ROYAL PHARMACEUTICAL SOCIETY

Consultant Pharmacist Credentialing

Collaborator guidance

Version 4
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Section 1 – Introduction

Who is this document designed for?

This document is aimed at **collaborators** supporting candidates undertaking RPS consultant pharmacist credentialing.

Collaborators are individuals who support candidates to record their learning by undertaking supervised learning events (SLEs) e.g. a member of the team who contributes to a 360-review, a patient who completes a survey or a colleague who observers a candidate carrying out a practical procedure on a patient etc. It is recommended that all collaborators, excluding patients, read this guidance in full prior to undertaking an SLE as part of the consultant pharmacist credentialing assessment programme.

What is the purpose of the document?

This guidance document 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.

Collaborators can be any individual in an appropriate position to make a judgment on the pharmacist's performance. They may be another healthcare professional, a non-clinical colleague or a patient. Collaborators do not need to be other pharmacists and do not need to be a member of the RPS to support the pharmacist to undertake SLEs. Some collaborators may carry out a SLE whilst others may undertake multiple SLEs over a period of time. Other collaborators may have more formal roles supporting the pharmacist to reflect on their progress through the curriculum.

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.

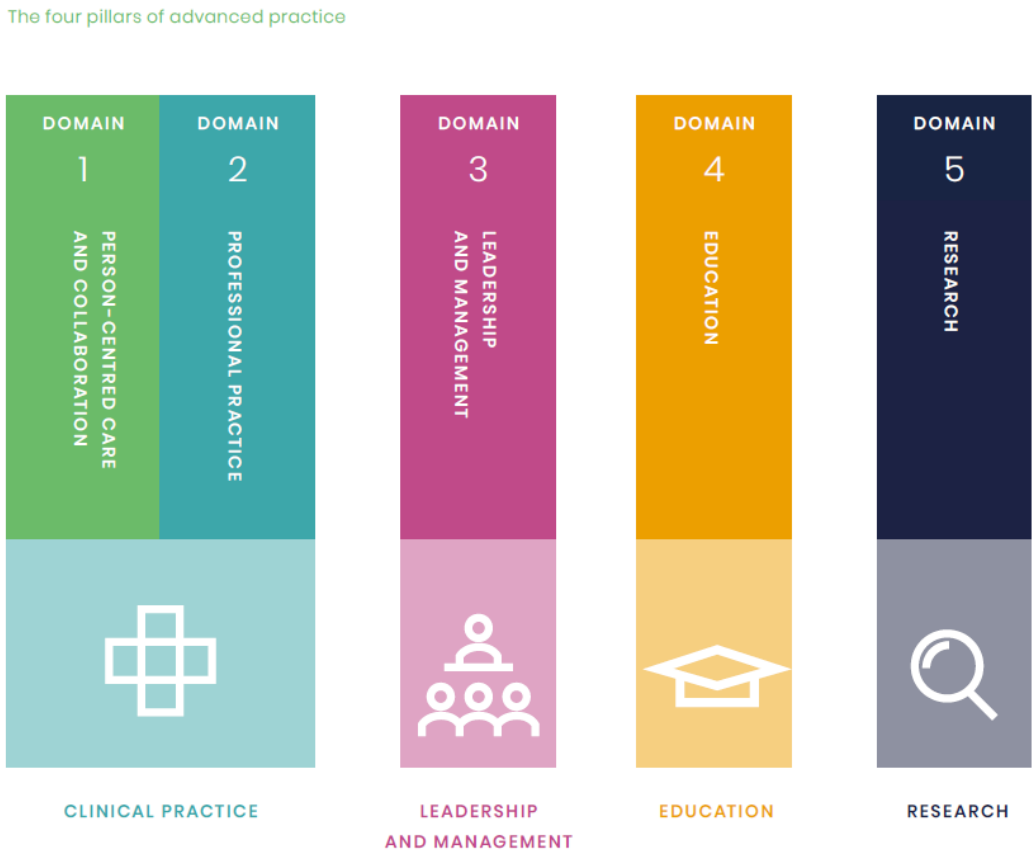
The outcomes-based curriculum is comprised of five domains:

- 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 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.



