

Consultant Pharmacist Credentialing – FAQs

This FAQ document was created based on the questions received before and during our two consultant pharmacist credentialing launch webinars. You can view the most recent e-portfolio demonstration webinar [here](#).

Questions have been categorised as follows:

- [Getting started and other practicalities](#)
- [Mentorship, professional coaches and other support](#)
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Getting started and other practicalities

How do I get started?

Pharmacists working in a patient-focussed role at an advanced level can embark on their consultant pharmacist credentialing journey when they feel ready to do so.

To start, we recommend that individuals use the following steps:

- 1) View the [candidate guidance](#) and other supporting information on our [consultant pharmacist credentialing webpage](#) to familiarise themselves with the [consultant pharmacist curriculum](#) outcomes and descriptors
- 2) Register for the RPS [consultant pharmacist e-portfolio](#), free of charge for members and non-members. Assessment fees are only payable once the candidate is ready to submit their portfolio for assessment.
- 3) Undertake a learning needs analysis within the e-portfolio by rating themselves against the curriculum outcomes. This should form the basis of their professional development action plan.
- 4) Based on their learning needs analysis, identify a professional coach and expert mentors who will be able to support them meet their professional development action plan.
- 5) Identify collaborators in their networks who can support them by completing supervised learning events (work-based assessments) with them through their consultant pharmacist credentialing journey.

Who can undertake consultant pharmacist credentialing?

There is no expected duration of practice in order to be eligible to become credentialed. Eligibility to become consultant-ready will be determined on the achievement of the curriculum outcomes. Previous experience, though, can be used as evidence to demonstrate achievement of the [curriculum](#) outcomes.

Consultant pharmacist credentialing is available to all pharmacists practising in patient-focussed roles i.e. pharmacists whose roles have a direct influence on the care of individual patients and/or patient populations.

To be able to start the credentialing process, individuals must:

- Have experience of working at an advanced level in a patient-focussed role in at least one sector of pharmacy practice

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- Have experience of influencing practice beyond their own organisation with opportunities to shape and contribute to local, regional and/or national policy creation in their area of clinical practice
- Hold a senior role in their organisation to gain experience of strategic leadership and senior governance
- Have previous (indirect) management of individuals and/or groups, including providing support for professional development
- Have experience of undertaking research activities within their area of clinical practice in collaboration with the wider multidisciplinary team, working with external stakeholders to generate new evidence to inform practice and improve patient care.

It is also expected that pharmacists working towards these outcomes gain experience in developing and delivering educational interventions in their area of clinical expertise in collaboration with external educational stakeholders, influencing local workforce education in line with national policy.

Can pharmacists working in other sectors become a consultant pharmacist?

As set out in the [NHS Consultant Pharmacist Guidance](#) consultant pharmacists can work in any sector of practice as long as they are in a patient focussed role. This does not necessitate daily patient facing activity, but the consultant pharmacist is expected to have a direct impact on patients or groups of patients.

To meet this requirement, this curriculum and credentialing pathway is designed for those working in in clinical patient-focussed roles.

We intend to scope the demand for such a pathway for pharmacists in other sectors (e.g. industry) as part of phase two of the assessment & credentialing strategy.

After signing up to the e-portfolio, is there a time frame to complete?

There is no time limit to complete the consultant pharmacist portfolio.

What is the cost?

The cost to submit your portfolio for assessment is £450 inclusive of VAT for each attempt. Payment will only be required once you submit your portfolio for assessment.

If you submit for assessment and are not successful is there a further cost?

Any reassessment of evidence will incur an assessment fee dependent on the number of domains being reassessed. This is because we will be required to establish another consultant pharmacist competency panel.

- **Up to three domains:** 50% reassessment fee (£225 inclusive of VAT)
- **Four or more domains:** Full reassessment fee (£450 inclusive of VAT)

What does the assessment process involve?

Once you have submitted your portfolio for assessment, it will be reviewed and assessed against the curriculum outcomes by a Consultant Pharmacist Competency Committee (CPCC).

The committee will be made up of at least three people with expertise that cover the following five roles:

- Expertise from the applicant's area of clinical practice.
- Pharmacy system leadership experience
- A practising consultant pharmacist
- A practising non-pharmacist consultant
- Academic expertise

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Once you're credentialed, is there a time limit or re-assessment requirements?

There is no time limit and there are no re-assessment requirements. Once individuals are credentialed, there are no recurring maintenance fees. Maintenance of competence will be expected through GPhC revalidation and employer appraisal processes.

Is the term 'consultant pharmacist' a protected title?

