disorder patients. The educational leads said PRPs always conducted audits during their training programme and were also asked to participate in other projects that helped to support the pharmacy team's practice, including writing articles for the Learning Lessons bulletin.</p> <p>The leads also explained that South West London and St George's Mental Health NHS Trust (SWLStG) was one of the first mental health trusts in London to implement electronic prescribing and was a forerunner in innovative ways of working, which they considered to be beneficial to trainees' experience.</p>	
<b>1.4</b>	<p><b>Appropriate levels of clinical supervision</b></p> <p>The review team heard from the educational leads that the PRPs and PTPTs were assigned a practice supervisor for each rotation. The practice supervisor's role was to support and clinically supervise the trainee throughout the rotation, to give them their objectives and to share two-way feedback. The educational leads said that trainees were told their practice supervisors were always available to them for support throughout their training programme, regardless of which rotation they were currently on.</p> <p>However, the trainees told the review team that the support and clinical supervision they received on rotations was variable. Due to the social distancing measures put in place to manage the Covid-19 pandemic, the trainees said they were often unable to physically shadow their senior colleagues and were sometimes left on their own to conduct clinical duties.</p> <p>The review team was concerned to hear of an instance when a trainee was the only pharmacy representative partaking in ward handover, because their practice supervisor was isolating at home (due to Covid-19), and when they tried to call the supervisor for advice as agreed, the supervisor was uncontactable for the duration of the trainee's time spent on the ward and failed to respond to the trainee's requests for support.</p> <p>In addition, the review team heard that, although the trainees had completed 'break away' training, they were not confident in their knowledge of the Trust's escalation processes if they found themselves in an unsafe situation, and they did not know who to approach in the pharmacy department or wider Trust for emotional support if required.</p> <p>Whilst some of the trainees felt comfortable asking their supervisors for help, they said they did not always receive it and were often referred to self-directed learning instead.</p>	<p>Yes, please see Ph1.4a</p> <p>Yes, please see Ph1.4a</p>

<p><b>1.4</b></p>	<p><b>Appropriate levels of educational supervision</b></p> <p>The educational leads confirmed that the PRPs were line managed by the PRP Educational Programme Director (EPD) and the PTPTs were line managed by the PTPT EPD.</p> <p>The PRP EPD was the educational supervisor to one of the current PRPs, whilst the other PRP received educational supervision from another of the pharmacists. The PTPTs received educational supervision from the PTPT EPD. The educational leads advised that the trainees met with their educational supervisors every two weeks, with a more formal, documented discussion every four weeks, when the supervisors also received feedback from the trainees.</p> <p>However, the review team heard from the trainees that access to their educational supervisors was variable; supervision meetings were not routinely scheduled, and often cancelled or rearranged. However, those meetings that went ahead were reportedly documented.</p> <p>The trainees thought that, at times, there was a lack of two-way discussion with their supervisors during educational supervision meetings and that these occasionally felt like a checklist exercise rather than a collaborative conversation about their overall progress. The trainees commented that they sometimes felt reprimanded for not achieving specific learning objectives during their rotations, however they felt that these objectives were not always clearly outlined to them in the first instance by their supervisors or in their training handbooks.</p> <p>Not all of the trainees felt that they could raise concerns with their educational supervisors.</p>	<p>Yes, please see Ph1.4b</p>
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<b>Domain 2 – Educational governance and leadership</b>		
<p>2.1. The educational governance arrangements measure performance against the quality standards and actively respond when standards are not being met.</p> <p>2.2. The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training.</p> <p>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.</p> <p>2.4. Education and training opportunities are based on principles of equality and diversity.</p> <p>2.5. There are processes in place to inform the appropriate stakeholders when performance issues with learners are identified or learners are involved in patient safety incidents.</p>		
<b>HEE Standard</b>	<b>HEE Quality Domain 2 – Educational governance and leadership</b>	<b>Requirement Reference Number</b>
<p><b>2.1</b></p>	<p><b>Effective, transparent and clearly understood educational governance systems and processes</b></p> <p>The review team heard from the educational leads and supervisors that Local Faculty Group (LFG) meetings were held on a quarterly basis and each meeting was split into two parts; the first part was open to all pharmacy staff and trainees and the second part was for educational leads and supervisors to reflect on trainees' progress and to discuss any support they may need.</p>	

