

Quality in Pharmacy Education Review Outcome Report November 2017



Local office name:

Yorkshire and the Humber

Organisation:

Health Education England
School of Medicines Optimisation

Placements reviewed:

Pre and Post Registration Pharmacists
Pre and Post Reg Pharmacy Technicians

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Date of Review:

15 November 2017 (Elland Road, Leeds)
16 November 2017 (Hilton Hotel, Sheffield)

Date of report: December 2017
Authors: Gill Risby and Julie Platts

Review context

Background

Duration of review:	2 days
Intelligence sources seen prior to review:	CQC reports, NETS survey, YH Progress, Completers and Destination data

Panel Chairs/members

Facilitators: Dr David Eadington, Deputy Postgraduate Dean, HEE and Professor Liz Kay, Head of School of Pharmacy Education, HEE

Name	Job title
Richard Harris	Weldricks Pharmacy, Community Representative and HEE TPD NMP
Mike Hayward	Associate Dean, HEE
Helen Bradbury	Senior Lecturer and Associate Professor, University of Leeds
David Corral	Chief Pharmacist, Hull and East Yorkshire NHS FT
Sally Bower	Primary Care TPD School of Medicines Optimisation, Head of Patient Safety and Medicines Optimisation, Leeds CCG Partnership
Gemma Quinn	Pharmacist, University of Bradford
Gail Holmes	Pharmacy Technician and Manager Vocational Sciences & Interim Programme Area Lead
Chris Bland	Community Pharmacist and Chair Rotherham LPC
James Spencer	Dental Dean, HEE
Helen Silcock	Secondary Care Pharmacist/ Foundation Lead HEE, Training Programme Director School of Medicines Optimisation
Julie Parker	NHS Harrogate and Rural District CCG
Tess Fenn	Pharmacy Technician Professional Representative and APTUK President
Chris Cutts	Pharmacy Dean School of Medicines Optimisation
Margaret Culshaw	Deputy Head of Pharmacy University of Huddersfield
Sue Hamshaw-Thomas	Secondary Care and Pre-Registration Lead HEE, Training Programme Director School of Medicines Optimisation
Catherine Duggan	RPS Professional Representative and Director of Professional Development and Support
Gill Risby	Operational Lead, School of Medicines Optimisation, HEE
Caroline Ashworth	Pharmacy Technician Educator, Sheffield Children's Hospital/Sheffield College
Jonathan Silcock	Pharmacist - Senior Lecturer in Pharmacy Practice University of Bradford
Damian Child	Chief Pharmacist, Sheffield Teaching Hospitals NHS FT
Graham Prestwich	Patient Representative
Jenny Trippett	Learner Representative
Michelle Wilson	Lay Representative
Rachel Smith	School of Medicines Optimisation Clinical Leadership Fellow

Executive Summary

The Quality Review of Pharmacy Education for pre and post registration pharmacists and pharmacy technicians across Yorkshire and the Humber was held in November 2017. The HEE Quality team and School of Medicines Optimisation worked together successfully to organise the event.

This is the first Quality Review of Pharmacy workforce development. The learners attending the Quality Review were keen to build on their experiences; there was good engagement with educators who also input into this review. The team of panel chairs and panel members who attended the events were enthusiastic and unanimous in their support of the initiative.

There was much to celebrate about very good learner experience, from enthusiastic, motivated trainees and committed tutors. Many good practice highlights have been noted. However, there is inconsistency in leadership of workforce development across Yorkshire and the Humber and inconsistency in the opportunities afforded to learners in different environments.

The Quality Review was facilitated by Professor Liz Kay, Head of School of Medicines Optimisation and Dr. David Eadington, Deputy Postgraduate Dean, with 111 participants; 88 provided input - 51 Learners and 37 Educators, with 23 panel members and chairs. This multi-professional panel consisted of members from medicine, dentistry and pharmacy, with input from a range of sectors, including lay, patient and student representatives.

- Good feedback was received from learners, many have fantastic experiences, and many have good ideas for improvements.
- Learners and educators did not attend from every hospital, and involvement was limited from community pharmacy and primary care, therefore this review provides a sample of participants.
- Learners could benefit from self - directed development if the career pathway to achieve the most highly developed professional and leadership skills was clear.
- A variety of different training materials are available, knowing what is appropriate at what stage of development, and what would be most effective would be helpful. Particular gaps were noted for some groups e.g. primary care pharmacists.
- Similarly, post-registration pharmacy technicians reported a lack of structure with variability in working practices from Trust to Trust about what tasks learners can/cannot undertake.
- Leadership of and advocacy for the development of the workforce within and between organisations could be increased.
- Authentic patient and public involvement in learning and training assessment is not utilised in many areas; understanding patients and their medicines' needs is a key purpose of the workforce and its associated skills.
- The HEE quality framework and standards must be embedded and translated into local action.

