

Pharmacy Trainee Support Guide

August 2023



Contents

Introduction	3
About this guide	3
Important points of context	4
Identifying a trainee requiring additional support	6
Key points to facilitate the identification process	6
Initial meeting with identified Trainee Requiring Additional Support	8
Categorisation of concerns	8
Documentation and Action Planning	9
Individual self-identifying as a trainee requiring additional support	10
Failure-to-disclose issues which may affect training	11
Reporting and management	13
Reporting to NHS England	13
How to report to NHS England	14
Possible course of action and support	15
Ongoing documentation	15
Further support and resources	16
Support after the end of the commissioned training period	17
Appendix 1: Glossary	19
Appendix 2: General principles and management pathway	22
Appendix 3: Management pathway – Classification, categorisation and support	23
Appendix 4: Classification Matrix for trainee foundation pharmacists and pre-registration pharmacy technicians	24
Appendix 5: Management framework of trainee issues	31
Appendix 6: Consent to involve NHS England for additional support and/or advice	35
Appendix 7: Form A – Trainee progress review record	38
Appendix 8: Form B – Management Plan	39
Appendix 9: Version history	41



Introduction

This guide outlines the processes recommended for pharmacy trainees (foundation trainee pharmacists and pre-registration trainee pharmacy technicians) in training placements, commissioned by NHS England, requiring additional support or adjustments to their training. This is an England-wide core guide which will be adapted where necessary to reflect regional differences.

This guide refers to the 'Educational Supervisor' role for both commissioned training programmes. However, for trainee foundation pharmacists, this refers to the 'Designated Supervisor' role. Please see [Appendix 1](#) for a glossary of roles referred to throughout this document.

Please note: At the time of publication, Health Education England has come together with NHS England to create a new organisation. This means that the new NHS England Workforce, Training and Education Directorate will take responsibility for Health Education England's current activities. This includes planning, recruiting, educating and training the health workforce across England; ensuring that the healthcare workforce has the right numbers, skills, values and behaviours to deliver excellent healthcare and health improvement to patients and the public.

Mention of NHS England in this guide refers to the NHS England Workforce, Training & Education Directorate, formerly Health Education England.


About this guide

Across all professions, it is recognised that individuals sometimes encounter challenges during their training for a variety of reasons. The spectrum of issues and concerns encountered can be wide ranging. This guide has been designed to help organisations assist individuals that require additional support during their training programme. For many trainees, this support will only be required for a short time. In other cases, support and/or adjustments to training may be required for the full training period.

Requests from trainees for additional support, advice and/or adjustments should be normalised within the training environment. Employers should ensure this is not associated with stigma or disadvantage. The employing organisation is directly accountable for any issues that trainees may experience, to the extent that the issues are experienced as a direct consequence of employment.

NHS England embraces the social model of disability (and rejects the medical model) so that people with disabilities feel enabled / empowered.¹ Please see [Appendix 5](#) for more detail,

¹ S6 of the Equality Act 2010 provides a statutory definition of Disability. The Equality 2010 provides statutory protection for Disabled people not shared by other people, included people from protected characteristic groups. EA 2010 allows disabled people to be put in a better position, also allows for some forms of positive discrimination – but only for those meeting the



including information on access to DWP Access to Work for adjustments in the workplace. NHS England does not employ pharmacy trainees but is responsible for commissioning training and providing a salary contribution to the employer.

Employing organisations are expected to meet the expectations set out in the [HEE Quality Framework for education and training](#). It is understood that NHS England Workforce, Training and Education pharmacy teams support employing organisations in meeting the expectations of the Quality Framework. In this context, this reference guide has been designed to help define the relationship between the employer and NHS England in supporting trainees requiring additional support.

Employers may use this guidance to assist with decision making around training and outcomes.

All these processes are part of wider NHS England work to implement the HEE Quality Framework. Find out more at: www.hee.nhs.uk/our-work/quality. This guide is also relevant to trainees who are working part-time and those who are undertaking a break from training.


This guidance should be considered supportive for Practice Supervisors (PS), Educational Supervisors (ES), Designated Supervisors (DS) and Educational Programme Directors (EPDs), rather than mandate, policy or contract. PS, ES, DS and EPDs are not employed by or agents of NHS England. Salary support payments to employers made by NHS England do not result in NHS England having a degree of control or influence over a supervisor that could result in an agency or employment relationship arising between NHS England and a supervisor at any point.

This reference guide is designed to complement, and should be read in conjunction with, your own local Human Resource and Occupational Health policies. This reference guide does not address issues relating to terms and conditions of employment.

Important points of context

- The Pearson Review into the health and wellbeing of trainees within the NHS contains several recommendations, and we request that all educational supervisors (tutors) are familiar with these. See [NHS Staff and Learners' Mental Wellbeing Commission Report](#) (February 2019).
- Patient safety must be paramount in all circumstances and if a problem or issue arises that might compromise this, it must be raised through the appropriate channels urgently.
- Trainee foundation pharmacists must pass the GPhC registration assessment at the allocated point in their training period; opportunities for formative assessment should be provided during the training year. The Foundation Year Assessment Strategy for

s.6 definition. The largest % of student complaints to Ombudsman revolve around disability discrimination. Failure to make reasonable adjustments can be a costly legal breach.

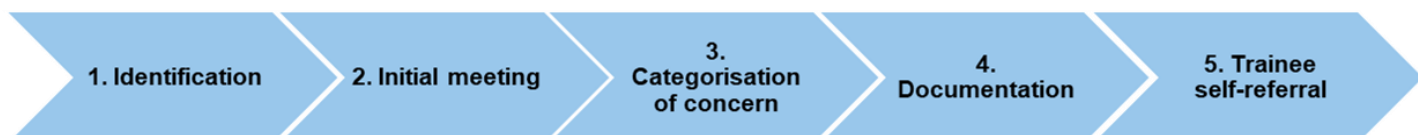


trainee foundation pharmacists outlines work-based assessment tools which may help supervisors to determine a trainee's competence. However, the GPhC assessment is separate from the foundation year assessment strategy. The foundation training year is intended to prepare a pre-registrant for practice. NHS England has no input into the GPhC pre-registration assessment. Any concerns relating to the trainees' performance in the assessment are out of scope for NHS England and should be directed to the GPhC.

- Pre-registration trainee pharmacy technicians must successfully complete a GPhC-accredited course, GPhC-recognised qualification or a GPhC-approved apprenticeship pathway to be eligible to register as a pharmacy technician. In addition, a minimum of two years' work-based experience in the UK, Isle of Man or Channel Islands is required. Opportunities for formative assessment should be provided during the training period.
- Health and/or other issues which arise during the training year may need to be declared to the GPhC at the point of registration. Visit [GPhC Registration: Something to Declare](#).
- NHS England is committed to Equality, Diversity and Inclusion. All educational supervisors should have training in this area and understand the additional challenges which some trainees may experience during their training.
- Some trainees may require adjustments to be made to the workplace or their working practices to support them to complete training successfully. Further guidance can be accessed at the NHS employer's website. Adjustments to the workplace are the responsibility of the employing organisation. If trainees require adjustments, they should raise this with their employing organisation in the first instance.
- If you have a specific need which you feel could disadvantage you when sitting the GPhC registration assessment (trainee foundation pharmacists only), you can [request a 'reasonable adjustment' to the assessment conditions](#). This application should be made directly to the GPhC in advance of the registration assessment application process during the training year.
- See [Appendix 2](#) for General principles and management pathway.

Identifying a trainee requiring additional support

Across all professions, it is recognised that trainees may sometimes encounter difficulties during their training. The aim of identifying a trainee who requires additional support is not to label them but to put in place supportive processes as early as possible to ensure they are provided with every opportunity to successfully complete their training period.




