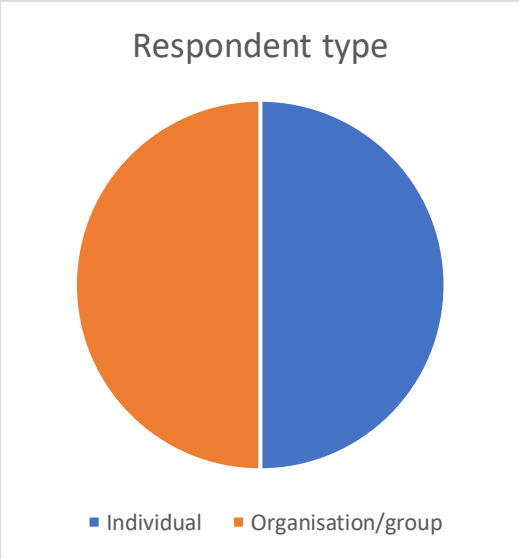
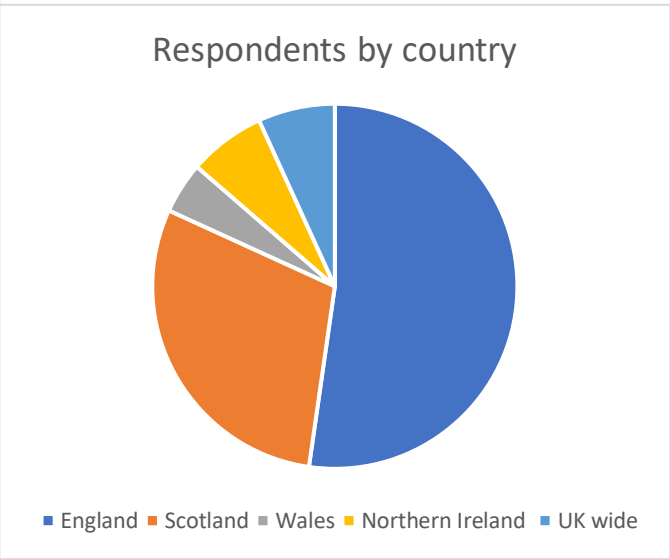
ROYAL PHARMACEUTICAL SOCIETY

Section 1 - Introduction

- The RPS core advanced curriculum consultation was open for eight weeks and closed on the 4h Jan 2022.
- A broad range of relevant UK stakeholder groups were identified prior to launching the consultation and these organisations were targeted with specific comms. Informal drop in Q&A sessions were held for stakeholders and the consultation was promoted through social media and direct member communications.
- We actively promoted those with inclusion & diversity (I&D) perspectives to contribute; I&D stakeholders were also directly contacted and encouraged to engage with the consultation via the RPS I&D co-ordinator. A separate Equality Impact Assessment (EQIA) event was held as part of the consultation.
- Respondents were able to provide feedback either via a webform or by completing a word document template.
- In total, we received **44** responses to the consultation and the breakdown between individual and organisation respondents, and country of respondent is presented below. We received a high volume of comments; post-consultation amendments have been made either through approval by RPS staff or, where escalation was required, by a specially convened joint curriculum development T&F group. The Advanced Pharmacist Assessment Panel (APAP) and Education and Standards Committee (ESC) reviewed the implemented changes and approved the final curriculum for publication.
- An EQIA workshop was carried out in parallel to the consultation on the 21st December (see appendix C for full report). The findings of this were fed into the wider consultation responses and have shaped amendments to the curriculum.

Respondent breakdown





Section 2 – Executive summary of post-consultation amendments to the draft RPS core advanced curriculum

There was general consensus from respondents that:

- the articulated standard of expectation for an advanced pharmacist was appropriate to meet the current and emerging needs of patients and the healthcare system.
- the outcomes-based approach was flexible and robust enough to provide the requisite level of assurance.
- there were some clear barriers and challenges to the successful realisation of this level of practice for pharmacists and the implementation of the curriculum and credentialing assessment in practice.

The following changes have been made to the draft curriculum following consultation with the joint Task and Finish (T&F) group.

A very detailed breakdown of the consultation feedback is provided in Appendix A. Main feedback themes and any changes that were made (or not made) resulting from this feedback is summarised against each curriculum element below.

2.1. Purpose statement and supporting information

Following feedback, we have:

- Strengthened the person-centred drivers for the development of the curriculum
- Reflected the role of pharmacists as part of the multidisciplinary team more clearly
- Elaborated on the drivers for employers to engage with/support advanced credentialing
- Further clarified the interplay between advanced pharmacist and advanced clinical practitioner roles.
- Included reference to the climate and ecological emergency and its impact on healthcare provision

2.2. Programme of learning

The majority of respondents indicated that the programme of learning accurately described the expectations of an advanced pharmacist both now and to deliver against the emerging challenges in healthcare. There were a small number of areas where there was a difference of opinion with regard to the expectation and/or availability of the requisite experience to demonstrate the curriculum outcomes. These were:

- the pharmacist's role in the management of people and/or services (outcomes in domain 3)
- the pharmacist's role in supervising the practice of others (outcome 4.2)
- the pharmacist's role in undertaking research activities (outcomes in domain 5)

Further feedback was requested from a range of stakeholders, including the RPS primary care, community pharmacy, hospital and early career expert advisory groups. Feedback from these groups indicated that there may be some challenges in achieving the curriculum outcomes but that these were key expectations of advanced pharmacists.

The role and expectations of advanced pharmacists with regard to management and education was discussed at length, taking into account the feedback from the expert advisory groups and the feedback previously collated by the T&F group membership. The joint T&F group concluded that the level of expectation was appropriately described in the curriculum.

The role and expectations of advanced pharmacists with regard to research was also discussed. This had previously been discussed at length as part of the development process. The T&F group felt that the current level of expectation was appropriate.

However, the T&F group agreed that further support is required to contextualise research expectations in practice.

Some respondents provided feedback that the curriculum should make reference to the impact of the climate crisis and that there should be specific outcomes that assess the capability of advanced pharmacists to address and intervene to increase the sustainability and reduce the environmental impact of healthcare delivery. A meeting was held with Pharmacy Declares and recommendations were developed to incorporate expectations with regard to environmental sustainability into the curriculum descriptors.

2.3. Programme of assessment

2.3.1. Stakes Ratings

Some respondents were unclear on the role of stakes ratings and how these were derived. This will be clarified as part of the published consultation response.

A number of changes to the assigned stakes ratings were suggested as part of the consultation. These have been reviewed by the joint T&F group and they concluded the following. These have been agreed by APAP and ESC.

Curriculum Outcome	**Suggested change**	**Outcome following T&F group review**
1.2 Demonstrates cultural effectiveness through action; values and respects others, creating an inclusive environment in the delivery of care and with colleagues.	Increase to M	Increase to M
1.5 Gains co-operation from senior stakeholders through effective influencing, persuasion and negotiation.	Increase to M	Remain L
2.4 Acts to improve the health of the population and reduce health inequalities.	Increase to M	Increase to M
2.6 Defines and articulates own advanced scope of practice to others; uses professional judgement to appropriately seek help when needed for complex and/or high-stakes decisions.	Increase to H	Increase to H
3.4 Critically analyses data as part of quality improvement and/or innovation in the development and delivery of services, the identification and mitigation of medicines-related risks, and the management of resources.	Reduce to M	Remain H
3.5 Works collaboratively with multi-disciplinary resources across care settings to develop and implement strategies to manage risk and improve safety and outcomes from medicines and care delivery.	Reduce to M	Remain H
4.2 Supervises others' performance and development; provides high quality feedback, mentorship, and support.	Increase to H	Increase to H
5.1 Interprets and critically appraises the evidence base to inform practice and care delivery at a team and/or service level.	Reduce to M	Remain H

2.3.2. Accreditation of prior certified learning (APCL)

A number of respondents felt that all outcomes, including high stakes outcomes, should be eligible for APCL, particularly where previous assessment has been carried out based on vocational assessment. This was felt to be particularly important for those who had completed an ACP programme, RPS Faculty or other vocational programmes.