Summary of Findings

1. Good Practice Highlights

- Pharmacist learners really valued access to clinical teaching in the postgraduate clinical diplomas, which *'is really good with most of the clinical teaching sessions taking place in university, run by pharmacists, which were very useful in giving you the experience you need, and it would have been harder had they not had these and it has made them notice more'*.
- One individual stated they were given *'training every week on Thursday afternoons with specialist pharmacists; this is protected time'*.
- Good overall clinical supervision was noted by several post registration pharmacists and *'constructive feedback is always acted on, having someone senior there for help and advice is a bonus'*, with *'peer review sessions and talks related primarily to primary care'* in one CCG.
- Educators do get *'opportunities to go on Train the Trainer days'*, which were most valued.
- Role models are inspirational, e.g. one participant commented *'I wasn't interested in paediatrics and now I have had exposure I want to go into this. I find some pharmacists are really inspiring'*. Another participant stated *'One peer was a very good role model and made friendly acquaintance with the patient and learnt a lot from him - saw this person as a good role model – e.g. when taking history, he brings a chair and has a chat, he digs deeper and does counselling to make sure this person is ready to know about the medication. There are others that are good, but this person is extraordinary'*.
- In community practice, team work is encouraged – some good examples were noted around how pre-registration trainee pharmacists are given opportunities to observe transitions of care in the community.
- One trainee stated her community pharmacist *'sat down with me from the first day and gave me a timetable. This task based timetable entailed meeting a set of standards'*. Students from the hospital setting also felt this was essential.
- A participant from one of the large community multiples noted *'we benefit from having both tutors and trainees in the same induction and they get to understand how one another interpret what they should be doing. It helps manage expectations'*.
- At one hospital Trust, it was cited the pharmacy technician was integral within the ward team, and seen as *'vital – more in terms of management'*. It was noted that sometimes junior pharmacists were on their own on the ward, and that *'good [pharmacy] technicians minimise problems – some are super and have influenced how the junior [pharmacist] worked on the day'*.
- Buddy systems between learners were cited at two teaching hospitals; these were seen to be really effective and helpful for learners.

2. Summary of Key themes from Learner Feedback

- Learners highlighted that professionalism was not consistently provided within taught programmes, particularly around what it means to be a pharmacy professional and what a role model looks like.
- Inconsistency exists in training course access, training outcomes and training structure for each professional group and the “on the job” and “off the job” time made available for training across all learners.
- Tutors and mentors are highly valued by learners, but the voice of the educators is not always heard by senior leaders often leading to a lack of structured training time for learners and a lack of consistencies in availability and training of mentors. The mentors and tutors’ motivation and skills for their roles are variable and development is needed for both groups.
- Learners also felt that equity of access to training is not consistent between or within organisations and sometimes a culture of “if your face fits you get access to training” exists.
- Learners highlighted induction as very important, but this often only occurs at the start of training and not at the commencement of placements in the rotations. Learners need more clarity about what they are “permitted” to do at various stages of their training and when they can progress to more complex tasks - this should be tailored to everyone’s differing rates of progression.
- Pre-registration Trainee Pharmacy Technician Learners found patient contact, simulated or not simulated, is very limited in the training environment and this would be highly valued, as would learning from patients as educators.
- Multi-professional and inter-professional learning, where it occurs, was cited as very good. However, this rarely occurs for pharmacy technicians.
- The mechanism for raising concerns about staff attitudes to trainees is problematic with some organisations identified as having specific cultural problems of potential bullying, which need to be addressed.
- Learners gain much support from colleagues one year ahead of their learner status. Trust participants noted for successful “buddying” between learners in separate years of development.
- Career workforce development is not evident; structured training rarely occurs after foundation pharmacist and foundation pharmacy technician roles. Learners highlighted that structured formal feedback from each training placement is sought by learners to aid their development. Career pathways for pharmacy learners linked to a training structure were not clear and pharmacy technicians have limited career opportunities outside secondary care.
- The regional course provided for hospital pre-registration pharmacists was valued; *‘good feedback is provided and [they are] amenable to change the programme following feedback from tutors and managers. [They] focus on things that are hard to cover in the programme. Good networking from trainees’*.
- Feedback highlighted that Non-Medical Prescribers (NMP) are treated unfairly; development as prescribers occurs at their own cost (for GPhC register annotation and professional indemnity cover), for some, in training time and for many their registration and their status as prescribers is not recognised in financial reward. This may be an explanation for trained individuals not practising as NMPs post training.
- It was felt that serious incidents and errors could be used more to support learner development, to turn these incidents into positive learning opportunities and exercises.