Key points to facilitate the identification process

- Employing organisations should be vigilant to potential problems so that they are identified as early as possible.
- Employing organisations have a responsibility to create a supportive environment in which trainees feel able to raise concerns or problems they are encountering.
- Employing organisations have a responsibility to address concerns in a timely manner and develop action plans where appropriate (which should be documented).
- Trainees should feel able to discuss the merits or otherwise of their training experience and identify factors that may be inhibiting their progress.
- Trainees have a responsibility to report any problems as soon as they become aware of them.
- Regular feedback should be provided by ES regarding progress in training as part of educational review meetings.

A trainee requiring additional support may be identified in the following ways:

- Application for employment which highlights a disability²
- Trainee requesting support directly
- Concerns raised around performance from colleagues/peers

² The National Recruitment System (ORIEL) applications forms have a section inviting applicants to indicate their disabilities and any required reasonable adjustments interviews and assessments as part of the recruitment scheme. NHS England regional teams do not routinely have access to trainees' application forms as they are passed directly to employing organisations. Adjustments requested on the National Recruitment System application forms are requested for recruitment process purposes. If a trainee requires adjustments to the workplace and/or training, the trainee should raise this with the employing organisation as early as possible. Employers should ensure they have reviewed application forms and discussed any potential adjustments with prospective trainees to ensure appropriate support and adjustments are put in place at the earliest opportunity for trainees with disabilities. Advice may be sought from NHS England to support adjustments to the structure of the training programme, such as amendments to working hours and/or training duration.

- 
-
- Through regular professional and performance appraisals
 - Performance in assessments
 - Clinical governance frameworks (including reporting of serious incidents or complaints)
 - Clinical audit activities
 - Absence from work or not fulfilling contracted hours of employment

Issues may arise in the following areas:

- Trainee performance or capability
- Attitude and behaviour
- Health
- Work environment
- Life events

If a trainee is identified as requiring additional support, it is important that any concerns are discussed with the trainee and documented (see [Documentation and action planning](#) for guidance on documentation and information governance) at the earliest opportunity. If the ES is unsure whether their trainee requires additional support, they should refer to the [Classification Matrix](#) and discuss further with the EPD.

For ESs who are new to the role it is important to involve an experienced colleague early to assist in identifying and exploring underlying factors. Regular review meetings with the trainee, feedback from practice supervisors, rotation leads, and colleagues allow potential issues to be identified or concerns raised. Anecdotal evidence has shown that early intervention allows individuals to be provided with extra support to complete the remainder of their programme successfully. The ES has an integral role in identifying and recognising any early issues.

Early identification and proportionate intervention at a local level is crucial and can prevent issues becoming more difficult to resolve

The ES and trainee have a joint responsibility to address and resolve any challenges or issues as they arise, rather than waiting for their next scheduled meeting. Discussions of areas of concern should also be incorporated into regular progress reviews, appraisals and meetings. These should be conducted as a two-way effective professional conversation. Trainees are responsible for listening to any concerns raised taking the agreed action within agreed timescales. If there are concerns about a trainee's performance based on the available evidence, the next step is to consider what the underlying issue/s might be, and to explore the context in which these problems are occurring.

Initial meeting with identified Trainee Requiring Additional Support

If there are concerns about any trainee identified by persons other than the ES, the trainee's ES should be informed and involved in the first instance. The ES should then arrange to meet with the trainee to explore the concerns as soon as possible. It is important that any evidence presented to the trainee is documented accurately and fully objective in nature. Where possible collate evidence from a variety of sources. As part of this initial meeting, the ES and trainee should consider whether a particular incident is a one-off that can be easily remedied, or part of a series of events. Full documentation and evidence of any repeated events should be provided to the trainee. See [Ongoing documentation](#) for guidance on documentation and information governance.

The Classification Matrix is intended to support the ES and trainee to categorise the area of concern and to ensure that the correct level of support is offered

The EPD, if different to the ES, should also be involved in any case from the outset to provide support, advice and guidance to both parties.

Categorisation of concerns

The Classification Matrix provides further detail around areas of concern and the thresholds for escalation. This matrix is designed to support the ES to identify concerns of greater significance and higher urgency, both at the point concerns are identified and at ongoing progress reviews. This is to support escalation through local 'in-house' support mechanisms.

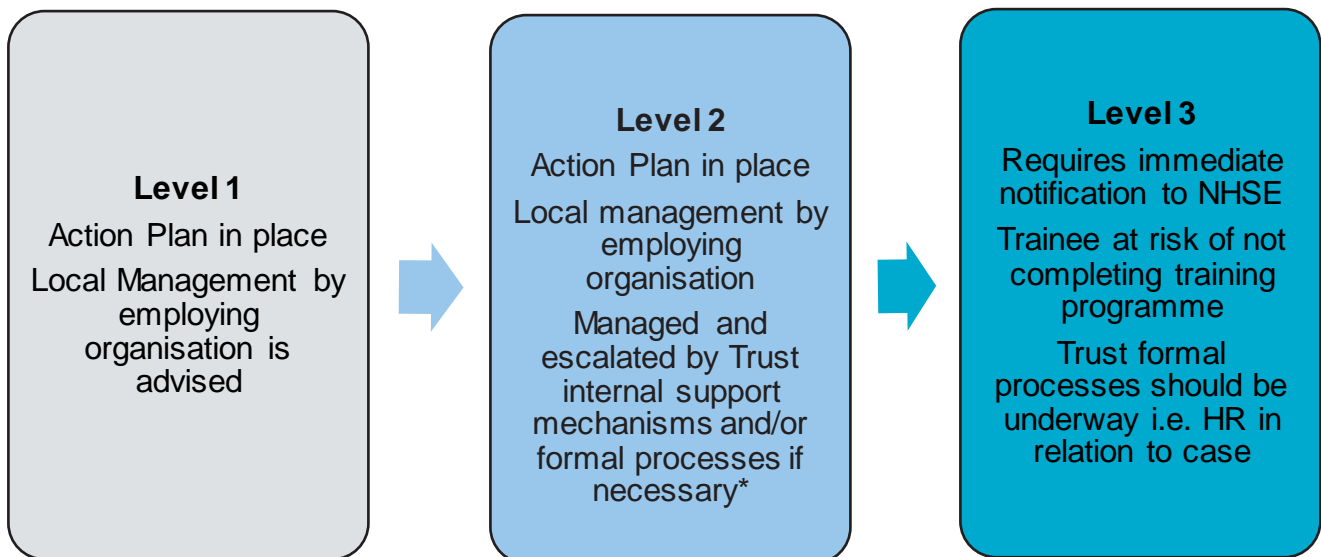
It is also important to recognise that different problems require different approaches – for example, *health versus professional*.

Employers internal support mechanisms should be consulted according to the issue that has arisen:

- **Occupational Health:** offer advice on absence management, sickness management and rehabilitation, risk assessments, health surveillance, workplace immunisations and health promotion and wellbeing.
- **Human Resources:** offer advice on managing performance, disciplinary proceedings, absences (planned/unplanned).
- **Increased monitoring** to review progress.
- **Further assessments** such as calculations, accuracy/competency logs to improve practice.

All trainees requiring additional support should be allocated a rating Level 1, 2 or 3 to ensure appropriate management. Further information on how cases are reported to NHS England, and processed, is detailed in the next section, [Reporting and management](#). Please see [Appendix 3](#) for the management pathway flowchart.

Categorisation of concerns:



* For Level 2, local management by the employing organisation is advised unless there are concerns about programme completion or significant issues risking the integrity/quality of the trainee's placement (such as relationship breakdown) in which case NHS England's involvement is indicated and should be secured

Documentation and Action Planning

At the initial meeting with the trainee, the ES, EPD and trainee should complete a Trainee Progress Review Record ([Form A, Appendix 7](#)) and create an action plan ([Form B, Appendix 8](#)). This action plan should:

- be clear and unambiguous
- be agreed by all parties
- have specific, defined and achievable actions
- contain action deadlines, review dates and their consequences for not achieving the actions

- ensure that follow-up meetings allow for further evolution of subsequent action plans.

