

Visit Report: Foundation Pharmacist Training (North of England NHS Trusts)



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Contents

<u>Executive Summary</u>	3
<u>Introduction</u>	5
<u>Recruitment and Induction</u>	7
<u>Provision of Learning</u>	9
<u>Work-based experience including cross-sector experience</u>	11
<u>Learning Support</u>	13
<u>Supervision</u>	15
<u>Assessment and Portfolios</u>	17
<u>What next?</u>	20
<u>Appendix 1: Resources for Foundation Pharmacists and their Supervisors</u>	23
<u>Appendix 2: Induction; Good Practice Points</u>	24
<u>References</u>	26
<u>Contacts</u>	27

Executive summary

Key points

- NHS Trusts in the north of England are keen to see a consistent approach to foundation pharmacist training.
- Recruitment and development of foundation pharmacists (FPs) is essential for workforce stability and service provision.
- Resource for training and development is needed to ensure that employers can continue to deliver patient care.
- New patient-facing roles for pharmacists in both primary and secondary care means we now need to prepare our workforce to be able to work across a broad range of settings.
- We need to develop a positive education culture within the pharmacy profession to enable any changes to happen and have an impact on patient care.

During 2019 the School of Pharmacy and Medicines Optimisation (SoPMO) visited 65 NHS trusts across the north of England, speaking with chief pharmacists, educational leads and clinical service managers, in order to understand their views on current and future FP education and training. Prior to this, surveys were sent to all organisations to gather additional information about numbers and details of the current programmes. This report summarises these findings, describing the current educational delivery of FP training in acute, community and mental health trusts across the north. This includes examples of excellent innovative practice and also descriptions of some of the challenges they face. In addition, it describes the current areas that the SoPMO are working on to support quality training for FPs working in NHS trusts across the north.

We were reassured to hear that trusts recognised the potential benefits of a standardised national approach to a FP training programme (FFTP).

Trusts felt it would:

- provide structure to enable workforce planning;
- develop pharmacists with the necessary skills knowledge and behaviours to deliver the pharmacy services a future NHS will require;
- provide consistency allowing the delivery of quality assured training; and
- help with retention of pharmacists.

A clear and important message: we need to develop a strong educational culture within the pharmacy profession.

The importance of developing pharmacists who can make patient-centred critical decisions about complex clinical issues is seen as vital. The FP training period is viewed to be the key time when pharmacists need support to develop the skills required for critical reflection on their experiences as practitioners. Through appropriate supervision FPs can be supported to develop clinical expertise, enabling them to deliver the clinical pharmacy services that the future NHS requires.

Many workplaces have successfully embedded workplace learning and reflective practice into FP professional development programmes. This includes training delivered at induction, supervision, workbooks, multidisciplinary learning, multi-sector learning and workplace assessment. We also learned about innovative uses of technology to deliver learning and new models to deliver non-clinical learning, such as resilience and prioritisation.

It was highlighted that the quality assured teaching provided by Higher Education Institutes (HEIs) is seen as an essential element of current FP training and would be a challenge to replicate at a local level. However, difficulties are presented by the differing clinical and non-clinical content of post-graduate programmes across the north, a problem which is highlighted when pharmacists move between organisations.

Concerns were raised during many conversations about the operational impact of developing a FFTP. This mainly related to the essential role that FPs currently play in delivering direct patient care. We heard the importance of balancing the educational needs of FPs with the requirement of employers to continue to deliver patient care. We learned about the importance of ensuring that any changes to FP training need to be appropriately resourced in order to maintain the care provided to patients.

From our conversations with NHS trusts across the north we have identified some common themes that are key areas to be addressed when developing FP training. We will discuss the themes through the report and we will be sharing them to help shape the national elements of an FFTP.

The SoPMO will continue to work on developing regional FP training including some local piloting of elements of a potential future FFTP. The insights from our conversations during visits will help shape the ongoing developments described in this report. We will continue to engage with stakeholders to develop FP training across the north to meet the future workforce demands as outlined in the 'NHS Long Term Plan'⁽¹⁾.

Introduction

Between January and July 2019, the School of Pharmacy and Medicines Optimisation (SoPMO) sent a survey to every acute, community and mental health trust in the north of England, in order to understand the current delivery of FP training in this region. This survey was followed by face to face conversations with trusts' chief pharmacists, educational leads and clinical service managers. The aim was to gain a deeper insight into the innovative training that has been developed and the challenges faced in delivering current and future FP training.

This report summarises our findings and, in addition, describes the current areas that the SoPMO are working on to support quality training for FPs working in NHS trusts across the north.

This report focuses the NHS managed sector of pharmacy in the north of England. Further work needs to be undertaken to understand the current views and provision in other pharmacy sectors and regions.

Case for change

HEE's 'Advancing pharmacy education and training: a review' ⁽²⁾, published in 2019, describes the existing training landscape for FPs and sets out the case for a fresh approach to their training from both an NHS and educational perspective.

The NHS interim people plan states 'We will begin to develop the infrastructure that will underpin a new foundation training programme to ensure all pharmacists are able to work across the full range of healthcare setting to support more integrated 21st century care'. Introducing a national FPTP will be a significant change to current education delivery. It is important that any changes meet the needs of the NHS, employers, trainees and patients. Following our visits, we found that most trusts recognised that introducing a formal training programme would have clear benefits to patients, organisations and the FPs themselves. Our conversations also highlighted a number of potential challenges that need to be resolved.