3. Summary of Key themes from Tutor Feedback

- Tutor feedback highlighted tutor engagement and enthusiasm for workforce development is generally strong. Good training relationships and good training is often driven by the passion of individual trainers. However, balancing training time for learners in the presence of operational pressures can be problematic.
- Tutors felt that trainer voices would be stronger if presented at a more senior level in organisations to support workforce development. They were not supported by a senior role such as the Director of Medical Education within organisations. This type of senior role could lead to more consistency in training and impact on the imbalance between operational service pressures and training time. Advocacy for workforce development can be quashed through operational pressures.
- Protected learning time was felt to be effective where it is mandated e.g. in NMP. Innovation in NHS services could be used more effectively e.g. outsourced outpatient pharmacies.
- There was recognition that training costs money and ensuring best value for money in approach is supported. A structure of training created once and shared could solve some of the inconsistencies.
- Tutor engagement and enthusiasm for workforce development is generally strong.
- The regional course provided for hospital pre-registration pharmacists is good, good feedback and amenable to change the programme following feedback from tutors and manager. Focus on things that are hard to cover in the programme. Good networking from trainees.
- Good training relationships and good training is often driven by the passion of individual trainers, e.g. *'Proactive clinical supervisor at the Trust, who would find opportunities for [pre-registration trainee pharmacy technician] students to learn'*.
- Finding time to train has been flagged up throughout many groups for example, it was cited there are *'significant training issues in dispensaries. Pre-registration pharmacists do not routinely undertake medicines supply dispensing logs and accuracy checking'*.
- Balancing training time for learners in presence of operational pressures can be problematic, e.g. *'As a CCG, we try to encourage people to get experience between different specialities'*.
- Trainer voices would be stronger if presented at a more senior level in organisations to support workforce development, e.g. one individual stated, *'There are Trust pressures; they don't want to know until things go wrong'*, and another commented *'some areas can continue to train, even though there is a difficult person with a difficult personality'*.
- Protected learning time is effective where it is mandated - e.g. in NMP. Some qualified NMPs have not developed their confidence as prescribers, and so *'sometimes do not have the confidence to prescribe'*.
- Innovation in NHS services could be used more effectively for training, e.g. outsourced outpatient pharmacies
- Tutor development requires more commitment from employers and access to training and development - including networking to share good practices. Lack of mentoring in post qualification roles. *'Main issue is with the tutors themselves, we recommend they go on the Tutor training courses, however we find it difficult to get them on the training course the first-time round and may go for months before they actually get the tutor training'*.
- Need to create awareness of Tutor Training resources as tutors noted *'Training opportunity gap for trainers who deliver tutorials and they may not have gone through any training to deliver the training and deal with any challenges during teaching. Not*

being equipped to deal with a challenging situation such as unprofessional behaviour. Resource to equip them to provide training’.

- Educators in one teaching hospital Trust have dedicated assessors who make sure they have time for assessments and to ensure consistency.
- Another Trust participant stated they have time in the job plan for practice supervisors to train in their role.
- One community provider has focus group discussions about supporting trainees and training in a group session, with cross over with other companies at pharmacy events.

Sign off and next steps

Report sign off

Outcome report completed by (name):	Gill Risby and Julie Platts
Chair’s signature:	David Eadington and Liz Kay
Date signed:	
Date submitted to organisations:	23 January 2018
Date published on HEE website:	February 2018

Organisation staff to whom report is to be sent

Job titles
Chief Pharmacists, Heads of Medicines Management and Superintendent Pharmacists in all organisations in Yorkshire.
Higher Education Institutions providing training for Pharmacy Registrants
HEE Regional Pharmacy Deans

Findings and conclusions

This was the first Quality Review of Pharmacy Workforce Development in Yorkshire. Most of the learners and tutors who attended were from hospital practice, and not all hospitals were represented. Many examples of excellent education and training were reported to the panels and learners were complimentary about their tutors and grateful for their support. Many learners could cite individuals who had made a great impact on their development, and very good training was reported as being frequently influenced by individually committed tutors and trainers.

What “professionalism” means, and the need for development of the pharmacy workforce as professionals was a core issue across all groups. Many learners were seeking “role models” to support their development. The importance of a good induction and of learners being clear about their roles and responsibilities with regular, routine, consistent and well-prepared feedback about their performance and progress was a consistent theme.

Tutors reported enjoying their roles, but the motivation of the tutors and the support afforded to them by senior leaders was inconsistent. Tutors reported the challenge of maintaining workforce development in the presence of operational pressures. Tutors were generally keen to continue their own development and to learn from each other.

Educational recommendations

1. Learning Environment and Culture

- 1.1. Many learners were training in a supportive environment, and were enjoying their learning. Role modelling of good practice was noted. However, some examples of negative attitudes and behaviours were reported. The optimal environment for learning and the expected behaviours of those supporting learners, in line with the HEE Standards should be widely shared. The process for escalation of concerns by learners within organisations should be clarified.
- 1.2. Feedback about the value of reflective practice to learners in learning from events was noted and this should be encouraged consistently across employers. More opportunities to engage with service users as trainers in workforce development exist than are currently being utilised; this should be encouraged within organisations.
- 1.3. Learners and tutors from many, but not all hospital training sites attended the event. The results from this Quality Review should be shared widely and at future Quality Reviews all providers and sectors should be encouraged to participate.
- 1.4. The minimum standards for the learning environment within the pharmacy workforce should be defined and audited by a network of tutors working in appropriate geographical areas. The importance of inter-professional learning (between pharmacists and pharmacy technicians and between pharmacy staff and nursing, medicine and allied healthcare professionals) should be encouraged. Closer working with HEE Training Programme Management structures is recommended. Simulation as a tool to encourage learning should be used where facilities exist.

2. Educational governance and leadership

- 2.1. Strategic professional leadership to embed the HEE Quality Standards into the development of the pharmacy workforce, through a network of tutors, is needed in all healthcare settings in Yorkshire and the Humber. The Pharmacy Dean, working

collaboratively via the School, Training Programme Directors (TPDs) and with pharmacy workforce employers, across a geographical area such as an STP is recommended.