	<p>The supervisors said the LFG meetings allowed all members of the pharmacy team to give direct input to, and share feedback on, the PRP and PTPT training programmes and other departmental matters. They said that trainees were actively encouraged to express their views at the start of these meetings, which provided the team with an opportunity to address any issues.</p> <p>Attendance at LFG meetings was said to be variable but there was a strict quorum of five attendees, including at least one trainee representative. The educational leads advised that non-attendees were asked to provide feedback in writing beforehand, so this could be shared at the meeting.</p> <p>Actions set during an LFG meeting were logged on a spreadsheet and reviewed at subsequent meetings. If a team member was not in attendance at a meeting, they were notified of any new actions via email afterwards.</p> <p>Both the educational leads and supervisors thought the LFG meetings were a useful forum for managing education and training in the department.</p>	
2.1	<p><b>Impact of service design on users</b></p> <p>The educational leads advised the review team that the pharmacy department at SWLStG was comprised of 30 staff, including two PRPs and two PTPTs (although one PTPT had recently left the training programme). The Trust served a population of one million people across five London boroughs, delivering both inpatient and community care. Springfield Hospital was the Trust's main site, along with some wards at Queen Mary's University Hospital and Tolworth Hospital. The PRPs spent time at each of these sites during their training programme. They also spent two weeks in community settings, including working with an award-winning learning disabilities team.</p> <p>Although the Trust specialised in mental health, the educational leads believed their pharmacy trainees were still able to obtain a broad level of clinical experience, as many of the service users had other physical health conditions and comorbidities. They advised that the pharmacy department also had close links with St George's University Hospitals NHS Foundation Trust, where the PRPs attended weekly acute clinical conditions teaching sessions. The PRPs also spent three weeks at Kingston Hospital NHS Foundation Trust on an acute general hospital rotation.</p> <p>The review team heard that some new rotations had been introduced to the PTPT training programme last year, including patient safety and medicines information. The PTPTs also undertook a clozapine rotation, which reportedly gave them a good insight into outpatient and inpatient care. The educational leads said they tried to enrol PTPTs onto Health Education England (HEE) London and South East (LaSE) Pharmacy's medicines optimisation programme. A counselling accreditation had also been developed to support PTPTs during their rotations in dispensary and medicines management. The educational leads said they were always considering ways to improve the PTPT programme.</p> <p>The review team was informed that the pharmacy department had recently received funding for two cross-sector PTPT posts, which would offer PTPTs more time in community settings than was currently available to them.</p> <p>The educational leads advised that the pharmacy service at SWLStG was operational from Monday to Friday, 09:00 – 17:00, so trainees did not work weekends. The trainees were offered the opportunity to work different hours</p>	