Benefits centred around a standardised approach to quality assured training that produces pharmacists with the knowledge, skills and behaviours to provide patient-centred care. Current career pathways and progression are creating challenges for employers, with concerns relating to the rapid promotion of FPs early in their career. This may have been driven by limited competition for more senior pharmacist posts and the rapid expansion in demands for pharmacist skill sets. There are concerns that some FPs who are promoted early, may not have sufficiently developed the necessary knowledge, skills and behaviours to fulfil more advanced roles and responsibilities, which can then impact on service delivery and the training of others. Trusts feel that a new FPTP may help to alleviate some of these workforce planning issues, and that any such programme should recognise both the clinical and technical aspects of pharmacists' roles (e.g. aseptic manufacturing) to ensure that all aspects of pharmacy practice have a workforce with suitable expertise. A defined FP training pathway may also offer other

benefits including cross-sector collaboration, supporting progression to advanced practice, allowing easier transition between employers, and providing consistency of practice. A single approach could simplify HR processes, increase consistent quality assurance of training and improvements for trainees requiring additional support.

There are concerns about changes to current funding arrangements and the need to ensure that any impact on operational activities within trusts is considered.

Challenges include the availability of resources to implement and operate an FPTP without having a negative impact on delivery of pharmacy services.

Across the north there are some interesting solutions in place that develop a clear place for FPs within the current pharmacist career pathway, with clear career progression linked to staff development opportunities and formal progression. Within individual trusts this has helped with staff retention and increased FPs confidence. Some trusts have defined the role of FPs within the context of their wider workforce, allowing automatic progression to higher banded roles after meeting specific requirements. In others progression through FP training affords access to more complex clinical specialities, longer clinical placements and additional responsibilities (such as producing and delivering teaching, writing directorate/finance reports and formulary applications). These help build the skills required for more advanced roles.

Many organisations described how gaining an understanding of FPs motivations by means of regular feedback helped to ensure training supports career aspirations appropriately.

Quality Assurance

The 'HEE Quality Framework 2019-2020' ⁽³⁾ defines the expectations for quality within the work-based learning environment. This multi-professional framework enables us to support our system partners, including education and placement providers, by delivering a whole workforce quality perspective. We can also use this approach to provide a platform to respond to concerns about education and training quality from across the system, and enable the identification, sharing and adoption of good practice across health and social care providers.

In the north we heard there is a need and willingness to focus on high quality training for FPs; the key to this is a standardised approach. There are excellent examples of education governance and quality being implemented locally and this experience needs to be utilised to develop a national approach. A FPTP requires quality assured assessment and outcomes with a recognition of completion. To enable the enhancement of quality assurance and governance, pharmacy infrastructure and systems need to be developed in collaboration with HEE and our partners.

We heard that many trusts feel the current provision of post-graduate clinical pharmacy diplomas by Higher Education Institutes (HEIs) provides significant benefits in terms of quality assurance and credentialing. We recognise that this would be very difficult to replicate at a local scale for individual trusts.

Recruitment and Induction

Key points

- Trusts appreciate the importance of robust induction programmes.
- A FPTP could support organisations in delivering some elements of induction.
- Recruitment of FPs is essential for workforce stability and service provision.

Recruitment

Unlike preregistration training, NHS trusts are responsible for their own recruitment processes which are usually in the form of one to one interviews but may also include assessment centres.

The majority of FPs recruited to NHS trusts completed at least part of their pre-registration training within the hospital sector. Senior pharmacists described the additional training burden that employing from different sectors places on their services; though many recognise the different skills these trainees may bring to their organisation. Whilst many trusts did not report any problems with recruitment to foundation posts, some organisations and specialist trusts have struggled to recruit candidates. Recruiting suitably experienced candidates outside the traditional post pre-registration intake in August can also be problematic.

Induction

Access to appropriate and timely induction is one of the quality standards outlined in the 'HEE Quality Framework 2019-2020' ⁽³⁾. This describes the support learners require, both at the point of starting within an organisation and when changing to a new placement. On qualifying as a pharmacist, the move into professional practice represents a period of great challenge and induction programmes for new starters are an essential part of supporting this transition. Induction goes beyond support for newly qualified pharmacists and should be provided for each learning placement in order to ensure the trainee has a clear understanding of their duties, supervision arrangements, and role within the team.

Across the north, these induction programmes for new trainees vary in length between one and three months, with many organisations having some form of formal sign off at the end of induction (which may be in the form of a trust's probation period). It was clear from our conversations that these induction programmes are complex and time consuming to arrange, representing a significant investment by employers. Some organisations described the difficulties experienced at induction when employing FPs from different sectors or trusts. They mentioned the need for a common 'passport' of skills to be developed during pre-registration training in all sectors which may negate the need for some of the induction training and assessments.

Current developments

We found that some trusts are struggling to appoint FPs with a small number of posts remaining unfilled. Such fluctuations in staffing levels and the demands of providing training and induction for new starters has clear implications for service delivery by pharmacy teams. Many organisations have well designed induction programmes for their new pharmacists which include many of the elements described in the 'HEE Quality Framework 2019-2020' ⁽³⁾.

'HEE Quality Framework 2019-2020 – 3. Supporting and empowering learners'

Providers must ensure that learners have an induction (organisational induction and service or unit placement induction) in preparation for each placement that clearly sets out:

- a) their duties and supervision arrangements;
- b) their role in the team;
- c) how to gain support from senior colleagues;
- d) the clinical guidelines and workplace policies they must follow;
- e) how to access clinical and learning resources; and
- f) how to raise concerns about patient safety, standards of care, education and training and ethics.

We also found that the content and nature of induction to individual learning placements is generally less well defined and may be dependent on the experience and expertise of their practice supervisor.