- 2.2. Tutors/Supervisors (education and clinical) should be supported by a strategic professional role within organisations, linked to the School, and undergo routine and regular training to update their leadership and training skills. Connections to multi-professional education leadership should be enhanced.
- 2.3. The Quality Review of Pharmacy workforce development should become a regular and routine part of educational governance.
- 2.4. Opportunities for staff to train and to develop their skills should be offered fairly to all staff and follow principles of equality and diversity

3. Supporting and empowering learners

- 3.1. Tutors and service managers should be made aware of HEE School of Medicines Optimisation guidance about supporting learners.
- 3.2. Induction for learners should occur in all parts of the pharmacy service which are encountered in their training. Learners should be briefed about their initial role as learners, and about their developing role and responsibilities as the training programme progresses.
- 3.3. “Buddying” new learners with other more experienced learners, is regarded positively and should be considered by educational supervisors.
- 3.4. The need for protected learning time, and the benefits where it is available, comes out as a strong theme in the feedback and professional leaders should set standards for this.

4. Supporting and empowering educators

- 4.1 Educational supervisors and tutors should understand their responsibilities for workforce development and the programmes of learning they are supporting learners to undertake.
- 4.2 Tutors should be supported by a strategic professional leader such as a Director of Pharmacy Education and the School of Medicines Optimisation, and receive routine and regular training to update their leadership and training skills.
- 4.3 An educational lead role should be in place in all organisations; this generally does not happen in primary care.

5. Developing and implementing curricula and assessments

- 5.1 The School of Medicines Optimisation is well placed to host training materials and to signpost pharmacy staff to these. The School should ensure that these resources are easy to find, up to date, regularly advertised and best practice showcased.
- 5.2 The School of Medicines Optimisation should work with educational supervisors, tutors and other relevant individuals to identify efficiencies in the process of pharmacy workforce development.
- 5.3 Learners should expect consistency in their learning and in their assessments across Yorkshire.

6. Developing a sustainable workforce

- 6.1 Enhanced strategic leadership of the quality of pharmacy workforce development is recommended. Ultimately the care of patients is dependent on the knowledge, skills

and behaviours of pharmacy professionals. Supporting learners to become the best possible future practitioners is a responsibility of all employers.

- 6.2 The career pathway for members of the pharmacy workforce should be available to learners such that they can map out their own development. The School of Medicines Optimisation leadership should work with national partners to deliver this career pathway.
- 6.3 Access to sufficient funding, within HEE, to support the development of the pharmacy workforce is key to future success.

Appendix 1

Detailed Summary of discussions with groups

1. Post Registration Pharmacists

1.1. Learners

- The feedback was very positive with support for learners reported as consistently good with an excellent culture of learning. However, the feedback was largely Teaching-Trust-centric and there was low community pharmacy input available.
- Pharmacist learners really valued access to clinical teaching in postgraduate clinical diplomas, which *'is really good with most of the clinical teaching sessions taking place in university, run by pharmacists, which were very useful in giving you the experience you need, and it would have been harder had they not had these and it has made them notice more interventions. It would have been difficult to have had the same experience in work'*.
- Participants from two NHS Trusts stated early career 'diploma' pharmacists were well supported, e.g. one individual stated they were given *'training every week on Thursday afternoons with specialist pharmacists; this is protected time'*.
- Good overall clinical supervision was also noted by a number of post registration pharmacists and *'constructive feedback is always acted on, having someone senior there for help and advice is a bonus', with 'peer review sessions and talks related primarily to primary care' in one CCG.*
- There was a strong ethos of role modelling by being encouraged to watch others practice. Role models are inspirational. *'I wasn't interested in paediatrics and now I have had exposure I want to go into this. Find some pharmacists are really inspiring'*.
- Another Trust participant stated *'One peer was a very good role model and made friendly acquaintance with the patient and learnt a lot from him - saw this person as a good role model – e.g. when taking history, he brings a chair and has a chat, he digs deeper and does counselling to make sure this person is ready to know about the medication. There are others that are good but this person is extraordinary'*.
- Many learners and educators talked about learning from working at ward level, with excellent mentor support, e.g. at one Trust [they are] *'Lucky to have very good relations in a fast pace environment. Found geriatrics very useful, experienced a variety of patients/specialities – work with neurology was very difficult and found this challenging but in a good way'*.
- At one teaching hospital Trust, the pharmacy technician was integral within the ward team, and seen as *'vital – more in terms of management'*. It was noted that sometimes junior pharmacists were on their own on the ward, and that *'good [pharmacy] technicians minimise problems – some are super and have influenced how the junior [pharmacist] worked on the day'*.
- Induction - is very important to learners - but often only occurs at the start of training and not at the commencement of placements in the rotations
- Inductions were felt to be variable (with some reported as too long, and others too short).