	<p>whilst on rotation in the community or at Kingston Hospital NHS Foundation Trust, to gain some experience of shift work. As this was not written into their contracts, it was entirely voluntary.</p> <p>In light of the Covid-19 pandemic, the educational leads recognised that some aspects of the trainees' programmes had not been delivered as planned, such as the teaching sessions at St George's University Hospitals NHS Foundation Trust and the necessity to work remotely on occasion. However, they said they had adapted elements of the training programmes to ensure trainees were still able to meet their educational requirements, and laptops were provided to all staff and trainees to support cross-site and remote working. The educational leads said they still prioritised on-site training whenever possible.</p>	
2.2	<p><b>Appropriate systems for raising concerns about education and training</b></p> <p>The review team heard from the trainees that when they had tried to raise educational or other concerns with departmental leads and supervisors in the past, they felt they were not taken seriously and they did not think their concerns had been acted upon. The trainees said that some of the educational leads and supervisors had been defensive and dismissive of their concerns, rather than supportive, and they felt it was implied that they were at fault if they needed help.</p> <p>In contrast, the educational leads and supervisors said that they encouraged trainees to raise concerns at any time during their placements and they would explore how the trainees could be best supported.</p>	Yes, please see Ph2.2a
2.2	<p><b>Appropriate systems to manage learners' progression</b></p> <p>Following rotation appraisal and educational supervision meetings, the assigned educational and practice supervisors for a trainee reportedly discussed any issues relating to their progress or training experience during a particular rotation. An action plan was then created, setting out how the trainee could meet any outstanding objectives during their rotation or later in the programme.</p> <p>The review team heard from one of the educational supervisors that they had previously sought advice from HEE LaSE Pharmacy regarding the management of a trainee requiring additional support (TRAS), as they were unsure of the process to follow or when to initiate it. They then put measures in place to support the trainee, including check-in meetings to better understand which areas of learning they were struggling with and to offer appropriate resources.</p>	

Domain 3 – Supporting and empowering learners		
<p>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.</p> <p>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.</p> <p>3.3. Learners feel they are valued members of the healthcare team within which they are placed.</p> <p>3.4. Learners receive an appropriate and timely induction into the learning environment.</p> <p>3.5. Learners understand their role and the context of their placement in relation to care pathways and patient journeys.</p>		
HEE Standard	HEE Quality Domain 3 – Supporting and empowering learners	Requirement Reference Number
3.1	<p><b>Access to resources to support learners’ health and wellbeing and to educational and pastoral support</b></p> <p>The educational leads advised the review team that at the start of the training year, the PRPs were assigned a ‘buddy’, who was a Band 6 pharmacist colleague, and available to them for support throughout their training programme, should they need it.</p>	
3.2	<p><b>Time for learners to complete their assessments as required by the curriculum or professional standards</b></p> <p>The review team heard from the trainees that their training programme arrangements (including rotation plans) were changed on a regular basis but they were not necessarily informed of these amendments directly. The trainees said it was difficult to foresee or plan when they would be able to perform certain tasks to meet their curriculum requirements. In some cases, they had not met all of their objectives by the end of their rotations.</p> <p>The practice supervisors told the review team that the impact of Covid-19 meant learning opportunities for rotations had had to be adapted and the practice supervisors discussed these changes with their trainees. Tasks to be completed during a rotation were reviewed and updated on a weekly basis as required. This was to ensure trainees were still able to receive the necessary clinical experience to meet their learning objectives. It was not stated who was involved in these review discussions.</p> <p>Furthermore, the educational and practice supervisors said that the trainees’ objectives sometimes changed during their placements based on their progress and the available learning opportunities. The supervisors said that these changes, and any direct feedback from trainees, were considered when planning rotations for future trainee cohorts. If a trainee had not met all of their objectives by the end of a rotation, the supervisors said they allowed more time to complete these, or they explored ways in which the trainees could complete required tasks during subsequent rotations.</p> <p>The educational leads informed the review team that PTPTs’ curriculum assessments were conducted by members of the pharmacy team.</p> <p>However, the review team heard from the supervisors that although some of them were qualified to be PTPT workplace assessors, the accreditation process was supported by assessors from Bradford College. PTPTs were asked to gather evidence in order to receive curriculum accreditations, such as witness testimonies from those who had observed them in practice.</p>	Yes, please see Ph3.4a

