

Equality Impact Assessment

Summary report



Consultant Pharmacist Credentialing

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1. Introduction

The RPS is launching a credentialing service for individuals to be assessed as meeting the entry standard for consultant-level practice.

An entry-level consultant pharmacist curriculum has been developed to inform professional development training and pathways, articulating the standard required to enter consultant level pharmacy practice in England, Wales and Northern Ireland. In Scotland, the Pharmacist Postgraduate Career Framework has been published and includes practice at a level equivalent to consultant which aligns with this curriculum.

The consultant pharmacist curriculum and credentialing process:

- articulates the entry-level knowledge, skills, behaviours and levels of performance expected of consultant pharmacists practising in patient-focussed roles
- ensures individuals are credentialed against the curriculum outcomes using a robust programme of assessment.

2. Background

In January 2020 the NHS published revised Consultant Pharmacist Guidance. This superseded the previous Consultant Pharmacist Guidance published by the Department of Health in 2005. One of the most significant changes in the new guidance is the introduction of a requirement for individuals to be credentialed as meeting the entry-level standard for consultant level practice. To support this credentialing, the RPS developed a Consultant Pharmacist curriculum to define the knowledge, skills, behaviours and level of performance required of entry-level consultant pharmacist practice.

Pharmacists wishing to be credentialed as consultant pharmacists will be required to compile an electronic portfolio of evidence comprised of a mixture of supervised learning events (SLEs) undertaken in the workplace as well as any other evidence determined appropriate by the applicant. Evidence will be collated by the applicant and mapped to the appropriate curriculum outcome(s). Once the applicant believes they have compiled enough evidence to demonstrate all the curriculum outcomes, the portfolio can be submitted for summative assessment by an expert panel. This panel will review the portfolio of evidence and reach a consensus view on whether the individual can be credentialed as practising at entry-level consultant level and therefore confer eligibility to take up approved consultant pharmacist posts.

3. Ensuring an inclusive approach during curriculum development

The RPS is committed to ensuring that its curricula and assessments are inclusive and represent the diversity of the profession. Inclusivity is one of the RPS assessment and credentialing principles and is integrated as a quality standard in the RPS curriculum quality framework. A number of steps were taken in the curriculum development process to promote an inclusive approach:

- a) Ensuring the Consultant Curriculum Task & Finish group, which was tasked with developing the draft curriculum, was constituted to include a broad range of practising consultant pharmacists and educational commissioning body

representatives. This included representation from across the UK as well as from both primary and secondary care. In addition, the group was comprised of consultant pharmacists practising at different stages in their career. The group was also comprised of individuals with different protected characteristics.

- b) Promoting inclusivity and diversity in our assessment governance structures to ensure their membership mirrors the diversity of those undertaking the assessment programmes.
- c) Tasking our assessment panels and overarching quality governance board with monitoring and addressing differential attainment in our assessment programmes.
- d) Collating and transparently publishing equality and diversity data related to assessment performance.
- e) Providing clear reasonable adjustment processes for anyone undertaking the assessment who requires them on the grounds of a disability.
- f) Undertaking a full and open consultation of the draft curriculum. A broad range of relevant UK stakeholder holder groups were targeted to encourage active engagement and participation in the consultation. This included groups representing individuals with protected characteristics, such as the UK Black Pharmacists Association and the RPS ABCD inclusion and diversity group. Individuals representing the following groups were specifically targeted through social media posts and direct communications to respond to the consultation:
 - Pharmacists from different ethnicities.
 - Pharmacists from different religions and beliefs
 - Pharmacists with disabilities.
 - Pharmacists from across the spectrum of sexual orientation.
 - Pharmacists from across the spectrum of gender.
 - Pharmacists who work less than full-time.
 - Pharmacists who have taken a break from training e.g. those taking or who have taken family-friendly leave.
 - Pharmacists from different socioeconomic backgrounds
- g) Including a specific question in the consultation asking stakeholders whether they believed the draft curriculum and associated credentialing process may advantage or disadvantage particular groups of learners, including those with protected characteristics. Responses from all stakeholders to this question were analysed, themed and reviewed by the RPS Education & Standards committee. No respondents to the consultation raised concerns that the curriculum or credentialing process may advantage or disadvantage particular groups of learners with protected characteristics. Responses focussed on the potential disadvantage to those pharmacists practising in community practice who may not have exposure to the experience required to evidence the curriculum outcomes.