- Learners felt they were expected to know how IT systems worked on day one with insufficient training.
- Some planning is expected of post-registration pharmacist diploma trainees *'In rotation, [trainees] may not get time to do work based assessments you have to really plan ahead, but lots of opportunity to learn'*.
- Learners reported that there was inequity of access to career progression. There was a lack of clarity around career definition for a pharmacist and how pharmacy teams can become aware of development processes. Inconsistency exists in training course access, training outcomes and training structure for each professional group and the "on the job" and "off the job time" made available for training across all learners, e.g. it can *'depend on the rotation and wards you are on and which speciality you are in'*. Some real variance noted, and this *'needs to be addressed; some are winging it in different areas, must ensure students have the same level of experience'*.
- The learners valued rotations with different specialties. Rotations in CCGs were reportedly more variable in terms of structured support with very little patient contact. They also felt 'parachuted in' to the roles in CCG and were expected to know immediately what the previous post holder had known. It was highlighted that Tutors could also be line managers and learners felt that could be a potential conflict of interests.
- The Regional course provided for hospital pre-registration pharmacists is valued; *'good feedback was received and [they were] amenable to change the programme following feedback from tutors and managers. [They] focus on things that are hard to cover in the programme. Good networking from trainees'*.
- Pharmacy diploma and there are different methods of teaching which the learners valued.
- The learners recognised there are numerous training opportunities, but some do not know fully what is available and what is suitable for whom. In addition, learners felt there are no standards in the profession.
- It was outlined that some colleagues undertake the Non-Medical Prescribing course and then do not use their new skills.
- Protected time for learning is an issue. Workload was reported as being very busy.
- Learners felt there was a big leap between pre-registration and band 6 posts and felt that sometimes career progression could be too swift that can lead to learners feeling 'out of their depth' at times.
- In addition, learners felt that sometimes there is no choice around which qualifications to take and would prefer more choice and flexibility. There was also feedback that there is pressure for learners to progress to formal qualifications.
- There were no reports of undermining behaviour from trainers or colleagues.
- Learners need more clarity about what they are "permitted" to do at various stages of their training and when they can progress to more complex tasks and this needs to be tailored to each individual so that they are enabled to progress at their own pace.
- Mentors' and tutors' motivation and skills for their roles are variable and development is needed for both groups, for example one participant commented there is 'variable quality in the mentorship. There was no clear objective setting but some notable examples of multi professional learning.

- It was felt *'provision of good mentors should be the norm. Flexibility is needed in the number of meetings with mentors not a fixed amount'*. It was reported that support for mentors is variable. In addition, once a training course has been completed there is no continued support. However, in some areas there was felt to be too much support, so a balanced approach is required.
- *'The structure of the diploma is good, however 360 feedback is very hard to get, a mentor could push for this'*.
- Feedback highlighted that Non-Medical Prescribers (NMP) are treated unfairly; development as prescribers occurs at their own cost, for some, in training time and for many, their registration and their status as prescribers is not recognised in financial reward. This may be an explanation for trained individuals not practising as NMPs post training.
- Lack of clarity about reporting concerns was noted. e.g. *'Not aware of who to report bad practice to, Datix can be looked at as negative. Not sure if someone senior would accept, I'm not comfortable reporting on seniors. Datix does not give feedback, unsure then if problem resolved'*.
- Community pharmacy – no defined [prescriber training] pathway. At *'CPPE there are materials available to recognise clinical assessments..... courses are booked 6-months in advance and they are always fully booked but they always have 3 or 4 people that don't turn up. Release from their day jobs is a barrier.'*

Opportunities for Patient Involvement during training

- Learning from patients as educators would be valued but is rare. One diploma pharmacists commented on the *'STEP workshop, bringing in actors as patients and then [the trainee] was given constructive feedback, which was really good'*.
- Patient representation is felt to be a necessity for some, however, there was felt to be a lack of awareness of access to patient simulation groups and patient participation groups.
- One educator stated they *'have a service user feedback which is very useful.'*
- However, there is not much patient feedback built into the process and multi professional and cross sector working/learning is limited.
- Consultation skills are in the diploma, and they are introducing sign posting.
- Another stated, *'It would be helpful to have observations dealing with different patients, Alzheimer sufferer etc'*.
- However, at some Trusts, e.g. at SCH it is *'integral to practice; much learning from interaction with patients and carers, e.g. would ask "what do you understand about this medicine?" They insist on also talking to teenagers with parental support'*.
- It was felt there needs to be more input from patients to help students to learn.
- Learners reported there is little help with dealing with aggressive patients.

1.2. Educators

- Educators do get *'opportunities to go on Train the Trainer days'*, which were most valued.
- It was reported there is a lack of awareness relating to the Standards for educators. It was also felt there is a strong requirement to spread good practice to improve education and training in the region.

- Educators reported varied training is offered to suit different learning styles with effective classroom-based programmes. It was highlighted that inductions are well organised and tailored to suit individuals or groups.
- The Educators valued that CPPE was part of foundation practice and that there was an accreditation of tutor standard.
- It was felt that large Trusts provide 'side by side' (one to one) working but then learners find it difficult to move to a sector where there is not the same level of support.
- There was a perception that underperforming learners were not picked up until a late stage and tend to leave the training post. It was felt that it would be helpful if these learners could be picked up earlier so targeted support could be provided.