<p><b>3.3</b></p>	<p><b>Access to study leave</b></p> <p>The review team heard that the PRPs were scheduled to attend weekly teaching sessions at St George's University Hospitals NHS Foundation Trust on Wednesday afternoons. However, due to the Covid-19 pandemic, these sessions were being conducted via videoconference and were five weeks behind schedule.</p> <p>The trainees stated that PTPTs were allocated two hours of study time per week.</p>	
<p><b>3.4</b></p>	<p><b>Induction (organisational and placement)</b></p> <p>The trainees confirmed that they had undertaken a Trust induction and had completed mandatory training. They had also received training programme handbooks on commencing in post, which provided them with an overview of their curriculum requirements.</p> <p>However, the trainees reported that their departmental and subsequent rotation inductions did not clearly outline what was expected of them throughout each aspect of their training programmes. The trainees said they had been given objectives for some of their rotations but little guidance otherwise.</p> <p>In contrast, the review team was told by the supervisors that the programme handbooks clearly listed the trainees' objectives for each rotation and these were mapped to their curriculum requirements. The supervisors acknowledged that the trainees may not understand the full content of a rotation until they were trained on various processes during rotation itself, but they would know in advance what it would entail. They said the trainees received more specific details and objectives during their initial rotation meetings with their practice supervisors.</p> <p>The educational supervisors said they went through the key elements of the handbooks with the trainees during their initial educational supervision meetings. At that time, they also discussed; expectations of the training programmes; supervision arrangements; types of roles within the pharmacy department; study and annual leave processes; training plans; how to use the e-portfolio system, and how to obtain evidence to meet objectives. The trainees were also introduced to members of the pharmacy team in their first couple of weeks in post.</p> <p>They said that from induction onwards, they encouraged the trainees to speak up if they felt they were not getting the training experience they expected.</p>	<p>Yes, please see Ph3.4a</p>
<p><b>3.5</b></p>	<p><b>Learners have an initial, mid-point and final meeting to set and discuss progress against their learning agreement</b></p> <p>The trainees told the review team that whilst they were supposed to have formal appraisal meetings with their practice supervisors at the beginning, middle and end of each rotation, these did not always take place. In some instances, the trainees had had to chase these up with their practice supervisors or arrange for a different senior colleague to conduct them. This made the trainees feel that their practice supervisors were not interested in supporting their learning. The trainees said they would prefer for all of their appraisal meetings to be scheduled in advance.</p>	<p>Yes, please see Ph3.5a</p>

	<p>The trainees advised that appraisal meeting notes were documented on a standard form by the supervisors, but this was not necessarily done in collaboration with the trainees.</p> <p>In contrast, the practice supervisors told the review team that these appraisal meetings went ahead as planned and that they offered trainees the opportunity to discuss their objectives and progress, and to share feedback on the content of the rotations.</p> <p>The review team noted a lack of clarity, both by trainees and supervisors, around the responsibility for uploading supervision meeting documentation to the e-portfolio system (specifically for PRPs).</p>	<p>Yes, please see Ph3.5b</p>
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**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	<p><b>Access to appropriately funded professional development, training and appraisal for educators</b></p> <p>The educational leads advised the review team that the Trust was dedicated to education and training and the Learning and Development team was very proactive. Until the 2020/21 financial year, the pharmacy team had always been able to access central Continuing Professional Development (CPD) funding for pharmacy training. However, this was no longer the case, as the funding was now only available to nurses, midwives and Allied Health Professional staff. The leads reported it may be difficult to fund training from the pharmacy department’s budget in the future. The review team offered to support the leads with finding other potential funding streams.</p> <p>The review team heard that the pharmacy team not only conducted departmental training, but they were also invited to attend multi-professional training courses and college days, some of which were accessible by PRPs.</p> <p>The PTPT and PRP EPDs said they were planning to use the HEE LaSE Pharmacy EPD framework to support their development in due course. The PRP EPD had previously attended HEE EPD development training courses, which they found helpful, particularly for sharing advice and discussing common concerns with peers. The PTPT EPD thought HEE LaSE Pharmacy’s online EPD Zone network was very useful for accessing resources and developing the PTPT training programme and handbook. The PTPT EPD thought these resources would also allow them to set clearer expectations for PTPTs upon commencing in post, and to better explain the department’s governance structures.</p> <p>The review team was told that the educational and practice supervisors in the pharmacy department had a range of experience and supervisory qualifications between them. Some of the more experienced educational</p>	<p>Yes, please see recommendation Ph4.1a</p>