The action plan is a working document between the ES and their trainee that will be revisited and updated as actions are completed over time. It is important that both the trainee and the ES sign the action plan when it is created, updated and reviewed. The ES should communicate the agreed objectives to the trainee and key individuals involved with the individual's training (for example, the rotation lead). [Appendix 5](#) contains more information about possible courses of action and support.

For many, this action plan will only be required for a short timeframe, to help address any concerns or issues, and once resolved successfully the trainees requiring additional support classification will no longer apply. If the problem reoccurs or new issues arise, the process can be applied for each new concern.

During the initial meeting, trainees are responsible for listening, raising concerns or issues promptly and taking the agreed action within the set deadlines. This meeting and the subsequent action plan should be documented, signed and a copy held by both the ES and the trainee. This may be kept in the trainee's educational portfolio. All further documentation and action planning should be accurately recorded and retained. The frequency of the reviews and follow-up meetings is determined by the individual case and level of support required.

If concerns persist, a follow-up meeting should be arranged to review the action plan and within the follow-up meeting, the ES should outline the possible future courses of action. The ES should seek further advice from the EPD and, if necessary, escalate to the Chief Pharmacist, Human Resources, Occupational Health or other appropriate department.


This should not be left until deadlines for competency sign-off

Documentation and its storage should comply with the employer's Information Governance (IG) policies and procedures and not be transferred to any third party (including NHSE) without the demonstrable consent of the trainee. It is important that the ES and EPD understand their responsibilities in this area.

See also [Ongoing documentation](#).

Individual self-identifying as a trainee requiring additional support

Any trainee who feels that they require additional support with their training should seek support from their ES in the first instance. Together both parties should utilise this document



to identify the trainee's personal area/s of concern and identify appropriate support mechanisms to be built into a tailored action plan.

It is advised that trainees seek advice within their employing organisations when needing additional support. However, advice and support can also be sought from NHSE if they are unhappy with their employing organisations' resolution or action via the online reporting form (Appendix 6).

Trainees can raise concerns with NHS England via the online reporting form if employing organisations are not accommodating reasonable adjustments that ought to be in place to support a trainee with a disability. NHS England does not determine the initial education and training standards for pharmacist or pharmacy technician training or approve training plans. In the event of adjustments needed to training plans due to disability, advice should be sought from the GPhC in their role as the regulator who sets these standards. It is not within NHS England's remit to alter or amend an existing training plan, or to unilaterally put in place a new training plan.

Any trainee that has concerns about malpractice, wrongdoing, or fraud within their employing organisation can also call the whistleblowing helpline for specialist signposting, advice and guidance.

NHS England is a prescribed body for the purposes of the legislation, so trainees can raise concerns to NHS England and expect statutory protection. For more information visit: refer to your organisation's whistleblowing policy and [Raising Concerns: Policy Guidance For the NHS](#).

Failure-to-disclose issues which may affect training

The GPhC outline the requirements of pharmacy professionals, including those applying to join the foundation training scheme, here: [Something to declare](#).

Trainees are encouraged to discuss issues which may affect their training so that appropriate support and adjustments can be put in place. The GPhC advise:

'Declaring a health condition that could affect your ability to practise safely is an opportunity for you to tell us how you manage your condition. It also allows you to show that you have insight into any limits you may need to put on yourself, and adjustments you may need to make, for you to practise your profession safely and effectively. Your registration will only be at risk if, on the evidence we have, it is not clear to us that your practice will be in line with the necessary standards of conduct, ethics and performance.'



If a trainee fails to disclose an issue which may affect training or engages in discussions around the amendments to training and support that they may require, advice should be sought from the GPhC.

Reporting and management



Reporting to NHS England

As the training commissioner, NHS England is limited to providing support or guidance in the following areas:

- Signposting to additional support and guidance and ensuring that all options have been explored
- Advice regarding action planning
- Advice regarding extensions or amendments to the training period, including requests for part-time working or breaks in training.

The [Classification Matrix \(Appendix 4\)](#) should be referred to for guidance regarding reporting and categorisation.

Depending on the categorisation of the case the following action should be undertaken:

Level 1:


- Complete and retain action plans
- NHS England does not need to be notified*

Level 2:

- Complete and retain action plans
- Escalate within the employing organisation
- NHS England does not need to be notified*
- Local management by placement-employing organisations is advised unless there are concerns about programme completion or significant issues risking the integrity/quality of the trainee's placement (such as relationship breakdown) in which case NHSE involvement is indicated and should be secured

Level 3:

- Report to NHS England
- Ensure concern is escalated within the employing organisation



Please note: Although NHS England does not need to be notified at Level 1 and 2, support can be sought at these earlier stages if it is felt to be necessary or in cases where less than full time working, or other amendments are required from the beginning of the training period. NHS England’s involvement should also be secured if there are concerns about programme completion or significant issues risking the integrity/quality of the trainee's placement (such as relationship breakdown).

Issues can only be reported to NHS England with the consent of the trainee – see below:

How to report to NHS England

Please refer to [Appendix 6](#) for details on how to report to NHS England.

- To seek the support and/or active involvement of NHS England in any situation where a trainee requires additional support, **demonstrable consent** must be obtained from the trainee.
- The GDPR defines the consent of the data subject as: ‘any freely given, specific, informed and unambiguous indication of the data subject’s wishes by which he or she, by a statement or by a clear affirmative action, signifies agreement to the processing of personal data relating to him or her.’

‘Clear affirmative action:’ Consent must be given through a clear affirmative act that reflects the willingness to accept the processing of personal data.

Consent should be obtained from the trainee using the form in [Appendix 6](#). This should be retained at the training site.

When obtaining consent from the trainee, it should be explained to them that as NHS England is neither the regulatory body nor the employer, NHS England’s involvement is only to ensure that all support and adaptations have been put in place to maximise the likelihood of a successful outcome to training.

If consent is not obtained from the trainee, contact can only be made with NHS England which does not disclose any personally identifiable information. In the event of a serious issue to include patient safety, advice should be sought from the employer’s HR department and the GPhC as regulator.

Possible course of action and support

If a trainee has been identified as requiring additional support, the ES and trainee should develop an action plan to support the issue/s identified. Management is determined by the type of issue, where the approach is tailored to the individual. It is recognised, particularly in health-related issues, that further specialist advice such as GP or Occupational Health will need to be sought.

Appendix 5 provides examples of commonly encountered issues for trainees across healthcare and outlines a possible course of action and support in each example. The list of suggestions is not exhaustive and is designed to be used to guide the development of issue-appropriate SMART objectives.

NHS England also expects that the ES/trainee will liaise with the following parties, as appropriate, in identifying a course of action and support:


- EPD
- Peer mentor
- Local pharmacy programme groups
- Human Resources Department (Trust)
- Occupational Health (Trust)
- The General Pharmaceutical Council (GPhC)
- Higher Educational Institutes or underpinning knowledge provider
- UK Border Agency.

Ongoing documentation

Accurate and prompt documentation minimises disagreement about the facts, and results in an audit trail that can help relate future problems to past patterns of performance or behaviour.

Accurate documentation also reduces the scope for future challenge especially if decisions result in a lack of competency sign-off at the end of the educational programme. **All documentation must comply with the requirements of the Data Protection, GDPR and Freedom of Information Acts in relation to processing, retention and security of records.**

Supervisors and employers should be aware that any documentation (be that, for example, appraisal documentation, meeting notes, emails or call records) relating to instances where learners require or signal a need for additional support need to be carefully recorded (with



joint agreement between both parties where appropriate), timed, dated and filed. This is to ensure that all parties can confidently produce documents and evidence where required, as part of any regulatory or legal proceedings which might follow. This is of the upmost importance in protecting the interests of all parties.