2. Post Registration Pharmacy Technicians

2.1. Learners

- Pharmacy technicians reported a lack of structure with variability in practice from Trust to Trust about what tasks learners can undertake. The learners do not have protected time for CPD, etc and there is a lack of clarity about undertaking CPD. They felt it is difficult to progress in their career.
- There were few community pharmacy technicians at the review, even though backfill payments had been made available, however valuable inputs were made from those available.
- Learners felt that allocation of places across the region was not equitable. They also reported that their perception is that pharmacists have more structured training than pharmacy technicians do.
- The learners were unsure of how to access training and asked why the Bradford course was not funded. [Post meeting note: There was clearly a lack of awareness amongst educators and learners on funding routes, as over 25 individuals have been funded within this financial year on the programme].
- The learners described it was a '*fight to get on a training course*' that was not just due to funding issues but logistics too.
- The learners suggested they would welcome cross-organisational placements.
- Post qualified pharmacy technicians reported there was training for bands 3 and 4 but not 5 and 6. It was noted that apprenticeship levy funding is in place [but not in place for post-registration pharmacy technicians].
- Learners felt they were focussed on operational and service delivery with career progression mostly unavailable to them. Learners felt unable to raise concerns easily.

2.2. Educators

- There was a feeling that post-registration, there needs to be some way of investing in the development of pharmacy technicians. The perception is that this does not exist now.
- Good practice was noted from one Trust. '*Regional and national training schemes [are available] to follow, which match quite closely with our in-house framework. A lead mentor*

[is] on each site to co-ordinate training. In house procedures and training plans in place at each stage of the [pharmacy] technician journey. Time out to complete training with colleagues whenever needed’.

- However, it was noted that ‘some of the regional training packs are heavy on paperwork and initially a little overwhelming. This has been fed back and improvements have been made, so this is also positive.’

3. Pre-Registration Pharmacy Technicians

3.1. Learners

- Learners felt the structure of training at the Trusts worked well with pro-active clinical supervision and increased learning experiences to develop trainees.
- We understand ‘There have been funding changes at apprenticeship level with pharmacy technician funding moving from Science to Health [which attracts a lower funding band]’. Learners are concerned that this is not viable [for the pharmacy learning programmes within the apprenticeship] and may negatively impact on patient safety.
- There is a lack of an overall plan [within departments] and what opportunities should be, for example it is possible to become a mentor but then there will be no pre-registration pharmacy technicians to mentor
- It was highlighted from the learners that professionalism is not part of workplace or college discussions; what it means to be a pharmacy professional - what does a role model look like, whilst evident from some learner groups, is lacking in training for all pharmacy learners. Overall felt that people were not being skilled up to be reflective practitioners.
- Issues relating to managing expectations when transitioning from pharmacy assistant to pharmacy technician role – helping trainees to understand the pharmacy technician role, additional workload and working expectations, however some rota issues and some remaining in assistant technical officer role, e.g. ‘*reception, stores etc., losing training time, e.g. cover for a month, and got behind with work and no one understood I had been out for a month, this did take a toll on me, cannot go to main manager*’.
- One pre-registration trainee pharmacy technician noted some ‘*did not have any development plans*’.
- Some learners described feeling ‘they had been carrying out a Band 2 role for too many weeks of their training and not enough time with patients’ (a total of 5 weeks’ patient contact over two years was highlighted). In addition, it was reported that ‘outsourced services [outpatients] were not being used for training’.
- Buddy systems at Mid-Yorkshire and LTHT were seen to be really effective and helpful for learners. This model would be beneficial for learners, as well as identifying opportunities for multi-disciplinary learning. Learners gain much support from colleagues one year ahead of their learner status; successful “buddying” between learners in separate years of development.
- Pre-registration Trainee Pharmacy Technician patient contact opportunities are limited. ‘*We have no staff and no assessors [on wards], I need to be more clinical and would be happy to do the training*’. Another stated ‘*The training isn’t always as stated on the original*

rota, it can change to suit the workplace's needs. I feel as though training on wards is not enough, as ultimately that will be my role when I qualify'.

- Theoretically, learning is to be complemented by on the job training and assessments but the pressure in the Trust to deliver services hampers this important part of learning.
- Trainees raised concerns about grievances raised at one Trust, where issues are not being addressed which are affecting learning. A clear escalation process needs to be put in place to address this.
- Some describe working with good mentors as important to their training, *'this is down to having a brilliant NVQ mentor. [She] is always on top of my training and arranges regular meetings to talk about progress and to make plans'.*
- However, some learners described a training system and culture that was not structured and over reliant on College feedback, which is *'being used as the main source of feedback'* at one Trust. No examples of student meetings or job descriptions for their role were provided to the panel.
- The January intake of learners from one cohort, felt they were *'second class citizens'* when compared with September intake as there were no induction arrangements in place.
- There were some issues of equity noted about working patterns for trainees e.g. for apprenticeships, internal applicant working weekends and late nights, whereas some apprentices don't.
- There were undermining concerns around one individual who has made learners cry.
- Patient and carer contact - simulated or not simulated is very limited in the pre-registration trainee pharmacy technician training environment and this would be highly valued.
- Cross-sector/profession training where it occurs is very good, but [multi-professional] learning rarely occurs, especially for pharmacy technicians.