	<p>supervisors had reportedly undertaken refresher training courses for this role in recent years. Whilst the supervisors were mainly trained through formal programmes, they also used HEE LaSE Pharmacy frameworks to assess their competency levels and identify areas for improvement.</p> <p>The supervisors said they received ongoing support for their roles, and updates on pharmacy training and education, through LFG meetings. They also attended continuous education meetings at the end of each month which focussed upon education, clinical practice, governance and learning from incidents. Medicines optimisation meetings and clinical supervision meetings were also held to support supervisors' learning and development. The latter was specifically intended for pharmacists to discuss any concerns and offer support and advice to one another.</p> <p>Technician development meetings were convened on a quarterly basis, specifically for pharmacy technicians to discuss continuing professional development and updates from HEE LaSE Pharmacy. PTPTs were invited to these meetings.</p> <p>In addition, the supervisors said they met with their line managers on a regular basis throughout the year to discuss their objectives and training requirements.</p> <p>The supervisors suggested it would be useful to establish a regional educational and practice supervisor network, similar to the network already in place for EPDs. They thought this would promote learning between placement providers and help to identify if there were any beneficial initiatives that SWLStG could implement. They also felt that having peer networks would allow less experienced supervisors to learn from those with more experience.</p> <p>The review team was informed that formal coaching sessions were going to be offered to some educational leads and supervisors in the near future.</p> <p>Overall, the supervisors appeared to be satisfied with the governance structures in place to support their roles.</p> <p>The educational leads advised the review team that the PRP EPD had been working on a workforce development plan for all pharmacy staff, which outlined the skill sets required for each role and the training available to support this. This work aimed to identify gaps in learning and to identify individuals' learning needs. The leads hoped it would ensure staff were being developed and were able to progress within the department.</p> <p>The review team also heard that the educational leads held a list of all accreditations for the various staff groups within the pharmacy department, which helped them to identify any outstanding training requirements and to assure everyone's competencies.</p>	<p>Yes, please see recommendation Ph4.1b</p>
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## 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	<p><b>Placements must enable learners to meet their required learning outcomes</b></p> <p>The review team heard that PTPTs did not have access to one of the clinical systems required to meet their learning objectives. The trainees' understanding was that this access could only be granted by the Chief Pharmacist upon request.</p> <p>The trainees thought there was a lack of clear understanding around their and their practice supervisors' roles and responsibilities whilst on rotation. They thought that communication between educational leads, practice supervisors and trainees in this regard was poor. The review team heard that some of the practice supervisors did not know that trainees had been assigned to them and the trainees were unsure whether they were responsible for notifying the teams they were joining for their rotations. Furthermore, some of the trainees said they had had to proactively ask for work to do whilst on rotation, because their objectives were not clearly defined and they had been given little guidance on their expected daily duties by their practice supervisors. The trainees felt that some practice supervisors did not think it was their responsibility to support them with their training. When they had the opportunity to shadow senior colleagues, the trainees felt that some were not interested in teaching and facilitating learning opportunities.</p> <p>The trainees told the review team that when they asked clinical questions of their supervisors and senior colleagues, they were often referred to handbooks and textbooks or told they should already know the answers, rather than being actively supported in their learning. In general, the trainees did not think that the supervisors facilitated the application of theory to practice.</p> <p>The trainees said they had been advised that the elderly care ward at the Trust's Springfield Hospital site offered useful learning opportunities, but they were not clear on whether they were due to undertake a rotation in that area. The trainees did not think they had been given sufficient time to discuss and adapt rotation plans with their supervisors, either to accommodate their preferences or areas of specialist interest. The trainees believed their training programmes could be better considered to maximise these learning opportunities and they did not feel that their placements were fully preparing them for qualification.</p> <p>Conversely, the educational leads and supervisors thought the PRP and PTPT training programmes equipped trainees with the necessary skills required for qualification and ensured that the trainees would be able to work effectively in a range of settings. The leads said that PRPs began their programmes by gaining more operational experience (such as dispensing,</p>	<p>Yes, please see Ph5.1a</p> <p>Yes, please see Ph5.1b</p> <p>Yes, please see Ph5.1c</p>