Records of conversations should be held confidentially with the knowledge and consent of both the trainee and the person who has conducted the assessment of the issue. **Storage (including the length of time the documentation is stored) should be in line with the employing organisation's Information Governance policies and procedures.**

The trainee should be given a copy of any documentation relating to them and encouraged to keep such copies in their records or portfolio for discussion at meetings. **Trainees should be made aware of where the information about them will be stored and who will have access to it.**

Trainees who work at multiple sites or with second employing organisations during their training period


There may be trainees who have multi-sector placements, with two or more employers, or work across different sites for one employer. The transition to different placements can prompt new, pre-existing or resolved issues in trainees. Trainee consent should be sought prior to sharing any information. This is of particular significance with respect to health-related, or personal issues, where disclosure may be of a confidential or sensitive nature. To ensure the trainee is fully aware of the information about them that is shared it is advised that when moving to a new sector, or site, a meeting is held between the trainee and the ES at each site to ensure that all support and/or adjustments are in place. Information should only be provided to other employers or supervisors if the trainee has provided consent for this to be done.

Further support and resources

The following resources may be considered when managing cases. Some resources require self-referral by the trainee, others provide the ES or EPD with support and advice for specific issues:

Local Employing Trusts Policies and Procedures and support: Organisations will have policies and guidance for various management issues. These should be consulted depending on the issue. Each employer will also have access to Chaplaincy Services and health and wellbeing / counselling support.

Occupational Health (OH): Occupational Health is a specialist branch of medicine focusing on the health of staff in the workplace. OH professionals aim to find out what impact work has on staff health and make sure that staff are fit to undertake the role they are employed to do both physically and emotionally. OH specialists offer advice on absence management,



sickness management and rehabilitation, risk assessments, health surveillance and prevention, workplace immunisations and health promotion and wellbeing.

Human Resources (HR): Human resources staff deal with all issues relating to the employment of staff, both clinical and non-clinical. HR specialists offer advice and support to line managers on managing performance, disciplinary proceedings and absences (planned/unplanned).

General Practitioners: Individuals facing evolving health concerns should contact their registered GP for further medical management or appropriate referral where required.

Trust Director of Medical Education: May be able to help or advise with case management to draw parallels between medical and pharmacy trainees.

Chief Pharmacists: Organisation chief pharmacist should be consulted in cases that require formal interventions.

General Pharmaceutical Council: Any fitness to practice concerns regarding patient safety should be referred to the [General Pharmaceutical Council](#).

Pharmacist Support (trainee foundation pharmacists only): Pharmacist Support is an independent support charity for the profession which is able to provide individual support to foundation trainee pharmacists. [Find out more](#).

Please consult [Appendix 5](#) for further resources on how to manage specific concerns or issues.

Support after the end of the commissioned training period

With regards to supporting students who require more than 52 weeks (for foundation trainee pharmacists) or 2 years (for pre-registration pharmacy technicians) to complete their training, NHS England Workforce, Training and Education regional pharmacy teams will endeavour to put the following support in place:

- Attempts will be made to secure additional funding to extend training if the trainee is in an NHS England commissioned training place. At present this can only be done on an ad-hoc basis and cannot be guaranteed.
- If the supplementary training the trainee has undertaken is funded by NHS England, this support will be continued beyond the 52 weeks to the next sitting of the registration assessment (for trainee pharmacists).
- Due to current funding models, financial support for further training is not available for foundation trainee pharmacists who have been unsuccessful after two attempts at the registration assessment. An additional 6 months of training is no longer



considered required by the GPhC between the second and third sitting: if the trainee or ES can demonstrate that additional training would be beneficial, the NHS England team and the GPhC can be contacted for advice and support in this situation.

Appendix 1: Glossary

Term/Acronym	Definition
TFP / TP	<p>Trainee foundation pharmacist</p> <p>Undergoing a 52-week placement under the supervision of an educational supervisor (tutor) in an approved training site, developing their practice to meet a range of learning outcomes. Their progress is guided by and verified by their ES. Foundation trainee pharmacists must also pass the GPhC registration assessment.</p>
PTPT	<p>Pre-registration trainee pharmacy technician</p> <p>Pre-registration trainee pharmacy technicians (PTPTs) are trained within the workplace and complete a 2-year GPhC-approved integrated competency and knowledge-based qualification/course. This can be achieved by undertaking GPhC-accredited courses, GPhC-recognised qualifications or a GPhC-approved apprenticeship pathway, which will enable registration as a Pharmacy Technician with the GPhC.</p>
ES	<p>Educational Supervisor</p> <p>An ‘Educational supervisor’ in pharmacy is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee’s educational progress during a period of training placement or series of placements. The educational supervisor is responsible for the trainee’s Educational Agreement. This will include formal assessment and sign-off.</p> <p>The educational supervisor should understand the range of learning, assessment and support opportunities for learning in the workplace, work collaboratively with colleagues to monitor and support learner's progression and foster learner autonomy. They should also be able to identify and support trainees in difficulty, including interfacing with employment performance management procedures. An ‘Educational supervisor’ role involves overall supervision and management of a specified trainee’s educational progress during a programme (or series of periods of training), as opposed to a single period of training.</p> <p>https://www.lasepharmacy.hee.nhs.uk/dyn/_assets/_folder4/educational-frameworks/heelaseesframework2019.pdf</p>

