Health Education England

Designated Supervisor Infrastructure Report: Secondary Care

London and South East Pharmacy (HEE LaSE), March 2022.

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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.

Purpose and outputs of the report

Informed by the Early Careers Steering Group, the purpose of this report is to understand current supervision models, identify what good looks like and explore what an ideal supervision model looks like.

Educational Programme Directors (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 vs equivalents.

Governance and Reporting:

This report will be shared with the HEE LaSE Early Careers Steering Group and results shared with stakeholders who shaped this report.

Methodology

Phase 1: Focus groups

TP Educational Programme Directors were invited to participate in the focus groups. Questions for the focus group were derived from semi structured interviews conducted by EC TPDs who have a background and expertise in pharmacy education. The questions were grouped into five main themes to be explored during the focus groups:

1. Current supervision infrastructure
2. Ideal supervision infrastructure and supervision support
3. Mentoring
4. The impact of undergraduate placements on infrastructure
5. Limitations challenges and barriers

Three focus groups were held during February 2022. A total of ten EPDs participated, with each group being limited to a maximum of five EPDs per group, across London and the South East. There was representation from each region within at least one of the groups. Groups were facilitated by the EC TPDs. 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 2: Follow-on surveys

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

1. One was aimed at Designated Supervisors working in secondary care to complete. The aims of the 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. One was aimed at EPDs to complete to understand accessibility of mentors for trainee pharmacists.

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

Phase 1: Focus groups

Theme 1: Current supervision infrastructure

The GPhC stipulates the minimum requirements for DS responsibility and no minimum requirements on practice supervisor (PS) responsibility. No Trusts attending the focus groups stipulated that they had a requirement of a minimum time in post or within their organisation or

sector before assigning DS or PS responsibility. In terms of ensuring all DSs are delivering to the same standard, in most Trusts there is not a formal process in place.

The majority of Trusts represented within the focus groups stated they would usually require a minimum NHS agenda for change banding of 8a for DS responsibility. However, some have started to use experienced band 7s for this role, if they have completed an appropriate post registration course such as a post-graduate certificate/diploma or independent prescribing training, enabling further career development of the band 7 and succession planning for the DS role.

As per the HEE quality framework requirements, it is imperative that supervisors have access to appropriate professional development and training. This is also reiterated in the GPhC standards for foundation training. As such, completion of a supervisor training programme commissioned by HEE is an example of ensuring that a Designated Supervisor is trained to the expected level. Alternatively, mapping to the HEE LaSE DS development framework or undertaking a gap analysis if the pharmacist has previous DS experience, has also been acceptable at demonstrating DS competency.

Moreover, it was noted that a minority of Trusts do not mandate their DSs to undergo Educational Supervisor (ES) training but recommend that this is utilised, with the rate limiting step appearing to be time for the individual to undertake the ES training. To prepare individuals for PS responsibility, some Trusts use the full ProPharmace PS training. There was a perception that the trainee pharmacist should undertake PS or DS training within their foundation year to develop their own skills, leadership abilities and mentoring opportunities early in their careers. However, these courses are not aimed at trainee pharmacists, and there may be more appropriate opportunities such as the Leading through Education to Excellent Patient Care (LEEP) programme. It should be noted that this suggestion was made by the minority not majority of EPDs that took part in the focus groups.

There are a variety of approaches for how the DS role is allocated. The majority of Trusts have a supervisory expectation of senior pharmacists, with this being stipulated in their job descriptions. When allocating DS responsibility, workload and individual capacity, experience and enthusiasm for the role is usually considered and is a primary factor in the decision-making process, which abides by the GPhC Standard 3 of the IETP (Standard 3: *Resources and capacity must be sufficient to deliver the learning outcomes in these standards*). There were discussions around the benefit of pairing together a less experienced DS, or someone who would be interested in being a DS, with an experienced DS in a joint tutoring arrangement to allow experiential development of skills (buddy system). This is informally arranged in some Trusts, with the new DS using the first year of experience to then take a lead on subsequent years.

