

# Transcript

## **Elsbeth Boxall**

So, hello and welcome to the next in our series of NES Pharmacy podcasts, discussing the Foundation Training Year Reforms. Today we're gonna be joined by Caroline Souter, who's a Principal Pharmacist for Education, Research and Development at NHS Lothian and Isla Cubitt, who's a Specialist Pharmacist for Rheumatology at the Western General Hospital, Hospital, also in NHS Lothian. They're gonna be able to share with us some of their plans for the Foundation Training Year in the hospital setting. So, welcome, Caroline and Isla. Thank you for joining us today.

Um, so I think first of all the, the, the thing that we probably want to do is just explain a little bit more about the hospital Foundation Training programme and just what does it look like within your organisation, how do you visualise it working?

## **Caroline Souter**

Um, I think I'll kick off. So, we utilise our main acute hospitals. So, we've got the Western, the Royal, St. John's, and also our Royal Edinburgh Hospital, which is our mental health area, and we follow a basic structure of, we start off with an induction for the trainees. So, we pull them all together and do face-to-face stuff and that just lets them, I guess, form as a group and particularly for those who've moved from other countries or don't know anybody, it just gives them, um, some buddies in that settling in phase. So, we do that right at the start, and that also includes, obviously our corporate induction.

We then have a, a rotational programme, which includes our core department areas such as Dispensary and Aseptic, but we also obviously do Clinical Training as well, um, and medicines information. In terms of our Clinical Training, we have been testing, a..., a longer placement this year based on work that's come out of University of East Anglia and that's, uh, our longitudinal placements, um, which are bearing between eight and twelve weeks, depending on the, the hospital site and what that does is just give the, the trainees a longer time in a clinical area to really get embedded and become part of the multi-disciplinary team.

So, we've had our first round of those, um, before Christmas, and several of our trainees are moving on to their second longitudinal placement. They're interspersed with shorter clinical placements as well. Um, so they get a, a breadth of clinical specialties. We also include some unallocated weeks on our programme, and that lets trainees, if they need a little bit of extra time in a particular rotation, pick that up or if they've got a special interest or um, want to use their annual leave, we have some space for them to do so within our, our programme.

The other thing we do is audit projects. Um, so we do some sessions at the start for them with that, and then they generally have been doing those in their clinical areas and then we also have a week in our programme, our PDP week, and that's where, um, they get some flexibility to identify something that they're interested in and do the planning and

organising, um, for a week and that could be in a particular specialty or it could be something like veterinary medicine. Um, so we have that and that's just within quite a structured programme, a week that's up to them to do something that really, um, sparks their interest. Um, so I guess that's, uh, an overview of our hospital programme.

### **Isla Cubitt**

Yeah, I, I would say from a kind of perspective as pharmacists working with the trainees, um, in the hospital, there's really not much to add there. Carolyn summarised that very, very well. Um, I think the trainees really benefit from having that initial two-week induction period, just as Caroline says, to get to know each other. They get their timetable, and it just really allows them to look ahead at the programme plan, um, see what areas they're going to be spending more time. Um, and yeah, really just to kinda integrate into the, the hospital, hospital team, um, get to know their, their supervisor, but also the kind of other colleagues that they're gonna be working with, um, throughout the year. But yeah, that's really the, the kind of summary of the, the, the, the programme that we provide.

### **Elsbeth Boxall**

Um, yeah, so that's, that's really, really helpful. Um, a really good summary and I think, um, it's great that you have that flexibility to let people, you know, find areas of interest as well. It's, that's excellent and I guess you mentioned a little bit about supervision there, Isla as well, and obviously we've seen how it looks from the trainees' perspective, but as, as, as a supervisor, how, how does the supervision work within your organisation for the programme?

### **Isla Cubitt**

Yeah, so we, we start off, uh, in that induction period, yeah, it's usually where the, the, the Supervisor would have their first meeting with the trainee. Um, that's really just kind of checking in, introducing yourselves, um, trying to kind of build that, um, professional relationship. Um, I suppose at that stage a lot of it's just about making sure the trainee has adequate IT access that they've, um, know where the canteen is. You know, it is really just about finding their feet, um, and um, getting to grips with their, their new workplace and, and as Caroline mentioned as well, um, just meeting the other trainees, 'cause it's really good to have that, that peer support from earlier on in the, in the programme. Um, I suppose in terms of, um, what we provide at that stage...