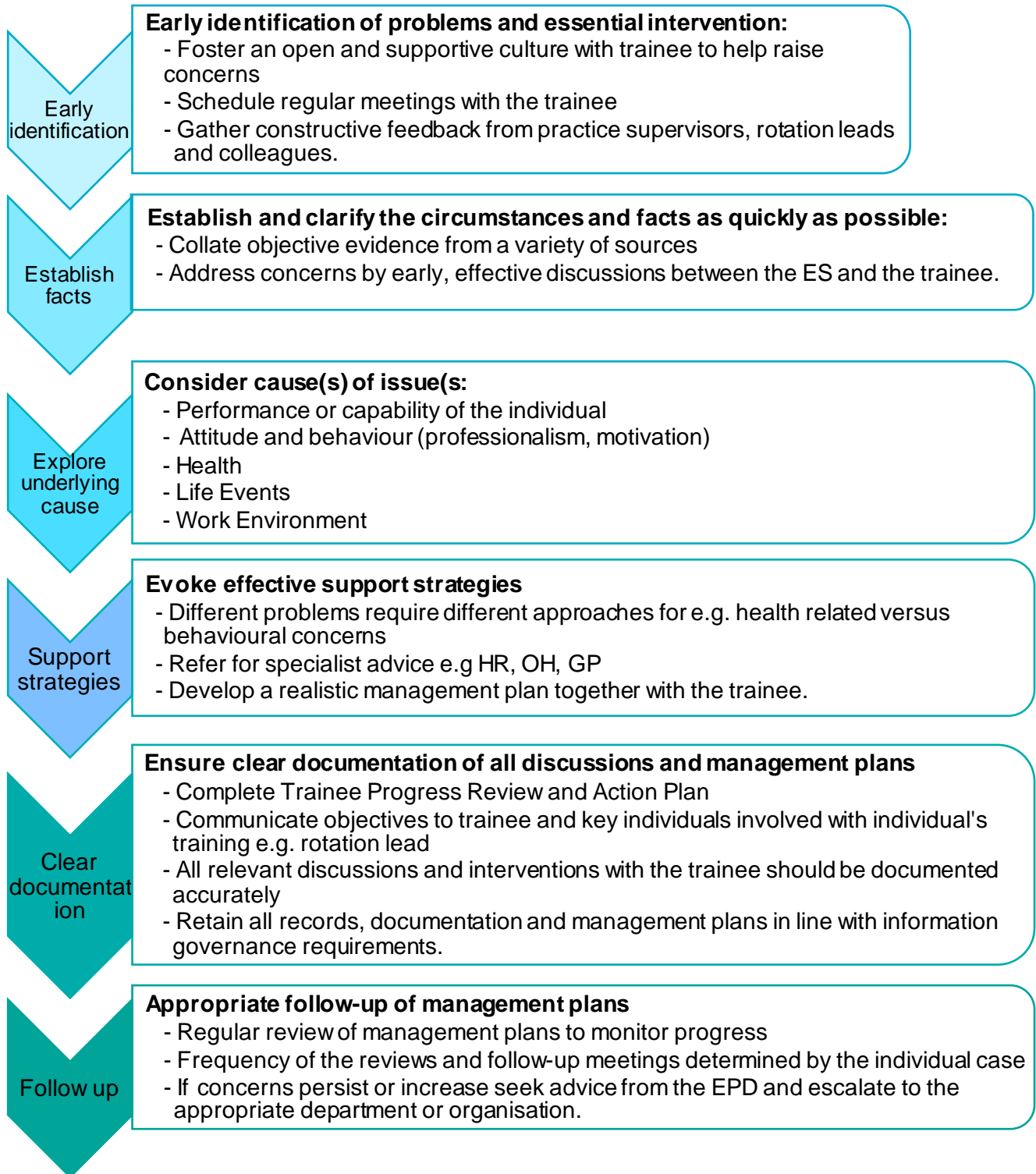


Term/Acronym	Definition
	<p><i>Educational supervisors are not employed by, nor are they agents of, NHS England. They are employed by local employers.</i></p> <p>Salary support payments to employers made by NHS England do not result in NHS England having a degree of control or influence over a supervisor that could result in an agency or employment relationship arising between NHS England and an educational supervisor at any point.</p>
PS	<p>Practice Supervisor</p> <p>A ‘Practice supervisor’ in pharmacy is selected, appropriately trained and responsible for overseeing a specified trainee’s work and providing developmental feedback during a period of training. This role requires appropriate assessment skills. Practice supervisors will support learners to identify opportunities for learning in the workplace and provide supervision of trainees on a day-to- day basis, identifying trainees requiring additional support. Practice supervisors are involved in, and contribute to, a work-based learning culture.</p> <p>‘Practice supervision’ in pharmacy relates to day-to-day responsibility for trainees in the workplace. Roles include: being available in the clinical or practice environment to provide direction and support, discuss problems, teach and facilitate on-the-job with developmental conversations and regular developmental feedback.</p> <p>https://www.lasepharmacy.hee.nhs.uk/dyn/_assets/_folder4/educational-frameworks/heelasepsframework2019.pdf</p> <p><i>Practice supervisors are not employed by, nor are they agents of NHS England. They are employed by local employers.</i></p> <p>Salary support payments to employers made by NHS England do not result in NHS England having a degree of control or influence over a practice supervisor that could result in an agency or employment relationship arising between NHS England and a practice supervisor at any point.</p>
EPD	<p>Educational Programme Director</p> <p>An ‘Educational programme director’ in pharmacy (EPD) oversees one or more entire training programmes locally, regionally, or both, developing and implementing programmes together with external bodies and local teams. An individual may be the EPD for more than one programme. The EPD ensures that quality criteria are met, including resource, appropriately trained supervisors, possibly selection of candidates, monitoring of progress and equal</p>

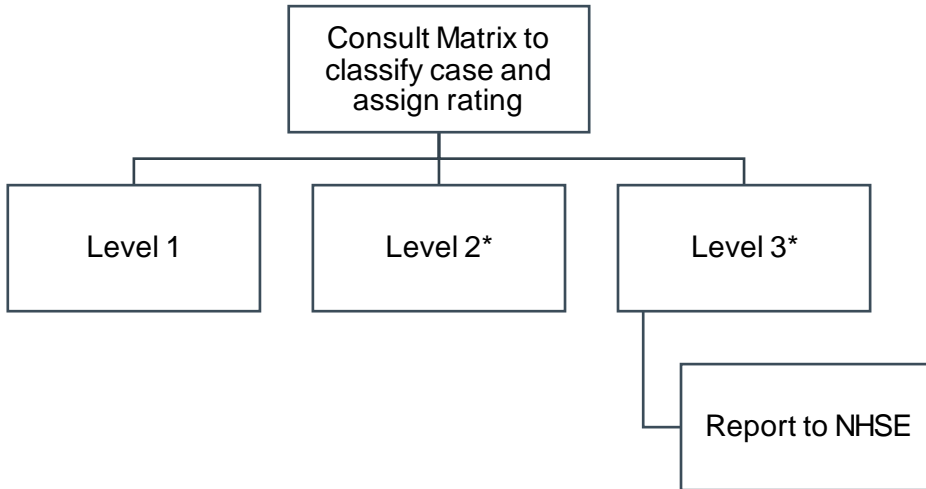


Term/Acronym	Definition
	<p>opportunities. We recommend that consideration be given to the EPD being a member of the local Senior Pharmacy team where appropriate. A specialist Education and Training practitioner employed by an organisation may act as the overarching co-ordinator for all of these (much like a Director of Medical Education ‘DME’ in medicine).</p> <p>For foundation trainee pharmacists, this role was traditionally called the ‘pre-reg manager’.</p> <p><i>Educational Programme Directors are not employed by, nor are they agents of, NHS England. They are employed by local employers.</i></p> <p>Salary support payments to employers made by NHS England do not result in NHS England having a degree of control or influence over an educational programme director that could result in an agency or employment relationship arising between NHS England and an educational programme director at any point.</p>

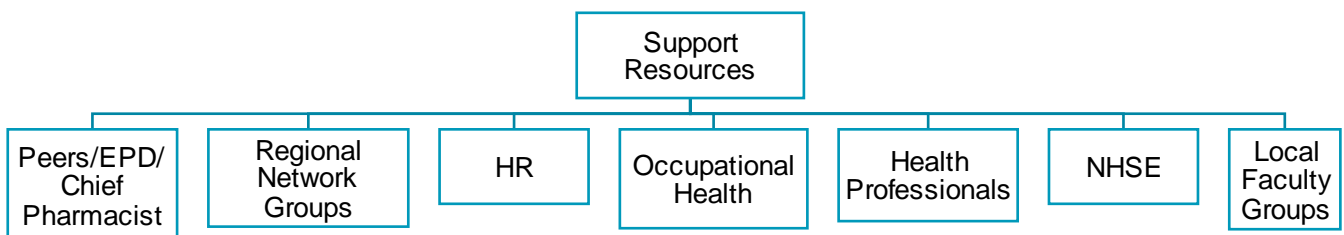
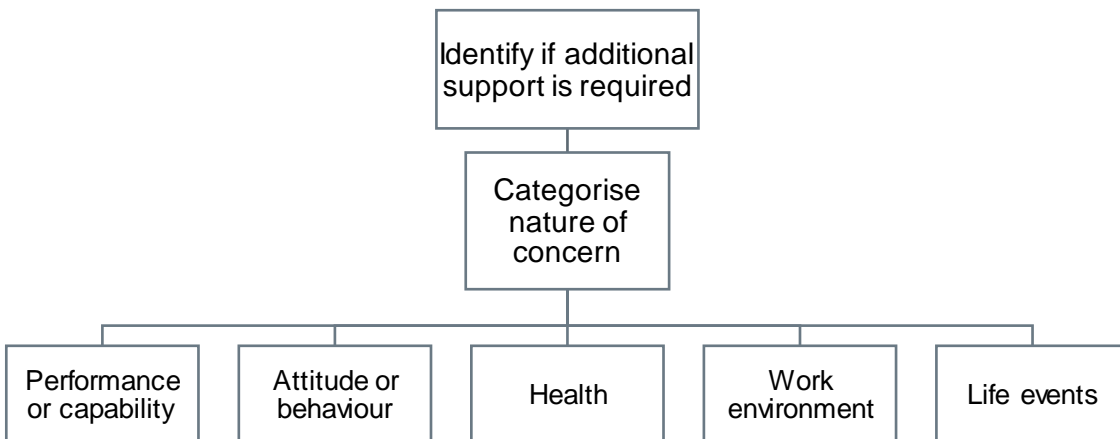
Appendix 2: General principles and management pathway



Appendix 3: Management pathway – Classification, categorisation and support



*** NHS England’s involvement should be secured if there are concerns about programme completion or significant issues risking the integrity/quality of the trainee’s placement (such as relationship breakdown)**





Appendix 4: Classification Matrix for trainee foundation pharmacists and pre-registration pharmacy technicians

The classification matrix starting on p.26 is intended to assist Educational Supervisors and Educational Programme Directors in classifying cases, to determine which ones should be dealt with appropriately without escalation to NHS England, utilising guidance within this document and which ones require escalation to NHS England for guidance and advice from the start. The table contents are not exhaustive; however, they cover common issues that arise.