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 4.1
				b.	Demonstrates empathy and actively listens; seeks to understand the situation from the perspective of each individual or party involved.	
				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 2.2 6.4
				b.	Communicates and collaborates effectively with senior stakeholders within and beyond their organisation; influences senior stakeholders and gains their cooperation.	
				c.	Anticipates and recognises potential barriers from stakeholders; persuades and negotiates effectively to achieve a collaborative approach.	
				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.	
	Shapes and implements regional and national policy and strategy in their area of clinical practice.	**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 **Leadership & management**	**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

[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 4.4 4.5
				b.	Breaks down strategic vision into discrete operational deliverables and delegates appropriately to individuals/teams.	
				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.	
				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.	
				d.	Shares findings to influence and improve service delivery beyond their organisation.	
	Works collaboratively to support research in their area of clinical practice	**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.	6.7
				b.	Collaborates with researchers from across the multidisciplinary team.	

Section 3 – Types of collaborators

There are three types of collaborators

Type 1 – Observers

Type 2 – Expert mentor(s)

Type 3 – Professional coach

Individuals acting as 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.

Type 1 – Observers

To collate the evidence needed to meet the curriculum outcomes, pharmacists will need other individuals to observe them and make judgements about their performance.

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

There is a lot of flexibility with those who can carry out SLEs and observe the pharmacist's practice. Observers may be other healthcare professionals, non-clinical colleagues and/or patients, depending on the nature of the SLE and what is being observed. The important thing is that the collaborator has the appropriate knowledge, skills and experience to make a valid judgment of the pharmacist in that context. For example, a patient collaborator is very well placed to make a judgment on a pharmacist's ability to undertake an effective consultation but is unlikely to be able to effectively judge their ability to effectively assess neurotoxicity.

Type 2 – Expert mentors

The following expert mentor types are recommended to provide targeted and specific support for pharmacists in the key areas of the curriculum as they develop through the programme. 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 the pharmacist to achieve the Domain 1	Must be an appropriately trained senior clinical colleague with the clinical knowledge, skills and experience required to	Supporting and supervising pharmacists as they develop & apply new complex clinical knowledge and skills to

	and 2 outcomes.	supervise the pharmacist in their area of clinical practice.	patients, with support tapering off appropriately as the pharmacist is judged to be proficient to practise autonomously at this highly advanced level.
Leadership & management mentor	Supporting the pharmacist to achieve the Domain 3 outcomes.	Experienced senior leader.	Supporting the pharmacist to develop and implement their strategy for service provision in their area of clinical practice, guiding the pharmacist to expand their influence beyond the organisational level.
Education mentor	Supporting the pharmacist 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 the pharmacist to develop their 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 the pharmacist to help them shape and influence the development of the workforce in their area of clinical practice.
Research mentor	Supporting the pharmacist 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 the pharmacist to develop their research skills your understanding of best practice in undertaking research. They should also support the pharmacist to undertake new research targeting gaps in the evidence base in their 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 expert mentor should:

- Understand how candidates 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 the pharmacist to explore and manage challenges, complexity and other pressures in their 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 the candidate is experiencing difficulties, liaising with relevant colleagues, including other expert mentor(s) and the professional coach, to put in place a support programme to mitigate these.

Professional coach

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

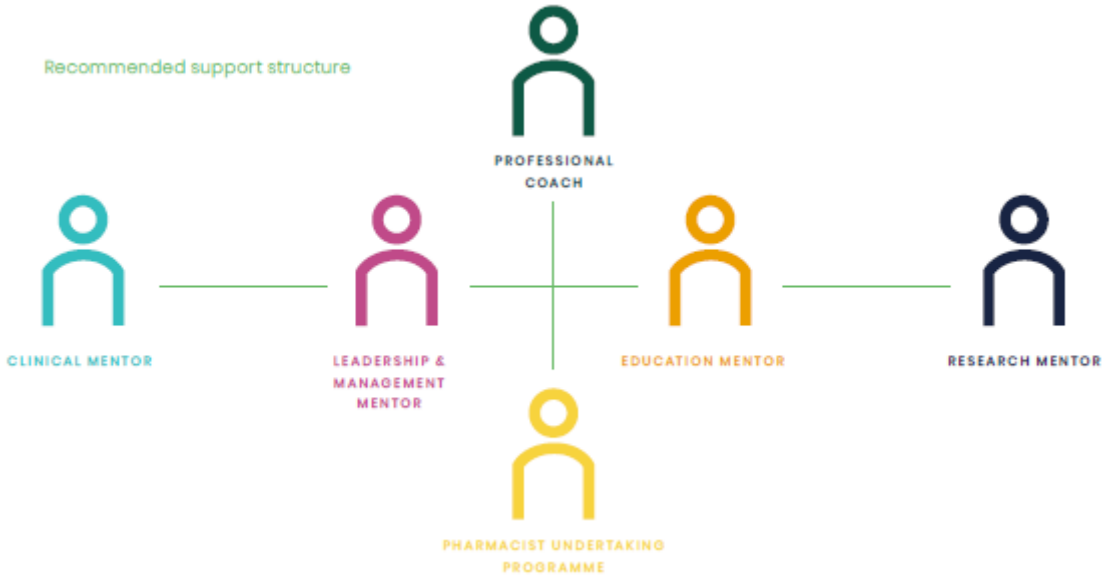
A professional coach should support the pharmacist to:

- 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 their 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.

