

# Designated Supervisor Infrastructure Report: Secondary Care



## Executive summary, September 2022

HEE LaSE Early Careers Training Programme Directors:  
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# Background

The [General Pharmaceutical Council \(GPhC\) published the revised initial education and training standards for Pharmacists \(IETP\) in January 2021](#), the key change is by 25/26 pharmacists will register as independent prescribers. To support this implementation, it is important to:

1. Identify the potential workforce available to act as a Designated Supervisor (DS) and a Designated Prescribing Practitioner (DPP) during the foundation training year
2. Explore the current supervision and mentorship models within secondary care for trainee pharmacists (TP) to ultimately support their training and development.

# Methodology

The scoping project was split into 2 phases: Phase 1 involved exploration of Educational Programme Directors' (EPDs) views and experiences of the supervisor infrastructure using focus groups and Phase 2 involved disseminating surveys to DSs and EPDs to understand the accessibility of mentors to DSs and Trainee Pharmacists. b

For Phase 1, a total of ten EPDs participated in the focus groups, with each group being limited to a maximum of five EPDs per group, across London and the South East. Questions were provided in advance for attendees to share departmental findings during the focus group. The sessions were carried out via Microsoft Teams and recorded to aid reporting and transcription. Each session lasted a maximum of 60 minutes.

## Phase 1

Focus groups were organised by Health Education England London and the South East (HEE LaSE) Early Careers Training Programme Directors (EC TPDs).

EPDs working in LaSE were asked to:

1. Identify current supervision models that exist within secondary care for Trainee Pharmacists
2. Identify capacity required to be a supervisor for a trainee pharmacist
3. Gain understanding from the perspective of TP EPDs on current supervisory and mentorship models and challenges to infrastructure that they may encounter with increased undergraduate placements
4. Establish how roles and requirements for supervision differ across foundation training vs diplomas and other programmes

## Phase 2

For the second phase of this project, two surveys were created:

1. 'Designated Supervisor Infrastructure scoping survey' – the aims of this survey were to:
  - a. Understand the current climate of mentorship within supervision

- b. Make recommendations
  - c. Establish a baseline of DSs in London and the South East who have mentorship experience, either as a mentor or mentee
2. 'Survey to understand accessibility of mentors to trainee pharmacists' – the aimed at Educational Programme Directors to complete

The surveys ran for 7 weeks from 31st March to 20th May 2022.

## Key findings and recommendations

### DS Infrastructure:

Table 1.1 Capacity requirements

#### 1.1 Capacity requirements: Concerns with regards to lack of capacity to take on the role of a DS needs to be reviewed per Trust and support provided. Recommendations:

- Develop a standardised template or pro-forma for progress meetings where there are 2 DSs for 1 TP to ensure effective communication.
- Expansion of education and training teams where feasible and protected time for personal development for the DSs.
- Developing the band 7 workforce with supervision responsibilities to support challenges with capacity that some band 8 DSs are facing.
- Consideration if the role of the DS should be seen an exclusive and sought-after role, rather than something which is “automatically” given to someone who meets the GPhC DS criteria.
- Expansion of placements into specialist Trusts who meet the infrastructure and objective requirements – split placements will provide a shared role of DS responsibility

Table 1.2 Refresher required

#### 1.2 Awareness and refresher required by some EPDs and DSs of the GPhC and HEE requirements with regards to supporting trainee pharmacists.

- For EPDs and DSs to review and re-familiarise the GPhC standards with regards to the foundation training year, particularly in relation to Standard 7
- Ensure GPhC Standard 5.5 is adhered to: There must be systems in place for everyone involved to communicate regularly on the progress of trainees.

Table 1.3 Networking engagements

**1.3. Some EPDs requested more regular engagement and peer networking opportunities, for example, through HEE LaSE network meetings.**

- To explore how regular HEE LaSE EPD network engagement events with time for peer review and networking can assist with further support, or if organisation of more local networks may be of benefit.
- Establishing TP engagement and networking events locally to support peer development.

## Mentoring arrangements:

Table 2 Mentoring

**2. The majority of DSs who completed the survey said that they were not formally a mentor (63%, n = 50) although they informally take on the responsibility required by a mentor.**

- Platform of mentoring resources made available to EPDs and DSs to help develop and establish mentoring within departments.
- Establishing a mentoring and infrastructure strategy (this will be essential for the incorporation of independent prescribing within the foundation year).
- Clarity on differences between roles of peer support (such as DS network meetings, buddy systems and mentoring).

## Undergraduate placement considerations:

Table 3 Undergraduate placement considerations

**3. There is a need to consider how all the different types of placements available to undergraduates can co-exist and the supervisory arrangements that are required.**

- Conversations between HEI's and Acute Trusts on the ideal time of year undergraduate placements should be arranged and to provide plenty of notice when undergraduate placements will commence.
- Consider the infrastructure required to host undergraduate placements and the abilities and skills required to supervise the organisation of the placements.
- Collaboration between hospitals and universities is required to establish the purpose, aims and progression over the duration of the MPharm degree (i.e. increased complexity of objectives/learning outcomes) of the undergraduate placements. This will provide more uniformity in terms of structure and will gauge what time commitment is required by supervisors.
- Standardising the structure of undergraduate placements may also ensure that undergraduate students are trained to the same standard and can transfer their skills when they become a trainee pharmacist, which is likely to be a different Trust to which they completed their undergraduate placement.

**3. There is a need to consider how all the different types of placements available to undergraduates can co-exist and the supervisory arrangements that are required.**

- Work culture from undergraduate placements – there was feedback that many students appear to be objective focused i.e. carrying out the minimum that is required to complete a task and do not necessarily make the most of their placement. Expectations prior to placements required.

## Conclusions

From the findings, it appears that there is no one single “ideal” model of supervision infrastructure. Designated Supervisor eligibility (based on banding and experience), lack of capacity and funding have made it challenging to grow the number of DSs within certain Trusts. It appears the size of the education and training team plays an integral role in capacity and support that can be provided to Trainee Pharmacists. However, implementing the key findings and recommendations is a start to supporting challenges with EPD and DS capacity, whilst also proactively preparing for the changes to the foundation training year that the full IET reforms will bring.

Mentoring could be a tool to provide another avenue of support to both TPs and DSs. Further exploration and discussion on DS mentoring is recommended.

The anticipated new structure of undergraduate placements is likely to have a direct impact on capacity and supervision for Trainee Pharmacists. A plan is required taking into account workforce planning and delegation of roles of responsibility.

Please refer to full report for further information.