NHS England should be notified when a case has been classified as Level 3. Level 3 classification indicates that there are issues that may impact on the competency sign-off process for the trainee and/or completion of the educational programme within the commissioned timescale or where there are significant concerns about patient safety. It is recognised that in complex situations classified as Level 3, guidance on the management of the case from NHS England will be helpful to organisations where internal mechanisms have not led to improvements. Where this occurs, NHS England will provide advice to organisations on the management of the case.

It is beyond the scope of this document to provide guidance on how to manage any probity, patient safety or fitness to practise issues. Any concerns of this nature should be referred to the GPhC as the regulator.

If a Level 1 or 2 case escalates to 3 due to an organisation's internal mechanisms failing to lead to improvements, NHS England should be notified.

Level 1:

- Suitable for management by employer's internal support mechanisms
- Support plan in place
- Documentation should be kept
- NHS England does **not** need to be informed unless there are concerns about programme completion or significant issues risking the integrity/quality of the trainee's placement (such as relationship breakdown).



Level 2:

- Suitable for management by employer's internal support mechanisms
- Escalation via employer's HR policies/processes if appropriate
- Support plan in place and documentation should be kept
- NHS England does **not** need to be informed unless there are concerns about programme completion or significant issues risking the integrity/quality of the trainee's placement (such as relationship breakdown).

Level 3:

- Trainee at risk of not completing training programme within the standard timeframe
- Competency sign-off process impacted upon
- Management by employer's internal support mechanisms failed to lead to improvements/ trainee hit trigger point (see matrix) / issue classified as Level 3 from the outset
- Case to be escalated to NHS England for advice, guidance, and possible intervention
- Employer's HR policies/processes underway if appropriate



Area of concern	Level 1 Refer to criteria on pp.24-25	Level 2 Refer to criteria on pp.24-25	Level 3 Refer to criteria on pp.24-25
Performance or capability impacting progression in training	<ul style="list-style-type: none"> Failure to demonstrate sufficient competence in work-based assessments, time/workload management and basic organisational skills Consistent low standard of work, for example, frequent mistakes Performing adequately at one level but not demonstrating capability to advance to a higher level with more complex decision-making, leadership skills and multi-tasking. Trainee unaware of limitations of role and unfamiliar with local Standard Operating Procedures (SOPs) Basic skill development issues requiring adaption of educational plan e.g., inability to follow through tasks or instructions Failure to successfully meet expected programme 	<ul style="list-style-type: none"> Repeated, persistent failure to demonstrate sufficient competence in work-based assessments, time / workload management and basic organisational skills Trainee fails to follow SOPs causing safety/quality issue which risks an unfavourable outcome Trust capability investigations initiated Escalation of a performance or capability concern originally classified as Level 1 <p>TFP only:</p> <ul style="list-style-type: none"> Unsuccessful 13-week GPhC progress review <i>Other performance or capability issues which are likely to lead to an unfavourable outcome in GPhC progress review, learning outcomes, timely completion of programme or registration assessment attainment</i> 	<ul style="list-style-type: none"> Investigated serious incidents / never events Escalation of trust capability/conduct investigations Specific concerns which may require external remediation e.g., trainee wishes to withdraw from programme Escalation of a performance or capability concern previously classified as Level 2 <p>TFP only:</p> <ul style="list-style-type: none"> Unsuccessful 26 week and/or 39-week GPhC progress reviews; requests for training extension <p>PTPT only:</p> <ul style="list-style-type: none"> Trainee's progression or other issues now likely to lead to an unfavourable outcome in PTPT training course/qualification completion or registration Not expected to meet the Year 1 progression benchmark (this will vary depending on provider but is usually based on successful completion of all Year 1 assignments).



Area of concern	Level 1 Refer to criteria on pp.24-25	Level 2 Refer to criteria on pp.24-25	Level 3 Refer to criteria on pp.24-25
	<p>milestones / benchmarks / appraisals / progress reviews</p> <ul style="list-style-type: none"> • Low-level persistent investigated incidents / never events <p>PTPT only:</p> <ul style="list-style-type: none"> • Several college assignments requiring resubmission 	<p>PTPT only:</p> <ul style="list-style-type: none"> • High resubmission rate for college assignments • Continued failure to meet course/qualification deadlines or progression milestones • <i>Other issues which risk an unfavourable outcome of the PTPT training programme or failure to complete within deadline</i> 	
<p>Attitude or Behaviour</p> <p>impacting progression in training</p>	<ul style="list-style-type: none"> • Low level persistent issues, for example challenges with: <ul style="list-style-type: none"> ○ ineffective team working ○ attitude with patients, colleagues, staff, and families ○ rapport with patients, staff, and families ○ respect for people holding different views ○ motivation ○ inappropriate remarks or comments 	<ul style="list-style-type: none"> • Trust conduct investigations initiated • Trainee continues to demonstrate issues identified regarding maintaining trust and professionalism • Persistent significant issues, for example challenges with: <ul style="list-style-type: none"> ○ ineffective team working ○ attitude with patients, colleagues, staff, and families ○ rapport with patients, staff, and families 	<ul style="list-style-type: none"> • Specific concerns which may need assessment, or remediation • Trust conduct/disciplinary findings • Fraud • Persistent serious issues, for example challenges with: <ul style="list-style-type: none"> ○ ineffective team working ○ attitude with patients, colleagues, staff, and families ○ rapport with patients, staff, and families ○ respect for people holding different views ○ motivation ○ inappropriate remarks or comments



Area of concern	Level 1 Refer to criteria on pp.24-25	Level 2 Refer to criteria on pp.24-25	Level 3 Refer to criteria on pp.24-25
	<ul style="list-style-type: none"> Recognised lack of self-awareness and insight – acting outside of the level of competence or not acting at all Issues identified regarding maintaining trust and professionalism 	<ul style="list-style-type: none"> ○ respect for people holding different views ○ motivation ○ inappropriate remarks or comments Recognised lack of self-awareness and insight with limited improvement Communication / teamwork issue which risks an unfavourable outcome in programme completion or registration Escalation of an attitude or behaviour concern originally classified as Level 1 	<ul style="list-style-type: none"> Significant lack of self-awareness and insight Escalation of an attitude or behaviour concern previously classified as Level 2
Health impacting progression in training	<ul style="list-style-type: none"> Low level mental or physical health concern which is unlikely to affect progression Health issues that may impact upon training Challenges with a return to work schedule 	<ul style="list-style-type: none"> Persistent significant mental or physical health concern which puts programme completion at risk Sickness absence in breach of programme, qualification / course or registration limitations Health condition which prevents carrying out core duties Escalation of a health concern originally classified as Level 1 If there are issues that may impact upon competency sign-off 	<ul style="list-style-type: none"> Persistent serious mental or physical health concern Illness compromising ability to carry out duties Health issues which may require change in programme / post Planned prolonged health related absence Extent of absence is jeopardising achievement of requisite number of days of practice required for registration or training programme completion Requests for training extension on health grounds