APCL of high stakes outcomes is not supported for advanced post-registration credentials because of the associated risk to both patients and the RPS as the awarding organisation.

Assessments that are carried out in practice may not have been designed to provide assurance of capability to work at a specified level of practice or deliver an associated level of service.

Any previous evidence used as part of other assessment processes would be eligible for inclusion in the candidate's portfolio, even if it had been previously submitted as part of an assessment.

2.4. Inclusion, diversity and applicability across sectors/geographies

The most common feedback was the potential impact on pharmacists working less than full time or with caring responsibilities. We will clarify in our consultation response that the curriculum has no timeline for completion and has been designed to be as flexible as possible, allowing pharmacist to collect evidence and demonstrate capability and a way and at a pace that suits them.

There was feedback that some of the language was England-centric. Additional changes have been made to the curriculum document to ensure the language is inclusive to all countries of the UK.

The use of "patient-focussed roles" was also raised by some respondents as a potential issue, as in previous consultations. We will make it clear in our consultation response that the RPS is initially focussing on these roles as they represent the highest risk to patients and therefore require the most robust assurance through credentialing. In addition, patient-focussed is an inclusive term to describe any pharmacists working in a role that impacts directly on individual patients or groups of patients. No candidate will be excluded from undertaking the assessment as long as they can demonstrate their capability against the curriculum outcomes.

Section 3 – System barriers to the successful implementation of the curriculum

There was clear consensus from respondents that the successful uptake of the curriculum will be reliant on employers. The successful implementation of the curriculum will rely on employers:

- Engaging and supporting their staff to engage with development
- Supporting access to support and supervision to meet the curriculum outcomes
- Supporting access to the range of educational and vocational experience which allow pharmacists to practise at the level to demonstrate the curriculum outcomes
- Providing dedicated time and resources to support development

This, in turn, relies on the support of statutory education bodies, commissioners and the governments of the devolved nations. As described by a number of respondents, this represents a significant culture change for pharmacists and will take a number of years to implement fully as part of a continuum of post-registration development. This will clearly need input, engagement and collaboration across the whole system supported by additional resource allocation.

Respondents identified barriers which may prevent the successful adoption of the curriculum by the system. They also raised a number of areas which require additional guidance in addition to the curriculum. These broadly fitted into the following themes:

1) **Ability for pharmacists working in community and other primary care sectors to be able to demonstrate the advanced capabilities**

- The advanced capabilities would be more challenging for pharmacists working in more isolated practice settings or in smaller teams, in particular for community pharmacy and other primary care providers.
- Problems with access to medical records and other IT infrastructure, access to IP qualifications, access to MDTs, and access to protected time for development.
- Additional support in the form of sector specific exemplar material that contextualises how the curriculum outcomes can be achieved in different sectors of pharmacy practice will be needed to support the implementation of the curricula on the ground

2) **Limited educational and practice supervisor capacity and capability to support advanced practice development**

- Access to the recommended level of supervision will be challenging, especially for pharmacists working in smaller organisations (e.g. community pharmacy, general practice).
- Supervisor capacity given the current transformation to pharmacy education at both pre- and post-registration will be very stretched.
- Having three different supervisory roles (educational supervisor, practice supervisor and mentorship) may be confusing or challenging. Additional guidance was requested as to who could provide the supervision described.

In response to this feedback, the RPS has developed the following draft implementation strategy to optimise the successful launch of the curriculum:

Action	Deadline
Engage SEBs, employers and other senior stakeholders through a series of roundtable events at a national level to agree approaches to implementation, including accessing supervision and recruiting assessors.	End of Q2 2022
Work with employers and other stakeholders to develop sectoral specific exemplar materials to contextualise the curriculum outcomes.	End of Q2 2022
Continue to advocate for changes that would support the implementation of the core advanced (and other post-registration) curricula.	Ongoing

Appendix A
RPS core advanced curriculum consultation thematic analysis and actions

	Feedback	Proposed RPS response
	Purpose statement	
1	A more concise description that provides a clear and strong "why" to the intended audience is required, even if as a covering page should the detail all have to remain. Critically, given that most experienced community pharmacists are capable of running a complex set of services to a wide variety of patients, it is perhaps not well enough articulated what the difference for employers will be if they are supporting their people to become credentialled as practicing at a recognised Advanced level.	The purpose statement has been reviewed to reflect the recommendations suggested.
2	Clearer reference to the growing multi-professional workforce, and the advanced pharmacy role identity within this. Recognition that Pharmacists are working in more diverse services and can bring important contributions to multi-professional teams. It is not just about Pharmacists delivering more complex care - it is about patients accessing the right treatment by the right professional at the right time - level of need may not be complex but the skills of pharmacists can complement existing practitioners	The purpose statement has been reviewed to reflect the recommendations suggested.
3	At present there is no reference to the very significant driving force of climate change and its impact on public health as a driving force. This is an omission as the potential public health impact we will face as a result of climate and ecological breakdown is the greatest public health threat ever.	Additional content relating to sustainability has been added to the curriculum purpose statement and introduced into the descriptors in the programme of learning.
4	Advanced Practice accreditation is key for assurance of Pharmacist Independent Prescriber roles, to not mention IP in the purpose statement and how this relates to Advanced Practice is potentially an oversight. Please review the following statement "Recognising and building on the fact that pharmacists enter practice with a Level 7 qualification". The MPharm MSc is SCQF level 11 in Scotland and so this statement may lead to confusion. We think it requires more hooks than purely the Core Advanced framework to truly advance pharmacy practice, so perhaps GPhC regulation and the Core Advanced Framework to be recognised as a requisite for career progression (i.e. included in job descriptions) would help drive development of advanced practice. Overall, we do agree the purpose statement is appropriate.	The RPS is working with stakeholders including the GPhC and CPhOs on how the post-registration development of pharmacists is best supported. The purpose statement has been reviewed to reflect the recommendations suggested.
5	General comments: Supportive and welcome of curriculum which if implemented correctly will provide a robust framework for advanced practice pharmacists of the future. Move towards assessing pharmacist in real world situations is a welcome one. In the Purpose Statement, the language seems to imply that pharmaceutical care is done "to" an individual with statements such as "providing care to" and "deploying knowledge". It seems overly paternalistic when shared decision-making is the goal of health care	The purpose statement has been reviewed to reflect the recommendations suggested.
6	There is no example of an Advanced Pharmacist Role that cannot be undertaken by an ACP. 95% of the examples my colleagues could suggest were actually simply using an Advanced Pharmacist as a Pharmacist to backfill rota gaps.	The advanced pharmacist role is specific to pharmacists with advanced clinical skills and would not be expected to be able to be carried out by a non-pharmacists or