Whilst there may be an appropriate level of staffing to complement the delivery of the foundation training year, there is a perception that there is not always capacity to support peer development of the DS, which does not meet the GPhC Standard 7.5 (Standard 7.5: *There must be a range of systems in place to support everyone involved in the delivery of the foundation training year to develop in their professional role*). Due to a lack of capacity, a buddy system is not always feasible. There was discussion that those who are new to a supervisory role should be given the responsibility of supervising an individual who is undergoing their diploma, rather than a trainee pharmacist. This is because the requirements to be a diploma tutor allow more flexibility and eases them into the role that being a supervisor requires. Where

it can be accommodated, new DSs may be given a trainee pharmacist who is known not to be "problematic" and who is "high achieving", to ease the DS into the role. A barrier to being a DS cited by one Trust was the pressure of service delivery and concerns that they would not have time to take on the DS role.

An expressions of interest or application process for gathering intel on who would be interested in becoming a DS may be an appropriate mechanism to adopt. Trusts with a historical difficulty in persuading individuals to take on the DS responsibilities expressed that an application process creates an air of exclusivity and privilege to the role, making it more attractive to individuals.

The GPhC standards acknowledge that supervision responsibility may fall onto another healthcare professional other than the trainees' DS, and that they too must be appropriately trained to the required standard. It is for this reason why the role of the PS is paramount in supporting trainee development in different rotations. PSs were generally found to be a mix of either senior pharmacy technicians or pharmacists of all bands (usually with a band 8 pharmacist lead in clinical areas). It is generally more common during clinical rotations for trainee pharmacists to be supervised day-to-day by band 6 and 7 pharmacists but have the beginning, mid and end rotational review meetings with the band 8 pharmacist lead. Assurances are required that the band 6 and 7 pharmacists supervising the day-to-day activities have the supervisory skills required to do so. PSs usually supervise trainee pharmacists on a one to one or one to two ratio but in some rotations, for example dispensary, this is not practical as there may be multiple trainee pharmacists working in the area at one time. This highlights that the role, responsibilities and eligibility to be a PS may require further scoping, especially once independent prescribing is incorporated into the foundation training year.

As part of HEE's quality management process, Pharmacy Local Faculty Groups (LFGs) were introduced as a mechanism of demonstrating educational governance, aligning to the medical model of educational governance within Trusts. It was fed back that these have been useful to ensure in-house minimum standards were met among DSs.

Organising regular meetings between EPDs and DSs is another method adopted by some of the Trusts to ensure that all DSs are working to the same standard as part of educational governance processes. Limitations to organising these meetings includes finding a suitable time to bring all DSs together, solutions to overcome this will require further exploration. More regular meetings have been required due to GPhC changes to the foundation training year and introduction of the interim learning outcomes and new E-portfolio system.

Theme 2: Ideal supervision infrastructure and supervision support

Participants of the focus groups were asked what their ideal supervision infrastructure model would look like for their Trust for trainee pharmacists. From the responses captured, it was clear that there did not appear to be one supervision model that would be ideal for all Trusts – a one-model fits all approach would not be appropriate.

Whilst exploring what the ideal supervision model could look like, it unearthed additional information on current models. One suggestion for an ideal infrastructure would be to have one DS for every one trainee pharmacist, a structure which is regularly seen in community and hospital pharmacy. Having two DSs for one trainee pharmacist is usually arranged if the DSs work part-time as per the GPhC DS agreement. In such a situation, there was a suggestion that

standardised template/pro-forma would be useful to have in place to allow communication between the two DSs to improve efficiency, as there were concerns expressed that there can be a lack of communication when there are two DSs assigned to one trainee. The one-to-one model appears to be the most favoured and appropriate supervision model in most Trusts, as it provides the opportunity for more dedicated time between the trainee and the DS. There was a perception that some DSs are not adhering to the GPhC Standard 5.5 (Standard 5.5: *there must be systems in place for everyone involved to communicate regularly on the progress of trainees*). Trainees must have regular on-going educational supervision with a timetable for supervision meetings. There was an impression by some Trusts that some DS's were only meeting with their TPs at the 13-weekly progress reviews.

Another recommendation was to review the "medical model", lessons learnt from this and have a specialist pharmacist as the Practice Supervisor in every rotation. A suitably trained PS in every rotation may be a more appropriate option, which reinforces the messaging previously highlighted regarding the role of the PS.

