

**ROYAL
PHARMACEUTICAL
SOCIETY**

Consultant Pharmacist Credentialing

Candidate guidance

Table of Contents

Section 1 – Introduction	3
Section 2 – Curriculum content	4
Domains, capabilities, outcomes and descriptors	5
Section 3 – Recommended learning and support	10
Section 4 – The assessment process	14
Assessment evidence	15
Detailed assessment blueprint.....	19
Accreditation of prior learning.....	22
Final assessment	23
Section 5 – Frequently asked questions	27
Section 6 – Key supporting documents	29

Section 1 – Introduction

Who is this document designed for?

This document is aimed at **candidates** wishing to credential as consultant-ready, demonstrating their eligibility to take up a consultant pharmacist post.

What is the purpose of the document?

This guidance is intended to be used as a supporting document to highlight key information from the [RPS consultant pharmacist curriculum](#) and provide guidance on the credentialing assessment process.

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. It is applicable to pharmacists working in England, Wales and Northern Ireland. In Scotland, the [Pharmacist Postgraduate Career Framework](#) has now been published and includes practice at a level equivalent to consultant which aligns with this curriculum.

The consultant pharmacist credentialing process is open to all pharmacists, both members and non-members of the RPS.

What is the RPS consultant pharmacist curriculum?

Based on the [RPS Advanced Pharmacy Framework](#), and in line with the entry-level standard articulated in the [NHS Consultant Pharmacist Guidance](#), the [RPS consultant pharmacist curriculum](#) articulates the entry-level knowledge, skills, behaviours and levels of performance expected of consultant pharmacists. The curriculum outcomes in turn form the basis of a robust programme of assessment against which individuals will be credentialed. Successful completion of the consultant pharmacist credentialing assessment confers eligibility to fulfil an accredited consultant pharmacist post.

The outcomes-based curriculum is comprised of five broad domains:

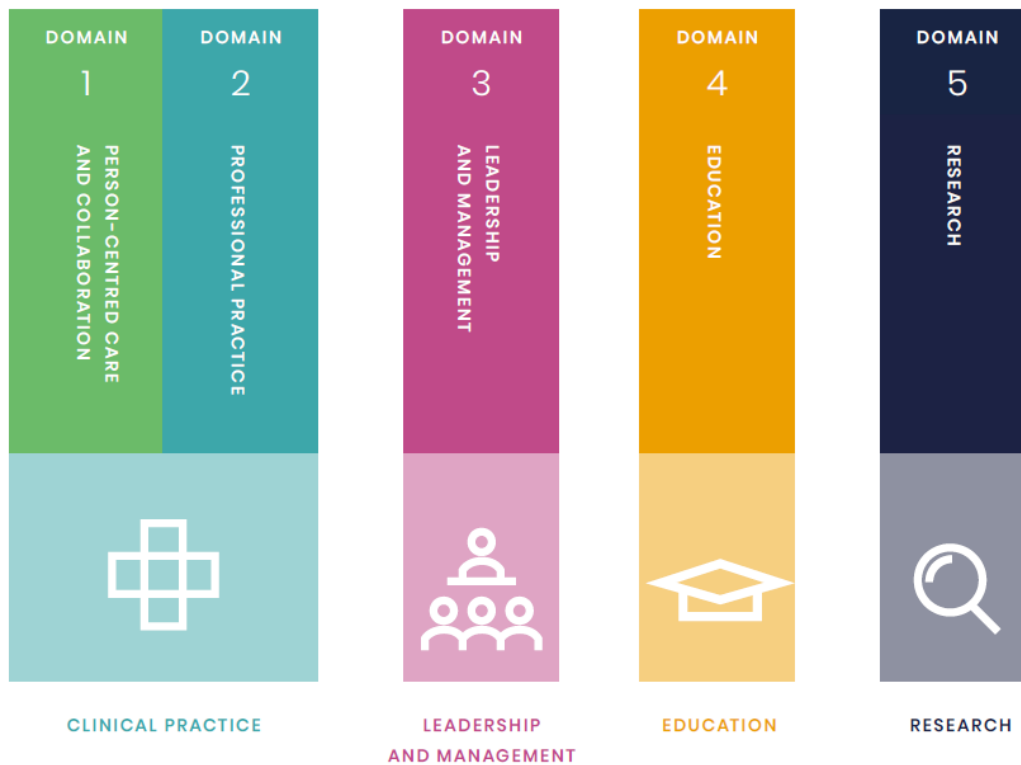
- Person-centred care and collaboration
- Professional practice
- Leadership and management
- Education
- Research

The curriculum has been developed in line with the [RPS Curriculum Development Quality Framework](#) which defines the standards to be met by any RPS post-registration pharmacy curriculum.

Section 2 – Curriculum content

The RPS consultant pharmacist curriculum is made up of **five** domains, each made up of a set of capabilities, learning outcomes and descriptors aligned closely to the four pillars of advanced practice.

The four pillars of advanced practice



Key curriculum definitions

Domains are collections of commonly themed capabilities and learning outcomes. There are **five** domains in the consultant pharmacist programme of learning.

Capabilities are high-level, complex professional capabilities which are flexible and adaptive in a wide range of contexts; they require the complex synthesis of multiple outcomes in a domain which is required to manage real-life clinical scenarios. Each of the domains in this programme of learning is made up of between **one to three** capabilities and there are nine capabilities in total in the programme of learning.

Outcomes describe what needs to be demonstrated by pharmacists by the end of the programme; these describe the knowledge, skills, behaviours and experience of entry-level consultant practice. Candidates will be assessed against these outcomes in the programme of assessment. The programme is made up of **20** learning outcomes.

Descriptors detail the level and depth of performance required to demonstrate satisfactory achievement of the curriculum outcomes. They provide greater detail for pharmacists undertaking the programme on what is expected of them in practice to reach the required standard.