4. Equality Impact Assessment (EQIA) process and findings

4.1. EQIA assessment process

Following the consultation, an EQIA was undertaken by the RPS Assessment & Credentialing team in collaboration with the RPS Inclusion & Diversity Co-ordinator. An initial assessment of the curriculum and credentialing process was undertaken internally to assess the potential impact on applicants with protected characteristics. This initial review was then followed by an EQIA workshop; external volunteers were invited from the RPS ABCD - inclusion and diversity group. 8 volunteers attended the workshop representing the following protected characteristics:

1. Age
2. Sex
3. Race
4. Religion and Belief
5. Sexuality
6. Disability
7. Socioeconomic considerations
8. Marriage or Civil Partnership
9. Carers

Pregnancy and maternity status were not represented in this EQIA workshop; however, there was representation of individuals who had recently taken family friendly leave represented in the Consultant Pharmacist Curriculum Task and Finish group. The volunteers were invited to consider and discuss the impact of the consultant pharmacist curriculum on each of the protected characteristics. Different socioeconomic groups and the Welsh language were also considered.

4.2. Summary of findings from EQIA assessment

Table 1 summarises the potential impact aligned to each protected characteristic grouping. In summary, the curriculum and credentialing process in its current state was determined to have a potential negative impact on applicants with disabilities and on those who are carers or from less affluent socioeconomic backgrounds. A number of recommended actions were determined by the group to help mitigate this; these are outlined in section 5. There was no overall negative impact identified in relation to age, gender identify, sex, marriage or civil partnership status, race, pregnancy/ maternity, religion or sexual orientation.

In addition to those articulated in Table 1, there are some overall considerations across all of the protected characteristics which are:

- There may be bias from collaborators undertaking supervised learning events in the workplace. This bias could be with respect to any or a combination of the protected characteristics detailed above. It is extremely difficult to mitigate inherent bias but having a number of collaborators observe a pharmacist's performance ensures a diversity and richness of observation and balances out any potential bias.
- A level of subjectivity could be introduced by the collaborators in each assessment. This will be minimised as no single assessment decision carries enough weight to pass or fail a learner. Additionally, there will be a number of collaborators observing the pharmacist's performance.

- Bias could also be introduced in the portfolio assessment process; steps are already in place to minimise this:
 - All consultant pharmacist panel assessors will receive mandatory training, an element of which will include the principles of unconscious bias.
 - RPS will capture the learners' demographic data at the point of submission of portfolio and will not be sharing the applicant's race, gender identity, age and sex with the consultant credentialing assessment panel.

5. Recommendations & next steps

An action plan with agreed timeframes is detailed below:

| Action | Deadline |
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| Provide additional guidance and training opportunities for potential applicant groups who may be unfamiliar with SLEs and the use of an electronic assessment portfolio. | Training to be delivered monthly from December 2020 |
| Ensure communications are clear about the accessibility options of uploading evidence to the e-portfolio in different formats and the potential for reasonable adjustments to be made for those applicants with learning disabilities and/or neurodiversity. | Ongoing |
| Ensure letters and formatting in candidate guidance documentation is clear to ensure accessibility for individuals with learning disabilities or with visual impairment. | November 2020 |
| Review the RPS website/portfolio functionality to consider options to offer a text reading functionality on the website, e-portfolio or assessment tools. | October 2021 |
| Review the curriculum outcomes for gender-biased language. | November 2021 |
| Include exemplar materials so applicants understand the expected standard and do not waste money submitting portfolios with little chance of success. | March 2021 |
| Make the assessment fee structure clearer – including at what stage it should be paid and how much. Make it clear that there will be a reassessment fee if a credential is not awarded and what this fee will be. | November 2020 |
| Actively promote recruitment to the consultant pharmacist credentialing committee (CPCC) to attract diverse candidates. | Ongoing |
| Collect EDI data of the CPCC to monitor diversity of those involved in the assessment pool. | Ongoing |
| Create supplementary guidance to provide applicants with advice on how to integrate principles of cultural competence into their evidence. | March 2021 |
| Establish a task and finish group to explore the evidence-base as to how to most effectively integrate cultural competence into the curriculum outcomes/descriptors and whether this increases in complexity from foundation to advanced and consultant level practice or whether it should be an implicit professional standard.. This group's recommendations will be shared with the Advanced Pharmacist Assessment Panel (APAP) to feed into the curriculum's annual review in October 2021. | October 2021 |

The Equality Impact Assessment and each of the actions will be reviewed throughout the year, there will be an annual review of the Consultant Pharmacist Curriculum in October 2021 where each of the interventions will be reviewed in detail and changes made to the curriculum as necessary