In August we shared a number of resources with trusts across the north which we hope have been useful for employers and new foundation trainees during their first few months of pharmacist practice (Appendix 1). These resources may be useful to consider again during appraisal or development review.

In addition, we have compiled some good practice points relating to induction starting at the time of recruitment (Appendix 2).

Provision of Learning

Key points:

- Work-based learning facilitates the application of knowledge and the development of desirable skills and behaviours.
- There are multiple examples of excellent practice in developing work-based learning opportunities for FPs.
- A wide variety of learning experiences allows for a broad foundation of knowledge and skills which FPs can build on as their careers progress.

FPs are adult learners and as such require opportunities to apply knowledge and skills in a practical setting. This should be a safe environment for challenge, with adequate support and effective feedback. A key part of experiential learning is reflection which allows for a continuum of improved practice.

Provision of learning describes all the elements of foundation pharmacist training that relate to learning delivery. This includes knowledge gained through didactic teaching, as well as reading materials provided both in-house and by external providers. It also relates to skills and behaviours obtained through experiential work-based activities such as clinical exposure, multi-professional learning, teaching others, research and cross-sector experiences. These opportunities can be both formal and in-formal. This list is not exhaustive and can include any activity which provides FPs with an opportunity to learn.

We understand from our discussions that FPs need a wide range of experiences to ensure a broad base of knowledge and skills to build on as their careers progress.

Currently there is a strong emphasis on clinical knowledge in FP training. This is mainly provided by the clinical diploma, further supplemented with in-house training and clinical experience. The clinical diploma provides a significant proportion of quality assurance around FP training, emphasised by the importance of the clinical diploma as a measure of readiness for progression to higher grades. Some trusts expressed concern that they would not want to lose the clinical teaching provided by the post-graduate pharmacy diploma, especially in trusts with fewer specialisms or where there are limited numbers of senior clinical pharmacists. However, there were others that felt an excessive focus on clinical knowledge in some diplomas, was to the detriment of development of softer skills needed to deliver the role.

We heard about the variability in content and assessment in the diplomas offered by Higher Education Institutes (HEIs). This means that the subsequent training needs of pharmacists at advanced level are variable and harder to predict. Alongside the need for a standardised approach, we heard concerns that modular options had the potential to add an additional element of variation that might not meet the needs for service provision.

The high value placed on the quality assured teaching provided by a diploma was a common theme. However, many conversations emphasised the need to rebalance the importance of learning provision towards application of knowledge into practice, producing FPs who are able to confidently apply knowledge and skills into the complexity of clinical practice. Trusts felt this is essential in order to deliver pharmacists capable of fulfilling future roles as defined in the 'NHS Long Term Plan' ⁽¹⁾.

We also heard the need for greater integration between university teaching and in-house training. This related to a feeling that trusts lack input into the content of the diploma and that better learning could come from an integrated approach.

One question raised related to the training available to those FPs not currently accessing a clinical diploma. We appreciate the need to consider how FP training incorporates a variety of learning opportunities available to all, in order to develop a workforce, fit for the future.

Current developments

The majority of FPs employed by the NHS undertake a clinical diploma provided by a HEI. A large proportion of these include face to face elements allowing for peer learning and networking. Trusts complement external teaching with in-house training sessions, structured learning events, assessments and clinical supervision allowing for support and role modelling.

Many trusts produce rotational workbooks with defined learning objectives, milestones and sign off. Some trusts incorporate increasing complexity into these workbooks as training progresses to stretch more experienced FPs. Sharing these high-quality resources will increase efficiency and also improve sharing of good practice across organisations.

We saw examples of in-house teaching designed specifically for the FPs by specialist pharmacists. This includes training focussed on the development of soft skills, such as resilience, decision making, communication, coaching, prioritisation and accountability; which are seen as important elements of FP training. There are some existing resources that can be utilised to support this work, including those available from the Centre for Pharmacy Postgraduate Education (CPPE), Pharmacist Support and the professional skills section of the Medicines Learning Portal. Some departments also incorporated trust wide sessions relating to desirable skills in their FP training such as resilience, leadership and coaching.

In many organisations there are opportunities to attend departmental teaching and peer-to-peer teaching. Some FPs also attend training sessions offered by the wider multidisciplinary team.

One trust had developed an innovative solution to its challenge of geographically disparate FPs by developing a virtual learning platform. This acted as a resource repository but also allowed interactive group work, peer learning and communities of practice to be formed.

We heard that trusts are keen to ensure FP training produces pharmacists fit for future workforce developments. It is therefore essential that any training provision is aligned to the knowledge and skills needed to create such individuals. An FPTP needs to provide systems that enable quality assured training provision mapped to the FP framework and curricula. There is a continued need for quality assured delivery of clinical knowledge and skills. This needs to be complemented by an increased focus on work-based experiences to enhance the contextualisation of knowledge and a further emphasis on skills and behaviours training going forward. A formative stepped approach will allow for building up of essential behaviours and dovetail into advanced pharmacy practice.

A modular approach to the clinical diploma was suggested as a potential solution to some of the concerns outlined above by providing FPs with core clinical knowledge but greater choice relating to their sector or setting. However, as described above this could lead to variation in outcome which needs to be considered.

Work-based experience including cross-sector experience

Key points:

- FPs exposure to work-based experience is often determined by the trust they work in.
- Most FPs rotate through clinical specialties during their foundation training.
- In some trusts there are opportunities for multi-sector working during foundation training.
- Multidisciplinary learning enhances FPs' skills and behaviours.

The FP training period is a formative stage in most pharmacists' career where they develop the skills, knowledge and behaviours that will allow progression on to advanced practice. It is essential that pharmacists encounter learning experiences that promote critical reflection to shape this development.