3.2. Educators

- Tutors and mentors - are highly valued by learners - but the voice of the educators is not always heard by senior leaders leading to a lack of structured training time for learners and a lack of consistencies in availability and training of mentors, e.g. one student never had a mentor discussion, another had one at the start and then at the end, just started last rotation and have just been given the training booklet.
- Educators provide good learning experiences for trainees, however they felt they had little time in their job plan to do this, e.g. one said *'assessors are expected to assess within their own workload which often means staying late or working over lunch or at home.'*
- This needs to be addressed, *'but lack of staff to do the day to day work means that assessors can't be released regularly'.*
- Staff are reluctant to formally report concerns due to their being no anonymous reporting system in place.
- Raising concerns about staff attitudes to trainees is problematic with some organisations identified as having specific cultural problems of potential bullying which need to be addressed, e.g. *'I did feel bullied and used, gave feedback to manager I was not the first to report this, told this was her way and she had been there for so long, not wanting to rock the boat. Previous people had been made to cry, unsure who they raised this with'.*

- In another organisation individuals have witnessed *'experienced seniors shouting at another member of staff – this is still going on'*.
- Training provider issues noted around disorganised assignment, with no named support contact, e.g. given a named, go to person who you can phone/ email to discuss the course. *'Did not receive a reply when they emailed and subsequently found out that the assessor had left – line manager still doesn't know who is responsible.'*
- Learning methods for pre-registration pharmacy technicians; *'Some struggling with distance learning and would rather be at college. Sometimes the lecturer is transmitted live - the lecturer may struggle with the technology and there is lots of chatter - people using the messaging system. One lecturer was noted as amazing but overall would feel face-to-face would be 100% better'*.
- Educators raised concerns about the quality of feedback, timeliness and quality of contact they receive from distance learning provision.
- Cultural issues were reported in terms of the connection between the education team and senior managers. The education team wish training provision to improve but senior managers pull students in directions away from learning due to service pressures.

4. Pre-Registration Trainee Pharmacists

4.1. Learners

- The training culture was reported as being good across the region with no undermining behaviours reported. The training provision is up to date and learners feel they are being prepared well for future roles.
- In community, team work is encouraged – some good examples were noted around how pre-registration trainee pharmacists are given opportunities to observe transitions of care in the community.
- One trainee stated her community pharmacist *'sat down with me from the first day and gave me a timetable. This task based timetable entailed meeting a set of standards'*. Students from the hospital setting also considered this essential.
- The challenges are around poor induction that pre-registration students receive when going into a hospital setting. Community students seem to do better in this respect. The learners are not clear about progression. There is a conflict as learners felt strongly that they are being paid to work and enjoy being part of a team, but do not feel work is part of their learning experience. One also commented that *'sometimes I am unsure about how closely I am being supervised and I question whether I need more supervision at times'*.
- Concerns that pre-registration pharmacists/ technicians may struggle initially in the workplace due to a lack of workplace experience. Service is placed ahead of training. Handover and re-induction for learners to be included in training plan at the start of placement to help improve experience.
- The learners described learning as ticking off competencies although they do enjoy their study days. It may be necessary to manage student expectations. One commented *'Feels like we're there to help pharmacists rather than them teach you. You might get quizzed on some things'*.

- There are a lot of pressurised challenging places to work and regularly feel concerned about making mistakes. The learners described the dispensary environment as 'quite scary'.
- It was highlighted that service always takes priority, so training is consistently lost when the training environment is short staffed or busy.
- Another learning point from one community provider is that they bring the pre-registration providers from community pharmacy together.
- Good practice was described as a buddy system between years one and two
- Student team meetings where issues can be raised to discuss professionalism/errors were valued.
- However, values-based recruitment was not being used and induction provision was described as 'patchy'.
- There was no formal feedback mechanism for learners in placements.
- There was a variation in study time (2 or 3 sessions per week).

4.1. Educators

- The feedback was very positive overall. There were fewer community or practice supervisors at the review. The educators describe the learning process as an enjoyable experience with excellent training relationships with learners. They still feel enthusiastic about supervising learners.
- A participant from a large community multiple noted *'We benefit from having both tutors and trainees in the same induction and they get to understand how one another interpret what they should be doing. It helps manage expectations'*.
- One organisation cited that *'with trainees in difficulty, they were noted as being very helpful at signposting to external organisations'*. *It was felt that other organisations could replicate this good practice*
- However, pharmacy learners are not part of a system, for example, there is no Director of Medical Education - type role to oversee their education and training whilst on placement.
- Educators reported that learners value rotations into community or Trust placements
- It was highlighted that some Trusts had learning outcomes in place but not all. Educators felt these to be very important to measure progress throughout a placement.
- The process of supervision could be structured more effectively as Educators reported that they were unsure what was expected of them.
- In one Trust, participants noted educators had time in their job plan for training, but this was not the case at the other Trusts represented at the review. Educators valued the face to face training.
- Line management is an issue as the Tutor sometimes goes to the departmental manager with no external conduit.
- Some educators have full time roles and are appraised and reported that they felt supported.
- Access to good IT was flagged as an issue by some, although some had access to laptops and iPads. Some did not have computer access at all.