Table 1: Summary of Equality Impact Assessment workshop

| Equality Impact Assessment | | | | Key considerations and main findings | Mitigating factors and actions (actions to be taken forward are in bold italics) |
|----------------------------|----------|----------|---------|---|---|
| Protected Characteristic | Impact: | | | | |
| | Positive | Negative | Neutral | | |
| Age | | | X | <ul style="list-style-type: none"> There is no age limit or specification on numbers of years of experience on being credentialed. Some age groups may have limited experience of using an e-portfolio or undertaking supervised learning events (SLEs) in the workplace. Junior pharmacists may not be exposed to the required experience to meet the curriculum outcomes given workplace hierarchies or age-based discrimination by employers. Junior pharmacists may not have acquired the experience to meet the curriculum outcomes. However, in contrast, as there is no mandatory age or experience requirement, this may encourage pharmacists to credential as consultant-ready earlier in their careers as there will now be a process independent from their employer. | <ul style="list-style-type: none"> Specific guidance has been produced in varied formats on how to use the RPS e-portfolio e.g. written user guide, webinars, recorded videos. RPS communications and guidance are clear on the flexibility of completing the e-portfolio regarding timeframes and the advantage of starting the portfolio early rather than waiting for a role to come up. It was accepted that limitation of opportunity for junior pharmacists due to strong hierarchy within an individual's organisation is outside RPS control. It was accepted that there is a minimum standard around scope of practice beyond organisation stated in the curriculum and learner guidance states the individual will need to be in an advanced role in order to meet the outcome of the curriculum. This may not be possible for pharmacists early in their career. |
| Disability | | X | | <ul style="list-style-type: none"> Pharmacists with learning disabilities and/or neurodiversity may need additional tools/software for documents to be read out aloud on the website and e-portfolio. The guidance contains a lot of text which may disadvantage those learners with a learning disability. | <ul style="list-style-type: none"> <i>Documents should be reformatted to ensure they are accessible and easy to read for individuals with visual impairment and learning disabilities</i> Information about the curriculum and credentialing process is presented in different |

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| | | | | <ul style="list-style-type: none"> The lower half of some of the text in the candidate guidance is cut off which may make it difficult for individuals with visual impairment and/or learning disabilities to read. Learners with learning disabilities and/or neurodiversity may have difficulty with producing written evidence or reflective accounts. | <p>formats in addition to written guidance e.g. video presentations, webinars, audio recordings</p> <ul style="list-style-type: none"> Flexibility in evidence type for the e-portfolio is available aside from outcomes where evidence of direct observation is required; a variety of evidence formats can be uploaded based on learner preference (e.g. videos or audio) Ensure communications are clear about the accessibility options of uploading evidence to the e-portfolio in different formats or via different mechanisms through a reasonable adjustment request. There may be a need for additional tools/software for documents to be read out aloud on the website and e-portfolio to support this. |
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| Sex | | | X | <ul style="list-style-type: none"> Female pharmacists may find it more challenging to acquire the necessary senior level of experience required due to taking family-friendly leave and/or working part time or having caring responsibilities, which is sex-differentiated. | <ul style="list-style-type: none"> As there is no time limit to complete the portfolio or credentialing process, this provides flexibility for those requiring any hiatus from the programme. |
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| Gender identity | | | X | <ul style="list-style-type: none"> Recognise bias could come into the assessment process through crude inference of the applicant's name. Individuals who change their gender during the process of building their portfolio and may not wish to have reference to their previous name, their previous name could be anonymised from their records. | <ul style="list-style-type: none"> It was accepted that it will be a requirement to share the name of the applicant with assessors so any potential conflicts of interest can be identified. It was agreed that no other personal information would be shared with the assessors or assessment panel, including the individual's title e.g. Mr/Mrs/Miss etc. |