So, they would get their timetable, which is I think very important, and it allows them to have a look and, and as I said, kinda plan ahead. They'll see where their longitudinal placements are Um, they'll see where their more kind of technical areas, um, are. Um, and I think as a supervisor we can really just kind of provide support and, and guidance at that stage and, um, let...give them an idea of what their year is going to look like and also answer any questions and concerns.

Often at the start of the year, I think the trainees it can be quite overwhelming, and they can often have a lot of, um, a lot of questions, a lot of concerns. Perhaps they already have certain, um, kind of training days or holidays booked, and they want to make sure that it's

all okay. So, I think it's really just about, um, kind of settling them in, um, at that, at that stage.

Um, and I think having the initial meeting's important, but then, so also scheduling some more informal meetings, especially over that; well throughout the year- but especially in the first, um, kind of twelve weeks having quite regular catchups just to make sure that the, the trainee is, um, is getting on okay, um, and that you can support them in any way, um, that you can.

### **Elspeth Boxall**

Caroline, would you like to add anything to that?

### **Caroline Souter**

Yeah, I think just in terms of our overall supervision, we've obviously got Isla and our, our team of Designated Supervisors and they provide that continuity throughout the year, what we'd call really educational supervision. Um, we then, obviously being in, in hospitals where we've got all these different rotation, rotations, we've then got our Practice Supervisors, so that's where we utilise all the different members of the team and that's Pharmacy Technicians, Pharmacists, um, and probably some members of the multi-disciplinary team and they're doing that day-to-day supervision and some of the planning within each of our rotations. Um, and they'll, you know, provide feedback for, you know, more formally through SLEs, but they'll also be... they'll link in more informally with the Supervisors as well and just give some feedback on how the trainees got, you know, over those couple of weeks in dispensary or whatever.

Um, we then have, with our new longitudinal placements this year, we have got, um, obviously a longitudinal placement supervisor. So, they, they probably form a bit of a stronger relationship with the trainee just 'cause they've got them for that longer period of time, and I think that's a really good opportunity to develop our supervisors as well. So, this year we've had some people who are towards the end of their Post Reg Foundation Training or sort of early-ish band sevens taking on that role, and it lets them develop their own supervision skills as well, which has been a, uh, added benefit of introducing them within, within the programme.

Yeah, I think, I guess the key thing for all Supervisors, it's that, um, quality feedback and whether that's through SLEs or Feedback Forms or just having discussion with the trainees, um, and really unpicking... and what the learning needs are and helping the trainees to see what their learning needs are or where they've got areas to develop and then working together to come up with an action plan of how to meet those learning needs.

### **Elspeth Boxall**

Yeah, I think that that's obviously the key, you know, just ensuring that all the, the learning outcomes are met. You've obviously touched on the fact there's a lot of people involved in, in the training, uh, programme and I wonder, I mean I think you've probably already answered this a little bit, but how, with all these people involved, how do you

coordinate all the, the Supervisors and, and just make sure there's regular meetings to assess the trainees progress? Do you have a particular plan, particular timescale for meetings for your trainees?

**Isla Cubitt**

Yeah, so I would say that, um, there's not an, um, I'd say everyone does it slightly differently. Um, most Supervisors probably meet their trainee I'd say every week or every two weeks, as for, as an informal meeting, especially to begin with. Um, and as we touched on the previous question, it is important 'cause in a hospital setting, the Supervisor doesn't have, um, kind of complete supervision off the trainee because the trainee's spending lots of time in different areas, um, different specialties. It's really important that there is that good kind of feedback mechanism in place.

Um, so that's one of the reasons why it's important to discuss the importance of, um, evidence with, with the trainee because as Supervisors we need to be seeing good reflections and, and SLEs coming through, and that allows us as a supervisor to track their progress. Um, also I think it's important for the trainee to be aware that, again, it's not just the overarching Supervisor constantly throughout the year, they're gonna be spending time with different members of the multi-disciplinary team and all of that's gonna get fed back and, and will kind of then allow the Supervisor to, to help sign off the learning outcomes.