Area of concern	Level 1 Refer to criteria on pp.24-25	Level 2 Refer to criteria on pp.24-25	Level 3 Refer to criteria on pp.24-25
		<p>process for the trainee and/or completion of the educational programme within the commissioned timescale these should be escalated to Level 3</p> <p>TFP only:</p> <ul style="list-style-type: none"> • Sickness absence that requires GPhC notification (5 days or longer) 	<ul style="list-style-type: none"> • Escalation of a health concern previously classified as Level 2 <p>TFP only:</p> <ul style="list-style-type: none"> • Exceeding 40-day GPhC absence limit
<p>Work Environment impacting progression in training</p>	<ul style="list-style-type: none"> • Trainee allegations in the workplace such as undermining, bullying, harassment and / or discrimination, lack of resources to perform job / role, unrealistic workload, level of supervision not congruent with level of expertise expected, poor management or support from pharmacy team • Trainee has needs that require the content / structure of their educational plan to be substantially 	<ul style="list-style-type: none"> • Escalation of a work environment concern originally classified as Level 1 	<ul style="list-style-type: none"> • Relationship between trainee and educational and / or practice supervisor and / or employing organisation has broken down • Proven allegations of undermining, bullying or harassment of a trainee • Specific concerns which may need assessment or remediation between trainee and employer • Any formal trust HR process triggered in relation to the working environment • Escalation of a work environment concern previously classified as Level 2



Area of concern	Level 1 Refer to criteria on pp.24-25	Level 2 Refer to criteria on pp.24-25	Level 3 Refer to criteria on pp.24-25
	adapted e.g., amendment to working hours required <ul style="list-style-type: none"> • Change of tutor (educational supervisor) • Mismatches between trainee and educational/practice supervisor 		
Life events impacting progression in training	<ul style="list-style-type: none"> • Family / personal issues • Family expectations outside of work • Low level financial issues • Victim / witness of crime 	<ul style="list-style-type: none"> • Significant family/ personal issues • Escalation of a life event originally classified as Level 1 	<ul style="list-style-type: none"> • Serious family/ personal issues • Having more than one job • Prolonged planned absence • Escalation of a life event previously classified as Level 2 <div data-bbox="1447 831 2114 1010" style="background-color: #e0e0e0; padding: 5px;"> <p>TFP only:</p> <ul style="list-style-type: none"> • Exceeding 40-day GPhC absence limit </div>



Appendix 5: Management framework of trainee issues

The table below provides examples of commonly encountered situations where a trainee may require additional support and sets out a possible course of action in each example. This list of suggestions is not exhaustive and is designed to be used to guide decisions around support options for trainees.

Please note that issues relating to misconduct are not covered in this guide. In such cases, advice should be sought from the regulatory body, the GPhC. Issues affecting patient safety should be escalated appropriately within the employing organisation and with the professional regulator as appropriate.

General support available for a range of issues:

- [Listening Friends Helpline](#)
- [Pharmacist Support Factsheets](#)
- [Our NHS People](#)

Area requiring support	Possible course of action and support
Assessment/examination performance: <ul style="list-style-type: none"> • Challenges experienced in achieving learning outcomes • Trainee not meeting programme progress benchmarks 	Educational intervention with more supervision. Targeted or repeated training interventions with clear educational objectives. Clearly identified and documented action using the action plan in appendix 8 should be taken wherever possible. This should be implemented prior to invoking formal measures to address capability and performance in employment. For example, regular supportive meetings with supervisor and trainee with action plan and review of SMART objectives; reflection on areas to support development; planned assessments; changes to educational/training plan; review meetings with second supervisor or experienced members of the team. Additional resources: Goal setting ; Your foundation training year ; Assertiveness guide ; RPS Foundation prep podcasts ; VARK questionnaire to identify learning style / preferences; Wellbeing Service
Generic professional development:	Identify underlying issues with care and sensitivity. A mentor, coach or role model may be required. Sometimes professional development issues are a result of a lack of awareness or training need.



Area requiring support	Possible course of action and support
<ul style="list-style-type: none"> • Communication issues with patients, staff and/or colleagues • Challenges relating to teamworking • Time management and/or basic organisational skills 	<p>Consider work shadowing, support, training, planning of assessments, observations and reflective practice, support to develop empathy and interpersonal skills.</p> <p>Develop and record an action plan between trainee and ES to address any difficulties faced using the template in Appendix 8.</p> <p>Additional resources: CPPE resources: Consultation skills, teamwork and team community, self-management. Coaching training / coaching support.</p>
<p>Health and wellbeing</p> <ul style="list-style-type: none"> • Trainee requiring additional support relating to a health and wellbeing issue • Time away from training which may require adjustments to the training period 	<p>Confirm trainee is registered with a GP</p> <p>Referral and assessment by Occupational Health as appropriate</p> <p>Develop and record an action plan between trainee and ES to address any difficulties faced</p> <p>Referral to services within the employing organisation (e.g., counselling etc as appropriate)</p> <p>Maintain the confidentiality of the trainee at all times; only disclose to other team members e.g., Chief Pharmacist, if given the explicit consent of the trainee to do so. It is helpful to give a reason why you need to disclose information to other team members, an example would be that additional equipment is required to support the trainee, but the tutor does not hold a budget for this expenditure.</p> <p>NHS England can amend payments for salary support if a request for less than full time working is made, or an extension to the training period is required.</p> <p>Additional resources CPPE: Work life balance guide.</p> <p>Stress and anxiety: Anxiety factsheet , Help with stress factsheet , De-stress you guide, Overcoming Anxiety Guide, Samaritans helpline, Apps for wellbeing and mental health, Unmind – online platform, Headspace – online platform, Daylight: Self-help app, Wellbeing factsheet, Sleep factsheet, Sleepio – sleep improvement app, Mindfulness factsheet</p> <p>Emotional exhaustion / burnout: Carers Trust, Work-Life Balance Guide, Coping with bereavement factsheet, Carers’ breaks and respite care</p>
<p>Disability</p>	<p>Develop and record an action plan using the template in appendix 8 between the trainee and ES to outline any adjustments needed in the workplace.</p>



Area requiring support	Possible course of action and support
	<p>The law relating to reasonable adjustments for trainees with disabilities is adhered to: www.nhsemployers.org/retention-and-staff-experience/diversity-and-inclusion/policy-and-guidance/disability/reasonable-adjustments-in-the-workplace</p> <p>Access to Work – The employer must make certain changes (known as ‘reasonable adjustments’) to make sure a trainee is not substantially disadvantaged when doing working. The Access to Work application should be initiated by an employee within 6 weeks of starting paid employment. Further details are available at the following link. www.gov.uk/access-to-work</p> <p>If a trainee needs to work less than full time or extend the training period, please contact NHS England for advice with regards to amendments to salary support payments.</p> <p>Further guidance relating to learning disability and neurodiversity: Dyslexia in the workplace Dyslexia in healthcare training (resource for doctors but relevant to pharmacy training) Autism in the workplace</p>
<p>Alleged discrimination or bullying of the trainee</p>	<p>Seek support of senior pharmacy management and human resources with consent from the trainee.</p> <p>Advice may also be sought from a Trade Union.</p> <p>Bullying factsheet</p> <p>Speak Up Helpline</p> <p>This helpline is a free-phone service for employees, and organisations working within the NHS and social care sector. Telephone: 08000 724 725 Web: https://speakup.direct/</p> <p>Whistleblowing factsheet, Raising a concern: pharmacy education and/or training factsheet, What is harassment and victimisation? What is victimisation?</p> <p>Protected Characteristics- Equality Act 2010</p>
<p>Life events</p> <ul style="list-style-type: none"> • Personal relationship issues 	<p>Develop and record an action plan between trainee and ES to address any concerns.</p>