ROYAL PHARMACEUTICAL SOCIETY

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| | | | | <ul style="list-style-type: none"> There may be gendered language throughout the curriculum and guidance documents. | <ul style="list-style-type: none"> The option for the redaction of previous names will be available for any individual who changes gender during the process. At the annual curriculum review, the RPS will review the curriculum documentation and screen for any gendered language in collaboration with the RPS People team. |
| Marriage or civil partnership | | | x | <ul style="list-style-type: none"> The curriculum is not considered to create unlawful discrimination related to marriage or civil partnership. | |
| Pregnancy and maternity | | | x | <ul style="list-style-type: none"> As above, those taking family friendly leave may find it more challenging to collate the required evidence. Mitigations are built into some of the competencies which allows pharmacists to build on over a period of time. | <ul style="list-style-type: none"> There is no time limit to completing the programme, once individuals start the consultant credentialing process. Individuals can pause the programme to take family friendly leave and continue developing their portfolio on their return to practice. |
| Race | | | X | <ul style="list-style-type: none"> Recognise bias could come into the assessment process through crude inference of the applicant's name The curriculum has not been translated into any other languages. The assessment programme will be conducted in English. From a patient safety perspective, an excellent command of the English language is essential. Clarification that applicants will not be asked to provide a CV as part of the assessment | <ul style="list-style-type: none"> It was accepted that it will be a requirement to share the name of the applicant with assessors so any potential conflicts of interest can be identified. It was agreed that no other personal information would be shared with the assessors or assessment panel, including the individual's ethnicity. Ethnicity data will be collected to monitor differential attainment of different ethnicities. Differential attainment will be monitored as part of the educational governance quality |

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| | | | | <p>process; we will not be asking where they obtained their degree.</p> <ul style="list-style-type: none"> • Having a consultant pharmacist credential may support members from Black, Asian and Minority Ethnic communities. Particularly if they have struggled to progress in their roles or have not been positioned for leadership roles. • It has been highlighted that cultural competence has not been explicitly included in the consultant pharmacist curriculum as an outcome of descriptor in any of the domains. • It was agreed that more explicit reference to cultural competence would improve the curriculum and is an important aspect for future leaders of the profession to demonstrate. • GPhC standards cover cultural competence to some extent, as it should be inherent in everything a pharmacist does. | <p>assurance procedures and annual reports will be transparently published.</p> <ul style="list-style-type: none"> • <i>A task and finish group will be established to explore the evidence-base as to how to most effectively integrate cultural competence into the curriculum document and whether this increases in complexity from foundation to advanced and consultant level practice or whether it should be an implicit professional standard. This group's recommendations will be shared with the Advanced Pharmacist Assessment Panel (APAP) to feed into the curriculum's annual review.</i> • <i>In the meantime, supplementary guidance will be created to provide applicants with advice on how to integrate principles of cultural competence into their evidence.</i> |
| Religion or belief | | | x | <ul style="list-style-type: none"> • Religious views will not be collected as part of the assessment demographic data collection. • There are no single day assessments where religious festivals will need to be considered; individuals can manage their time and complete the consultant pharmacist portfolio around religious commitments and festivals. | |
| Sexual orientation | | | x | <ul style="list-style-type: none"> • An individual's sexual orientation was not considered to have an impact. | |
| Carers | | X | | <ul style="list-style-type: none"> • Carers may struggle to pay the £450 cost of assessment. | <ul style="list-style-type: none"> • There is no expectation as to whether it is the individual or the employing organisation who |

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| | | | | <ul style="list-style-type: none"> RPS do not currently offer a reduced fee or any payment plan options. There will be a fee to access the RPS member benefits for non-members, such as the monthly support webinars. | <p>pays the assessment fee. Carers may be able to receive funding to cover the assessment fee from their employer.</p> <ul style="list-style-type: none"> It was accepted that, as a service open to all pharmacists, this activity could not be subsidised by member fees and its costs must be covered. The costings for the portfolio assessment were transparently shared and approved by the NHS. |
| Socioeconomic group | | X | | <ul style="list-style-type: none"> Widely speaking individuals with an affluent background may have better education outcomes. We are not linking assessment with the pharmacist's socioeconomic status and it would be difficult to differentiate the level of affluence. There is a potential impact on individuals from different socioeconomic groups: <ol style="list-style-type: none"> There is an assessment fee which may result in economic exclusion Both RPS members and non-members can undertake the consultant pharmacist credentialing assessment. However, RPS members will have access to financial discounts and benefits of accessing services. The costs of resitting the assessment needs to be more clearly stated in the candidate guidance documentation. | <ul style="list-style-type: none"> Both RPS members and non-members will have access to exemplar Supervised Learning Events templates. In addition, once there are a few candidates who have been credentialed, with consent their evidence will be used as examples to show the standard expected. This should mitigate applicants submitting and paying for portfolios with little chance of success because they are unaware do not meet the required standard. <i>The resit fee structure will be more clearly articulated on the website information and in the candidate guidance.</i> <i>RPS membership fees are tax deductible and this should be more widely advertised.</i> |