Domains, capabilities, outcomes and descriptors

	Capabilities		Outcomes		Descriptors	APF ref
Domain 1 Person-centered care and collaboration	Demonstrates high level communication and collaboration skills; able to communicate complex information to stakeholders in challenging environments to promote a collaborative approach across the healthcare system.	1.1	Effectively communicates with patients and colleagues in highly challenging and/or hostile environments; manages the situation collaboratively to resolution.	a.	Uses appropriate language to engage with the individual(s) concerned; adapts language and approach to mitigate the highly challenging and/or hostile environment.	2.1
				b.	Demonstrates empathy and actively listens; seeks to understand the situation from the perspective of each individual or party involved.	4.1
				c.	Maintains composure and clarity in their communication, providing a measured response, when challenged by other senior stakeholders.	
				d.	Ensures a person-centered approach to decision making, including in highly challenging and/or hostile situations.	
				e.	Demonstrates high levels of diplomacy to broker a collaborative solution in a complex environment; ensures individuals involved are clear on how the situation will be resolved.	
				f.	Supports and empowers colleagues to communicate effectively to manage highly challenging and/or hostile environments with patients and colleagues.	
		1.2	Communicates highly complex, sensitive or contentious information to inform and influence senior pharmacy and non-pharmacy stakeholders from across the healthcare system; promotes a collaborative approach working across boundaries.	a.	Presents complex information (including interpretation of new evidence) clearly and confidently through different media at a senior level both within and beyond their organisation.	2.1
				b.	Communicates and collaborates effectively with senior stakeholders within and beyond their organisation; influences senior stakeholders and gains their cooperation.	2.2
				c.	Anticipates and recognises potential barriers from stakeholders; persuades and negotiates effectively to achieve a collaborative approach.	6.4
				d.	Networks with a range of pharmacy and non-pharmacy organisations and stakeholders to shape, respond to, and implement policy and strategy beyond their organisation.	
				e.	Works collaboratively across boundaries to develop, promote, and implement guidelines, policies, and strategies influencing change beyond their organisation.	
				f.	Ensures strategic decisions to improve patient care in their area of clinical practice are effectively communicated and implemented across boundaries.	
Domain 2 Professional practice	Leads on the delivery of complex pharmaceutical care in dynamic and uncertain environments across boundaries.	2.1	Possesses in-depth pharmaceutical knowledge and skills in defined clinical area(s); can apply these to manage individual patients and/or patient populations requiring the most complex pharmaceutical care.	a.	Applies an advanced level ¹ of clinical knowledge and skills in their area of clinical practice to deliver holistic person-centered pharmaceutical care.	1.1
				b.	Leads on the pharmaceutical care of complex patients and/or patient populations in their area of expertise based on the evidence-base and/or best practice.	1.3
		2.2		a.	Works as part of multi-disciplinary teams to lead the development and delivery of clinical services in their area of pharmaceutical expertise.	1.2

¹ Implies depth and breadth of knowledge in line with APF Mastery level.

			Influences the delivery and quality assurance of clinical services across boundaries.²	b.	Analyses complex data to inform the delivery of high-quality services.	4.9
				c.	Improves the quality of patient care and achieves demonstrable improvements/outcomes for patients related to medicines.	
				d.	Delivers expertise on relevant pharmacoeconomic and policy issues relating to medicines at a strategic level.	
		2.3	Demonstrates effective critical thinking, clinical reasoning and decision making where there is uncertainty, competing and/or complex clinical issues.	a.	Supports and leads others, working at an organisational level and beyond ³ , to manage competing and complex priorities in unpredictable clinical environments.	1.3
				b.	Manages clinical uncertainty by critically appraising the evidence-base and applying it to novel situations.	5.1
				c.	Reaches appropriate decisions in challenging environments where there are competing priorities and/or an absence of reliable evidence.	
	2.4	Implements regional and national policy and/or strategy at their level of influence within their area of clinical practice.	a.	Leads on issues related to their area of clinical practice at an organisational level and/or beyond.	1.4	
			b.	Accountable for the implementation and evaluation of pharmaceutical aspects of relevant guidelines, policies and strategies at an organisational level and/or beyond.	3.1	
			c.	Initiates, implements, supports and monitors quality and governance systems and processes relating to their area of clinical practice at an organisational level and/or beyond.	4.1	
			d.	Acts as a role model supporting the pharmacy team and other healthcare professionals with complex issues; supports them to deliver care that is responsive to changing regional and/or national needs.		
	2.5	Translates expertise and research into the creation of new policy influencing practice beyond their organisation. demonstrably improving patient care.	a.	Contributes to strategic policy creation beyond their organisation in their area of clinical practice.	1.1	
			b.	Evaluates the effectiveness of new strategies and/or policies to ensure they are having the desired improvement to patient care at an organisational level or beyond.		
Domain 3	Leads on the strategic vision for implementing and innovating service delivery beyond their organisation; manages service change effectively to deliver demonstrable improvements to patients care.	3.1	Creates and embeds a shared strategic vision for service delivery within their organisation and beyond; relates goals and actions to wider strategic aims of the organisation, profession and healthcare system.	a.	Defines a clear strategic vision aligned to organisational and national policies; leads on its implementation.	3.3
				b.	Anticipates barriers to realising a strategic vision, takes steps to mitigate these and achieve engagement from others.	3.5
				c.	Develops networks of influence and promotes shared agendas, building support for strategic vision both internally and externally to their organisation.	4.8
				d.	Proactively demonstrates and promotes the value of pharmacy across healthcare systems.	
		3.2	Leads on innovation and improvement to service delivery at organisational level and beyond; manages change effectively to achieve demonstrable improvement(s) to patient care.	a.	Creates a culture which promotes and encourages innovation.	3.4
				b.	Promotes an evidence-based approach to drive service innovation.	4.6
				c.	Reviews evaluations and wide stakeholder feedback to service development needs; places service users at the centre of any service change.	4.7
Leadership & management						

² 'boundaries' = traditional boundaries in the healthcare system between different professions, areas of clinical practice, and/or geographies.

³ 'beyond your organisation' = at a local, regional, national and/or international level.

			d.	Applies the principles of quality improvement to service redesign.			
			e.	Leads on the successful implementation of innovative ideas with quantifiable outcomes.			
			f.	Leads and manages the implementation of complex projects and programmes, including at an organisational level.			
			g.	Leads on multi professional and/or multisector collaborative projects working with other healthcare professionals to improve service(s).			
			h.	Anticipates and manages barriers to change; manages stakeholder challenge and tension to deliver service and behavioural change successfully.			
			i.	Influences individuals and/or teams for service change; listens, motivates and supports them successfully through change processes.			
			j.	Evaluates the effectiveness of any service improvement and shares outcomes beyond their organisation to influence wider change.			
	Contributes to the governance agenda at a senior level; effectively manages people, resources and risk at a team and/or service level to maximise the quality of patient care.	3.3	Motivates and effectively manages individual and/or team performance at an organisational level ⁴	a.		Communicates strategic vision effectively with individuals and/or teams; ensures individuals and/or teams understand how they contribute to achieving the vision.	3.6
				b.		Breaks down strategic vision into discrete operational deliverables and delegates appropriately to individuals/teams.	4.4
				c.		Sets appropriate goals and objectives for individuals and/or teams which align to organisational, local, regional and national strategies; motivates individuals and/or teams to achieve these.	4.5
d.				Establishes methods for measuring performance of individuals and/or teams; critically analyses performance against agreed standards.			
e.				Identifies poor performance and take responsibility for ensuring appropriate development opportunities and remedial actions are taken to address concerns in line with organisational performance management policies.			
f.				Provides effective feedback to individuals/team that recognises good performance and identifies areas for improvement; proactively addresses the areas for improvement and monitors progress.			
g.				Provides support and guidance to others in identifying and managing concerns about poor performance or unacceptable behaviour.			
h.				Acts as a role model to colleagues by demonstrating high levels of professionalism; treats all involved with dignity and respect.			
3.4			a.	Manages resources effectively to ensure financial sustainability of service delivery.	4.2		