		pharmacist without the advanced level medicines and clinical capabilities described in the curriculum.
7	I think it would be helpful to fully describe how the credential aligns to and interfaces with multi-professional advanced clinical practice frameworks. I also think it needs to state the correct terminology for this HEE frameworkIn the scope of practice, I think the term 'research' could do with being explored more as under the ACP framework this is more defined and I think this could be better defined here.	Separate information will be developed for pharmacists working in England navigating the different pathways for advanced credentialing/recognition The role of research in the RPS core advanced curriculum was reviewed and discussed. Curriculum outcomes have been identified and exemplar materials will be developed.
8	The purpose statement suitably describes the driving force for the development of advanced practice pharmacists. Whilst we agree with the principles of upskilling the pharmacy profession, through this or other frameworks, it is our firm belief that enhanced skills must sit alongside enhanced opportunities to use these skills in community pharmacy.	It isacknowledged that barriers to implementation of the curriculum and realisation of advanced practice for pharmacists exist and that these barriers may be more significant in community pharmacy. The RPS is working with employers and SEBs to discuss how the system can be supported to implement/operationalise the support required to deploy advanced practice in community pharmacy. The RPS also continues to lobby government to address the barriers faced particularly by community pharmacy e.g. access to patient records, access to protected study time
9	Referring specifically to the purpose statement set out in Section 2 of the advanced curriculum, CPNI agrees that this provides ample reasons for the need to develop a pharmacist workforce with more advanced clinical skills and autonomy. The factors described such as the future needs of the population and the movement of the profession towards independent prescribing are well covered. However, CPNI maintains the view that the descriptors in the advanced curriculum would be worthwhile aspirations for all post registration pharmacists. On that basis, we have ongoing concerns that the creation of a separate advanced curriculum could lead some post registration pharmacists to think those skills are less relevant to them. Much emphasis is placed on advanced pharmacists being capable of handling the needs of complex patients. Again, CPNI would suggest that this will be a requirement for all post registration pharmacists as our population health needs evolve. CPNI would welcome comment on this from RPS. We also note that a core aim of the framework and curriculum is to create a more mobile workforce. CPNI would caution that stratification of the profession according to three different curricula may have the opposite effect, leaving some pharmacists road-blocked in a role while seeking higher accreditation, or potentially leading to a concentration of advanced pharmacists	While the advanced curriculum may be an appropriate aspiration for all pharmacists, the level of practice described is considered to beyond the expected capability of a newly registered post-registration pharmacist. Whilst all pharmacists must manage complexity, it is the level of autonomy and advanced skills in providing care that differentiate this practice from the level described in the RPS post-registration foundation curriculum. The curricula have been developed with a broad range of stakeholders to consistently assure practice at the described level, irrespective of the sector of practice. Whilst we acknowledge current differences in the opportunities available in different sectors, the curriculum does not alter or exacerbate those differences.

	in the Hospital and GP employment settings which appear to align more easily with the descriptors in the curriculum.	The RPS is working with employers and SEBs to discuss how the system can be supported to implement/operationalise the support required to deploy advanced practice in community pharmacy. The RPS will work with SEBs, employers and other stakeholders to produce additional sector specific materials to help with the contextualisation of the curriculum.
10	although the blurb clearly relates back to patient care, the bullet points less so. it is clear that these actions will lead to improved pharmacist practice and therefore improved patient care- but not spelled out	The purpose statement has been reviewed to reflect the recommendations suggested.
11	It mentions that the curriculum is patient-focussed but does not describe any detail of patient outcomes or how this will benefit patients.	The purpose statement has been reviewed to reflect the recommendations suggested.
12	It needs more details of how this will be done, where the resources will come from and how it will be achievable. This would make it more credible. It reads a bit as empty words.	The curriculum has been developed collaboratively to define the level of expectation of an advanced pharmacist along with how this can be assessed. It is an initial step on the journey to supporting pharmacists to achieve this level of practice. The successful implementation of the curriculum into practice will require a system-wide approach. The RPS is working with employers and SEBs to discuss how the system can be supported to implement/operationalise the support required to deploy advanced practice in community pharmacy. The RPS will work with SEBs, employers and other stakeholders to produce additional sector specific materials to help with the contextualisation of the curriculum.
13	Some prospective data collection and analysis by the RPS on what impact the RPS Core Advanced Curriculum has on patient care outcomes would be beneficial. It would be helpful to know what evaluations have been completed to assess the impact of the RPS APF 2013 on	The RPS is working with stakeholders to develop an education research strategy to support and evaluate the current assessment and credentialing strategy

	patient care outcomes? Is there an established evidence base from other professions and what did this suggest?	
14	Advanced Practice should include Patient Focused areas such as Medicines Safety, Quality Assurance and Preparative Services and Medicines Information. At present there seems to be a focus on other clinical roles.	In developing the post-registration curricula the RPS engaged with stakeholders to identify the areas where assurance and therefore credentialing was most required. To this end, all of the current curricula have been designed around patient-focussed practice. This is an inclusive term to describe any pharmacists working in a role that impacts directly on individual patients or groups of patients. No candidate will be excluded from undertaking the assessment as long as they can demonstrate their capability against the curriculum outcomes.
15	We question where does advanced practice end and consultant practice begin? This can be difficult to work out. We suggest cross-referencing with Consultant Curriculum is needed	The RPS will be developing further support and clarifying material to show the development of practice across pillars at different levels
16	Could the RPS provide clearer explanation as to what is meant by 'complex'.	The RPS core advanced curriculum document provides a non-exhaustive evidence-based description of complexity.
17	Could the RPS expand on what is meant by 'research'. We would suggest re-phrasing to 'research and service development'. activities' – this encompasses scholarly activity, evaluation and audit activities	The description of the research capabilities and associated outcomes in the curriculum support the use of improvement activities by candidates in the development of their evidence. Audit is not considered to be a part of research capability. The RPS will be developing additional guidance on what constitutes research at each level of practice to support pharmacists working towards credentialing.
18	Additionally, we question the effect this differentiation may have on patients. For example, might patients feel less assured if using the services of a community pharmacy which did not have advanced pharmacists.	The GPhC set the standards for pharmacists to be able to practise independently. However, the RPS post-registration curricula recognise that pharmacists develop their capabilities beyond the level expected at the point of registration and that it may be appropriate to link different levels of capability to more advanced service provision in some circumstances. The curriculum is not designed to undermine confidence in

		pharmacists, but, in the future, if the delivery of a service or a level of care did warrant a pharmacist with a specified level of capability that pharmacist would be able to use credentialing to provide that assurance to patients, the public and other healthcare professionals.
19	Additionally, all references to quality improvement should now state 'sustainable quality improvement', an approach to improving healthcare in a holistic way, by assessing quality and value through the lens of a "triple bottom line". In Sustainability QI, the health outcomes of a service or action are measured against its environmental, social and economic costs and impacts to determine its "sustainable value".	Additional content relating to sustainability has been added to the curriculum purpose statement and introduced into the descriptors in the programme of learning.
20	In primary care, where they will be dealing with very diverse patients/ conditions/etc rather than a specialist area, I think this could be very difficult where there is a lot of broad knowledge but not necessarily specialised knowledge in lots of areas. although in Scotland there is a GPCP framework that could be used in addition to the core APF it still could be difficult for pharmacists working in primary care to understand from that scope of practice what is meant in a generalist area by advanced clinical knowledge and skills for example	The Core advanced curriculum has been developed to be applicable across sectors and roles (generalist and specialist). The RPS is working with specialist organisations to develop advanced specialist curricula the describe the knowledge and skills required for specific specialist of sectoral (generalist) practice. Work has commenced on an advanced specialist primary care credential.
21	Factors contributing to complexity I appreciate the list is non-exhaustive, but I do think it misses the important aspect of interaction with the healthcare system, involving interfaces in care and multiple teams of healthcare professionals. So, I suggest under clinical to add: - Involvement of multiple teams/ health care professionals - Transitioning across interfaces of care	The definition for complexity has been updated
22	Whilst the level described seems reasonable, the description of the scope of practice at point 2.2 seems inferred and therefore superfluous when the expected skills of an Advanced Pharmacist are provided immediately above it. The repetition takes away from, rather than adds to, the document's accessibility. We would advocate for having one or the other. On a positive note, the tables which define complexity and sphere of influence are helpful.	The 2 lists have been reviewed and condensed
23	The level is appropriate but there are some points to consider: The scope of practice statements refer to "highly complex". There is a definition within the document for "complex", which describes it as a spectrum. What is the definition of "highly complex"? Consider revising this to "complex" to avoid unnecessary confusion or the need to differentiate between the terms complex and highly complex.	The definition section describes complexity as a spectrum. An additional definition of highly complex has been added
24	Incudes item not required or appropriate -Effectively manage a service or team, Effectively lead and manage a team or service to effective deliver pharmaceutical care. these will prevent small services and rural area having advanced pharmacists. being a manger is not an essential part of being a great and advanced pharmacist. They are too behavioural and soft skills based. There needs to be definite knowledge outcomes in pharmacology and pharmaceutics	The content was reviewed, discussed where appropriate updated in collaboration with RPS advisory groups, the joint T&F Group and education governance boards.