	<p>medicines reconciliation and medicines supply, the safe and secure handling of medicines and audits) but their clinical work and responsibilities increased over time until their examinations in June, by which point they were expected to perform like a qualified pharmacist.</p> <p>The educational leads and supervisors suggested that by exposing trainees to situations where they had to be self-sufficient and use their initiative, they were better prepared for their roles as qualified professionals. They wanted trainees to know their learning requirements and where to find information for themselves.</p> <p>The leads advised that they requested feedback from the previous cohort of trainees before the start of each training year. This was to ensure that training plans for the new cohort were adjusted to be as effective as possible. The leads said they continually sought and considered new learning opportunities for the trainees. They tried to accommodate the trainees' preferences and individual development needs as much as possible, as they wanted them to have a well-rounded education and to ensure they were able to meet their curriculum requirements. They said they encouraged the trainees to join operational and safety governance meetings to gain a good understanding of how services worked.</p>	
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<b>Domain 6 – Developing a sustainable workforce</b>		
<p><b>6.1.</b> Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.</p> <p><b>6.2.</b> There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.</p> <p><b>6.3.</b> 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.</p> <p><b>6.4.</b> Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.</p>		
<b>HEE Standard</b>	<b>HEE Quality Domain 6 – Developing a sustainable workforce</b>	<b>Requirement Reference Number</b>
<b>6.1</b>	<p><b>Retention and attrition of learners</b></p> <p>The educational leads thought there were good career opportunities available to pharmacy trainees if they chose to stay at SWLStG upon qualification. However, it was noted that most trainees from previous training years went on to secure roles in other organisations, such as in acute NHS organisations.</p> <p>The trainees thought their placements at the Trust offered them a good opportunity to gain specialist mental health knowledge that they would not otherwise get in a general hospital.</p> <p>However, aside from their rotations in dispensary (which were reportedly positive), the trainees felt they had not had a good training experience at the Trust thus far and described feeling unhappy and unsupported in their roles. They said that in their current form, they would not recommend their placements to peers.</p>	

## 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)
Ph1.4a	<p>The review team was concerned to hear that trainees were asked to participate in duties beyond their competence, and there was a lack of clarity with regards to escalation processes in clinical areas where trainees required support.</p>	<p>Health Education England (HEE) requires the Trust to provide written guidance relating to:</p> <ul style="list-style-type: none"> <li>• the roles and responsibilities of trainees and practice supervisors during clinical rotations; and</li> <li>• the process for escalation, should any issues arise during daily duties.</li> </ul> <p>And to provide evidence:</p> <ul style="list-style-type: none"> <li>• that this guidance has been communicated to and reviewed by all members of the pharmacy team; and</li> <li>• that there is a process by which lessons are learned following the raising of concerns and incidents, and that appropriate mitigations are put in place to minimise the likelihood of these occurring again in future.</li> </ul>
Requirement Reference number	Progress on immediate actions	Required Action, timeline, evidence (to be completed within an agreed timeframe)
Ph1.4a	<p>In response to this Immediate Mandatory Requirement (IMR), the Trust submitted the following documentation/evidence for review:</p> <ul style="list-style-type: none"> <li>• Internal report following the HEE quality review of 24 November 2020;</li> <li>• Updated pre-registration pharmacist (PRP) handbook 2020/21;</li> <li>• Pre-registration trainee pharmacy technician (PTPT) handbook 2020/21;</li> <li>• Pharmacy services local induction checklists; and</li> <li>• Internal correspondence regarding roles, responsibilities and expectations for PRP and PTPT rotations.</li> </ul>	<p>Considering the evidence submitted by the Trust in response to this IMR, HEE is satisfied that the immediate concerns raised as part of the review have been addressed and that the department is working constructively to refine and develop the training programmes moving forward.</p> <p><b>Next steps:</b></p> <ol style="list-style-type: none"> <li>1. HEE requests an update on the activities outlined in the Trust's initial IMR response, in the form of Local Faculty Group (LFG) meeting minutes and action trackers. Please submit this evidence by 1 March 2021, in line with HEE's action plan timeline.</li> <li>2. Please incorporate the 'expectations document' circulated to trainees and supervisors into both the PRP and PTPT handbooks, so it is clear to trainees, not only what is expected of them, but what they can expect from their supervisors in terms of supervision, support, and guidance throughout their time at the organisation. Please provide evidence to demonstrate that this has been completed by 1</li> </ol>