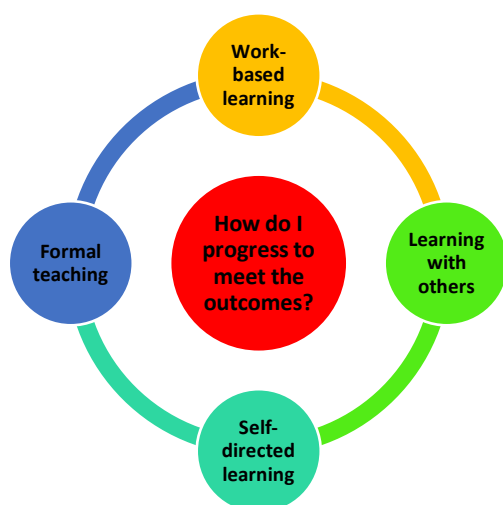
⁴ This outcome does not require evidence of **direct** line management; individuals can achieve this outcome by providing evidence of indirect management and/r supervision which meets the outcome descriptors and may also provide retrospective evidence from previous roles.

		Manages resources effectively to maximise impact on patient care at an organisational level	b.	Influences and monitors clinical effectiveness and efficiency to enhance management of resources.			
			c.	Develops and/or contributes to business cases to support further resource and/or reconfigure current resource.			
		3.5	Shapes and contributes to the governance agenda at a senior level within their organisation and beyond; develops and monitors standards of practice and risk management policies/protocols at a team and/or service level.	a.	Shapes clinical governance in their area of clinical practice and contributes to multi-professional governance both within and beyond their organisation.	3.2	
				b.	Ensures individuals and teams apply governance principles in practice.	4.3	
				c.	Sets standards of practice within their organisation related to their service(s); establishes processes to monitor and evaluate organisational compliance with standards of practice.	4.4	
				d.	Reviews standards of practice regularly to ensure they are up to date; makes improvements informed by evidence.		
				e.	Implements measures to identify, assess and manage risks to the team and/or service as well as review existing risks.		
				f.	Identifies patterns of risk within the team and/or service, escalates appropriately and develops solutions to mitigate these.		
				g.	Communicates complex risks clearly to relevant internal and external stakeholders.		
				h.	Provides professional leadership in analysis of patient safety events.		
		i.	Adheres to financial and information governance principles in delivery of their service(s).				
Domain 4	Education	Manages education provision across boundaries both within and outside of their organisation; interprets national policy to shape the education and development of the workforce in their area of clinical practice.	4.1	Manages the professional development of individuals within a team and/or service.	a.	Creates a culture within their team(s)/service which promotes and encourages self-development and continued learning.	5.2
					b.	Supports individuals to undertake a learning-needs analysis and produce an appropriate development plan.	5.3
					c.	Coaches and/or mentors individuals, including those practising at an advanced level, to support them with their professional development.	5.4
					d.	Demonstrates best practice in the clinical and educational supervision of individuals.	
			4.2	Shapes and contributes to educational provision for patients and healthcare professionals in their area of expertise within and beyond their organisation.	a.	Applies best practice in clinical education, including the principles of delivering effective learning, training and assessment to groups of learners.	5.3
					b.	Supports the development of both the pharmacy and wider multidisciplinary team by delivering evidence-based education interventions.	5.4
					c.	Shapes, contributes to and/or is accountable for the development of curricula, educational resources and/or assessments in their area of clinical practice.	5.5
					d.	Collaborates with external educational bodies and/or stakeholders to develop and deliver education provision in their area of clinical practice.	
					e.	Designs and/or supports the delivery of patient education.	
					f.	Evaluates the effectiveness and impact of their education-related activities and outcomes; collates data and feedback, adapting their approach when necessary.	
			4.3	Interprets national policy to create strategic approaches to local workforce education, planning and development.	a.	Works with educational commissioners and/or providers to identify local workforce training needs and develop education and training provision to improve patient care in their area of clinical practice.	1,2

				b.	Ensures local educational activities relating to their area of clinical practice align with national policy.	5.6
Domain 5 Research	Critically evaluates the literature and evidence-base to inform and improve service delivery within their organisation and beyond	5.1	Applies critical evaluation skills in the context of their working practice; uses research and evidence-base to inform and develop practice and services improving patient care at an organisational level and beyond.	a.	Critically appraises and synthesises the outcomes of relevant research, evaluation and audit to inform, develop and improve service delivery and therapeutic pathways.	6.1
				b.	Demonstrates development and revision of guidelines and pathways to improve service delivery, centered around current clinical research and evidence-based healthcare.	6.5
				c.	Engages with and critiques published literature e.g. participation in journal clubs.	
	Identifies gaps in the evidence base and designs research protocols to generate new evidence and improve patient care	5.2	Formulates research questions based on gaps in the evidence base; designs rigorous research protocols to address these and at organisational level and beyond.	a.	Critically evaluates and reviews the evidence base to identify gaps relevant to their area of clinical practice, designing appropriate methodology to formulate research questions	6.2
				b.	Develops research protocols, selecting appropriate study design and method(s) to answer research questions.	6.3
				c.	Develops and critically reviews research protocols which impact beyond their organisation.	
		5.3	Generates new evidence through research; communicates findings to influence practice and improve patient care beyond their organisation.	a.	Understands effective research methods, including qualitative and quantitative approaches to scientific enquiry.	6.4
				b.	Develops, implements and reviews research strategy in line with organisational priorities.	2.2
				c.	Critically engages in research activity, adhering to good research practice guidance.	
	5.4	Contributes to research supervision in collaboration with research experts.	a.	Supports others to act as supervisors for research projects.	6.6	
			b.	Is an active member of a research organisation or working groups.		
			5.5	Collaborates with the wider multidisciplinary team to conduct research projects.	a.	Develops stakeholder research networks across and between professions to facilitate multidisciplinary research.
	b.	Collaborates with researchers from across the multidisciplinary team.				

Section 3 – Recommended learning and support

What types of learning will I need to do to meet the outcomes?



To meet the outcomes, you will need to undertake a wide range of different types of learning, involving both self-directed learning, learning with others, work-based learning and formal teaching.

What support should I put in place to help me meet the outcomes?