25	Where is quality control built into the process of delivering the education? Who has oversight of the quality of delivery?	The curriculum sets out the expectation of individual pharmacists along with recommendations for experiences and infrastructure that may support development. The provision of specific education or vocational programmes is beyond the scope of the curriculum.
26	Do higher education institutions have a role to play?	As described in the curriculum, candidates may access a range of educational and development interventions as part of their development towards advanced credentialing including HEI delivered programmes.
27	It is important to ensure the framework does not constrain as each individual's journey is different	The curriculum is designed to be flexible, allowing the candidate and their employer to determine how they are best supported to achieve the described outcomes.
28	Definition of 'Autonomy'- it would be nice to include a non-clinical illustrative example, as well as the clinical ones which are already displayed (e.g. autonomous team/service decision making). This would fit in nicely to 2.5 Makes, and is accountable for, own decisions and takes responsibility for performance at a team and/or service level & Demonstrates a critical understanding of their broadened level of responsibility and autonomy.	The definition of autonomy has been updated.
29	Clarity would be welcomed on whether it would be feasible or possible for a pharmacist to gain advanced accreditation prior to obtaining a role which includes the full scope of practice outlined in section 2.2.	The curriculum sets out the expectation of an entry-level advanced pharmacists, i.e. the level of expectation of a pharmacist before/at the point of entering an advanced role. It is open to all pharmacists who believe they have demonstrated the outcomes in the curriculum and eligibility is not linked to an individual's role.
30	Would it be feasible or possible for a pharmacist who achieves accreditation to subsequently choose to work in a role with a lower scope, and in those circumstances should they continue or cease to refer to their advanced accreditation.	The curriculum describes the level of capability of an individual and the credentialing assessment assures that the individual can perform at that level. This capability is not based on a job title or scope of practice within a role. Individual pharmacists are expected to revalidate in line with their role and level of capability.
31	Whilst most of the scope of practice describes the correct level of performance for an entry level pharmacist, we are concerned that some candidates may by more limited by the setting they currently practice in. • The documents notes that individuals will "Manage highly complex clinical cases in collaboration with multidisciplinary colleagues by applying clinical reasoning and decision making to manage uncertainty and clinical risk". The RPS should give due consideration to	The curriculum has been developed to be as flexible as possible and applicable in all sectors. However, there are challenges to realising the potential of advanced pharmacists that may be sector specific. Working with stakeholders, additional exemplar content will be produced to help contextualise the curriculum for different

	community pharmacy settings where the opportunities to work with multi-disciplinary colleagues are generally more limited. • The consultation document states “For pharmacists working at an advanced level, this may include being responsible and accountable for an episode of care, as the only practitioner providing care to the person who needs it.”. We recommend the RPS reflect on how this could be achieved by Community Pharmacists without IP qualifications. • Where the document refers to “Effectively manage a service or team”, consideration should be given to what this looks likes in community settings. We recommend some broad example are provided. Whilst we recognise that this is open to interpretation, some example would support potential applicants to understand what would be considered suitable. • The document also states individual will “Conduct research and disseminate findings, adding to the evidence base”. It should also be noted that opportunities associated with research may also be more limited in a community setting. The provision of examples related to research would be beneficial.	sectors of practice, including how leadership, education and research may be addressed. As IP is an expected output of the RPS post-registration foundation curriculum, and will be integrated at the point of registration in the next 4 years, it is expected that all advanced pharmacists will already possess and actively use an IP qualification.
32	Entry-level advanced' is a contradiction in terms. I feel the space between foundation and consultant level is too wide to be covered by one level of practice. If all pharmacists after foundation are working towards advanced practice then doesn't advance practice just become the norm? Which is great if that is the intention, but it devalues the term 'advanced'.	Entry-level advanced refers to the expectation in terms of capability of a pharmacist as they enter into an advanced role/scope. The RPS core advanced curriculum, as part of the RPS assessment and credentialing strategy, aims to create a post-registration career structure that supports pharmacists to achieve and demonstrate their potential and provide assurance of their capability to patients and the wider system. The terms associated with the credentials should accurately reflect the capability of the credentialed individual rather than reflecting the number of years of practice.
	Overlap with advanced clinical practitioners	
33	Section 1.4 indicates that a mapping exercise has demonstrated complete coverage of the HEE ACP framework. We think it would be useful to include this mapping exercise as an Appendix in the AP curriculum document. However, this statement is not supported by the information and diagram in section 2.3.1(i) which suggest that there are some aspects of ACP that are not covered by the AP curriculum. We think it is very important to re-iterate that APP = ACP (in its entirety) + pharmacy-specific aspects (in the same way that Advanced Nurse Practitioners (ANP) = ACP + nurse-specific aspects).	As the ACPF is related to England. Additional information will be developed in collaboration with HEE for pharmacist navigating the available routes to advanced practice in England. The HEE ACP framework broadly defines advanced practice across the professional spectrum. While the common understanding of an ACP related to a practitioner with broad assessment skills capable of managing an undifferentiated patient list the underpinning framework takes a broader approach to defining clinical assessment

	In addition, section 2.3.1(ii) needs to emphasise that APP will be assessed at the same level as ACP (+ ANP) ie equivalent to an academic Master's level qualification. These points will be crucial in ensuring that AP credentialing is of value to individuals and employers in NI (both of whom will need this reassurance if they are to be persuaded to move away from current traditional academic master's programmes).	skills (similar to the definition provided in the core advanced curriculum) The assessment process for the RPS core advanced curriculum is based on the demonstration of the curriculum outcomes in practice with assessment via a competence committee. The RPS has worked closely with HEE to ensure that the assessment provides a level of assurance at least equivalent to other routes to advanced practice in England.
34	Figure 1 is also somewhat misleading in that it suggests that Advanced pharmacists do not: Have generic clinical capabilities Draw on professional expertise	This has been updated to be clearer
35	Some members of our group suggest that the differences are not clearly defined and further clarity is required around clinical assessment skills of the two roles	Due to the breadth of practice of pharmacists in different sectors or areas of specialist practice, it is not possible to define the specific clinical skills that are required. However, advanced pharmacists are expected to have the skills needed to autonomously manage care delivery within their defined scope of practice. They are also expected to have sufficient clinical assessment skills to be able to recognise situations that are beyond their capability and refer appropriately.
36	The ACP title is not currently a protected title and the level of knowledge and skill will vary depending on when and where and at what level the ACP qualification was obtained. Clinical assessment skills are an essential skill set when managing an undifferentiated patient list. Many pharmacists will not have clinical assessment skills so it will be very important to be very clear and specific about the criteria and requirements in relation to this aspect of the framework.	The RPS core advanced curriculum aims to address support pharmacists and service providers with a common understanding of the expected capability of advanced pharmacists. This is not linked to length of service, salary, or, at present, job title and achievement of the credential is only about the pharmacist's capability to practise at the described level. It is beyond the scope of this curriculum to address inconsistencies in the use of titles in the multi-professional space. Reference to undifferentiated patient lists has been added to the curriculum
	Programme of learning	