Um, so I think that's really important, knowing that it's not just that one individual, it's a team effort. Um, and it has to be that way in a hospital because, because of the varied, um, kind of experiences that the trainee's going to going to get. Um, so I suppose as on informal meetings are a way of catching up, making sure that the trainee is gathering suitable evidence. Um, and yeah, just kind of providing that support and also as a supervisor, it's important to keep an eye on the feedback that the trainees is getting. So, um, you could, do get the kind of team assessment of beha-, behavior forms, um, that can be completed by, by various members, um, of, of the, of the MDT and I think that's really important to review them together with the trainee so that you both have a good understanding, um, of how they're, how they're getting on. Yeah, sounds really a thorough, um, way that you've, you've worked that out.

**Elsbeth Boxall**

So, um, um, Caroline, do you want to add anything to that?

**Caroline Souter**

I guess, um, we've obviously got, you know, Aseptic Managers, Dispensary Managers involved in supporting training and we have, um, training plans for each of these rotations, core training plans across, uh, Lothian. So that means that all the trainees are being trained up on the same aspects of those services and I think that helps just guide the Aseptic team, the Dispensary Team, um, as to what it is that they they need to cover and you know, our teams in these areas, they're very experienced and we've got very experienced Pharmacy Technicians as well who've been involved in, in training our trainee pharmacists over a number of years.

So, I think they're quite good at being able to facilitate that training and then if they do have areas of concerns, they will speak to the Supervisor about that it, you know, if that is required. So, I think it's just trying to make everybody proactive and comfortable about, um, identifying any issues early so that we can look at how to support teams and the, the trainees and the Supervisors.

### **Elsbeth Boxall**

Yeah, I think that that, and that's an important point. Um, and I guess it leads on to kind of the next question I was gonna ask is, you know, there's, there's, there's a lot of responsibility, um, making sure that everybody is trained consistently and with the changes to the Foundation Year Training, what, what supports available within your organisation for the Designated Supervisors and the DPPs? Is there specific resources that they can access to support them?

### **Caroline Souter**

So, we have, um, our team and within Education Research Development we've got, um, those who work on the Foundation Training Year programme. So, we are very much open door, um, there to be contacted and check in, you know, at any time. We have, um, scheduled two monthly Designated Supervisor sessions, which are peer network, and you know, people can drop into those if they want to. Um, so that includes all our supervisors and that's a good forum just to, um, discuss evidence and things like that.

So, I think we'll bring our DPPs into that session, um, because they're gonna have to work so closely across the year and some of them, obviously it'll be the same person undertaking the, the same role. So, um, I think we'll, we'll do a combined DPP and designated session, uh, Supervisor support session. Um, we obviously signpost all our staff to all the NES resources, so we just saw the, the NES, uh, programme of support for Designated Supervisors and DPPs and that's brilliant. There's so many different things on offer. There's so many different formats.

So, I guess we'll be encouraging our, our supervisors to access that as well and I guess we've just got such a breadth of experienced, uh, staff within our service who have been Supervisors before, who've been DPPs, maybe for pharmacists doing Post Reg and can just bring in that earlier career support advice. So, I guess it's just tapping into the overall peer support network we have across our, our teams. Thanks. Caroline.

### **Isla Cubitt**

I, I'd very much agree. I think, um, that we're very fortunate with our local, um, education team here Lothian, as Caroline says, always... someone's always available to help if you, if you do have a a question, um, or want to even just run something past them. Um, the NES resources are, are great in terms of even the kind of um, documents that we have as well. I've, as a supervisor found some of the, I think it was the Interim Learning Outcome Assessment Strategy document really helpful because it really outlines what a trainee or... kinda it offers a guidance in terms of what type of evidence they should be completing to get certain learning outcomes signed off.