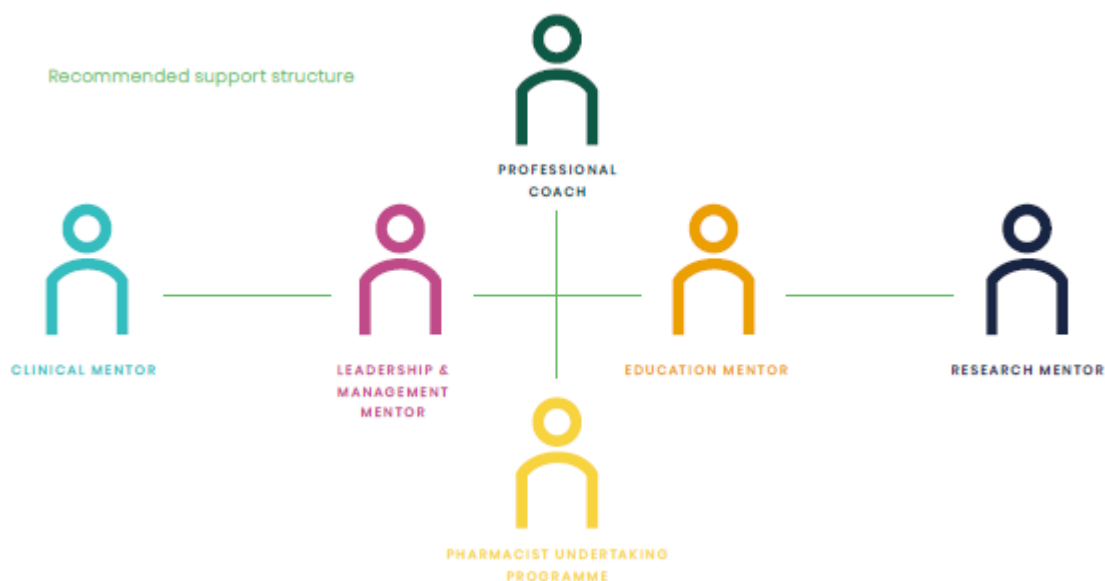
We recommend that you have **three** different types of support roles to help you to achieve the outcomes; these support roles are called collaborators:

- Observers
- A professional coach
- Expert mentors

To be clear, your collaborators:

- May be based outside your organisation and meetings may be carried out remotely.
- Do not need to be pharmacists and may be drawn from other professions or areas of expertise.
- Do not need to be members of the RPS.
- May deliver more than one role depending on their experience e.g. one individual may act as a professional coach and an expert mentor or may be an expert mentor in more than one of the recommended areas. If this is the case, however, it is important to clearly define the discrete roles and responsibilities for each role.

Specific guidance for collaborators is available on the [RPS website](#).



Observers

To collate the evidence needed to meet the curriculum outcomes, you will need other individuals to observe you and make judgments about your performance.

These collaborators may observe you once at a single point of time or may observe you on multiple occasions over a period of time.

There is a lot of flexibility with those who can carry out supervised learning events with you. They may be other healthcare professionals, non-clinical colleagues and/or patients, depending on the nature of the supervised learning event and what you are wanting feedback on. The important thing is that the collaborator has the appropriate knowledge, skills and experience to make a valid judgment of your performance in that context. For example, a patient collaborator is very well placed to make a judgment on your ability to undertake an effective consultation but is unlikely to be able to effectively judge your ability to effectively assess neurotoxicity.

We have also developed an [observer - quick guide](#) document for you to share with observers prior to them undertaking an observation. This short summary document gives them all the key information they will need to effectively carry out a supervised learning event with you.

Expert mentors

The following expert mentor types are recommended to provide targeted and specific support for you in the key areas of the curriculum. Some individuals may be able to act as a mentor in more than one area of expertise depending on their experience.

	Responsible for	Experience requirements	Role includes:
Clinical expert mentor	Supporting you to achieve the Domain 1 and 2 outcomes.	Must be an appropriately trained senior clinical colleague with the clinical knowledge and skills to supervise you in your area of clinical practice.	Supporting and supervising you as you develop & apply new complex clinical knowledge and skills to patients, with support tapering off

			appropriately as you are judged to be proficient to practise autonomously at this highly advanced level.
Leadership & management mentor	Supporting you to achieve the Domain 3 outcomes.	Experienced senior leader.	Supporting you to develop and implement your strategy for service provision in your area of clinical practice, guiding you to expand their influence beyond the organisational level.
Education mentor	Supporting you to achieve the Domain 4 outcomes	Experience of developing and implementing education & training provision for healthcare professionals across boundaries. Understanding of best practice in clinical education.	Supporting you to develop your knowledge and understanding of best practice in clinical and educational supervision and the delivery of clinical education to both the pharmacy and wider multidisciplinary team. They should work with you to help shape and influence the development of the workforce in your area of clinical practice.
Research mentor	Supporting you to achieve the Domain 5 outcomes	Experience of undertaking clinical research which has influenced practice across boundaries. Understanding of best practice in clinical education	Supporting you to develop your research skills and understanding of best practice in undertaking research. They should also support you to undertake new research targeting gaps in the evidence base in your area of clinical practice and facilitate the sharing of any findings with the wider healthcare system.

In addition to the specific knowledge and skills outlined above, each of your expert mentors should:

- Understand how you learn and work best and adapt their mentoring style accordingly.
- Use a variety of effective mentoring methods delivered in person and/or remotely in a work-place setting.
- Understand the importance of reflecting on and evaluating their own approach to mentoring.
- Tailor and provide effective feedback to you.
- Use reflective discussion to support you to explore and manage challenges, complexity and other pressures in your role.

Expert mentors are expected to

- Undertake and record regular reviews with you using the expert mentor report template to reflect on and review your progress in their nominated area(s) of expertise.
- Identify if you are experiencing difficulties, liaising with relevant colleagues, including your other expert mentor(s) and professional coach, to put in place a support programme to mitigate these.

Professional coach

To help you reflect on and monitor your progress, you should have a dedicated professional coach. Your professional coach should help guide you with your personal and professional development; they should also understand best practice in educational theory and coaching senior healthcare professionals.

When identifying an appropriate professional coach, you should look for an individual who can help you:

- Understand the range of learning, assessment and support opportunities for learning in the workplace to cover the curriculum.
- Identify and organise appropriate support, training and teaching both within and outside of your organisation.
- Work collaboratively with colleagues to monitor and support progression towards the outcomes.
- Work autonomously at this highly advanced level.
- Review learning and reflect on your practice.
- Review work-place evidence and general progress.

Your professional coach should:

- Undertake and record formal review meetings with you using the professional coach report template to reflect on and review your progress.
- Identify if you are experiencing difficulties, liaising with relevant colleagues, including your expert mentor(s) to put in place a support programme to mitigate these.

How do I find appropriate individuals to support me in these roles?

If you are an RPS member, we can support you to find suitable individuals using our [RPS mentoring platform](#).

Section 4 – The assessment process

Throughout the programme, you will need to maintain an e-portfolio of your learning and evidence using the [RPS consultant pharmacist e-portfolio](#).