37	At present there is no reference to consideration of sustainability and carbon and environmental impact of decisions made. At present this is a specific competency in the RPS framework for prescribers. Going forward it needs to be considered more broadly in the context of the NHS Net zero targets and on the general public health impact of climate change. So sustainability needs to be taken into consideration when making not just prescribing decisions, but decisions about any interventions, lifestyle advice, referral e.g. to social prescribers etc. For example, unnecessary referral to a GP from a community pharmacy will have environmental impact in terms of travel etc. Also some points to note below in terms of clarity. The terms complex and highly complex are used interchangeably, which is confusing e.g. 2.1 Outcomes "highly complex needs" Descriptor "complex needs" Take the colours out of figures 3, 4 and 5 or ensure that the same colour is not used across multiple figures. Could cause confusion by suggesting links between figures denoted by the colour, which is not the case.	Additional content relating to sustainability has been added to the curriculum purpose statement and introduced into the descriptors in the programme of learning.
38	The following outcome is included in the RPS Consultant Pharmacist curriculum: 'Manages resources effectively to maximise impact on patient care at an organisational level' We believe this skill needs to be learned over earlier stages of the career and would support the additional inclusion of the following in the Advanced curriculum: 'Manages resources effectively to maximise impact on patient care at a team or service level'	Outcome 3.4 references the management of resources. "Critically analyses data as part of quality improvement and/or innovation in the development and delivery of services, the identification and mitigation of medicines-related risks, and the management of resources."
39	There is a good range and level of capabilities included in the curriculum. Should there be a specific mention of cost effectiveness? We would consider this a small but important part of the role of an APP. APPs will be leaders in how medicines are used within their organisation and cost effectiveness should be an integral part of that.	Outcome 3.4 describes the management of financial resources
40	Research domain (5.1 descriptors) I think this is appropriately pitched for the advanced level curriculum. I wonder if the critical appraisal aspects need to specify to aid decision support in individual patient care as well in the "descriptor". Indeed this is covered in 4.2 "A thorough critical appraisal of the evidence base to inform care for an individual patient." E.g. "Interprets and appropriately applies the evidence-base to care delivery (individual patient and system levels) and/or the development and revision of guidelines and pathways to improve local service delivery and outcomes for people receiving care.	Outcome 5.1 has been updated to reflect this feedback
41	Domain 2.1 Enables the application of innovative healthcare technologies e.g. genomic medicine, digital health solutions, artificial intelligence and advanced therapeutic medicinal products. Should this be extended to "where available"? Not all pharmacists will have access to innovative technologies. Can you give an example of advanced therapeutic medicinal products? Domain 4 Not all pharmacists will be supervising, mentoring or supporting the development of others in the workplace in a formal capacity. Not everyone will be undertaking SLEs or assessment techniques for colleagues in the workplace. The expectation for provision of educational materials, collaboration with education specialists and evaluation of education	The health technologies described are non-exhaustive examples and as previously described the descriptors are also non-exhaustive. ATMPs have been added to the glossary. The role and expectation of advanced pharmacists in education and supervision has been highlighted as a potential barrier. Additional feedback has been sought

	activities may not be applicable to many pharmacists, particularly those working for larger organisations where education is provided by the organisation or external bodies.	from expert advisory groups the joint T&F groups and the education governance committees. Feedback indicated that the ability to educate, supervise, mentor and manage were key skills required of advanced pharmacists. Curriculum outcomes and descriptors have been reviewed in line with this.
	Domain 5.3 Define “appropriate media”. Is this confined to the examples given or could this include organisational bulletins/newsletters?	Provided examples of appropriate media are non-exhaustive.
	Domain 5.4 Collaborates with others in undertaking research and supports others to engage with research and improvement activities. This is currently beyond the scope/usual working practice of most pharmacists in a clinical setting.	The research outcomes have also been highlighted as an area for further discussion.
41	The generalist approach introduces an interesting challenge. As a specialist practitioner in one area can I change area?	The RPS core advanced curriculum and credentialing assessment have been developed to define and assess the generic skills and capabilities of an advanced pharmacist working in a patient-focussed role. It does not assess specific specialist knowledge. If a pharmacist moves from one specialist (or generalist) area to another, the core advanced credential will demonstrate that they have the generic capability (but not necessarily the knowledge) to practise at an advanced level. The RPS are developing advanced specialist curricula that describe and assess specific capability required for specified areas of practice.
42	I don’t think it is clear how much detail is needed to demonstrate the capabilities. I would think that some of the outcomes require all the descriptors in order to demonstrate this fully.	The descriptors are non-exhaustive but they help to describe the level of expectation of the outcome. As some outcomes cover a broader element of practice there may be more descriptors and/or a requirement for more pieces of evidence to robustly demonstrate that outcome. The amount of evidence required is proportionate to the stakes of the outcome.

		It is difficult to be prescriptive as demonstrating the outcome is based on the breadth, depth and quality of the evidence that is mapped to the outcome.
43	Can you replicate some of the competencies from the prescribing competency framework as all advanced pharmacists will need to be prescribers and therefore will need to demonstrate the competencies there? I realise they may need to be expanded upon, however, it would be good to use the same wording and terminologies.	The prescribing competencies were reviewed as part of the development of the RPS core advanced curriculum. It is important to note that achievement of IP qualification is an expectation of the RPS post-registration foundation curriculum and will be an expectation at the point of registration in the coming years so the described level of expectation for advanced pharmacists is beyond the level of expectation in the prescribing competency framework.
44	Different communication media – this reads that they need to be effective in all forms of media but this is not necessarily the case if this is not their practice.	All pharmacists will be expected to communicate using a range of media, but it is not expected that all pharmacists utilise all available forms of communication.
45	2.2 – systematically performs….. – I think you need to define what you mean by 'non-physical clinical examinations' as I don't know what is meant by this.	This has now been linked to the existing definitions in the curriculum
46	3.6 – I think more detail is required to provide information on how this outcome can be achieved – How will a pharmacist provide evidence of identifying their own feelings?	As with all of the curriculum outcomes there are a range of tools that can be used to demonstrate the outcomes. This could include, but is not limited to, the use of reflective accounts or the leader tool where a candidate can identify, interrogate and discuss their feeling and approach to challenging situations with a collaborator.
47	The descriptors appear very full and balanced e.g. in First Domain, there is a requirement to demonstrate collaboration, challenge [respectfully] as well as seek advice. This is an excellent combination, and the individuals who demonstrate all of those behaviours and characteristics are recognised and remembered). Additional points to note: 1. Is there scope for collaborative working involving higher educational institutions? 2. Which assessment tools and quality checks are in place for the provision?	As outlined in the curriculum, pharmacists may access a range of educational and vocational interventions including accessing HEI delivered courses or programmes where appropriate The curriculum sets out how the practice of the individual is assured at the end-point credentialing assessment; assurance of educational provision is outwith the scope of the curriculum
48	In outcome 3.2, the descriptor "Acts as a role model supporting the pharmacy team and other healthcare professionals with issues relating to professional practice." seems very similar to descriptor "Acts as a role model to colleagues by demonstrating high levels of professionalism; treating all involved with dignity and respect." , as well as the descriptor "Acts as a positive role	References to role modelling have been streamlined within the curriculum.