	March 2021, in line with HEE's action plan timeline.
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<b>Mandatory Requirements</b>		
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.		
<b>Requirement Reference number</b>	<b>Review Findings</b>	<b>Required Action, timeline, evidence</b>
Ph1.2a	<p>The review team noted a contrast between the perceptions of trainees, supervisors, and educational leads regarding the delivery of education and training in the department.</p> <p>The trainees described an unsupportive culture within the pharmacy department and that they had experienced undermining behaviour from supervisors, whereas supervisors described the opposite.</p>	<p>Please provide evidence to demonstrate that.</p> <ul style="list-style-type: none"> <li>An initial mediation conversation has taken place between trainees and supervisors regarding the concerns highlighted by trainees as part of the quality visit. We would advise that this is led by an external facilitator, either from trust HR or another trust team and can offer HEE support also.</li> <li>Following this session, regular engagement and feedback sessions for trainees and supervisors are established, that dates are agreed in advance and actions documented at each meeting. An escalation process should be agreed that outlines the process for addressing any unresolved actions linked to these meetings.</li> </ul> <p>Please submit evidence that these meetings are occurring, via meeting minutes or equivalent, by 1 March 2021, in line with HEE's action plan timeline.</p>
Ph1.2b	The trainees highlighted that support for working from home was variable.	<p>Please provide written evidence of the department's working from home policy, including expectations of trainees and supervisors when working from home, agreed communication channels and an outline of expectations around regular 'check-in' meetings or huddles with trainees or staff working remotely or from home.</p> <p>Please submit this evidence by 1 March 2021, in line with HEE's action plan timeline.</p>
Ph1.4b	Trainees' access to their educational supervisors was reportedly variable; supervision meetings were not routinely scheduled, and often cancelled or rearranged.	<p>Please provide evidence via e-portfolio records or equivalent to demonstrate that educational supervision meetings with trainees are taking place and documented at agreed time intervals.</p> <p>Please submit this evidence by 1 March 2021, in line with HEE's action plan timeline.</p>
Ph2.2a	The trainees reported a lack of engagement and communication	Please provide evidence via LFG meeting minutes or equivalent to demonstrate that