The following principles should be applied when developing your portfolio:

- 1) **The more assessments, the better** – any judgment made in an assessment involves a compromise of some kind e.g. it might be subjective or it might not be authentic. The greater number and variety of assessments and evidence you provide, the easier it is to mitigate some of these flaws.
- 2) **You are best placed to choose the assessment needed to demonstrate your learning** – the choice of an assessment instrument or method depends entirely on what you are trying to demonstrate at that given moment. This approach allows you to choose any assessment instrument as long as it serves its intended purpose. We have given you a range of different options in the e-portfolio so you can have a wide choice depending on your particular circumstances and setting.
- 3) **Quality feedback is essential for you to learn and progress** – each assessment or learning event should be formative and be followed with rich feedback from the individual observing you. The recommended support offered by expert mentors, the professional coach, peers, patients and colleagues (detailed in section 3) should promote self-directed learning and progress.
- 4) **Professional judgment is indispensable** – when more complex capabilities need to be assessed, such as those described in this document, judgments from as wide a range of people as possible, including patients, peers, senior colleagues and other healthcare professionals (which we will cover with the term ‘collaborators’), are fundamental to effectively measuring performance. The use of professional judgments should be weaved throughout your portfolio and will form the basis of the final portfolio assessment.
- 5) **Low stakes assessments can be used to make high stakes decisions** – in programmatic assessment, pass/fail decisions are removed from any single assessment, making all assessments “lower stakes” assessment; this is, however, not to be confused with ‘no stakes’. A number of diverse low-stakes assessments in your portfolio can be pooled to inform the final high-stakes decision as to whether you are ready to practise at consultant level.
- 6) **Risk to patient safety and number of assessment events are related** – the higher the stakes an outcome presents in terms of risk to patient safety, the more robust the assessment evidence needs to be to sign you off in that outcome. High stakes outcomes will therefore need more assessment evidence in your portfolio compared to medium and low stakes outcomes. Your assessment evidence will help inform two types of decisions in the programme:
 - **Intermediate decisions** – formative checkpoints carried out by your professional coach and expert mentors during the programme to check in with you on your progress against the outcomes. These meetings may result in further supportive actions put in place to ensure your continued progress.

- **Final decision** – the final high stakes assessment of your portfolio by an RPS competency committee. The outcome of this decision will inform whether you are credentialed as consultant-ready.

How do I create and use the RPS e-portfolio?

Instructions on how to use the online RPS e-portfolio can be found in our [e-portfolio user guidance](#).

Assessment evidence

What evidence will I need to collect in my e-portfolio?

The assessment programme is designed to be very flexible; **you** are best placed to decide the best way to demonstrate you have achieved the curriculum outcomes.

To support you, we have provided a range of tools, which we have called supervised learning events (SLEs), in the [RPS consultant pharmacist e-portfolio](#) that you and your collaborators can use to record your learning and progress towards the curriculum outcomes. We have described these in the table on the next page and word version examples of the forms can be found on the [RPS website](#).

Supervised learning events are work-place observations of your performance. They are undertaken using set forms which are stored on the e-portfolio software. You will grant observers access to the form(s) to complete prior to the observation. The observer will then be asked to record their judgments and provide feedback to the pharmacist using the electronic form.

More information on how to technically complete the SLE forms can be found in the [e-portfolio user guidance](#).

Any SLEs undertaken as part of this programme should involve a formative aspect to ensure you receive immediate high-quality feedback from your collaborators, including your professional coach and expert mentors. This feedback should be used to help you reflect on your own performance and identify areas for development against the curriculum outcomes. Most encounters you experience in day to day practice can provide an opportunity for learning, reflection and/or feedback and this process should occur weekly as a rule of thumb as you build your portfolio. Remember that SLEs do not necessarily need to take place in person and may be undertaken remotely using digital technologies if this is possible and appropriate.

In addition to SLEs, you may also choose to upload other forms of evidence to your portfolio, such as:

- Published journal articles
- Evidence of published research
- Copies of anonymised written feedback from patients and stakeholders
- Copies of anonymised documents evidencing active involvement in the design of care pathways
- Videos or recordings of presentations, meetings, and/or consultations

Supervised Learning Event types

SLE	Purpose	Example	Suitable domain/s
Directly observed procedure (DOPS)	To evaluate a pharmacist's performance undertaking a clinical procedure.	A cancer specialist pharmacist is observed assessing neurotoxicity in a patient being treated for lung cancer.	Domain 2
Mini clinical evaluation exercise (Mini-CEX)	To evaluate a global clinical encounter with a patient assessing the synthesis of skills essential for clinical care such as history taking, communication, examination and clinical reasoning.	A diabetes specialist pharmacist is observed during an outpatient clinic review with a patient who has suboptimal glycaemic control, worsening diabetic nephropathy, is from an ethnic minority and faces several barriers to accessing healthcare.	Domains 1 and 2
Direct observation of non-clinical skills (DONCS)	To evaluate the pharmacist's performance in non-clinical skills.	A pharmacist is observed chairing a meeting with senior healthcare colleagues.	Domain 3
Acute care assessment tool (ACAT)	To evaluate the pharmacist's clinical assessment and management, decision making, team working, time management, record keeping, prioritisation and handover over a continuous period of time across multiple patients.	A hospital pharmacist is observed conducting the morning ward round in one of the acute medical wards over the course of a week.	Domains 1 and 2
Case-based discussions (CbDs)	To retrospectively evaluate the pharmacist's input into patient care. A structured discussion is undertaken remotely from the patient(s) and is used to explore the clinical reasoning, decision making and application of complex clinical knowledge in practice.	A pharmacist discusses a clinical case with a collaborator which required reaching a shared decision on the most appropriate treatment for a patient who had not responded to or tolerated the evidence-based treatment options included in the guidelines for the condition.	Domains 1, 2 & 3
Case presentation (CP)	To evaluate the pharmacist's ability to effectively present a case to colleagues demonstrating effective clinical assessment and management, decision making, team working and time management.	A pharmacist is observed presenting a case to a group to share best practice in their area of clinical practice.	Domains 1, 2 & 3
Journal club presentation (JCP)	To evaluate the pharmacist's ability to effectively present a journal paper to colleagues demonstrating knowledge of research methods and critical evaluation skills	A pharmacist is observed presenting a piece of research in their area of clinical practice, demonstrating they have critically evaluated the study design and methods used, and considered implications for clinical practice.	Domains 4 and 5
Patient survey (PS)	To evaluate the pharmacist's communication and consultation skills from the patient's perspective.	The pharmacist uses a patient survey to obtain feedback from patients who have attended their clinical setting over the last month.	Domains 1 and 2
Patient survey summary reflection (PSR)	To evaluate the pharmacist's ability to reflect on and identify areas of development based on patient feedback.	The collated patient survey feedback is reviewed, and an action plan agreed following discussion with the professional coach.	Domains 1 and 2