Area requiring support	Possible course of action and support
<ul style="list-style-type: none">• Bereavement, critical family illness• Financial challenges• Family and caring responsibilities• Pregnancy• Experiencing trauma• Training away from home country / lack of support network outside workplace	<p>NHSE can amend payments for salary support if a request for less than full time working is made, or an extension to the training period is required.</p> <p>When supporting a trainee with any of these issues, ensure confidentiality is maintained, and do not disclose any information to other members of the team or third parties without the explicit consent of the trainee.</p> <p>If you feel the trainee is experiencing abuse or has been the victim of a crime, take advice from your safeguarding lead.</p> <p>Trainees have legal protections via Equality Act 2010. See factsheets below.</p> <p>Support for carers: Carers Trust, Carers' breaks and respite care</p> <p>Family and caring responsibilities</p> <p>Bereavement: Coping with bereavement factsheet</p> <p>Financial challenges</p> <p>Pregnancy</p> <p>Please consider the additional challenges faced by trainees who are from overseas and may have a limited support network. Moving within the UK to a training placement may have disrupted support networks built up during undergraduate studies.</p> <p>Trainees who are away from their home country: www.ukcisa.org.uk/Information--Advice/Studying--living-in-the-UK/Health-and-healthcare</p> <p>Trauma: Domestic violence and abuse, Victim Support, Victims & Witnesses, Counselling</p> <p>Relationship problems/breakdown: Resolving Conflict Guide, Relationships and family problems: useful organisations</p> <p>Addiction: Help with gambling factsheet , Help with alcoholism factsheet, Help with drug abuse factsheet, Eating disorder factsheet, Addiction Support Helpline</p> <p>Finances: Help with debt factsheet, Managing your money factsheet, Finding funding factsheet, Financial Assistance Helpline</p>

Appendix 6: Consent to involve NHS England for additional support and/or advice

The following support can be offered to pharmacy trainees on NHS England commissioned placements:

- Signposting to additional support and guidance and ensuring all options have been explored
- Advice regarding action planning
- Advice regarding extensions or amendments to the training period, including requests for part time working or breaks in training.

To request support from the NHS England Workforce, Training and Education pharmacy team, please use the relevant regional links below:

- [East of England](#)
- [London](#)
- [Midlands](#)
- [North East & Yorkshire](#)
- [North West](#)
- [South East](#)
- [South West](#)

These forms can be completed by an EPD/supervisor or by a trainee.

Please avoid using email to contact NHS England regarding trainees requiring additional support.

On receipt of a request, a member of the NHS England Workforce, Training and Education pharmacy team will make contact with the trainee and EPD as appropriate.

How do we process your personal data?

NHS England complies with its obligations under the GDPR by keeping personal data up to date; by storing and destroying it securely; by not collecting or retaining excessive amounts of data; by protecting personal data from loss, misuse, unauthorised access and disclosure and by ensuring that appropriate technical measures are in place to protect personal data.

The information that you supply **to request additional support** from NHSE will be collected electronically via Jisc Online Surveys. It will be stored safely in accordance with all the relevant information governance standards and NHSE policies and procedures. It will be kept for no longer than **two years** and will be securely deleted in accordance with our governance procedures.

We use your personal data for the following purposes:

- 1. To provide additional guidance and/or support to a trainee and/or the educational supervisor**
- 2. To inform NHSE finance teams of any change to the training period and/or breaks in training**

Transfer of Data Abroad

We will not transfer your data abroad. Please note, however, that Amazon Web Services (AWS) hold their information in the Republic of Ireland.

We may share information, where necessary, to assist in the administration of justice, for the purposes of seeking legal advice or exercising or defending legal rights or as otherwise required by the law.

Where the data is used for analysis and publication by a recipient or third party, any publication will be on an anonymous basis, and will not make it possible to identify any individual. This will mean that the data ceases to become personal data.

Your Rights

The GDPR provides the following rights for individuals:

1. The right to be informed
2. The right of access
3. The right to rectification
4. The right to erasure
5. The right to restrict processing
6. The right to data portability
7. The right to object
8. Rights in relation to automated decision making and profiling.

To exercise all relevant rights, for queries or complaints, please contact in the first instance your regional NHSE team. Email addresses are at the end of the page.

Our Legal Basis for Processing

You can obtain further information relating to NHS England's legal basis for processing by viewing our privacy notice at <https://hee.nhs.uk/about/privacy-notice>

Further processing

If we wish to use your personal data for a new purpose, not covered by this Data Protection Notice, then we will provide you with a new notice explaining this new use prior to commencing the processing and setting out the relevant purposes and processing conditions. Where and whenever necessary, we will seek your prior consent to the new processing.

Please note that an EPD can only complete the above form (see regional list above) once the below part has been signed by the trainee (to ensure trainee consent has been obtained) and kept on file locally



I consent to my training location, name, and contact details being supplied to NHS England (tick box)

Trainee name.....

If you wish to withdraw your consent at any point, please contact the relevant regional team:

	E-mail address
Northwest	medicinesoptimisation.north@hee.nhs.uk
North East & Yorkshire	medicinesoptimisation.north@hee.nhs.uk
Midlands	pharmacy.me@hee.nhs.uk
East of England	Pharmacy.eoe@hee.nhs.uk
South West	Pharmacy.sw@hee.nhs.uk
London	Pharmacy.london@hee.nhs.uk
South East	Pharmacy.se@hee.nhs.uk

Please retain this form at the training site



Appendix 7: Form A – Trainee progress review record

Please complete this form with the trainee when concerns emerge. This form should be completed in conjunction with the ‘Trainees requiring additional support Management Plan – Form B’.

Name of trainee:	
Name of Educational / Designated Supervisor:	
Date of meeting:	
Persons present at the meeting (including role):	
Meeting led by:	
Matrix Level and Area of Concern:	
Description of presenting issue:	
Summary of progress – Update: <ul style="list-style-type: none">• Summary of progress made against objectives and action points set in initial meeting.	



Appendix 8: Form B – Management plan

Working document

This is a working document between the ES / DS and their trainee that will be revisited and updated as actions are completed over time. It is important that both the trainee and the ES / DS sign the management plan when it is created and at each subsequent review.

Identified area of concern	SMART objectives: Specific Measurable Achievable Relevant Time-framed Use work-based assessments as appropriate, e.g. mini-CEX	How will I address them? (action & resources)	Date set to achieve goal	Date completed

Date of next review: 	Refer to Occupational Health (circle as appropriate): Yes/No	Involve (circle as appropriate): Chief Pharmacist / Senior Pharmacy Management / NHS England Workforce, Training and Education Pharmacy Team / Other
--	--	--

Signed: Trainee

Signed: Educational / Designated Supervisor (tutor)

Signed: Educational Programme Director (or equivalent)

Form B continues overleaf



Form B (Continued)

Review Number..... Date of Review:

Main points discussed (Summary of progress with agreed goals/objectives):

-
-
-
-
-
-

Management plan updated: Yes/No

Date of next review: 	Refer to Occupational Health (circle as appropriate): Yes/No	Involve (circle as appropriate): Chief Pharmacist / Senior Pharmacy Management / NHS England Workforce, Training and Education Pharmacy Team / Other
--	--	--

Signed: Trainee

Signed: Educational / Designated Supervisor (tutor)

Signed: Educational Programme Director (or equivalent)

Appendix 9: Version history

This Trainee Support Guide was first published in August 2021.

Please contact the relevant regional teams below with any editorial suggestions.

Version	Purpose/change
September 2021	<ul style="list-style-type: none"> • Addition of regional contacts • Addition of regional reporting links • Formatting changes • Trainee pharmacist amended to foundation trainee pharmacist • Accessibility issues addressed
January 2023	<ul style="list-style-type: none"> • Amendment of regional contact email addresses • Addition of regional reporting links for new HEE regional teams
August 2023	<ul style="list-style-type: none"> • Change from Health Education England (HEE) to NHS England Workforce Training and education (NHSE WT&E) • Rebranding to new NHS England • Amendment of regional contact email addresses to reflect 7 NHSE WT&E Regional pharmacy teams • Addition of regional reporting links for new NHSE regional teams • Hyperlinks refreshed

Please note: A more significant update is planned for the 2025/26 training year, to reflect the changes being implemented as part of the IETP reform.

NHSE WTE Regional pharmacy teams	Email your editorial suggestions to:
Northwest	medicinesoptimisation.north@hee.nhs.uk
North East & Yorkshire	medicinesoptimisation.north@hee.nhs.uk
Midlands	pharmacy.me@hee.nhs.uk
East of England	Pharmacy.eoe@hee.nhs.uk
South West	Pharmacy.sw@hee.nhs.uk
London	Pharmacy.london@hee.nhs.uk
South East	Pharmacy.se@hee.nhs.uk