Um, so if I'm going through um, the learning outcomes with my trainee, um, and we're a bit stuck on something, it's quite good to be like, oh actually it's suggesting that perhaps we could do an SLE and focus on this area. So that's really helpful. Um, there has also earlier on in the year being kind of face-to-face physical assessment, um, training days for the Supervisors as well, um, up at Westport.

Um, and that was really helpful just to kind of run through a lot of the um, I suppose Clinical Skills that we will, will be expecting the trainees to um, be learning as well. Um, and yeah, as Caroline mentioned, it's also just great having colleagues around 'cause there's a lot of experience in the team and a lot of people who have done this before. So, um, instead of spending ages trying to look something up, often just asking a colleague, you'll get a quick um, answer, that's really helpful.

### **Elsbeth Boxall**

Yeah, that sounds great. Sounds like you're a really good support network around you and I think that will be replicated across other settings as well. It's just really good advice just to, to use your peer network and um, uh, I guess moving on from, from that, I think what we've found, um, is that a lot of people have questions about how the period and learning, um, the PLP period, uh, is going to work within the Foundation Training Year, um, just because that's really the, the, the biggest change. So, I wonder, can you explain a bit about how you envisioned that working in the hospital setting?

### **Caroline Souter**

We're just starting to work up what this is gonna look like, um, engaging with different, uh, colleagues across the service and I think for all our programmes we're very much taking a, it will be done spread across the year. I think it's really important not to rush it. I think it's important that the trainees have time to really learn, develop and embed those skills and that will drive them being more confident when they qualify and, and are asked to prescribe.

So, what we've, what we've done as a starting point is went out to all our pharmacists who have done prescribing within the Post Reg Foundation programme. Um, so they're closer in, uh, I guess experience to our trainee pharmacists, and we've asked them, what have you found helpful to help support your prescribing development? Um, and we've got those examples, and I asked them to think through the lens of, you know, it's coming within the Foundation Training Year.

So just think what you think would be helpful for, for those people is in not, not sitting in a very complex clinics that will bear no relation to what our newly qualified pharmacists will be prescribing. So, we've got those examples. We'll then be going out to, um, you know, wider across our, our clinical teams and asking for ideas. Think we're gonna have someone, um, doing a little project kind of scoping this out as well. Um, and I think we'll have some suggested PLP activities that we would link in with our training plan and link to prescribing capabilities and outcomes. Um, we have... we did a project, um, a couple of years ago looking at prescribing across the different levels of practice. We've got some examples of what a Post Reg Foundation pharmacist would prescribe up to an Advance.

So, we're also looking at that, um, and thinking what is it that we, is our bread and butter for band sixes that will be prescribing? So, let's make sure that our PLP activities equip them with the knowledge and skills to be able to do those things. So, in Acute it's, there's obviously Med Rec that's across all sectors, but all are managing anticoagulation, thromboprophylaxis, antimicrobial stewardship. So that's some of the things that we'll have some examples of PLP to support developing knowledge and skills in those areas.

### **Isla Cubitt**

Yeah, I think one thing, um, we - myself and Caroline - discussed as well recently was with the PLP time, that will look very different I think for each trainee. So, with the, the programme and depending on what clinical rotations you've got, what technical rotations you've got, it will look, the distribution will be quite different and, and as all trainees do, we're all guilty of it. But we're quite, quite bad at trying... comparing and I think that's one thing that will be quite difficult for trainees is 'cause they'll be kind of comparing themselves perhaps to their peers who are, who are perhaps doing earlier clinical rotations or just different, different, um, kind of I suppose clinical skills throughout the year.

So, I think one thing to be, um, mindful of is that the trainees are, are training to become a pharmacist. It's really important that we keep those fundamental skills in terms of learning technical roles as well as clinical roles. Um, so especially for that first kind of thirteen week period, you know, especially in the run up to that thirteen week appraisal, Um, I think it, it's important for us to emphasise to the trainees that they should just be finding their feet at that stage, like, getting to know the team, um, and also just thinking about all of the learning outcomes and not just having a sole focus on that point at the, the kind of prescribing outcomes. I think that'll probably become later on in the year, um, the more kind of clinical, um, experience that they, that they gain. Um, so I think it's just a lot of, it's just about not overlooking a lot of the kind of fundamental, um, skills that pharmacists need and as well as the, the kind of focus on the, the prescribing outcomes.