Moreover, a few amongst the focus groups expressed that in an ideal situation there would be a larger education and training team (and, therefore, more resources and capacity) and more regular engagement and peer networking with other EPD's through HEE LaSE network meetings, potentially in face-to-face formats. Benefits of regular engagements was not explored and organisation of more local EPD networks may provide a suitable support mechanism for EPDs on a more local level.

There was mention that there was some reliance on the trainee pharmacist to update the DS on changes to the foundation training year and not the other way round, albeit this feedback was the minority. It would be beneficial to build time for reflection into the DS job plan for a DS to become familiar with any updates and changes to the foundation training year. The reasoning provided for this was lack of DS capacity to attend webinars, particularly in the evening. Mechanisms for providing DS support across sectors has been accommodated through scheduling webinars at different times and days of the week as well as providing recordings to webinars. Therefore, protected time to catch up on missed webinars may be an approach to support DSs and ultimately trainee pharmacists.

There was acknowledgment from one EPD that it is important to reinforce to others within education and training that, whilst there is great time commitment involved in being a DS, it feeds into training the "upcoming workforce". This will ultimately result in the "greatest value", so it is a reminder that the time spent as a DS is time spent efficiently.

As previously mentioned, there is general preference for DSs role to be a minimum banding of 8a. For an ideal supervision infrastructure, there were conflicting opinions on what minimum band an individual should be in order to be a DS. Many felt that this responsibility should be for band 8's and above as they will have the required experience to take on supervisory roles, as well as, not have the distraction of undergoing a diploma. However, one Trust is focusing their energies on developing the band 7 workforce, as they've found that band 7's are very keen on supervising and developing this skillset. This also provides more choice and a larger pool of DSs. Developing the band 7 workforce may be a method to support succession planning and challenges with capacity that some band 8 DSs are facing.

In contrast, others expressed that if an individual meets the GPhC criteria to be a DS, they should automatically be one. The reasoning behind this is that it should not necessarily be seen

as a sought-after role, but part of the pharmacist's daily duties. This way there will be as many DSs as possible. The potential benefit that would come from this is that if, and when, those DS's act as PSs to another trainee, they will be able to provide proficient feedback as they will be familiar with the Learning Outcomes and requirements needed from the trainee pharmacist. The quality of supervision could be affected if the role of a DS is 'forced' upon an individual.

Other concerns that were raised included DS requirements. Currently the GPhC stipulates that in order to be a DS, the pharmacist must work a minimum of 28 hours across 4 days, however some EPD's expressed that this is not always feasible. Furthermore, reassurance is required on how the Learning Outcomes related to IP will be incorporated into the foundation training year, and the impact this will have on supervision.

Theme 3: Mentoring

The GPhC Standards for the IETP includes the need for all those involved in delivery of the foundation training year to have access to mentoring. The questioning used within this part of the focus groups were followed up with a questionnaire disseminated to DSs to explore this further. Furthermore, it also states in GPhC Standard 7.3 that "trainee pharmacists must have access to pharmacy professionals who are able to act as role models and mentors, giving professional support and guidance". A separate questionnaire targeted at EPDs was shared to gauge an understanding from the EPDs perspective the accessibility of mentors available to trainee pharmacists.

Trainee pharmacists of today may be the Designated Supervisors of tomorrow, therefore it is key to create a culture where mentoring is embedded. It is important to explore the mentoring opportunities provided to supervisors so that they are able to develop in their professional role and therefore provide the best support to trainee pharmacists. If a DS is a mentor for a trainee but they themselves have not been mentored, it is currently unknown if the standard to which they mentor is to an appropriate level. It is crucial to explore what mentoring support is available to trainee pharmacists in order to support the overall educational infrastructure.

Through the focus groups, there was a perception that there is currently a lack of awareness if DSs have mentors, which the follow up questionnaires explored further. Whilst there is some awareness of opportunities within certain Trusts for mentoring opportunities, it is unknown if these are utilised. This implies an underutilisation of mentoring platforms available to access and further work is needed to identify why.

