Name of TRUST

Pharmacy

**LFG Report TEMPLATE**

###  2020

**Date:**

# Trust details

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| **Trust name:** |  |
| **Pharmacy LFG Chair:** |  |
| **Pre-registration Pharmacy EPD:** |  |
| **Number of pre-registration pharmacists**  |  |
| **Pre-registration Trainee Pharmacy Technician EPD:**  |  |
| **Number of PTPTs:**  |  |

For KSS Trusts only

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| **Foundation Pharmacist EPD:** |  |
| **Number of FPs on the KSS HEI programme** |  |

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| **Pharmacy LFG Meetings** |
| Pharmacy LFG meetings | 1 | 2 | 3 |
| Date of meetings: |  |  |  |
| List of attendees by job title.  |  |  |  |

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| Summary (Highlight key summary areas from the full report below) |
| Report of progress against actions identified in order to meet the quality standards |
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| Areas of notable practice and impact |
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| Future areas of development identified, who is responsible for implementing and by when. |
| Area | Target date | Who responsible |
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| HEE Quality Standard 1 - Learning Environment and Culture |
| **1.1 The culture is caring, compassionate and provides safe and effective care for patients, service users, carers and citizens and provides a supportive learning environment for learners and educators.** **1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in order to achieve the learning outcomes required by their curriculum or required professional standards.** **1.3 The learning environment provides opportunity to develop innovative practice, engage in research activity and promotes skills and behaviours that support such engagement.** **1.4 The learning environment delivers care that is clinically or therapeutically effective, safe and responsive, and provides a positive experience for patients and service users.** **1.5 The learning environment provides suitable facilities and infrastructure, including access to quality assured library and knowledge services.****1.6 The learning environment and culture reflect the ethos of patient empowerment, promoting wellbeing and independence, prevention and support for people to manage their own health.**  |
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| Provide examples of how you create a learning environment and culture, where gaps have previously been identified please provide an update of progress against the actions |
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| Areas of notable practice and impact |
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| Future areas of development identified, who is responsible for implementing and by when. |
| Area | Target date | Who responsible |
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| HEE Quality Standard 2 – Educational Governance and Leadership |
| **2.1 The educational governance arrangements continuously improve the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.** **2.2 The educational, clinical and corporate governance arrangements are integrated, allowing organisations to address concerns about patient and service user safety, standards of care, and the standard of education and training.****2.3 The educational governance arrangements ensure that education and training is fair and is based on principles of equality and diversity.****2.4 The educational leadership ensures that the learning environment supports the development of a workforce that is flexible and adaptable and is receptive to research and innovation.****2.5 The educational governance processes embrace a multi-professional approach, supported through appropriate multi-professional educational leadership.** |
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| Provide examples of how you provide educational governance and leadership. Where gaps have previously been identified, please provide an update of progress against the actions |
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| Areas of notable practice and impact |
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| Future areas of development identified, who is responsible for implementing and by when. |
| Area | Target date | Who responsible |
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| HEE Quality Standard 3 - Supporting and empowering learners |
| **3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards and to achieve the learning outcomes required.****3.2 Learners are encouraged to be practitioners who are collaborative in their approach and who will work in partnership with patients and service users in order to deliver effective patient and service user-centred care.** |
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| Provide examples of how you support and empower learners. Where gaps have previously been identified, please provide an update of progress against the actions |
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| Areas of notable practice and impact |
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| Future areas of development identified, who is responsible for implementing and by when. |
| Area | Target date | Who responsible |
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| HEE Quality Standard 4 - Supporting and Empowering Educators |
| **4.1. Those undertaking formal education and training roles are appropriately trained as defined by the** **relevant regulator or professional body.****4.2. Educators are familiar with the curricula of the learners they are educating.****4.3. Educator performance is assessed through appraisals or other appropriate mechanisms, with** **constructive feedback and support provided for role development and progression.****4.4. Formally recognised educators are appropriately supported to undertake their roles.** |
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| Provide examples of how you support and empower educators. Where gaps have previously been identified, please provide an update of progress against the actions |
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| Areas of notable practice and impact |
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| Future areas of development identified, who is responsible for implementing and by when. |
| Area | Target date | Who responsible |
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| HEE Quality Standard 5 - Developing and implementing curricula and assessments |
| **5.1. The planning and delivery of curricula, assessments and programmes enable learners to meet the learning outcomes required by their curriculum or required professional standards.****5.2. Placement providers shape the delivery of curricula, assessments and programmes to ensure the content is responsive to changes in treatments, technologies and care delivery models.****5.3. Providers proactively engage patients, service users and learners in the development and delivery of education and training to embed the ethos of patient partnership within the learning environment.** |
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| Provide examples of how you develop and implement curricula and assessments. Where gaps have previously been identified, please provide an update of progress against the actions |
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| Areas of notable practice and impact |
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| Future areas of development identified, who is responsible for implementing and by when. |
| Area | Target date | Who responsible |
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| HEE Quality Standard 6 - Developing a sustainable workforce |
| **6.1. Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.****6.2. There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.****6.3. The organisation engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs of patients and service.****6.4. Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner** |
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| Provide examples of how you are developing a sustainable workforce. Where gaps have previously been identified, please provide an update of progress against the actions |
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| Areas of notable practice and impact |
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| Future areas of development identified, who is responsible for implementing and by when. |
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| **Attendees at the HEE LaSE Pharmacy quality day and at recent EPD network meetings have highlighted a desire across the region to better share, spread and adopt good and innovative practice. In the sections below, please could you provide additional detail of any innovative pieces of work you are leading locally and how these have impacted on pharmacy education, training and workforce generally. With your consent, examples of good and innovative practice from across the region will be collated into one central repository and showcased at future events, meetings etc. (In addition to the table below, feel free to upload any additional resources related to it, case study write ups, poster, videos etc.)** |
| Overview of good or innovative practice |
| Why you choose to develop this initiative: |
| How did you go about developing it? |
| What’s do you feel is strong about the work?What hasn’t gone so well?What has proved a challenge when implementing and lessons learned? |
| How has it impacted on pharmacy education, training and workforce? (What has been the value of this piece of work).  |
| What would be your top tips for colleagues across the region who might want to consider exploring a similar piece of work? |
| If colleagues want to find out more, who can they contact to do this? |

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| **Signed** |
| **Completed by** |  |
| **Date:** |  |
| **Chief Pharmacist** |  |
| **Date:** |  |