ROYAL
PHARMACEUTICAL
SOCIETY

Core Advanced Pharmacist Curriculum

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Preface

The drivers for taking this opportunity to rearticulate what we expect of entry-level advanced pharmacists have never been stronger.

As the UK, and its healthcare systems, begin to emerge from one of the most challenging healthcare events in recent history, the path to recovery for patients, the profession, the wider pharmacy team and beyond may appear stormy and daunting. We hope that the RPS Core Advanced curriculum, in combination with our other post-registration curricula, provide the professional development infrastructure to help pharmacists rise to this challenge, as part of the wider healthcare team, and realise and demonstrate their full value and potential.

Advanced pharmacists will have a pivotal role to play in delivering future services as we embark on our road to recovery; patients, with ever more complex healthcare and medicines needs, will need pharmacists with advanced level pharmaceutical expertise to autonomously deliver their care. Healthcare organisations and systems will require strong pharmacist leaders and managers, driving service improvement and transformation. As new pharmacy education reforms are implemented, at both pre- and post-registration levels, the system will need effective pharmacist supervisors and practice educators to support more junior pharmacists, as well as other healthcare professionals, to develop and evidence their developing capability through work-place observation and feedback. Finally, we need to seize this opportunity to ignite curiosity within the profession, by supporting pharmacists to engage more actively with practice-based research, thereby helping to shape and drive forward future pharmacy and wider healthcare practice. The RPS Core Advanced curriculum provides the blueprint to develop such individuals by articulating a UK entry-level standard to advanced pharmacist practice, relevant to all patient-focussed pharmacist roles.

We would be naïve, though, to think we can achieve this in isolation as a profession. We will only realise this ambition through collaboration with the wider pharmacy and healthcare team. Advanced practice transcends boundaries and requires cross-professional collaboration; we have worked closely with other healthcare professions to ensure this curriculum aligns fully with multiprofessional

definitions of advanced practice across the UK whilst clearly articulating and retaining the unique contribution pharmacists can bring to improving patient care.

This collaborative approach is echoed in the huge amount of time and energy dedicated by an innumerable number of individuals and organisations in the development of this work. This inspiring melting pot of knowledge, perspectives, experiences, and opinions have forged this curriculum and we are extremely grateful to all those who generously donated so much of their time and passion.

We must be conscious, though, that the hard work is far from over. This is just the beginning. This curriculum offers the bookends for this transformative change; it provides an entry-level standard of advanced practice for the profession and an objective end-point credentialing assurance mechanism by which to assure this standard. These two elements provide the key educational architecture to catalyse change.

The real work is the bit between these bookends. As a profession, how do we engender a life-long learning culture that provides pharmacists with the time, support, training and tools to achieve these curriculum outcomes? How can we work together to ensure pharmacists in all patient-focussed sectors of practice have the learning opportunities and experiences to evidence this level of practice? How can we all support employers to explicitly link career development to the achievement of key post-registration credentialing milestones?

Although we, as a profession, do not yet have all the answers to these challenging questions, we know that their solutions lie in collaboration across the system: working together across sectors, across countries, across organisations and across professions towards our mutual ambition of making this a reality. We look forward to working with you all to implement and embed both this curriculum, and our other post-registration curricula, into practice. Let's work together to realise this structured and exciting career roadmap for pharmacists working in patient-focussed settings. Together can we achieve this. Together, we are pharmacy.

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Acknowledgments

Key curriculum definitions

ACTIVE PRESCRIBER

An active prescriber consults with patients and makes prescribing decisions based on clinical assessment with sufficient frequency to maintain competence. Reflects and audits prescribing practice to identify developmental needs[1].

ADVANCED PHARMACIST ASSESSMENT PANEL (APAP)

The panel responsible for the quality assurance of RPS assessment and credentialing activity related to advanced pharmacist practice.

ADVANCED PHARMACIST COMPETENCY COMMITTEE (APCC)

A group of appropriately qualified experts who reach final decisions on individuals' progression to being credentialed.

ADVANCED PHARMACY FRAMEWORK (APF)

The RPS framework used for identifying progressively more advanced stages of pharmacy practice.

ADVANCED THERAPY MEDICINAL PRODUCETS (ATMPS)

Advanced therapy medicinal products (ATMPs) are medicines for human use that are based on genes, tissues or cells. They offer groundbreaking new opportunities for the treatment of disease and injury.

APPROPRIATE

An action that is evidence-based, safe, cost-effective and in keeping with your clinical judgement, as well as the person's situation and preferences.