"Buddy systems" appear to be well established in organisations for new DS's and present in most organisations, which have been mentioned earlier in this report, along with opportunities for new DSs to shadow the EPD. It was mentioned in one Trust that there is currently exploration underway to see if it is feasible to develop a mentoring strategy for DSs in all of the departments, which suggests mentoring is now being considered as an opportunity for staff development.

Theme 4: The impact of undergraduate placements on infrastructure

Cross-sector undergraduate clinical placements will be introduced as part of the MPharm degree, with an importance of ensuring that undergraduates meet the new learning objectives set out by the GPhC. There was apprehension by some in the focus group as to what the expectation will be regarding supporting undergraduate pharmacy students in hospital

placements. This includes not knowing what the new supervisory requirements will be. Whilst most Trusts have individuals who can support undergraduates, there are some Trusts who must use the same individuals to support both TPs and undergraduates, as there are challenges in finding willingness and capacity to take on the responsibilities that this would entail. In some Trusts, it is the responsibility of the education and training pharmacist to specifically look after undergraduate placements.

Members of the focus group were asked if there was a more appropriate time of year that undergraduate placements should be held, however there did not appear to be one agreed time of the year that would work best. The table below summaries the feedback that was captured:

Table 1 Feedback on appropriateness of time of year for undergraduate placements

Month	Pros/Benefits	Cons
Jan-Feb	Some Higher Education Institutions (HEI) offers undergraduate students during this period	• Not an ideal time of the year due to winter pressures • Many members of staff use up the last of their annual leave during this period, so understaffing issues affects capacity to supervisor
Feb-Mar		• Many members of staff use up the last of their annual leave during this period, so understaffing issues affects capacity to supervisor • Ideally want to avoid end of the financial year
May-Jun	Provides an opportunity for the trainee pharmacists to develop their leadership qualities and competencies relating to this	Risk of trainee pharmacists will be pre-occupied focusing on the registration assessment in the run up to June, so may not have the capacity required to act as a supervisor/mentor to an undergraduate student
Aug-Sep		A very busy period for hospitals, as there tends to be a lot of inductions during this time, including for trainee pharmacists and diploma students
Oct-Nov	Some HEIs offers undergraduate students during this period	Not an ideal time of the year due to winter pressures

Furthermore, there were concerns surrounding the impact of increasing the number of undergraduate students will have on current workload responsibilities required by supervisors. It was quoted that the additional work may take supervisors “away from patient care and reducing the time they are giving to patients”. The EPD who raised these concerns also expressed they envision more supervision will be required for those in years 2 and 3 of the undergraduate degree, especially as IP will be incorporated into the foundation training year. The level of supervision required will need to be increased to support students but as there is no more funding going towards this, supervision capacity will be a real limiting factor on the number of students who can take up placements.

In terms of undergraduate placements, the placement length varies between Trusts but most have students for half a day for a given period of time. The structure of half a day does not

necessarily work as it is sometimes unknown if the student has completed all their tasks to the standard that is required. Some of the EPDs find that once the individual is in their foundation training year, they haven't developed the understanding or skill set for tasks that they should have become familiar with during the undergraduate placements. This finding highlights that the GPhC IETP Standards relating to the MPharm degree (4.1) may not necessarily be adhered to (Standard 4.1: *systems and policies in place to manage the delivery of the MPharm degree, including the periods of experiential and inter-professional learning*). The ward pharmacist in one Trust is the one who will spend time with the undergraduates, irrespective of banding. An EPD expressed that within their Trust, the pharmacists like having students but it does affect their workload.

There was discussion regarding what an ideal undergraduate placement structure could look like. There was preference towards having fewer undergraduates who are on longer placements as opposed to lots of undergraduates on very short placements, so the students can spend quality time in the Trust and develop an understanding of the skill sets required before they commence their foundation training year.

What some EPDs noticed was work is required in setting undergraduate students' expectations before they commence their placement. It appears that most students on an undergraduate placement are objective focused, and once they have completed their objectives for the day they want to head home early. This can sometimes mean that a student only attends a placement for half of the day and does not necessarily make the most of their placement despite being provided with the opportunity.