A breadth of learning opportunities is essential to enable pharmacists to practice in the complex evolving environment of the modern NHS. The 'NHS Long Term Plan'⁽¹⁾ highlights the need for pharmacists who can work in a wide variety of clinical roles and settings. Cross-sector training has been discussed during the visits as a way to ensure that the FPs can refine and hone the skills and behaviours that are required for this.

We have found it useful to further define what is meant by cross-sector training as this can cover a variety of different models:

Cross-sector learning – this is where FPs from different sectors learn together. This can be on face to face teaching sessions, action learning sets, collaborative learning groups and virtual learning tools. This would have limited impact on practice but would start to build better working relationships and understanding of the patient journey.

Cross-sector experience – this is where FPs would work for short periods of time (for example one week to one month) in different sectors of practice. This would build understanding and the FPs will start to develop the understanding needed to deliver direct patient care in a variety of sectors. The downside of this model is the time required to train.

Cross-sector working – this is where FPs would work for longer periods of time (for example three months to one year) in different sectors of practice. This would develop the skills and behaviours that we require of our future workforce. This model will require robust HR and indemnity arrangements but has the potential to create a radically different workforce of the future.

As well as different sectors, a FPTP will need to include a wide variety of clinical environments, to broaden the scope of practice and enhance the development of skills. Multidisciplinary working will provide opportunities for FPs to learn from other professions, develop their role in the multidisciplinary team and improve their communication skills. This should be a part of working in all sectors and in all clinical environments.

The exact nature and extent of FP training in different sectors and different clinical environments is yet to be defined. As the FPTP is developed we will need to engage with stakeholders to understand how to balance the demands of service provision against enabling the optimal learning experiences for trainees. We will need to explore the benefits of working in different sectors and clinical environments, such as acute hospitals, mental health, community hospitals, care homes, aseptics, GP practice, community pharmacy and many others. This will

enable employers to support trainees to access the right experiences for the individual and the organisation.

Current developments

As part of their personal development FPs are expected to learn from positive role models in the workplace, with opportunities that help develop their interpersonal skills, organisation skills, time management, critical appraisal and leadership. They can develop confidence in their clinical ability in a safe and supportive environment, resulting in the ability to provide holistic care to patients. Opportunities for professional development, include rotating through different clinical specialties and working on the on-call rota. Engagement with audit, service development and educating other healthcare professionals were all seen as valuable learning experiences that were beneficial for both the FP and employer.

We heard that trusts felt that a broad range of experiences are beneficial for FP learning and, where possible, provide opportunities to expand FPs' scope of practice. These predominantly include experience in aseptics, medicines information, paediatrics and mental health settings. Some trusts offer experience of community hospital settings, a few in care homes and one has structured placements in GP practice. Perceived benefits of experiencing alternative care settings include increased confidence, improved decision making in complex situations and appreciation of patient care across the whole health system.

Several organisations saw significant challenges relating to multi-sector working, mainly focused on the impact on service provision. It was felt that this could be a substantial barrier to trusts being able to actively participate in a FFTP.

We heard that some trusts had already incorporated learning in different clinical environments into their FP training and perceived a real benefit for, not only the FP, but the wider workforce. This was clearly a more straightforward fit with certain sectors/settings than others. Some trusts have also embraced cross-sector working for their pre-registration pharmacists into additional sectors such as primary care and could see the feasibility of expanding these links in relation to FP training. It will be imperative for HEE to support the expansion of such cross-sector collaborations to enhance the future FFTP. It will also be essential to align learning activities with the continuation of service provision.

It is recognised that participation in multi-professional learning enhances FPs skills and behaviours particularly in relation to collaborative working in multidisciplinary teams. A number of trusts have introduced truly inter-professional learning events where the learning objectives are applicable to all professions. These included patient safety events, non-medical prescriber forums and academic/research forums. Most others have opportunities for FPs to attend medical or nursing specific training events or indeed teach on these sessions. There were also many informal multi-professional learning opportunities available to FPs during daily service provision which included multidisciplinary board and ward rounds.

Learning Support

Key points:

- A key priority is ensuring a balance between FPs development and continuity of service provision.
- Networks and shared training resources are seen as useful in developing the educational culture needed for a FFTP.
- Funding for FP training is seen as a key enabler to ensure a standardised approach.

Provision of learning support and opportunities for learning are key considerations for an FFTP. Underpinning support allows the environment and time for learning to occur, this includes external support such as that provided by HEE. There is a need to understand organisational requirements to ensure trainees can access external learning provision and in-house training, such as educational sessions and clinical experiences. We need to consider the time and infrastructure requirements for protected study in relation to either external or in-house learning. In addition, there is a need to define resources to allow participation in activities such as assessment, feedback and pastoral care.

Trusts are keen to understand how a new model for FP training can be implemented, ensuring a balance between development of FPs and continued service provision. Some trusts indicated they didn't feel they have the educational or clinical expertise necessary for all aspects of FP training. It was felt that external support may be required in relation to both concerns. We also heard that time and resources are currently utilised to bridge a knowledge and skills gap in the initial education and training of pharmacists, particularly for those trainees from other sectors.

Trusts also highlighted the challenge they currently face in relation to equity in funding external learning provision and standardisation of this process would be welcomed.

We heard of the current advantages of ring-fenced protected learning time for external learning provision and that trusts foresaw challenges to this if learning was predominantly work-based given service pressures. We also heard that the peer support and networking afforded by face to face learning is highly valued by FPs and trusts alike.