While the term consultant pharmacist is not regulated, the [NHS Consultant Pharmacist Guidance](#) sets out clear criteria and expectation for the use of the role for anyone providing NHS services. Only individuals who have been credentialed at consultant-level and are working in an approved consultant pharmacist post may use the title 'consultant pharmacist'.

Are there any face to face workshops/ away days to prepare pharmacists for a consultant pharmacist role?

The RPS do not offer face to face workshops / away days specifically to prepare pharmacist for a consultant pharmacist role. However, we will be holding monthly webinars to support individuals through the credentialing process. These webinars will be free for RPS members. Other training providers may also provide appropriate training to achieve the curriculum outcomes

When are the submission deadlines?

Current submission dates can be found on the RPS consultant pharmacist credentialing [webpage](#). The upcoming submission deadlines are listed below.

	Final submission deadline	Anticipated outcome date
Application window 1	25 January 2021	8 March 2021
Application window 2	26 April 2021	7 June 2021
Application window 3	24 August 2021	4 October 2021

Mentorship, professional coaches and other support

How can I find expert mentors?

You may have colleagues in your professional network (from any professional background) who can act as a mentor for one or more of the domains of practice.

If you need to seek a mentor outside of your existing networks, RPS members can access the [Expert Mentoring Service](#), designed specifically for pharmacists undergoing consultant pharmacist credentialing. Through this service members will be able to access RPS approved expert mentors to guide and support them through the programme.

Not an RPS member? [Join here](#).

Is the RPS offering support to build the Professional Coach network?

The Expert Mentoring service has just been launched. In 2021 we will be looking to build a professional coach network as a member benefit offer.

What support can I access to help upskill me from Advanced 2 to Mastery level?

As articulated in the NHS Consultant Pharmacist Guidance, entry-level consultant pharmacists are expected to demonstrate mastery in the first three clusters of the APF (Expert Professional Practice,

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Collaborative Working Relationships and Leadership). The domains and descriptors in the consultant pharmacist curriculum have been aligned to this level of practice.

The transition from ASII to Mastery in most areas of practice depends on demonstration your knowledge and skills beyond organisational boundaries. Being recognised as an expert outside your own organisation and providing significant contributions to the development of guidelines, pathways and policies, at a local, regional and national level will help to develop and demonstrate your competence at consultant level.

There are a range of leadership programmes provided by the NHS in each of the countries of the UK that may support you in developing your leadership skill and support you applying your knowledge and skills across your health economy.

Accreditation of Prior Certified Learning (APCL)

Can learning from other formal qualifications (e.g. MSc in Leadership) be mapped over?

Yes, learning from formal teaching is likely to be relevant as supportive evidence for your portfolio,

In addition, if you already have evidence of certified learning through other post-graduate institutions, e.g. a Master's qualification or other certified post-graduate course, you may be awarded exemption from the assessment of relevant medium- and/or low-stakes outcomes. If you would like to submit a request for APCL, you will need to provide a copy of the relevant certificate and/or transcript, information on the curriculum outcomes and/or assessment for review by an RPS APCL assessor.

You will also need to undertake a mapping exercise to demonstrate which outcomes the certified learning meets. Moreover, previous (recent) certified learning can also still be submitted as contributing evidence for achievement of the high-stakes outcomes.

For further information, contact education@rpharms.com

How does this credentialing affect those pharmacists who have already undertaken the faculty portfolio? Can they convert or use some of their previous submissions etc. as part of the process?

Those who have previously undertaken the RPS Faculty assessment will be eligible for automatic APCL in line with the principles outlined in the consultant pharmacist curriculum. In summary, this means that RPS Faculty members will be exempt from assessment for medium- and low-stakes outcomes in those domains where they have been previously assessed as practising at the entry level consultant pharmacist standard (Mastery in Clusters 1-3 and ASII in Clusters 4-6 of the APF). Examples can be found in our [candidate guidance](#).

How does this credentialing affect those pharmacists who have undertaken credentialing with other specialist pharmacist groups or royal colleges?

The only route to becoming a consultant pharmacist, unless you are classed as a legacy consultant pharmacist, is to undertake the RPS Consultant Pharmacist credentialing. However, any evidence that has been generated from alternative pathways can be utilised to evidence achievement of the curriculum outcome and may be eligible for APCL. If you would like to request recognition of prior certified learning, please contact education@rpharms.com.

We will be working closely will all relevant pharmacy bodies, including our affiliated partners, in designing the supportive advanced core and advanced specialist curricula which will underpin consultant pharmacist credentialing in the future.

Collecting evidence

How many pieces of evidence are required for each outcome?