In terms of summer placements, separate to undergraduate placements (i.e. placements organised directly via Trusts and not through the HEIs), in an ideal scenario, there was preference to have those summer students as the Trusts future trainee pharmacists. The reasoning behind this is that as time has been invested into those individuals, they understand the processes and procedures of the Trust. One EPD expressed that, as all individuals now go through Oriel and undergraduate placements will be more enhanced during years 1-4 of the MPharm degree, they do not see the value that summer placements provide.

Moreover, one EPD explained that band 6 and 7 volunteers organise the recruitment of summer students. In other Trusts, the responsibility of organising summer placements falls to whoever may have capacity to take this on. With the majority of the members in the focus group, it appears there isn't necessarily a dedicated supervisor/organiser for undergraduate placements.

An EPD from a smaller sized Trust expressed the difficulties accommodating both summer students and undergraduate students, and as a result, they do not take on summer students. It appears that in some Trusts the implementation of the undergraduate placements will impact the summer placements, and as student-led summer placements are voluntary it is down to the individual Trust whether they can accommodate this. There are currently no specific supervisory requirements for summer placements nor specific requirements on the outcomes of the summer placements and arrangements down to the individual Trust. There is also no funding for student-led summer placements, with the exception of HEI summer placements funded by HEIs. There is a need to consider how all the different types of placements available to undergraduates can co-exist.

Theme 5: Limitations, challenges and barriers

There were several limitations, challenges and barriers raised to delivering effective supervision. Lack of funding and capacity were highlighted throughout all of the focus groups.

As explored in this report, there is a question of what banding is most appropriate and suitable to be a supervisor. The majority of participants in the focus groups expressed that individuals should complete any relevant diplomas or qualifications prior to being a DS. In terms of capacity, one of the Trusts mentioned that due to alternative working patterns within the department, it is challenging considering what an ideal supervision infrastructure could look like, as there are limitations beyond the team's control.

There was mention that there are many junior staff that need supervision (both trainee pharmacists and diploma students), but due to a lack of capacity there is not a sufficient number of staff to be DSs. Whilst more training would be a solution, this is counteracted with finding the time or capacity to do so.

There was also mention of reluctance from pharmacists to be a DS due to perception of the additional time commitment. Strategies that have been implemented to try and mitigate this includes ensuring a one-to-one strategy between DS's and trainee pharmacists and not allocating diploma pharmacists to the same supervisor. Band 7s were noted to be very keen to supervise hence there are plans in some Trusts to upskill that cohort. One Trust mentioned that due to severe pressure on clinical teams, trainee pharmacists were not currently able to spend time in clinical areas. It is important that HEE quality standard 3.1 is abided (Standard 3.1: *Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required*).

Moreover, there was mention of there being a historical practice in one Trust whereby the EPD has previously taken on all DS responsibility for trainees, something which goes against the GPhC training site accreditation, and so the cultural resistance to move away from this model was a barrier to allocating DS responsibility to other pharmacists. However, with staff turnover this is becoming less of a problem.

Furthermore, it was evident from the discussions in the focus groups that workforce capacity limitations makes it challenging to provide dedicated responsibility for undergraduate placements. The structure within the undergraduate year directly affects the foundation training year. It was felt that there is a vast amount that is expected to be learnt as a trainee pharmacist, which has a direct impact on supervisors and their workload. More investment is required into undergraduate placements in order to expand education and training roles and workforce issues. There may be an argument for upskilling band 7 or 8 pharmacists to oversee undergraduates to relieve some of the responsibilities currently held by EPDs, which will in turn could support capacity issues.

Phase 2: Follow-on surveys

The new GPhC Standards for the IETP, include the need for mentoring for all:

- trainee pharmacists

- those involved in delivery of the foundation training year

The following tables display the split within LaSE of completion of the surveys.

Table 2 Survey for Designated Supervisor infrastructure scoping, completion per region

	Number of Designated Supervisors who completed the survey	Total number of Designated Supervisors per region	Fill rate
London	28	265	11%
Kent	4	28	14%
Surrey	7	21	33%
Sussex	11	26	42%
Total	**50**	**340**	**15%**

It should be noted that one individual did not complete which region they were from, therefore they have not been included in Table 2, but their responses have been included when analysing the data.