### **Elsbeth Boxall**

That's really, really good advice Isla, absolutely. Um, and I guess like touched on, on assessment as we've talked this morning, and I wonder how will you use the curriculum assessment strategy to support the assessment of your trainees? I mean, can you give some examples of how you will, like what you will use?

### **Isla Cubitt**

Yeah, so I suppose it's really helpful having that curriculum assessment strategy for various reasons. I suppose, um, it's helpful to both the trainee and the Supervisor 'cause it, it provides, I suppose, like an objective evaluation. There's kind of set standards there that we can use to um, identify what kind of evidence that we would need to sign off certain, certain outcomes.

Um, it also allows the trainee to, I suppose track their progress. It's quite nice to have that document and almost kind of mark off or tick through it as, as you're going through. I think that's, that's very helpful and I think trainees will use it in different ways. Um, some

trainees might decide to to really kind of follow that very, in a very structured way. Um, but yeah, I think I think it's very useful also for, as a supervisor it allows you to kind of target your feedback that you're providing as well.

Um, so yeah, I think, I think it's very useful to have that kind of clear document in place, um, to provide examples for certain evidence that the trainees should be, should be obtaining. Um, but I think it's also important just to, uh, especially in that first period, just let the, the kind of trainee settle into, settle into the role, um, and just gather an array of evidence and then as the year goes on, it then becomes much easier to kind of hone in on those more specific, um, kind of learning outcomes that, that you need to need to meet.

### **Elsbeth Boxall**

That's great and, um, Caroline, would you like to expand on that at all?

### **Caroline Souter**

Um, I think, yeah, just as Isla says, it's really helpful if there's outcomes that people are struggling with ideas so that we'd kind of signpost people to look at that outcome and see what the suggested activities are. We also, um, have catchups with our trainees as a group and kind of ask them is there any areas they're struggling with and that's where they can say, well this is what I've done for that, that outcome and that might be something that almost complements what's in that assessment strategy. Um, because that obviously just depends on what their experiences have been and it's really useful just to get them in that way of, of thinking and bouncing ideas off each other.

Um, I think that the assessment does look quite different for 2025-26 and that there's, it's much more driven by SLEs. Um, so I think it's good just to see that mapped out and there's a really helpful page at the back that just spells out the minimum assessments that are required. It covers the clinical skills, it covers, um, set things that they need to have in their portfolio. So that's a really kinda high level, simple way to see, I need to have at least this as the, you know, for, for sign off. So, it just I think maps out very clearly and it's also then clear what is a prescribing outcome, um, that needs the, the dual sign off. and as Isla said, I think there's a slight risk that the trainees and probably people in the service as well, there's so much focus on prescribing being within this that we just cannot lose sight of what being a well-rounded pharmacist is and that does cover, um, a broader set of skills than, than prescribing.

So, um, I think it helps with that as well. 'cause obviously what's in the assessment strategy includes all the outcomes. So, you can see that quite clearly. It's not just prescribing, it's these other things too and across that almost the four-pillar side of things about, you know, leadership and research as well, well project, project activity.

### **Elsbeth Boxall**

Yeah, I think, um, I mean that has, that's really a really good summary and it, it's been hugely helpful this morning I think for you... to listen to you guys, um, describing how you see the foundation training you're working within the hospital setting. You've given some really, really practical tips about how to, to make that work for the, both the trainees and



the Supervisors. Um, and I think it's been really helpful to point out that there are some really helpful resources within the NES website as well. Um, and I would direct people to the, the FTY pages on the NES website both for resources and also if you do have any particular questions that you need answered, there is, um, a form that you can fill in to submit a question to the FTY Team and I think, um, you know, those questions will be answered on all... and also Frequently Asked Questions will be gathered for another podcast. So, um, be really helpful if people, people use those resources. But massive thank you to both you, Caroline and Isla for taking the time to talk to us today and giving us an insight into how this is gonna work. It's been really helpful. Thank you so much.