Suitable IT solutions may help partially resolve some of the barriers to delivery of FP training. Challenges identified include isolated practitioners, lack of accessible supervision, workplace formative assessments and quality assured experiential learning. IT may be able to overcome challenges by enabling virtual networks to provide support or supervision, whilst also promoting workplace assessments which have integrated quality assurance.

Current developments

For the NHS managed sector diploma funding is currently via a combination of HEE investment, departmental budgets and FPs self-funding, with variation of funding levels across employers and regions.

Most trusts have some allocated study time for their FPs either for accessing the diploma or in-house educational training. The amount of allocated study time reported varied considerably from 0 to 32 days per year. From further conversations, we understand that allocated study time during work hours is higher than this as they only relate to diploma study time not in-house training in the majority of responses.

Most trusts have a strong infrastructure in place to support FP development in the form of a robust induction, mentorship, educational supervision, feedback and assessment or appraisal arrangements. We also heard of an array of bespoke FP forums to allow for pastoral care, resolution of concerns and evaluation mechanisms of training and support structures ensuring trainees have a voice.

Several trusts discussed the advantages of working in collaboration with other organisations across geographical areas to share resources such as training materials, clinical expertise and work-based experiences e.g. attending a specialist clinic or clinical areas not available in their own trust. One region had developed an education and training network to facilitate collaboration, raise quality and reduce duplication of work, and had also introduced peer review of each other's FPs and advanced pharmacists. This network is raising the profile of education and training across the region.

We heard how trusts have utilised IT to enhance learning provision support. Many trusts are using instant messaging platforms to provide clinical support to their FPs in relation to on call duties, allowing for senior supervision out of hours for more complex queries. This also provides a supportive peer network within the FFTP and may overcome some challenges around supervision, though some concerns were raised that FPs might prefer to use such messaging systems to seek advice from each other rather than approaching senior staff with more appropriate expertise. The use of video conferencing technologies has also allowed one trust to overcome geographical challenges in relation to cross site meetings and training. We also had discussions about the fact that introduction of any IT solutions should complement rather than undermine or replace the networking opportunities gained from face to face teaching.

A number of trusts have developed specific senior pharmacist roles to support their FPs, with a focus on development, building confidence, role modelling, pastoral care and providing feedback. This was perceived as particularly effective where the role is separated from line management responsibilities to allow for neutrality. Other trusts have created a more informal buddy system to replicate elements of this role. Such posts are seen to create stability in the whole pharmacist workforce through reduction in FP attrition and turnover. We also heard of collaborative partnerships to fund education and training posts with Higher Education Institutes (HEIs) and a specialist trust piloting a similar venture with a pharmaceutical company in relation to education and training for specialist oncology pharmacists.

We heard how one trust has developed an innovative solution to funding concerns by delivering clinical sessions to community pre-registration pharmacists, utilising the income generated to fund clinical diplomas whilst also enabling cross-sector understanding.

Supervision

Key points:

- Various definitions for supervision exist across the north and this creates confusion.
- Training for supervisors is currently delivered by various providers and is not consistent in approach.
- We heard that providing supervision is often viewed as an additional role rather than an integral part of being a pharmacist.
- During visits it was highlighted that developing a robust funded system of supervision for FPs is seen as an essential component of a FPTP.

Supervision has a number of functions within FP training. It provides guidance to promote critical thinking and reflection about experiences promoting learning. It also provides pastoral support, outlines expected standards, monitors progress through assessment methodologies and promotes self-directed learning, leading to a confident independent practitioner. Importantly, a supervisor needs to be able to identify trainees who require additional support and have the knowledge, expertise and support infrastructure to address these concerns.

Most FPs receive supervision from a more experienced pharmacist during their training. As FPs develop their skills, knowledge and behaviours the nature of their supervision should adapt to meet the changing needs of the FP. However, this supervision should not be withdrawn, and FPs expect to be provided with regular and frequent supervision throughout their FP training.

To ensure quality assurance of supervision such supervisors need appropriate training. This currently varies in content and delivery method, with some trusts providing in-house support and others accessing external training courses.

Current developments

FPs are supervised by senior pharmacists across most organisations, however there are variations in how this is delivered and how frequently supervision occurs.

Some departments provide FPs with a specific supervisor who oversees their development throughout the FPTP, though this role is often incorporated in to the line management responsibilities. This level of supervision is similar to the role of Education Supervisor within the medical deaneries and supports the development of FP by providing oversight over their entire training programme.

Another type of supervision is also provided by many trusts. This supervisor is responsible for the FP during a specific placement or rotation and provides guidance and expertise specific to practice in that area. This role includes setting of learning objectives, regular reviews of their learning and development, and providing access to work-based experiences and training resources which may include placement-specific training packs. These supervisors often support formative assessment, encourage critical reflection and provide the FP and their line manager/education supervisor with feedback.

Training for supervision is variable and includes in-house guidance, as well as opportunities to attend external teaching programmes in some areas. Diploma tutors often receive guidance on the expectations of diploma tutors from their respective Higher Education Institute (HEI). Due to the limitations of the current supervision infrastructure, FPs who require additional support are more likely to receive one-to-one supervision. This is often supported by organisational policies

and guidelines and we recognise the need for more robust infrastructure to support supervisors who have trainees who are struggling.

The current provision of supervisor training lacks standardisation, meaning that practice varies between trusts and individual pharmacists. This is further complicated by the variations in the language used, with terms such as 'clinical supervisor', 'practice supervisor', 'educational supervisor', 'mentor' and 'tutor' used inter-changeably often to describe entirely different functions. In August we contacted trusts with a list of current resources that are available to support supervisors in developing their supervision skills (Appendix 1). Following on from this, we recognise the need for high quality supervision training that is deliverable without impacting on service delivery and have begun work looking at various models of training delivered throughout the UK by NHS and educational institutions. We are also working to develop standardised definitions for the various levels and functions of supervision in order to clarify roles and expectations of supervisors and FP trainees and drive improvements in quality.