A professional coach should also:

- Undertake and record regular review meetings with the pharmacist
- Complete the professional coach report template to reflect on and review progress.

- Identify if the candidate is experiencing difficulties, liaising with relevant colleagues, including expert mentor(s) to put in place a support programme to mitigate these.



Section 4 – Supervised learning events

What are supervised learning events?

Supervised learning events (SLEs) are work-place observations of a candidate's performance. They are undertaken using set forms which are stored on the pharmacist's e-portfolio. The pharmacist will grant observers or other collaborators access to the form(s) to complete prior to the observation or learning event. 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 e-portfolio user guidance.

Do supervised learning events need to be undertaken in person?

SLEs do not necessarily need to take place in person and may be undertaken remotely using digital technologies if this is possible and appropriate.

What are the different SLEs for collaborators to complete?

There are a wide range of potential SLE templates for the candidate to use. They will choose the most appropriate ones depending on the educational context and on what they are trying to evidence. A summary table of all the supervised learning events can be found on the next page with an example of the educational context of each,

A copy of the SLE templates in word format can also be accessed on the RPS website.

Supervised Learning Events

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

How do I make a fair and valid judgment of the candidate's performance?

Professional judgment is essential for assessing senior healthcare professionals but we accept that judgments made in SLEs may be subjective. This is why we have asked candidates to present a broad range of different SLEs undertaken by a wide range of collaborators so we can gain a broad view of their ability. Lots of varied evidence will help mitigate any subjectivity.

To help ensure your judgment is valid and fair, we recommend that you:

- **Read the curriculum outcomes** - Consider the outcome(s) being assessed by the SLE you are undertaking. You should discuss this with the candidate as they will need to map the evidence against the curriculum outcomes. Read the outcome(s) carefully as well as the descriptors which give greater detail about the level of performance expected of someone working at this level. Is the candidate meeting these?

- **Trust your professional 'gut'** - these authentic assessments are trying to capture your holistic professional judgment based on your experience so do not ignore this.

- **Be honest** - your judgment and feedback will help the candidate to identify areas of strength and development. It is essential you are honest with your judgments and feedback so that candidates understand how they can progress. In addition, patient safety must be paramount so, if a candidate is not yet reaching the required standard, you must record this.

How do I provide effective written feedback?

Collaborators are required to provide written formative feedback for candidates following each SLE.

Each SLE form will ask you to identify:

- Strengths
- Areas for development
- Mutually agreed action points

When providing feedback, try to:

- **Be direct** – make sure the message is clear and not lost in long rambling sentences.
- **Be specific** – if you can, link the feedback directly to the wording in the specific outcomes and descriptors you are assessing against.
- **Be bespoke** – avoid generic bland statements and tailor the feedback to the candidate in front of you and what you have observed.
- **Be objective** – do not use emotive language, keep it factual and based on what you observed.
- **Be honest** – these assessments are low stakes and honest feedback is needed to help inform the candidate's learning.

Worked example

A collaborator has just observed a candidate chairing a meeting with senior colleagues around the transformation of services in their area of clinical practice. The collaborator is using a DONCS form to record their judgments and feedback and the observation is designed to produce evidence for outcome 2.2.

Example 1 - Ineffective feedback

Overall judgement: Below standard expected of a consultant-level pharmacist

Feedback: The candidate tried really hard and was clearly super nervous - well done for trying though! They did a really good job at explaining their strategy to the stakeholders but sometimes the non-pharmacists were a bit confused. Try next time to be clearer in your language if you can.

- **It is not direct** – the message is unclear.
- **It is not specific** – it does not refer back to the assessment criteria in the outcomes.
- **It is not bespoke** – the constructive feedback is generic & bland and does not reference the observed practice.
- **It is not objective** – some language is emotive e.g. “well done for trying though”.
- **It is not honest** – the collaborator is clearly uncomfortable giving negative feedback so the overall judgment and feedback do not really tally. This is confusing for the candidate.

Example 2 - Effective feedback

Overall judgement: Working towards expected of a consultant-level pharmacist

Strengths:

- The candidate presented complex information about their area of clinical practice clearly by avoiding jargon for the non-clinical leaders in the room. They clearly articulated how the service transformation would translate into greater efficiencies and improved patient outcomes through the use of data.
- The candidate presented with confidence and used a PowerPoint presentation and graphics to bring their strategy to life visually.