Teaching observation tool (TO)	To evaluate the pharmacist's ability to deliver an effective learning experience to others.	A pharmacist is observed delivering a training session to the pharmacy team about communicating sensitive or complex information with patients.	All domains, especially Domain 4.
Reflective accounts (RA)	To evaluate the pharmacist's ability to reflect on an experience, analyse their learning and identify areas of development to inform future practice.	A pharmacist reflecting on a complex communication issue which took place with a patient.	All domains
Quality improvement project assessment tool (QIPAT)	To evaluate the pharmacist's ability to undertake a quality improvement project to improve service provision in their area of expertise.	A pharmacist carries out a quality improvement project to reduce waiting times for medicines. They share their project (including) QI methodology, intervention, measures, results and implications/conclusion via a written report or presentation.	All domains, especially Domain 3.
Multiple source feedback tool (MSF)	To evaluate the pharmacist's level of performance in the relevant domain.	A pharmacist collects feedback from several colleagues who they work with regularly, selecting a mixture of people from within their own team, the teams they work with, and people who have clinical and non-clinical roles.	All domains
Leadership assessment skills (LEADER)	To evaluate the pharmacist's non-clinical leadership and team working capabilities	A pharmacist implements a new service in their area of practice and wants to undertake a structure discussion around the leadership aspects of this with a collaborator.	Domain 3
Expert mentor report (EMR)	To evaluate the pharmacist's overall performance and progress in the relevant domain/s.	A pharmacist meeting with their clinical expert mentor every two to three months to show evidence from domain 1 and discuss progress and areas for development.	All domains
Professional coach report (PCR)	To evaluate the pharmacist's overall performance and progress towards achieving the consultant pharmacist outcomes.	A professional coach reviews the EMRs and portfolio evidence, identifying areas for development and agreeing an action plan to achieve outstanding outcomes.	All domains

What evidence types are most suitable for each outcome?

At this senior level, we believe that **you** are best placed to select the most appropriate SLE or supporting evidence to demonstrate you have met the curriculum outcomes. The table on the next page shows the potential evidence types you could use but these are not exhaustive. In addition, we are not suggesting that **all** of the recommended evidence types shown against each outcome **must** be submitted, these are provided simply as guidance and the evidence you submit of your learning will depend on your context and area of clinical practice.

You will see in the table on the next page that some outcomes have **mandatory evidence requirements**. This means that, to be successful in this outcome, you must meet these evidence requirements.

Your portfolio should also include:

- **Evidence of reflective practice:** Where possible, reflective accounts should be supplemented with other validating evidence supporting the reflections. It is recognised that it may not always be possible to undertake contemporaneous reflection if some time has elapsed since the learning event; if this is the case, examples of retrospective reflection are equally acceptable.
- **Expert mentor reports:** You should aim to submit **at least one** expert mentor report (but preferably more) per domain which supports your achievement of all the outcomes in that domain.

How many pieces of evidence are needed against each outcome?

The number of pieces of evidence you will need to include for each outcome will depend on two things:

1. **The stakes rating of the outcome:** each outcome has a rating based on its potential risk to patient harm. Higher stakes outcomes will need more evidence mapped against them than lower stakes outcomes.
2. **The nature and quality of the evidence and your individual circumstances:** the depth and breadth of the evidence you present for each outcome will dictate the number of pieces of evidence required. A smaller number of high-quality pieces of evidence, demonstrating different assessment instruments undertaken by a range of collaborators, which clearly align with the outcome descriptors is better than a larger number of lower quality repetitive evidence types.

We understand why you may prefer to be provided with a prescriptive number of evidences per outcome; however, given the wide range of potential roles and evidence types, it would be very difficult to set a single maximum number for all. The number of pieces of evidence mapped to an outcome will depend on who you are, your area of clinical practice and the range and breadth of the evidence presented. As a rule of thumb, though, we would recommend **at least three pieces of high-quality evidence** presented as a minimum for lower stakes outcomes. Do not be afraid, either, to include earlier pieces of evidence which may be below the expected level for credentialing. These will demonstrate your progress and learning through the programme.

Detailed assessment blueprint

	APF level ⁵	Outcomes	Stakes ⁶	DOPS	Mini-CEX	DONCS	ACAT	CbD	CP	JCP	PS	RA	QIPAT	MSF	TO	LEAD	EMR	PCR	OTHER	Mandatory evidence requirements
1.1	M	Effectively communicates with patients and colleagues in highly challenging and/or hostile environments; manages the situation collaboratively to resolution.	H	x	X	x	x				x	x		x			x	x		<ul style="list-style-type: none"> Evidence of <u>direct observation</u> of communication with different stakeholders by a range of collaborators using appropriate WBA tools Evidence of <u>feedback</u> from those being communicated to, evaluating the effectiveness of the pharmacist's communication skills from their perspectives using appropriate WBA tools. Evidence of assessment by <u>independent</u> experts i.e. by those who do not directly know the individual and have no potential bias regarding their ability.
1.2	M	Communicates highly complex, sensitive or contentious information to inform and influence senior pharmacy and non-pharmacy stakeholders from across the healthcare system; promotes a collaborative approach working across boundaries.	H		X	x	X	x	x			x		x			x		x	<ul style="list-style-type: none"> Evidence of <u>direct observation</u> of communication with different stakeholders by a range of collaborators using appropriate WBA tools Evidence of <u>feedback</u> from those being communicated to, evaluating the effectiveness of the pharmacist's communication skills from their perspectives using appropriate WBA tools. Evidence of assessment by <u>independent</u> experts i.e. by those who do not directly know the individual and have no potential bias regarding their ability.
2.1	M	Possesses in-depth pharmaceutical knowledge and skills in defined clinical area(s); can apply these to manage individual patients and/or patient populations requiring the most complex pharmaceutical care.	H	x	X		x	x	x								x			<ul style="list-style-type: none"> Evidence of <u>direct observation</u> of practice by a range of collaborators using appropriate WBA tools. Evidence of <u>discussion</u> of cases with a range of collaborators using appropriate WBA tools. Evidence of assessment by <u>independent</u> clinical experts i.e. by those who do not directly know the individual and have no potential bias regarding their ability.
2.2	M	Influences the delivery and quality assurance of clinical services across boundaries.	M						x			x	x	x			x	x	x	
2.3	M	Demonstrates effective critical thinking, clinical reasoning and decision making where there is uncertainty, competing and/or complex clinical issues.	H	x	X	x	x	x	x	x		x					x			<ul style="list-style-type: none"> Evidence of <u>direct observation</u> of practice by appropriate collaborators using appropriate WBA tools. Evidence of <u>discussion</u> of cases with a range of collaborators using appropriate WBA tools.