Assessment and Portfolios

Key points:

- The north would benefit from a consistent approach to assessment of FPs.
- The use of professional portfolios, both by FPs and employers, is variable.
- Formalised credentialing of foundation learning outcomes and the linking of these to career progression is supported by employers.

Assessment

Appropriate assessment is a fundamental element of an effective foundation programme and forms one of the six key domains of the 'HEE Quality Framework 2019-2020' ⁽³⁾. The purpose of assessments within the NHS is twofold. Formative assessments enable learners to develop the skills and behaviours required to effectively deliver services. They should give regular, constructive and meaningful feedback on performance, development and progress. Summative assessments provide reassurance to organisations and the public regarding the quality of those services.

From our visits we found assessment practices vary between NHS trusts and between Higher Education Institutes (HEIs), and in addition there are differences in the roles, responsibilities, and training of pharmacists who provide assessments and feedback.

Since the majority of trust-employed newly qualified pharmacists are enrolled on a post-graduate course, the HEIs assess most FPs with methods including formal examinations, assignments, objective structured clinical examinations (OSCEs) and work-based assessments. Ward-based assessments, including case-based discussions, mini-clinical exercises, and direct observations of practice, are often delivered by trust-based supervisors with varying degrees of training and expertise in providing assessment and feedback. Trusts expressed concerns about the reliability and validity of these assessments, stating they provide only a limited insight into a trainee's skills, knowledge, attitudes and behaviours and they remained uncertain of FPs ability to work effectively and efficiently as a pharmacist in a modern healthcare system. We heard that they provide a snapshot of an individual's ability to perform a task but don't reflect their ability to practice in the complexity of the clinical context they work. Other forms of assessment used by trusts in the north include feedback on presentations and teaching, 360-degree appraisals, peer assessment, and formal reviews of portfolios of practice. In some location's assessments are highly structured with clearly set expectations for both the supervisor and trainee; including the format, frequency and type of assessment required. In other organisations assessment takes on a more ad-hoc nature.

Portfolios

We heard that portfolios are widely in use for FP practice across the north. Portfolios are a core component of work-based learning and assessment for many healthcare professions, including pharmacists at pre-registration and advanced practice levels.

We found that approximately four in ten trusts require FPs to demonstrate achievement of competence through construction of a portfolio, though in some cases we recognise this is being driven by HEI requirements. Some centres told us that without clear standards, a recognised process and the necessary resource to review foundation portfolios, the true value of this work is not fully realised.

Framework

We heard many organisations already utilise the existing Royal Pharmaceutical Society (RPS) foundation framework as the backbone of current systems that support development of competence at foundation level. However, we heard that the RPS framework is not fully implemented into practice due to inconsistency of formal adoption by HEIs and membership requirements for the RPS. Challenges in getting managers, trainers and supervisors to engage with the FP framework were highlighted, especially with regards to FPs seeing the benefits to them of engaging with one.

Although there is no formal requirement of adoption of the RPS foundation framework, many employers have employed it to aid pharmacist development. It is also being used in some diplomas as the basis to provide the standards for formative and summative assessment. The framework is being adapted to suit specific employers' requirements whilst others are using a different framework entirely.

Current developments

Through our discussions we found there is an appetite for formalising assessment of FPs across England, but also apprehension regarding the resource required to deliver within the workplace. A standardised approach is seen to have several advantages; in particular if success at assessment is linked to career progression. However, it was also recognised this would require a better understanding and appreciation of the standard of practice and level of knowledge required by foundation trainees and the training needed for supervisors to deliver reliable assessments and constructive feedback. Overall, it is felt that any credentialing for FP practice would need to be delivered nationally and with sufficient resource not to jeopardise the delivery of services.

We heard suggestions about what an IT and portfolio system might include. A recurrent theme was that a lifelong portfolio would be ideal. A good system would also allow reporting and in-built quality assurance systems. No single trust reported that they had an ideal system and some identified that simply extending the use of the current pre-registration pharmacist portfolio would not be suitable.

Current provision of FP training has an inconsistent approach to the use of virtual learning environments (VLEs) and e-portfolios. Some trusts told us about successful use of VLEs and webinars provided by HEIs, including work at under-graduate level as well as post-graduate courses. Some organisations also told us about VLE systems to support the development of advanced level pharmacists. One trust had developed a VLE system to overcome issues relating to staff being spread across a wide geography.

A consistent message was that IT systems in the NHS were not at all robust enough to support a VLE and e-portfolio system. Generally, the feedback suggested that it was a lack of access to IT hardware that created barriers.

There are some developments in the north that we would like to highlight:

The current RPS assessment tools are being used by many organisations. These include case-based discussions, pharmaceutical care assessments and direct observations of practice, though in many cases the assessments have been adapted for local use.

- Some organisations specify the frequency and number of assessments required by the trainee each year and link the outcomes of these to future development needs and formal learning objectives.

- Some trusts have specific members of staff who support the delivery of assessments for their FPs. Funding for these posts varies between organisations.
- Reflective practice is a key feature of some trusts' assessment and feedback process and is viewed as a fundamental aspect of the FP training they provide.
- Multidisciplinary multi-source feedback tools are used by many organisations to provide trainees with constructive comment on their professional practice. This form of feedback is viewed as a valuable addition to other assessments used.
- The value of portfolios of practice in allowing assessment of specific learning outcomes and professional development is recognised in many organisations. In some cases, processes are being established to improve the quality and reliability of feedback provided to FPs on their portfolios, including the potential for panel review, in a similar way to foundation doctors.
- In one locality, a number of trusts have agreed a common approach to foundation portfolio structure and training with the aim of improving understanding of the portfolio process and provide better support for newly qualified pharmacists.