	model and guides colleagues from across pharmacy and the wider team in developing professional values and through encouragement, motivation and support." in outcome 4.2	
49	In outcome 4.2, descriptor "Articulates decision making processes and justifies the rationale for decisions when teaching or training others." please clarify whether decision making relates to teaching trainees how to make decisions themselves or explaining to them how decisions about their training are made (e.g. what activities should be undertaken during a rotation, whether their performance is deemed sub-standard etc)	This descriptor has been updated to improve the clarity
50	Outcome 3.1: Descriptor 1 within outcome 3.1 may be more difficult to achieve in community settings. We recommend it is changed from "Collaborates with senior decision makers…" to "Collaborates with internal or external colleagues…" • Outcome 3.2: In our view descriptor 4 within outcome 3.2 relies on an HR element within the pharmacist's role, which may not be apparent. We recommend "responds to poor performance effectively" is amended to "responds to poor practice effectively". This changes the focus from HR responsibilities to clinical responsibilities and may be more achievable. • Outcome 3.3: Some of the descriptors in outcome 3.3 rely on the assumption that all those training to be an advanced pharmacist will have direct line management responsibilities. In our view this may not be the case. We recommend the following amends: o "Directs and manages Supports a diverse team workload effectively whilst maintaining quality and consideration for individuals receiving care and team members." o "Supports and monitors a team's ability to achieve deadlines for day to day and longer-term tasks. through effective management, prioritisation, delegation and facilitation." • Outcome 3.4: Some of the descriptors within 3.4 may be difficult to achieve in the community setting. This includes: o "Is responsible for the appropriate utilisation of resources (financial and/or staffing); uses robust data to monitor and/or allocate resource." In our view, this may be difficult to achieve in many multiplies where it may be difficult for one person to be entirely responsible, we recommend this amended to read "contributes to the appropriate utilisation…" o "Contributes to business cases to support further resource and/or reconfigure current resource." In our view this would be difficult to achieve in many settings and we suggest it is removed. • Outcome 4.2: As per outcome 3.3, we are concerned that outcome 4.2 relies on the assumption that all those in training to be an advanced pharmacist will have direct line management responsibilities. We recommend outcome 4.2, as well as some descriptors (e.g. those which refer to "appraisals") are reworded, to include pharmacist without such responsibilities. • Outcome 5.3: We recommend descriptor 3 within outcome 5.3 includes internal mechanisms, such as newsletters, as a means of dissemination as there are fewer opportunities for presentations, posters, peer-reviewed journals in the community settings, and as such may be difficult to achieve.	As the recommendations have the potential to alter the level of expectations, each of these recommendations has been considered in conjunction with RPS expert advisory groups, the joint T&F groups and education governance committees. The curriculum had been reviewed in line with the consensus view on this feedback.

51	Some are clear. Some are vague. What does facilitate mean for instance it could mean they simply help or it could mean they were helpful in the process.	Facilitate has been added to the glossary
52	We welcome the publication of the RPS' Core Advanced Curriculum. As previously outlined, collaborative work between HEE and RPS including a mapping of the draft curriculum against the HEE Multi-Professional Framework for Advanced Clinical Practice ('the Framework') have indicated that there is alignment with the Framework. There are three areas where we concluded that, whilst there was alignment, it was perhaps more 'implicit' than 'explicit'. The RPS may wish to consider making these elements more explicit in the final version of the curriculum. Domain 3, Outcome 3.5. The descriptors refer to the advanced practice pharmacist contributing to the clinical governance agenda in their area of clinical practice; and adhering and promoting appropriate governance in the delivery of clinical services. The Framework includes a capability which says: 'Develop and implement robust governance systems and systematic documentation processes, keeping the need for modifications under critical review.' (4.6) The RPS could make the alignment to the Framework more explicit by using the language of development and implementation of governance systems, rather than contribution and adherence. Domain 5. The RPS might wish to consider an explicit reference to the need for advanced pharmacists to adhere to 'good research practice', in line with capability 4.1 of the Framework. Domain 5, Outcome 5.1. The descriptors refer to the advanced practice pharmacist critically appraising the outcomes of audit. The RPS might wish to consider a more explicit expectation that pharmacists engage in audit of their own and others' practice, in line with capability 4.2 of the Framework.	Recommended changes have been made to the programme of learning
53	In outcomes 2.1 and 2.2 the phrase psychological is used but should this state mental health conditions / psychiatric needs? People without mental health conditions still have psychological needs but if the aim of this is to highlight mental health needs it should state this explicitly. Outcome 2.4 does not address inequality and stigma experienced by people with mental health conditions accessing health care services. As highlighted by the NHS Long Term Plan people with SMI do face significant health inequality and a lower-than-average life expectancy. All advanced pharmacists need to be aware of this and be working to improve the SMI population health. Helping to reduce stigma is not referred to in the document.	The reference to psychological needs is intentional (and not only referencing those with MH conditions) Reference to stigma has been added

54	I wonder if certain educational programmes or courses should be a mandatory part of completing APF rather than just suggested? This would mean despite employer/ area of employment all undertaking APF would potentially have a more equitable experience and being at more similar/ transferrable levels if moving to another employer/ sector	The RPS core advanced curriculum and credential have been developed to be as flexible as possible. SEBs working with employers may wish to develop supporting educational infrastructure but that is beyond the scope of the curriculum
55	These pharmacists will be more than likely covering clinical duties already so its important to be robust in training but not so intense that pharmacists do not want to participate.	The end-point credentialing portfolio assessment is designed to be flexible and to allow candidates to demonstrate evidence of capability in the way that suits them and is applicable in their working environment.
56	The activities are appropriate. However, what these look like being rolled out on the ground will require a huge culture shift amongst the multidisciplinary team supporting with the development of the diagnostic and clinical skills.	The introduction of the RPS core advanced curriculum (alongside the other RPS post-registration curricula) presents a new infrastructure for pharmacists to help drive development to meet the needs of services. Integrating this into existing pathways is likely to take a significant amount of time and, as articulated, a change in culture as to how professional development is approached.
57	I wonder whether it could be specified if some of these activities could be performed in different roles eg where someone has a portfolio career and could be doing education and training in a different role but this could provide evidence for that pillar?	Yes. The credential has been designed to be flexible allowing pharmacists in any role (or combination of roles) to provide evidence of their capability against the curriculum outcomes.
	Supervision and support	
	Supervisor capacity	
58	There is a clear message that supervisor capacity may be a significant limiting factor for pharmacists wishing to progress to advanced levels of practice.	Whilst some of the feedback asserted that issues with capacity may prevent pharmacists from being able to achieve the credential, it is important to note that the supervision and support model described is recommended and not mandated. The supervision model described is recommended in order to support pharmacists to achieve the level of practice described in the curriculum (irrespective of the associated end-point credentialing assessment). Access to regular supervision and formative feedback is a core element of programmatic assessment programmes and is integral to the development of pharmacists wishing to progress to advanced levels of practice. that the RPS recognises that achieving this will may currently be more challenging for smaller organisations (e.g. community pharmacy, general practice).