Table 3 Survey to understand accessibility of mentors to trainee pharmacists, completed by Educational Programme Directors, completion per region

	Number of Educational Programme Directors who completed the survey	Total number of Educational Programme Directors per region	Fill rate
London	20	42	48%
Kent	5	5	100%
Surrey	4	4	100%
Sussex	3	3	100%
Total	**32**	**54**	**59%**

Findings from phase 2

Survey for Designated Supervisor infrastructure scoping, completed by Designated Supervisors

One of the key themes in this survey was about the accessibility of mentors. A few DSs fed back that they were not aware of mentoring opportunities or where/how to access mentors, there was also mention of whether or not there could be opportunities of mentoring before becoming a DS to ease into the role. Motivation behind being a mentor was also explored – of those who said they were mentors (some of whom were mentors to their own TPs) there was some mention that the reason behind being a mentor was to “give back” to the profession.

Whilst many DSs felt that informally they take on the role as a mentor, 63% (n = 51) selected that they were not a mentor and cited time and capacity issues as being the main reasons. When Designated Supervisors were asked if they were a mentee, only 8% (n = 51) said they were.

Survey to understand accessibility of mentors to Trainee Pharmacists, completed by Educational Programme Directors

The majority of EPDs that completed the survey stated that whilst there is not necessarily a formal mentoring arrangement in place, this is a role they expect from the DSs, and at times, Practice Supervisors. There were queries as to whether or not a named individual in the pharmacy department needs to take on the role as a mentor, and there were calls for this to be clarified by the GPhC. Moreover, some EPDs have or plan to develop Band 6's into being mentors for trainee pharmacists. Some liked the idea of mentoring training or having a buddy system in place. The minority did not think having a formalised mentoring system would provide any additional benefit and instead would be "more confusing for the trainee and more onerous for the supervisors."

Key findings and recommendations

The key findings and recommendations captured below are based on the Phase 1 focus group responses and from the Phase 2 surveys. The proposed actions are aimed at Chief Pharmacists, TP EPDs, HEE and all relevant stakeholders in secondary care.

DS Infrastructure

Table 4 Capacity requirements

1.1 Concerns with regards to lack of capacity to take on the role of a DS needs to be reviewed per Trust and support provided.
• Develop a standardised template or pro-forma for progress meetings where there are 2 DS's 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 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

1.2 Awareness and refresher required by some EPDs and DSs of the GPhC and HEE requirements with regards to supporting trainee pharmacists.
• 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 6 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

Table 7 Mentoring arrangements

2.1 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 8 Undergraduate placement considerations

3.1 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

3.1 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.

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.

- 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

The focus groups highlighted the current supervision infrastructure that is in place to support trainee pharmacists in secondary care, whilst also sharing what an ideal infrastructure could look like. Whilst there was debate on who should be eligible to be a DS based on banding and experience, what was apparent was that lack of capacity and funding have made it challenging to grow the number of DSs within certain Trusts.

It appears that most Trusts have a supervision infrastructure in place that works well for their organisation. Increasing capacity for DS's, possibly re-defining the role and responsibilities of a PS, supporting the role of DSs and EPDs through mentoring and buddy systems are ways in which to improve the current infrastructure.

Mentoring could be a tool to provide another avenue of support to both TPs and DSs. The benefits of being a mentor to TPs overall came through via the Phase 2 surveys. However, whether or not the DS is the most suitable individual to be a mentor or a mentor of the trainees own choosing is more appropriate, is something that would need further exploration and discussion.

The anticipated new structure of undergraduate placements is likely to have a direct impact on capacity and supervision for trainee pharmacists. A plan for undergraduate placements that includes time of year, length, outcomes and supervisory requirements is required to consider workforce planning and delegation of roles of responsibility. Further to this, utilisation of Trusts/organisations which are not currently involved in undergraduate training, but are able to meet the outcomes/supervisory requirements should be explored to increase capacity. The undergraduate placements and organisation of this is anticipated to have a direct impact on the foundation training year, therefore ensuring that the right infrastructure is in place is paramount to the success of both programmes.

It is evident that there is no one single "ideal" model of supervision infrastructure, and 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.

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