What next?

HEE is starting to scope and define the key elements of a FPTP. It is important that we hear the views of all stakeholders. From our conversations with NHS trusts across the north we heard the following common themes were important elements for a fresh approach to FP training:

- Promote a strong sense of compassionate educational culture within the pharmacy profession.
- Be supportive of the trainee and promote patient-centric values.
- Promote workforce planning and service development by providing national levels of expected performance.
- Support career progression whilst also promoting aspiration and development of expertise within pharmacy.
- Ensure that pharmacists can meet the demands of expanding clinical roles outlined in the 'NHS Long Term Plan' ⁽¹⁾.
- Stabilise the workforce, supporting planning and progression when pharmacists are ready.
- Meet the needs of employers regardless of geography or scale, with an appropriate balance between service provision and educational needs.
- Consider values of employers and the NHS in any new system and include flexibility in the FPTP such as work patterns, start dates and career breaks.
- Include equality and diversity as a central element; learners will be valued throughout the system and there will be mechanisms in place to both raise concerns and provide feedback to improve the programme.
- Support FPs to pursue careers in a multitude of clinical environments including mental health, acute hospitals, community pharmacy, GP, health and justice, aseptic manufacturing, care homes, urgent care and many more.
- Promote career options that enable a stable workforce across all settings and geographies.
- Include a standardised syllabus and assessment approach that enables quality assurance of FP training with an appropriate credentialing process.
- Explore how and when prescribing qualifications should be embedded in to training programmes and support pharmacists to meet the demands of these roles.
- Learn from other professions such as medicine, dentistry, nursing and optometry to ensure we have a programme that learns from their experience and shares a common language.

National developments

'The Department of Health and Social Care mandate to Health Education England: April 2019 to March 2020' ⁽⁴⁾ states that deliverables for developing a 21st century workforce includes "developing the infrastructure that will underpin a new foundation training programme for pharmacists to ensure all pharmacists are able to work across the full range of healthcare settings". We have heard that essential elements of the infrastructure include creating principles for foundation pharmacist (FP) training, standardisation of policies and developing a framework, curricula and assessments. Trusts have said that this work will need to consider the operational models for developing FP training whilst considering many of the challenges that have been highlighted in our conversations across the north. The School of Pharmacy and Medicines Optimisation (SoPMO) will need to continue to recognise the views of stakeholders across the north to ensure that their ideas are reflected in future developments.

Training Programme Directors

The regional FP Training Programme Directors (TPDs) will continue to support the development of a FPTP across the north. This will be through several joint initiatives with early adopter organisations over the coming months. Initiatives that maybe considered include the development of a FP induction programme, professional skills training, resources relating to the RPS FP framework and further roll out of a peer-assessment tool. Support and engagement with FPs and their supervisors will also be an important aspect of this work, as will the identification of due process for trainees needing additional support. Ongoing engagement with key stakeholders will continue during this time, as will establishing networks and the sharing of good practice and resources.

We recognise the need to develop the pharmacy training infrastructure, in which the TPD role is key. We will continue to work with stakeholders to understand how we can build the TPD network to support training of FP.

Regional developments

From our visits it is clear there are plenty of areas that we need to work on in a regional and local basis to develop training of FPs. Central to this is engaging with pharmacists across the north to enhance the culture of education for FPs within organisations. The SoPMO has identified the following areas where we can work with key stakeholders across the north to enhance provision of FP training:

- Support organisations to share good practice and innovation relating to high quality FP training.
- Work with organisations to understand the challenges associated with the geography and system architecture across the north. We will help to develop innovative approaches to meet these challenges and share good practice across the system.
- Continue our work supporting the induction of FPs. This will build on the good practice points (Appendix 2) we have already shared to develop a culture of supportive experiential learning from the first day post-registration.
- The SoPMO 'Foundation Voice' work has sought the views of FPs about their current training. We will continue to seek and understand the views of FPs across the north as we develop new models of FPT.
- We need to build on the existing high-quality learning provision within organisations, sharing expertise with virtual learning environments, workbooks and teaching. The existing network of Training Programme Directors (TPDs) will facilitate the sharing of this good practice.
- We will explore the role and value of a skills passport, with a focus on facilitating cross-organisation working and reduce training workload when moving between organisations. This will also be beneficial for standardisation of training, quality assurance and aid recruitment as FPs progress to more advanced roles.
- We will identify examples of high-quality multidisciplinary learning and share the insight from these experiences.
- We will support and help develop existing regional work that promotes the research capabilities of FPs.
- HEE will collaborate with trainees, educational providers and employers to promote time to learn whilst balancing service provision. The focus will be to identify workplace learning opportunities to encourage critical reflection and experiential learning.
- We will be working with key stakeholders to develop standardised terminology and principles to enable a consistent approach to supervision.

- We will be developing approaches to support high quality training of clinical and educational supervisors. This will be an adaptable approach that balances the needs of the supervisors with the service demands of their employer.
- We will continue our work on a web-based peer assessment tool (APLAN) which we will use to develop our FPs' clinical knowledge and assist in their ability to provide constructive feedback to others. This work is currently at pilot stage in one trust and if successful we hope to roll out to other interested organisations in the coming year.
- We will work with SoPMO pre-registration and advanced practice pharmacist teams to ensure a smooth transition into and out of FP training.