We understand that some candidates may prefer a prescriptive number of pieces of evidence needed per outcome; however, given the wide range of potential roles and evidence types available, it would be very difficult to set a meaningful minimum or maximum number relevant to all potential applicants. The number of pieces of evidence mapped to an outcome will depend on the individual being assessed, their area of clinical practice, the stakes rating of the outcome and the range and breadth of the evidence presented. We recommend that candidates review the outcome descriptors to ensure their evidence is in line with the level of performance described in these.

Although setting requirements is challenging, as a minimum for lower stakes outcomes we recommend at least three pieces of high-quality, varied evidence.

Can evidence of previous achievements be used, including evidence from previous roles?

Older evidence and evidence from previous posts can be used as long as it meets the curriculum outcomes. We have not stipulated a validity period for evidence; however, it is unlikely that a portfolio **only** comprised of historical evidence would pass the final assessment as we must be sure of contemporaneous competence at the time of credentialing.

If you work in multiple roles can evidence be drawn from different areas?

Absolutely. Your evidence can be drawn from different areas of your portfolio career. It is important that you map such evidence against the curriculum outcomes

How can pharmacists in non-patient facing roles collect evidence against the clinical outcomes?

Evidence for these outcomes can be based on influencing patient populations rather than individual patients. As long as the evidence is aligned to the level of performance described in the descriptors, then this will be satisfactory. It is all about thinking creatively as to how your professional activities meet the outcomes.

Can you use the same piece of evidence for multiple sections of the consultant framework?

Yes. A piece of evidence may demonstrate competence for multiple curriculum outcomes and descriptors.

Supervised Learning Events (SLEs)

What types of supervised learning events are available?

The SLEs are available on our e-portfolio platform. Word templates can be found on our [webpage](#). Guidance on how to use the SLE's can be found in our [candidate guidance](#). Guidance on how to complete them can be found in our [e-portfolio user guidance](#). The types of SLE templates we have provided are common across healthcare professions.

Throughout 2021, the RPS will be providing free webinars for members to support the collection of evidence and the use of SLEs.

Non-members will be able to access the webinars for a charge. Not an RPS member? [Join here](#).

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Are any of the SLE types compulsory?

No, none of the SLEs are compulsory. However, some of the learning outcomes do require some direct observation to be included in the evidence.

If you work in a non-patient facing specialty evidence for clinical outcomes, for example, can be based on influencing patient populations rather than individual patients. As long as the evidence is aligned to the level of performance described in the descriptors, then this will be satisfactory. It is all about thinking creatively as to how your role can meet the outcomes.

Monitoring progress

How can I start assessing my baseline level to meet the outcomes?

There is a Learning Needs Assessment tool within the e-portfolio platform which enables you to self-assess yourself against the curriculum outcomes. This should be completed at when you first sign up and can be repeated as often as you like. Please see the [e-portfolio user guide](#) for more information.

Is there a matrix to help you monitor your progress?

Yes, after completing your learning needs analysis, as you map your evidence to the curriculum you will be able to track your progress against individual outcomes.

Will RPS monitor progress in case those developing a portfolio need support?

As there is no set time-limit to complete the portfolio, we will not be closely monitoring progress. We would expect expert mentors and professional coaches to be supporting individuals with monitoring of progress through the programme and if necessary, identifying individuals struggling and working together with them to implement additional support. However, RPS will offer a variety of support services for our members including our [Expert Mentoring Service](#) and free monthly Q&A webinars.

Applying for consultant pharmacist posts

Can you apply for a consultant pharmacist post prior to completion of credentialing?

This will depend on the essential criteria of the post. In many circumstances, you may be able to apply for and be appointed to a consultant pharmacist post prior to completion of credentialing. However, you may not use the title “consultant pharmacist” unless you have been credentialed and are employed in an approved post. Support with the use of the title consultant pharmacist can be found [here](#). A directory of approved posts is available [here](#).

If appropriate, can an existing role be submitted for approval as a consultant pharmacist post.

Posts do not have to be new or vacant to be submitted for approval. However, the submission must meet all the requirements of the post approval process and must be written generically i.e. the post must describe the role and expectations of any postholder not specifically the current postholder. The title consultant pharmacist cannot be used unless the individual has successfully undergone consultant pharmacist credentialing and the post has been approved.

Do pharmacists who were employed in a consultant pharmacist post prior to the introduction of the credentialing service have to undergo credentialing?

No. As set out the [NHS Consultant Pharmacist Guidance](#) pharmacists who have been appointed to an approved consultant pharmacist post are legacy postholders and are not required to undergo credentialing.