	Concerns that senior staff won't have the capacity to support pharmacists working towards advanced credentialing in addition to the changes that are coming in the initial education and training programme and the post-registration foundation pathway.	We understand the demands on the workforce to support the education reforms and the other post-registration development pathways; the RPS has strongly recommended the IET reforms are adequately resourced so they can be implemented in parallel to the post-registration changes. We recognise that the existing workforce will require significant support over the next few years to be able to provide the volume of supervision and support required across the different pathways. Completing learning against this curriculum will support to pharmacists to develop the skills to support future cohorts of pharmacists. We understand that the statutory education bodies, HEIs and employers are considering how to address supervisor capacity and develop the infrastructure to support early career pharmacists and the existing workforce in their development.
59	**Supervisor capability** Concerns were raised around whether we have a sufficient number of pharmacists in the current workforce with the requiste clinical assessment, leadership and research capability to provide suitable supervision for advanced level practice.	We are aware that some individuals may not have access to healthcare professionals in their workplace who can provide training, and assessment in all areas of the curriculum. In these cases, individuals will need to be supported to access learning opportunities in alternative settings/with additional supervisors/collaborators. Employers and candidates are also encouraged to use remote technologies to support supervision activities as well as drawing on the expertise of the wider multi-professional team. The process of upskilling our pharmacy workforce is going to be challenging and as set out above, will take time and an evolution of the current culture. The RPS core advanced curriculum sets out an expectation for all advanced pharmacists to develop the skills to provide robust supervision in the workplace,

		which, over time, should increase the capability and capacity of the workforce to supervise future pharmacists.
60	It was raised in some feedback that having three different supervisory/support roles may be confusing or challenging.	There have been some revisions to the descriptions of the supervisors to make this clearer. It is important to reflect that the three roles are distinct and do have a part to play in supporting pharmacists to develop towards the curriculum outcomes. For some pharmacists, all three roles may be provided by a single individual or they may rely less heavily on some of the described roles.
61	Some respondents requested additional guidance as to who could provide the supervision. Also clarity was sought on whether the roles needed to be undertaken by a pharmacist and if remote technologies can be used.	The descriptions provided in the curriculum are intentionally broad, and related to the expected skills the different supervisor types are expected to have as opposed to being linked to job titles or roles. As set out in the curriculum, the roles do not need to be undertaken by pharmacists and remote technology can be engaged for the much of the supervision activities (this may vary depending on the nature of the role or activities being supervised).
	Assessment	
62	The final submission seems rather subjective - is there to be a minimum requirement of outcomes that a student has to meet or will this be something that is agreed at the start of the study between the assessor(s) and the student?	It is difficult to be prescriptive as demonstrating the outcome is based on the breadth, depth and quality of the evidence that is mapped to the outcome. In order to meet the assessment requirements candidates must demonstrate that they have achieved the outcome in the context of their own role and that the candidate has the capability to practice consistently at that level. The amount of evidence required is also proportionate to the stakes of the outcome, to support candidates with understanding the number of pieces of evidence required.
63	There is a risk associated with using panels to assess evidence as it is a subjective process and there can be variation between assessors and panels. There is a potential for this to be enhanced for advanced framework in the early stages when pharmacists are completing at	All assessors will be provided with mandatory training prior to live assessing.

	different stages of career and form different backgrounds. It is important that there is a robust system for training assessors and calibrating the judgements of panels	Competence committees have been demonstrated to reduce subjectivity compared to individual assessment of portfolios. Performance and outcomes will be scrutinised closely but APAP and ESC.
64	The assessments are acceptable and would demonstrate a range of skills. However, there will be no guarantee of a higher grade post on completion of the programme.	The curriculum provides a description of the expected level of practice of advanced pharmacists, in line with current and emerging demands in the healthcare system. Whilst it doesn't currently link directly to progression, it does provide employers with a consistent definition of and quality assurance mechanism for assuring advanced practice which would allow it to be linked to progression in the future.
65	It would be better to include the definitions of formative and summative assessments at the top of section 5 rather than later on in the document. I don't know what LEADER is – this needs to be defined. How are we assessing leadership skills please?	Summative and formative assessment have been added to the glossary. The LEADER is a validated SLE tool, providing a structed approach to a collaborative reflection on leadership skills with a collaborator. Leadership skills are assessed similarly to all the other skills, formatively through the portfolio development using a range and breadth of assessment tools (including SLEs)
66	A pharmacist who achieves advanced accreditation is likely to be able practice safely and effectively at this level, we would also be of the view that many pharmacists who do not choose to seek advanced accreditation will also be competent in these areas. CPNI would not wish to see pharmacists who have not obtained advanced accreditation (particularly community pharmacists) being considered unable or unqualified to fulfil roles or deliver services such as those set out in the scope of practice in this document. CPNI would suggest that advanced accreditation should not be a prerequisite or a mandatory requirement for the delivery of certain services.	The curriculum provides a description of the expected level of practice of advanced pharmacists, in line with current and emerging demands in the healthcare system. The credentialing assessment robustly assures the capability of a pharmacist to deliver the scope of practice articulated in the purpose statement through assessment of the curriculum outcomes. The credential does not currently link directly to progression or service provision although this is the ultimate vision. The RPS core advanced curriculum and credentialing assessment provides employers , commissioners,

		regulators and the wider healthcare system with a consistent definition for advanced pharmacist practice which would allow it to be linked to progression and or service provision (if appropriate) in the future.
67	There is insufficient detail in this document on the structure and criteria of the assessments to make this judgement. How have the assessments been devised and validated?	Programmatic assessment and the use of competence committees to make high-stakes end-point assessment decisions are established evidence-based method for making summative judgements for clinicians (see references in curriculum bibliography)
68	We wonder what the burden of SLEs will be on the service and individuals providing the supervision. If “a minimum of three pieces of discrete evidence mapped to each outcome”, could a ‘Reflective Account’ could be highly encouraged or mandatory for each outcome. Based on the fact that reflective accounts are proven high quality learning activities and the least labour intensive of the RPS SLEs. We believe that by considering the demands on the service, the RPS will maximise engagement.	SLEs provide a more formalised method of structing observations, judgments and the provision of formative feedback in the workplace. Whilst this may add some additional burden, it is also expected to drive learning and improvement in practice, resulting in augmented patient care. There is no designated timeframe for completing the portfolio and candidates are encouraged to integrate the SLEs into their everyday practice. Reflections are highly encouraged as part of the portfolio, however, high quality feedback from a range of collaborators, providing third party corroboration, must for part of the portfolio and is essential for driving learning.
69	It isn’t clear on the time scales of these learning events. E.g. can they be before the pharmacist officially started their core advanced portfolio?	There are no strict criteria or time limits on individual pieces of evidence, but candidates are expected to include evidence of contemporaneous capability
70	There were a number of additional questions relating to the SLEs - Are tools available to evidence care to multiple patients at the same time - There are no specific consultations SLEs (MRCF/CSA) - Can other evidence types be uploaded (e.g. anonymised e-mail conversations) - How were the SLE’s developed/validated?	The ACAT can be used to evidence care provided to multiple patients in a single observation period (i.e. as part of a clinic session or ward round) To streamline the number of tools available and align with other healthcare disciplines it is suggested that the other validated tools are used for consultation skills (DOPs, Mini-CEX, ACAT).