Appendix 1: Resources for Foundation Pharmacists and their Supervisors

Resources for New Foundation Pharmacists

Trainees may find the following resources useful in supporting their learning, development and wellbeing during the early part of their pharmacist career:

- Assertiveness skills - [CPPE 'Assertiveness'](#)
- Consultation skills - [CPPE 'Consultation Skills \(Foundation\)'](#)
- Customer service skills - [CPPE 'Customer Service'](#)
- Dealing with difficult circumstances - [Pharmacist support](#)
- Dealing with stress - [CPPE 'Destress You'](#)
- Management & leadership - [NHS Leadership Academy 'Edward Jenner Programme'](#)
- Mentoring - [CPPE 'Mentoring'](#)
- Portfolio building - [Information from the RPS regarding the Foundation Pharmacist Framework](#)
- Presenting skills - [CPPE 'Presenting Well'](#)
- Professional skills, including decision making - [Medicines Learning Portal 'Professional Skills'](#)
- Professional standards - [GPhC 'In Practice' guidance](#)
- Raising concerns - [eLearning for Health 'Freedom to Speak Up'](#)
- Research & audit skills - [CPPE 'Research'](#)
- Resilience - [CPPE 'Being Resilient'](#)
- Work-life balance - [CPPE 'Work-life Balance'](#)

Resources for Supervisors

- Dealing with difficult circumstances - [Pharmacist support](#)
- Leadership - [CPPE 'Leading for Change'](#)
- Mentoring - [CPPE 'Mentoring'](#)
- Supervision - [eLearning for Health 'Educational & Clinical Supervision'](#) (while this programme is aimed at medical supervisors, the principles may be applied to all trainees)
- Tutoring - [RPS Tutor Resources & Guidance](#) & [eLearning for Health 'Pharmacist Supervisor Training'](#) (although the eLfH resource is aimed at pre-registration pharmacists tutors, the principles may be applied to other trainees). In addition, some Higher Education Institutes (HEIs) also offer diploma tutor training. Please contact HEIs for further details.

Appendix 2: Induction; Good Practice Points

1. Corporate induction <ul style="list-style-type: none"> ▪ Including core pieces of mandatory training such as fire safety, equality & diversity and safeguarding. 	
2. Roles and responsibilities <ul style="list-style-type: none"> ▪ Orientation: practical considerations (for example, where do you leave your personal belongings?) and social elements (for example, where and when does the team go for lunch?). ▪ Supervision arrangements: assessment, access to additional help and support. ▪ Introductions to key members of (multidisciplinary) staff. ▪ Team meetings. 	
3. Training and assessment <ul style="list-style-type: none"> ▪ Supply processes including the ordering, verification, procurement, dispensing, accuracy checking, and release of medicines. ▪ Medicines reconciliation. ▪ The use of IT systems. 	<ul style="list-style-type: none"> ▪ Access to additional help and support. ▪ Training resources. ▪ Duties: expectations, aims and objectives to be achieved within set timescale. ▪ Other relevant information for example, hours of work, annual & special leave processes, absence procedures, dress policy, social media policies amongst others. ▪ Provision of out-of-hours services. ▪ Security access. ▪ Policies, procedures and guidelines. ▪ Behavioural skills training.

During our conversations across the north we also identified a number of good practice points relating to both recruitment and induction:

- Some trusts have used cross-sector experience between secondary care, mental health, and GP practice to improve their recruitment prospects.
- Induction can start at the point of recruitment; signposting new employees to social media accounts which are relevant to your organisation and their role before they start.
- Induction is an opportunity to make a positive impression; introducing new employees to the culture, values and ways of working/learning within the organisation and programme.
- Induction is a two-way process; both the employer and the new starter can find out about each other's expectations and needs. For example, you may want to consider asking them to complete a personality or learning styles questionnaire and discuss how they felt about the results.
- The settling-in period often takes a number of months; don't rush through the induction process but do structure it so that essential elements are covered early on.
- Be wary of information overload; induction should be an experience, not merely a transfer of information or a 'tick-box' exercise.
- Many organisations provide their new pharmacists with a 'buddy'; this is often a pharmacist who has been in their position for one or two years and can provide informal support and reassurance.
- Induction is an interactive and collaborative process; for example, rather than just giving a new pharmacist the dispensary Standard Operating Procedures (SOP) also task them to talk with specific staff to find out about local practices whilst getting to know their new colleagues.
- Encourage the development of social and professional networks; consider incorporating team-building exercises into induction or facilitate the use of WhatsApp groups. Let new

starters know about organisational/departmental social events and clubs, for example running groups or football teams.

- Be flexible; regular catch-up meetings between line managers and new pharmacists can help identify problems early on and allow the induction programme to be adapted to meet the pharmacist's individual needs.
- Many pharmacy departments support their induction programmes with a foundation handbook; this can allow them to better address the gaps in their knowledge, signpost them to appropriate learning resources and acts as a reference source for the future.

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Contacts

Name	Role	Location	Contact
David Gibson	Associate Dean, Foundation Pharmacist Practice	North	david.gibson@hee.nhs.uk
Helen Silcock	Associate Dean, Foundation Pharmacist Practice	North	helen.silcock@hee.nhs.uk
Lisa Ainsworth	Training Programme Director, Foundation Pharmacist Practice	North West	anna- lisa.ainsworth@hee.nhs.uk
Jonathan Foster	Training Programme Director, Foundation Pharmacist Practice	North East and Cumbria	jonathan.foster@hee.nhs.uk
Sumayya Kasuji	Training Programme Director, Foundation Pharmacist Practice	Yorkshire and Humber	sumayya.kasuji@hee.nhs.uk