⁵ M = Mastery, ASII = Advanced stage II

⁶ H = high stakes, M = medium stakes, L = low stakes

Version 4

Last updated: 8/06/2021

		improving patient care at an organisational level and beyond.																		<ul style="list-style-type: none"> Evidence of discussion of cases with a range of collaborators using appropriate WBA tools. Evidence of assessment by independent clinical experts i.e. by those who do not directly know the individual and have no potential bias regarding their ability.
5.2	AS II	Formulates research questions based on gaps in the evidence base; designs rigorous research protocols to address these and improve service delivery at organisational level and beyond.	M						x	x		x	x	x				x		
5.3	AS II	Generates new evidence through research; communicates findings to influence practice and improve patient care beyond their organisation.	M						x	x		x	x	x				x		
5.4	AS II	Contributes to research supervision in collaboration with research experts.	L									x		x				x		
5.5	AS II	Collaborates with the wider multidisciplinary team to conduct research projects.	L						x			x	x	x				x		

Accreditation of prior learning

Is there an accreditation of prior certified learning (APCL) process?

We do not want to duplicate prior assessment and want to recognise any previous learning you can evidence whilst balancing our need to make sure you have the appropriate knowledge, skills and behaviours to practise at this highly advanced level. To achieve this balance, we have developed the following principles for APCL:

- APCL will not be awarded for high-stakes outcomes. All individuals undertaking the programme will have to demonstrate achievement of all high-stakes outcomes through this curriculum's programme of assessment.
- APCL will only be awarded to exempt individuals from being assessed against medium-stakes and low-stakes outcomes.
- All APCL requests must be relevant, authentic and valid.
- All APCL requests must be at the equivalent level of performance as described in this curriculum's programme of learning.
- All APCL requests must provide evidence of certified learning in the area of clinical expertise for which individuals are seeking credentialing at consultant level.
- Patient safety must never be compromised.

Will my Faculty assessment be recognised as APCL?

If you have previously undertaken the RPS Faculty assessment, then you will be eligible for automatic APCL in line with the principles above. 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):

Example 1: if a Faculty member has been awarded ASII in the Faculty assessment for the Research cluster, they would be automatically exempt from having to provide evidence for the following outcomes in Domain 5: 5.2, 5.3, 5.4, 5.5. They would still be required to submit evidence for 5.1 as this is a high-stakes outcome.

Example 2: if a Faculty member has been awarded ASII in the Faculty assessment for the Education Training and Development cluster, they would be automatically exempt from having to provide evidence for all the outcomes in Domain 4.

Example 3: if a Faculty member has been awarded Mastery in the Faculty assessment for the Expert Professional Practice cluster, they would be automatically exempt from having to provide evidence for the following outcomes in Domain 1: 1.2, 1.4. They would still be required to submit evidence for 1.1, 1.3 and 1.5 as these are high-stakes outcomes.

Example 4: if a Faculty member has been awarded ASII in the Faculty assessment for both the Leadership and Management clusters, they would be automatically exempt from having to provide evidence for outcomes 3.3 and 3.4 in Domain 3. They

would still be required to submit evidence for outcomes 3.1, 3.2, 3.5 as these are mapped to Mastery level and the previous assessment placed the individual at ASII.

RPS Faculty members will also be provided with individual guidance on which outcomes they are exempt from in this curriculum on a case by case basis if required. If you require this support, contact education@rpharms.com

How will you recognise other post-graduate certified learning?

If you 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.

In addition, 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

What if I am already in a recognised consultant pharmacist post?

Legacy consultant pharmacist post-holders, who were appointed to an approved consultant pharmacist post prior to the publication of the new NHS Consultant Pharmacist guidance, are exempt from this credentialing process.

Final assessment

How will my final portfolio be assessed?

The final portfolio will be assessed by an RPS consultant pharmacist competency committee (CPCC).

CPCCs are based on the concept of clinical competency committees which are recognised in the literature as an effective approach to reaching high stakes decisions about portfolios at this senior level of practice. Group decision making involves expert individuals coming together and processing assessment information through the lens of their individual professional judgment to reach a collective decision.

CPCCs will be comprised of a minimum of three experts with the following areas represented in its membership:

- Expertise from your stated area of clinical practice
- Pharmacy system leadership experience
- A practising consultant pharmacist
- A practising non-pharmacist consultant-level practitioner

- Academic expertise

The committee will be chaired by a senior RPS representative. The potential outcomes of the committee are as follows:

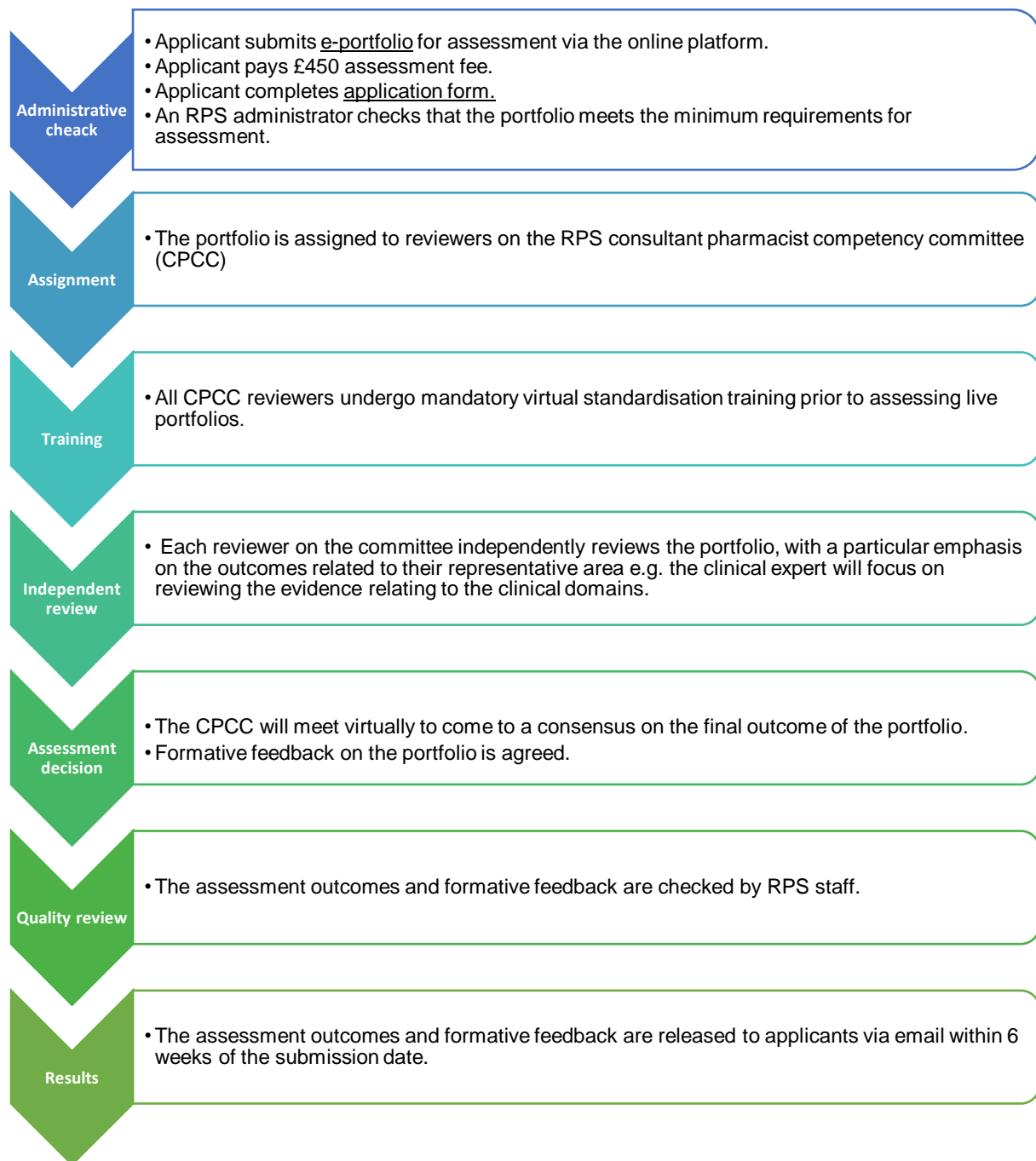
Standard met – If the CPCC agrees that you have demonstrated achievement of **all** the curriculum outcomes, then you will be credentialed as consultant-ready and will be eligible to take up approved consultant pharmacist posts. The RPS will maintain a directory of all credentialed individuals.