- Multi-disciplinary learning is not there – lack of knowledge about the training available and placement opportunities for learners (particular concerns were raised about community pharmacy where the training structure is not as clear as in hospitals).
- Quality of feedback was seen as vitally important to development; *‘Not sure all educators know how to give proper feedback and feel awkward when giving it. Pharmacists are OK, but technicians and health care professionals not so much’*, however another commented *‘A pharmacist’s negative feedback has knocked my confidence and really upset me’*.
- A balance must be struck between what is constructive / developmental feedback. One trainee said *‘tutor had a reputation for being dramatic. Sometimes it would be helpful if someone had a discussion. ... Sometimes feels like the pre-regs should appreciate that the tutor may be asking you to do stuff to help push you. You appreciate the different training methods that make you be the best you can be and get along in the workplace’*.
- In community, *‘The boundaries are sometimes unclear, over the counter stuff you may think what to prescribe but not sure if the pharmacists would be alright with that. Not made clear about what I can do in the pharmacy. The competency sign-off would be good’*.
- Career pathways for pharmacy learners linked to a training structure are not clear. *‘If I had some structure at the beginning to know what is available that would be helpful.’*
- More guidance on what we should be getting out of the year is needed. *‘We get different experiences and a guide would be helpful to ensure everyone gets the same time’*.
- Tutor induction to be reviewed to help tutors understand what makes a good pre-reg experience and opportunities to be identified to develop learners.

Learners in difficulty/with difficulties

- Lines of escalation and accountability need to be made clear to empower junior pharmacists and to ensure any concerns raised can be escalated through the correct channels.
- Early escalation of problems is critical, and clear processes are essential, e.g. in community *‘[we] discuss the escalation policy if a student is struggling and the support available. We have good relationships with the line manager to be able to have conversations about what is happening within pharmacies’*.
- It was noted that some trainees were *‘unsure of process to follow on reporting concerns’*, and some didn’t want to *‘break the relationships built’* with their seniors.
- One pharmacist said *‘it is difficult that the pharmacy consultant and tutor all know one another which can make it awkward to raise a concern’*.
- Lack of resources for trainers to equip them for providing training and dealing with any challenges that may arise, e.g. learner unprofessional behaviour – Need an escalation structure in place to support tutors, as well as learners.
- Calculations for the GPhC registration exam was flagged as an area in which students may struggle – important to raise awareness of existing support mechanisms through the School of Medicines Optimisation, Royal Pharmaceutical Society etc.

Multi-professional/Intra-professional/Cross Sector Training Opportunities

- Multi-professional and inter-professional learning is rare for some pharmacy professionals. That said, pre-registration pharmacist learners from Leeds commented *'Educators will arrange for learners to observe and be involved in different opportunities. It is a multi-professional environment. Learning from different specialities and rotations'*.
- Understanding the roles of each other is critical to working well together. *'Once people understand our role they are more likely to give you the opportunity and develop. I don't know what the trainee technicians do'*. And another commented *'don't feel the pharmacy technicians understand how the pre-registration fits in and how we work. Pharmacy technicians don't know our role'* and in community – *'Staff, if they understood I was a trainee they may appreciate my study time'*.
- Learner expectations and role clarification need to be ensured for learners to feel they have the best experience, but also understand value of different team members, e.g. one stated they had *'been in the role three months, don't think we are used enough as proper employees, much more learner based. Find we are used as pharmacy technicians, I'm only in a place 6 months and I don't feel I am getting everything I need, feel we get very basic tasks'*.
- A number of learners commented on the variety of opportunities available. *'I've been given the opportunity to do a few days in prison and in GP. Could have applied to do CCG split for three months as of January'*. *'Any opportunities we would like to do we would be supported to do'*. *'We can go into Cardio Clinic and GP training'*.
- In *'community – [relating to multi-professional learning] we tend to get to just speak to people on the phones and usually it's speaking to the receptionist'*.
- Signposting individuals to training materials / awareness of training availability would enable more self - directed learning and this would be valued by learner.
- Career workforce development is not evident; structured training rarely occurs after foundation pharmacist and foundation pharmacy technician roles. Pharmacy technicians have limited career opportunities outside secondary care
- Structured formal feedback from each training placement is sought by learners to aid their development
- Pharmacy learners are not supported by a senior role such as the Director of Medical Education within organisations - this type of senior role could lead more consistency in training and impact on the imbalance between operational service pressures and training time

Learning from errors/incidents

- Incidents and errors could be used more to support learner development, e.g. *'One pharmacist tends to point any mistakes in an aggressive manner and not constructively. Other pharmacists are supportive. We have complained about the complaining pharmacist. They acknowledged that this is her way of teaching, so we try to avoid her'*. *'This can be difficult if seniors are involved'*.
- Feedback – learners want to see where they are making mistakes and how they deal with these. As well as the positive feedback.

Appendix 2: HEE Quality Framework Domains & Standards

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), evidence based practice (EBP) and research and innovation (R&I).
- 1.4. There are opportunities for learners to engage in reflective practice with service users, applying learning from both positive and negative experiences and outcomes.
- 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 services.
- 1.6. The learning environment maximises inter-professional learning opportunities.

Domain 2 – Educational governance and leadership

- 2.1 The educational governance arrangements measure performance against the quality standards and actively respond's 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 leadership promotes team-working and a multi-professional approach to education and training, where appropriate.
- 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.

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 and / 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.

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.
- 4.5 Educators are supported to undertake formative and summative assessments of learners as required

Domain 5 – Developing and implementing 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.
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.

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.