ASSESSMENT

All activity aimed at judging a learner's achievement of the curriculum's learning outcomes, whether for summative (determining satisfactory progression in or completion of training), or formative (developmental) purposes. An outcome can be defined as a level of performance or behaviour that a pharmacist is expected to achieve as part of their development according to their stage of training within the curriculum.

1. https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/DPP%20Framework/DPP%20competency%20framework%20Dec%202019.pdf

BLUEPRINT
A matrix used to define the content of an assessment. This ensures the assessment programme covers all the outcomes defined by the curriculum.

BOUNDARIES
Traditional boundaries in the healthcare system between different professions, areas of (clinical) practice, and/or geographies.

CAPABILITIES
High-level, complex professional capabilities are flexible and adaptive in a wide range of contexts and synthesise the knowledge, skills, behaviours and experience pharmacists need to manage real-life (patient) scenarios.

CLIMATE AND ECOLOGICAL EMERGENCY
A term describing uncontrolled climate change and ecological destruction resulting in destabilisation of global, environmental life-support systems.

COLLABORATOR
Any individual supporting pharmacists undertaking this programme to record their learning e.g. a member of the team who contributes to multi-source feedback, a person who completes a patient/carer feedback or a senior who undertakes a supervised learning event.

CONSULTANT PHARMACIST CURRICULUM
The RPS consultant pharmacist curriculum is based on the Advanced Pharmacy Framework at the level described in the NHS Consultant Pharmacist Guidance and articulates the entry-level knowledge, skills, behaviours and levels of performance expected of consultant pharmacists..

CREDENTIAL
An award recognising progression and successful completion of a critical progression point within an assessment programme.

CRITICAL PROGRESSION POINT
A point in a curriculum where a learner transitions to a higher level of professional responsibility or enters a new or more specialist area of practice. These gateways represent an increased level of risk to patients so transition through these points must be robustly managed, usually by summative assessment hurdles

CURRICULUM
A statement of the intended aims and objectives, content, experiences, learning outcomes and processes of a programme, including a description of the structure and expected methods of learning, teaching, assessment, feedback and supervision.

DESCRIPTOR
A clarifying statement or example of the expected level and breadth of performance required to achieve the curriculum outcomes.

DOMAIN
A collection of commonly themed capabilities and outcomes.

EDUCATION AND STANDARDS COMMITTEE
The committee responsible for the overarching quality assurance of all RPS assessment and credentialing activity.

EQUALITY IMPACT ASSESSMENT (EQIA)
A systematic and evidence-based tool, which enables us to consider the likely impact of work on different groups of people.

EXPERIENCE (BREADTH OF)
When a pharmacist has had enough experience to be able to practise safely and competently at the expected level of performance. This is not linked to a quantitative measure rather when the pharmacist has acquired and consolidated the learning outcomes.

FACILITATE
Take action to make a process easier or to make a desirable outcome more likely to be achieved.

FORMATIVE ASSESSMENT
Assessment that happens regularly with low, or no stakes associated that supports learning and development.

FINAL DECISIONS
Higher stakes critical progression points based on numerous data points reviewed holistically by a competency committee. The outcome of this decision will inform whether an individual has satisfactorily met the curriculum outcomes and can be credentialed.

INTERSECTIONALITY

The interconnected nature of social categorisations such as race, class, and gender, regarded as creating overlapping and interdependent systems of discrimination or disadvantage.

OUTCOMES

Describe what is to be achieved by pharmacists undertaking the programme; these describe the knowledge, skills, behaviours and experience of those who successfully complete the programme of assessment.

PATIENT-FOCUSSED ROLES

Roles that have a direct impact on individual patients and/or patient populations although this may not involve regular direct patient-facing contact.

PERSON

The curriculum includes the term person-centred and refers to person / people throughout. This means 'the person receiving care'. The term may also apply to the person's carers, family or representatives depending on the situation.

PLANETARY HEALTH

A recognition that that human health and the health of our planet are inextricably linked, and that our civilization depends on human health, flourishing natural systems, and the wise stewardship of natural resources.

POST-REGISTRATION FOUNDATION CURRICULUM

The RPS post-registration foundation curriculum defines the purpose, content of learning and the programme of assessment for post-registration foundation pharmacists ensuring that the person, medicines optimisation and service delivery is at the heart of the pharmacist's role.

PROGRAMME OF ASSESSMENT

The set of individual assessments planned to assess the curriculum outcomes. The synthesis of these individual assessments into a programme allows for integrated judgments on an individual's performance.

PROGRAMME OF LEARNING

A matrix of the capabilities, learning outcomes and descriptors determined as necessary to deliver the services defined by the curriculum purpose.

QUALITY ASSURANCE

The standards, system and processes in place to maintain and enhance quality to assure patients and the public that pharmacists meet the required standards.