Areas for development:

- The candidate had not pre-empted some of the barriers certain stakeholders would pose during the meeting. They had therefore not prepared for these and was not able to effectively bring some stakeholders on board with their vision. This led to some resistance. For example, you had not anticipated the issues raised by the Head of Finance in relation to your budgeted costs.

Agreed actions

- Prior to a meeting, analyse the stakeholders and try to pre-empt the potential barriers they may present to your strategic vision.
- Plan how you hope to mitigate these barriers both prior to, and during, the meeting to help achieve a collaborative way forward.

- Consider having pre-meetings with key stakeholders prior to the main meeting to ensure you understand their position.

- **It is direct** – the message is clear.
- **It is specific** – it refers directly to the language in the outcome descriptors.
- **It is bespoke** – it gives an example from the observation to put the feedback in context e.g. the Head of Finance.
- **It is objective** – the language is neutral and factual.
- **It is honest** – the feedback is constructive, and it is clear why the candidate does not yet meet the standard and what they need to do to meet it next time.

Who decides which SLE type is most appropriate to use?

We believe that **the candidate** is best placed to select the most appropriate SLE or supporting evidence to demonstrate they have met the curriculum outcomes and the evidence they submit of their learning will depend on their context and area of clinical practice.

There are some outcomes which have some mandatory evidence requirements and these are detailed in the assessment blueprint in the RPS consultant pharmacist curriculum.

In addition to these, we also recommend the candidate's portfolio includes:

- **Evidence of reflective practice**: Where possible, reflective accounts should be supplemented with other validating evidence supporting the reflections.

- **Expert mentor reports**: Candidates should aim to submit **at least one** expert mentor report (but preferably more) per domain which supports their achievement of all the outcomes in that domain.

How many pieces of evidence are needed against each outcome?

The number of pieces of evidence a candidate 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. The stakes rating of each outcome can be found in the RPS consultant pharmacist curriculum

2. **The nature and quality of the evidence and the candidate's individual circumstances:** the depth and breadth of the evidence the candidate presents 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.

The number of pieces of evidence mapped to an outcome will depend on who the candidate is, their 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.

Section 5 – Review meetings

It is expected that candidates have regular one-to-one meetings with both their professional coach and expert mentors which focus on reviewing their progress and constructing an individualised training and development plan based on the curriculum outcomes. These meetings are important to track the progress of candidates, identify those who are struggling with meeting the curriculum outcomes, and highlighting the need for supportive measures to ensure continued progress. These meetings may be conducted remotely depending on the location of the expert mentors and professional coach.

These meetings should be recorded using the appropriate review forms:

- **Expert mentor review (EMR):** A form to record the discussion and action points following a review meeting about progress against the outcomes in (a) particular domain(s) with one of the expert mentors. There is an optional reflection section for the candidate to complete.

- **Professional coach review (PCR)**: A form to record the discussion and action points following a review meeting about progress across multiple domains with the professional coach. There is an optional reflection section for the candidate to complete.

The frequency of these meetings should be tailored to the learning needs of the individual but should be planned to ensure regular periodic review of their progress.

Section 6 – Final assessment

How will the final portfolio be assessed?

The candidate will decide when they believe they have collected sufficient evidence of learning to demonstrate all the curriculum outcomes.

Once submitted, 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 the applicant's 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 – the individual has provided satisfactory evidence to demonstrate achievement of all the consultant pharmacist curriculum outcomes under assessment. The individual is now credentialed as 'consultant-ready' and is eligible to apply for approved consultant pharmacist posts.

Standard not met – the individual has not provided satisfactory evidence to demonstrate achievement of all the consultant pharmacist curriculum outcomes under assessment. Clear feedback will be provided as to which outcomes have not been met and why and the individual will need to be reassessed in one or more domains of the curriculum.

Insufficient evidence - the individual has not provided enough evidence to demonstrate achievement of part or all the consultant pharmacist curriculum outcomes under assessment. Clear feedback will be provided as to which outcomes had insufficient evidence and why the individual will need to be reassessed in one or more domains of the curriculum.

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.

Section 7 – Key supporting documents

NHS Consultant pharmacist guidance

RPS consultant pharmacist curriculum

RPS e-portfolio collaborator user guidance

RPS consultant pharmacist assessment regulations

RPS Advanced Pharmacy Framework

RPS consultant pharmacist credentialing e-portfolio submission form

RPS consultant pharmacist credentialing privacy notice