Standard not met – If the CPCC agrees that you have not yet demonstrated achievement of all the curriculum outcomes, you will be required to resubmit for reassessment of the domain(s) where outcomes were not achieved. You will not be required to resubmit your evidence for those domains where the CPCC agreed all the outcomes in that domain had been met.

Insufficient evidence – The outcome indicates that, while some of the evidence provided indicated that you may be practising at the expected level, the gaps in the evidence were such that the panel was unable to confidently conclude the outcome had been fully achieved. You will be required to resubmit for reassessment of the domain(s) where there was insufficient evidence provided. You will not be required to resubmit your evidence for those domains where the CPCC agreed all the outcomes in that domain had been met.

All applicants will receive formative feedback on their submission from the committee regardless of the outcome of the assessment.

All members of the consultant pharmacist competency committee pool undergo mandatory standardisation training delivered by the RPS prior to assessing live portfolios. Any conflicts of interest must be declared by assessors prior to assessing portfolios to ensure independence in decision making. Assessment activity and application of the standard are also monitored as part of our ongoing quality control measures.



When can I submit my portfolio for assessment?

RPS consultant pharmacist competency committees will meet remotely three times a year to assess portfolios. Consultant pharmacist e-portfolios will have an application window and final submission deadline. Details on the submission deadlines are available on the [RPS website](#).

How much is the portfolio assessment and how do I make payment?

The portfolio assessment fee is £450 inclusive of VAT.

Payment can be made via the RPS e-portfolio when you submit your portfolio for assessment. We accept all major credit cards including Visa, MasterCard and American Express (AMEX).

Section 5 – Frequently asked questions

How much is the portfolio assessment?

The portfolio assessment fee is £450 inclusive of VAT for each attempt.

Is there a fee for resubmission and how much is it?

Any reassessment will incur an assessment fee dependent on the number of domains being reassessed.

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

Are there any recurring maintenance fees after I have been credentialed?

No. Once individuals are credentialed, there are no recurring maintenance fees.

Will I need to resubmit a portfolio to maintain my credentialing?

No. Maintenance of competence will be through GPhC revalidation.

Do I need to be an RPS member to be credentialed as consultant-ready?

No, the consultant pharmacist credentialing process is open to all pharmacists, both members and non-members of the RPS. The membership status of applicants is confidential and will not be shared at any stage of the assessment process.

RPS members will have access to member-only support, such as access to the RPS mentoring platform and RPS support service as well as discounted rates for relevant webinars.

I am a legacy consultant pharmacist postholder in a recognised consultant pharmacist post, do I need to be credentialed?

No. Credentialing for recognised legacy consultant pharmacist postholders is not mandated but is actively encouraged.

Is there a time limit to submit my e-portfolio?

No. Once you've registered, you can submit your e-portfolio at any time.

I am an RPS Faculty member. Does that mean I am exempt from parts of the curriculum?

Yes. Further details and worked examples can be found in the main body of this guidance.

How do I know if my evidence is at the right level?

It is important to familiarise yourself with the curriculum outcomes and descriptors to ensure the evidence you are presenting to the CPCC meets the required standard. It is important that the SLEs and other evidence of learning within the portfolio are pitched at the appropriate level to meet the outcome descriptors.

How do I know if I have enough evidence to achieve an outcome?

Ensure that you have at least three pieces of quality evidence for lower stakes outcomes. The higher the outcome stakes, the more evidence the CPCC will need to make a robust decision. Remember it is about quality and not quantity. The best evidence will be drawn from a wide range of assessment types and will include a range of professional judgments.

What if I think a collaborator has judged me unfairly?

If you believe a collaborator's judgment is not fair, you should initially discuss this with the collaborator after the supervised learning event. We recognise that individual judgments may be subjective and contain bias, that is why the CPCC will never make an assessment decision based on a single piece of assessment data. Rather, we will look at the trends and patterns in the evidence.

Can I appeal the outcome of the final portfolio assessment?

You may appeal against the outcome of the portfolio if you believe that there were irregularities in the administrative procedures and conduct of the review, which were of such a nature as to cause reasonable doubt about whether the consultant pharmacist competency committee would have reached the same conclusions had the irregularities not occurred. You must submit your appeal within **28 days** of the release of the outcome of the credentialing process.

You may **not** appeal the result of the review on the following grounds:

- You did not understand or were unaware of the Regulations in force
- You disagree with the expert professional judgment of the consultant pharmacist competency committee members

Further details on appealing an outcome can be found in the consultant pharmacist credentialing [Assessment Regulations](#).

If you believe you have grounds to appeal your result, please contact education@rpharms.com.

Can I complain about the service I received?

Complaints will not result in a reconsideration of the portfolio assessment outcome but, if you have feedback about the service we have provided, we would like to hear it. If you would like to make a complaint about any aspect of the consultant pharmacist credentialing process, you must submit a written report, by letter or email, to education@rpharms.com within 28 days of the event.

Section 6 – Key supporting documents

[NHS Consultant pharmacist guidance](#)

[RPS consultant pharmacist curriculum](#)

[RPS consultant pharmacist collaborator guidance](#)

[RPS consultant pharmacist observer quick guidance](#)

[RPS consultant pharmacist e-portfolio guide for learners](#)

[RPS consultant pharmacist assessment regulations](#)

[RPS Advanced Pharmacy Framework](#)

[RPS consultant pharmacist credentialing e-portfolio submission form](#)

[RPS consultant pharmacist credentialing privacy notice](#)