QUALITY CONTROL

RPS has a role in quality control in terms of ensuring national curricula and assessments are consistently developed and delivered in line with the RPS curriculum quality standards.

SUMMATIVE ASSESSMENT

Assessment of performance at a critical progression point or the end of a programme of learning.

SUPERVISED LEARNING EVENT (SLE)

SLEs are not formal examinations of knowledge or summative assessments, they present an opportunity for individuals to be observed in the (clinical) workplace setting, to see how they work with others (including the patient) and to be given feedback with the aim of improving their practice.

SUSTAINABILITY

Preservation of human, environmental and financial resources

1
Introduction

Pharmacists are experts in medicines and their use. They support the health of the population and manage people with acute and long-term conditions across all sectors of healthcare. Pharmacists work closely with people, carers/ families, and the multidisciplinary health and social care team to deliver safe, effective, and holistic person-centred care including pharmaceutical care through a wide range of services.

Advanced pharmacists have the knowledge, skills, and expertise to be able to deliver care for people with more complex needs and with a higher degree of autonomy than less experienced pharmacists. They have the skills to be able to transform care delivery at a service, team or organisational level through, leadership, education and research.

This curriculum defines the purpose, content of learning and the programme of assessment for entry-level advanced pharmacists ensuring that the person, medicines optimisation and service delivery is at the heart of the advanced pharmacist's role. It was developed to take account of the pharmacist's role in supporting care through the appropriate use of medicines and the pharmacist development pathways, whilst being aligned to multiprofessional advanced practice pathways.

The Royal Pharmaceutical Society (RPS) is the professional leadership body for pharmacists in England, Scotland and Wales. It has developed a post-registration development pathway for patient-focussed pharmacists across all sectors in the UK. The continuum of development progresses from post-registration foundation, through advanced to consultant pharmacist levels of practice.

The level of practice described in this curriculum is the entry to advanced practice, building on the expectations articulated in the RPS post-registration foundation curriculum and laying the groundwork for pharmacists wishing to progress towards consultant level.

The need for an advanced pharmacist workforce is clear. The healthcare needs of people are continuously evolving and healthcare professionals are required to develop in line with this. The prescription of a medicine remains the most frequent intervention made in healthcare[2] and, after staffing, medicines account for the second highest area of spending in the NHS[3].

The increased burden, complexity and cost associated with medicines, the changing demographics of the people we care for (aging population, increased multi-morbidity, increasing mental health issues,) and the constant emergence of new and more sophisticated treatments and technologies, mean that the profession must adapt; patients need advanced pharmacists with the capabilities to autonomously support complex needs, providing holistic care that includes optimising the use of medicines and supporting people to get the optimal benefit from their use.

The RPS core advanced curriculum supports the development of a portable, flexible and adaptable patient-focussed advanced pharmacist workforce by articulating the common capabilities of all advanced pharmacists, regardless of area of practice or care setting, across all pillars of practice. Where additional specialist knowledge, skills or behaviours are required of advanced pharmacists in particularly specialist areas of practice, the RPS will seek to work with specialist groups to develop specialist curricula that sit alongside the RPS core advanced curriculum.

The RPS core advanced curriculum and credential have been developed to provide assurance to pharmacists, employers, the wider MDT and the public of the capability of advanced pharmacists working in patient-focussed roles.

Completing the core advanced curriculum is not a prerequisite for starting the RPS consultant credentialing process, but it allows pharmacists to develop the clinical and non-clinical skills and behaviours to lay the bedrock for consultant level practice.

The core advanced pharmacist curriculum is open to all pharmacists practising in patient-focussed roles. Membership of the RPS is not a requirement to access either the curriculum or credentialing assessment.

1.1 How can different stakeholders use this document?

Pharmacists working towards core advanced credentialing can monitor their progress towards achieving the outcomes, ensuring they are gaining the appropriate learning, training and experience. This will contribute to appraisal, self-assessment, self-directed learning, and formative and summative assessment against the outcomes.

Supervisors and mentors can support pharmacists undertaking the programme in their development of the appropriate skills, knowledge, and behaviours, and to access the appropriate experiences to gain these. They can use the curriculum to verify that they are providing teaching, support and guidance in the appropriate areas of practice.

Training providers will be able to design structured learning programmes and ensure local teaching maps to the curriculum.

Employers will be able to use the curriculum to support professional and personal development plans for employees' development as well as to understand the scope of practice for advanced pharmacists. They can also use achievement of the credential as independent assurance of the capability of individuals seeking employment in an advanced pharmacist role.

Service planners and commissioners can refer to the curriculum to understand the capabilities of the advanced pharmacist workforce when developing and commissioning services.