	<p>from some educational leads and supervisors when raising concerns about their training experiences. The trainees said they were not necessarily kept informed of how their concerns were being acted upon.</p>	<p>trainees' concerns are being acted upon and that trainees are being communicated with and informed of these actions. Please also provide updated feedback from trainees on this matter.</p> <p>Please submit this evidence by 1 March 2021, in line with HEE's action plan timeline.</p>
Ph3.4a	<p>The trainees reported that their departmental and subsequent rotation inductions did not clearly outline what was expected of them throughout each aspect of their training programmes.</p> <p>The trainees also said that they were not necessarily informed of any changes to their training programmes (including rotations) as they were made, making it difficult to foresee or plan when they would be able to perform certain tasks to meet their curriculum requirements</p>	<p>Please provide copies of the most recent written departmental and rotational induction processes and training handbooks to demonstrate how trainees will be provided with a clear overview of their learning objectives and expectations during each stage of their training programmes.</p> <p>Please also provide a written protocol for how any changes to training programmes will be communicated to trainees during the course of their placements. Please provide updated feedback from trainees on this matter.</p> <p>Please submit this evidence by 1 March 2021, in line with HEE's action plan timeline.</p>
Ph3.5a	<p>Trainees reported that they did not always undertake formal appraisal meetings with their practice supervisors at the start, middle and end of their rotations as required.</p>	<p>Please provide evidence via documented meeting schedules, e-portfolio records or equivalent to demonstrate that rotational appraisal meetings are planned in advance and are taking place between practice supervisors and trainees.</p> <p>Please submit this evidence by 1 March 2021, in line with HEE's action plan timeline.</p>
Ph3.5b	<p>The review team noted a lack of clarity, both by trainees and supervisors, around the responsibility for uploading supervision meeting documentation to the e-portfolio system (specifically for PRPs).</p>	<p>Please provide evidence via LFG meeting minutes to demonstrate that e-portfolio documentation processes have been agreed between supervisors and trainees.</p> <p>Please submit this evidence by 1 March 2021, in line with HEE's action plan timeline.</p>
Ph5.1a	<p>The review team heard that PTPTs did not have access to one of the clinical systems required to meet their learning objectives. Trainees should be provided with all of the resources needed to meet their training requirements.</p>	<p>Please provide written evidence that future cohorts of PTPTs will be granted access to all clinical systems required for their training programme upon commencing in post, along with appropriate training in their use.</p> <p>Please submit this evidence by 1 March 2021, in line with HEE's action plan timeline.</p>
Ph5.1b	<p>The review team found that there was an inconsistent understanding between educational leads, practice supervisors and trainees regarding roles, responsibilities and reporting lines within the pharmacy team in respect of education and training.</p> <p>Communication channels within the pharmacy team, particularly between</p>	<p>Please outline the mechanisms through which supervisory arrangements and roles and responsibilities for education and training within the pharmacy department are communicated to all members of the team, including trainees.</p> <p>Please submit this evidence by 1 March 2021, in line with HEE's action plan timeline.</p>

	supervisors and trainees, appeared disconnected.	
Ph5.1c	Whilst the review team was pleased to hear that training programme handbooks were available to trainees, it was reported that supervisors often referred trainees to handbooks and textbooks, instead of facilitating the application of theory to practice. The trainees felt that a number of supervisors were not interested in teaching.	<p>Please provide evidence that these concerns are being addressed and discussed with all members of the pharmacy team via LFG meeting minutes or equivalent. Please also provide feedback from trainees on this matter.</p> <p>Please submit this evidence by 1 March 2021, in line with HEE's action plan timeline.</p>

## 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
Ph4.1a	It is recommended that the Trust works with HEE's London and South East (LaSE) Pharmacy team to explore opportunities to develop the workforce, to include potential funding routes for pharmacy training.
Ph4.1b	HEE LaSE Pharmacy team will explore the potential establishment of a regional educational and practice supervisor network across London and Kent, Surrey and Sussex.

## 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

<b>Outcome report completed by (name):</b>	Gemma Berry, Learning Environment Quality Coordinator
<b>Review Lead signature:</b>	Shane Costigan, Associate Head of Pharmacy, HEE LaSE
<b>Date signed:</b>	12/01/2021

<b>HEE authorised signature:</b>	Helen Porter, Pharmacy Dean, London and Kent, Surrey, and Sussex
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**Date signed:**

26/01/2021

**Date final report submitted to organisation:**

29/01/2021

### **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 develop 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