		Candidates are welcome to upload any evidence that they feel is relevant and demonstrates the curriculum outcomes. The SLEs included in the curriculum are based on validated SLE tools used in medical and other healthcare professional assessments.
71	The assessment of competence is ambiguous. It will result in senior pharmacists (who may not actually be competent) assessing other pharmacists. It is unclear how the assessment is standardised?	Support and guidance will be provided for collaborators. Learners and collaborators will have a responsibility to ensure the person providing the feedback is suitably competent in the activity being supervised/assessed. Learners will be expected to have a range of feedback and SLE's from a broad range of collaborators minimising the risk associated with a single SLE or piece of feedback.
	Stakes	
72	There was some ambiguity over the role of stakes ratings.	Stakes ratings are present in all of the RPS post-registration curricula and support the assessors in their decision making about the outcome. All outcomes are important and must be demonstrated. Higher stakes outcomes are considered to represent a greater risk to patients in terms of care delivery and therefore carry an increased burden in terms of demonstrating capability, therefore there is an increased requirement in the number and breadth of evidence provided. Assessors have a higher threshold of evidence for higher stakes outcomes as these represent a significantly higher risk for patients. Additionally stakes ratings provide and indication to candidates as to the quantity of evidence that is required to meet an outcomes.
73	A number of respondents questioned the methodology for determining the stakes of individual outcomes.	The stakes rating for each outcome was agreed by consensus by the curriculum assessment T&F group. Each of the group members independently assigned a

		stakes rating to each outcome, and these were then combined and reviewed to determine a consensus view. Borderline outcomes were discussed by the T&F group. The stakes were then reviewed and approved by the RPS advanced pharmacist assessment panel.
74	The following changes to the stakes ratings were recommended - Increase outcome 1.2 to M - Increase outcome 1.5 to M - Increase outcome 2.4 to M - Increase outcome 2.6 to H - Reduce outcome 3.4 to M - Reduce outcome 3.5 to M - Increase outcome 4.2 to H - Reduce outcome 5.1 to M	Each of these were considered by the joint T&F group before sign off by the education governance committees. The changes that were made can be seen in the curriculum document.
	Advanced pharmacist competency committee (APCC)	
75	Some respondents sought greater clarity on the assessment process, including marking schemes etc.	The APCC assessors will use the curriculum programme of learning (outcomes and descriptors) as their guide for conducting the assessment. The mapped evidence will be reviewed against the described standard and each assessor will make an individual judgement as to whether the standard has been met. All assessors come together during the APCC and discuss each of the curriculum outcomes against the evidence presented, achieving consensus on whether the standard has been met (at a domain level). This process has been clarified within the curriculum document.
76	We would require assurance from RPS that quality of assessment process is sufficiently robust to ensure safety and competence. This final summative assessment outcome process should be subject to review and continuous quality monitoring.	All assessors attend mandatory training prior to live assessing. All results are ratified via the RPS advanced pharmacist assessment panel, which includes an external examiner and are monitored by the RPS Education & Standards committee. All curricula and assessment processes undergo an annual review.
77	The APCC is appropriate but more clarification needed on whether the assessment will be centrally based and how the four nations are represented in this committee.	The APCC is constituted based on achieving a broad range of valid professional judgments.

		Assessment is carried out against the agreed UK standard and therefore there is no stipulation that an assessor from the candidate's country of practice needs to be present. An assessor from the candidate's self-declared sector of practice will be included on the APCC. The RPS advanced pharmacist assessment panel that oversees the assessments is constituted to ensure there is representation for each of the countries of the UK.
78	The scale of the workload feels much bigger than a committee can cope with	To manage workload and expectation, the breadth of evidence provided is sampled and assessed by all of the APCC members. However, each individual member of the committee is tasked with 'deep diving' one of the curriculum domains. Our feedback from administering consultant pharmacist competence committees (CPCCs) is that the workload is manageable.
79	There is such a wide range of practice, the APCC will have to call on a number of Specialist Interest Groups to make sure that competencies are being achieved.	The core advanced curriculum has not been designed to assess advanced specialist knowledge and practice. The APCC is constituted of a broad range of professional experts based on individual capabilities/areas of practice. A uniform assessment approach is used for all candidates irrespective of the area of specialist practice although the sector of practice will be represented on their APCC.
80	Are there any time scales that will be imposed on when resubmissions are required?	As with all RPS post-registration credentials, no recredentialing is required.
81	Clarity was sought on who could undertake each of the roles on the APCC and how sectors of practice would be defined.	The criteria for each of the roles within the APCC will be published separately from the curriculum. This will also include a definition for the sectors of practice which both candidates and assessors will self-declare.
	Accreditation of prior certified learning (APCL)	
82	A number of respondents felt that all outcomes, including high stakes outcomes, should be eligible for APCL, particularly where previous assessment has been carried out based on vocational assessment. This was felt to be particularly important for those who had completed an ACP programme, RPS faculty or other.	At present, APCL of high stakes outcomes are not supported for advanced credentials because of the associated risk to both patents and the RPS as the awarding organisation.

		Assessments that are carried out in practice as part of other programmes may not have been designed to provide assurance of capability to work at a specified level of practice or deliver an associated level of service and carry the associated liability. Any evidence used as part of other programmes or assessments would be eligible for inclusion in candidates' portfolios, even if it had been previously submitted as part of another assessment process.
83	Respondents were interested in a list of suggested programmes that could be included.	The RPS does not currently restrict which programmes, assessments or certified learning can be included as long as the learning outcomes can be evidenced, there is evidence that they were assessed and there is certified evidence the outcomes were achieved. As APCL requests are submitted, reviewed and approved, the RPS will publish the exempted outcomes and support candidates with exemplar materials.
84	Clarity was sought on the arrangement for pharmacists in England undertaking ACP programmes and/or being recognised by the HEE centre for advancing practice	Additional guidance will be provided on reciprocal recognition for candidates in England who have completed ACP courses accredited by HEE's Centre of Advancing practice.
	Also it is unclear why there is no process for accrediting prior experiential learning (APEL).	APEL is not considered as part of this process as the entire assessment is an assessment of experiential learning.
	Inclusivity and flexibility	
85	The most common feedback was the impact on pharmacists working less than full time or with caring responsibilities.	The curriculum has no timeline for completion and has been designed to be as flexible as possible, allowing pharmacists to collect evidence and demonstrate capability and a way and at a pace that suits them. Please see the EQuIA report for further information on I&D

86	There was clear feedback from respondents that demonstrating the described advanced capabilities would be more challenging for pharmacists working in more isolated practice or in smaller teams, in particular for community pharmacy and other primary care providers.	The RPS is working with SEBs and employers to support the implementation of the curricula in different countries of the UK and different sectors of practice. We will work with key stakeholders to develop sectoral specific exemplar materials to help to contextualise the curriculum outcomes. The curriculum has been designed to provide the maximum amount of flexibility, including the use of remote supervision where possible
87	There are additional barriers to the realisation of advanced pharmacist practice in community pharmacy in particular, including access to medical records and other IT infrastructure, access to IP qualifications, access to MDTs, and access to protected time for development	The RPS are working with stakeholders as part our policy work to help address these barriers.
	There was some feedback that some of the language was focused on England and less inclusive to the other nations of the UK.	The curriculum and assessment T&F groups had representation from across the UK. Additional changes have been made to the curriculum document to ensure the language is inclusive to all countries of the UK.
89	The use of “patient-focussed roles” was also raised by some respondents.	In developing the post-registration curricula the RPS engaged with stakeholders to identify the areas where assurance and therefore credentialing was most required. To this end all of the current curricula have been designed around patient-focussed practice. This is an inclusive term to describe any pharmacists working in a role that impacts directly on individual patients or groups of patients. No candidate will be excluded from undertaking the assessment as long as they can demonstrate their capability against the curriculum outcomes. For pharmacists whose roles to not align to the core advanced curriculum, other routes of recognition are available i.e. RPS Faculty. The RPS will continue to scope and develop new curricula in line with the needs of the profession and service provision.