Patients and lay people will be able to see the standard required for a pharmacist to practise at an advanced level.

Assessors and collaborators will be able to refer to the curriculum outcomes and descriptors to support and standardise assessment activities and judgments.

2. www.england.nhs.uk/rightcare/useful-links/medicines-optimisation
3. digital.nhs.uk/data-and-information/data-insights-and-statistics/ prescribing-and-medicines-team

1.2 What are the proposed roles and responsibilities of different stakeholders in this curriculum?

The GPhC

- Sets the standards for pharmacy professionals

The four UK governments and their related organisations

- Identify and prioritise strategic, system, service or workforce needs including, through their respective educational organisations, the funding, planning, commissioning and quality management of training programmes

The RPS

- Collaboratively designs and develops the RPS core advanced curriculum, including its programme of assessment, in line with the standards articulated in the curriculum quality framework.

- Maintains, monitors and evaluates the RPS core advanced curriculum, including its programme of assessment.

- Administers a single common assessment against the curriculum outcomes and awards the RPS core advanced pharmacist credential.

Statutory education bodies

- Commission and/or provide elements of training programmes to meet the curriculum learning outcomes.

- Quality assure the provision of commissioned training programmes.

Higher education institutions/ local education and training providers

- Provide training programmes to meet relevant elements of the curriculum programme of learning, which may include support with supervision and the completion of SLEs.

Employers

- Implement elements of learning at a local level.

- Provide supervision to learners in practice.

- Undertake/facilitate supervised learning events in the workplace .

- Provide quality control and participate in quality management of education and training.

1.3 How was this curriculum developed and how will it be governed?

The capabilities and outcomes in this curriculum were developed collaboratively and are based on the RPS Advanced Pharmacy Framework (2013), predominantly at Advanced Stage II (ASII). They describe the expected level of practice of entry-level advanced pharmacists, bridging the gap between the RPS post-registration foundation curriculum (2021) and the RPS consultant pharmacist curriculum (2020).

The RPS core advanced curriculum is also aligned to multi-professional advanced practice frameworks; a mapping exercise has demonstrated complete coverage of the HEE Advanced Clinical Practice Framework (2017).

This RPS core advanced curriculum was developed in line with the quality standards defined in the RPS curriculum development guidance by two separate groups:

- Core advanced curriculum group

- Core advanced assessment group

Both groups were comprised of a wide range of stakeholders to ensure the programme of learning and assessment are inclusive to different sectors and geographies, including:

- GPhC

- Statutory education body representatives from across the UK: Health Education England, Health Education and Improvement Wales, NHS Education for Scotland, Northern Ireland Centre for Pharmacy Learning and Development

- Academic

- Employers (primary care, community and hospital)

- Learners (post-registration foundation and advanced pharmacist level)

Two additional reference groups were convened to support the development of the curriculum:

- Specialist affiliate reference group

- Equality, diversity and inclusion reference group

Both of these groups were represented on the core advanced curriculum and assessment groups

The ongoing oversight of the curriculum, including the periodic review of its content, will be undertaken by the RPS Advanced Pharmacist Assessment Panel which reports to the RPS Education & Standards Committee.

2   Curriculum purpose

2.1   How is the curriculum aligned to services and patient need?

The primary driver for the development of the RPS post-registration curricula is to develop and assure an advanced pharmacist workforce with the skills and capability to deliver better patient care.

The strategic NHS and workforce plans across the four nations are consistent in their inclusion of an upskilled pharmacy profession as one of the key enablers to driving the changes required for modern healthcare delivery. National strategy documents[4] make it clear that the need for pharmacists with recognised and accredited advanced skills in all sectors of practice will continue to grow. Greater numbers of people, in all settings, specialist areas and countries within the UK, will need access to advanced pharmacists with the capabilities articulated in this curriculum.

The healthcare needs of people are continuously evolving, and healthcare professionals are required to develop to meet these needs. For pharmacists, the increased burden, complexity and cost associated with medicines, the changing demographics of the people we care for (aging population, increased multi-morbidity, increasing mental health issues) and the constant emergence of new and more sophisticated treatments and technologies mean that the profession must adapt. As a profession we need to develop pharmacists with the advanced knowledge, skills and behaviours to autonomously support people with complex needs and further enhance the role of the pharmacist within the multiprofessional team.

The number of people whose needs are at the complex end of the care spectrum is growing. Therefore, the number of pharmacists with the advanced knowledge and skills to autonomously

4. NHS People Plan, Advancing Pharmacy Education and Training Review (England), the NES Pharmacist Career Framework Review, Achieving Excellence in Pharmaceutical Care (Scotland) and Healthier Wales (Wales)

support them also needs to grow. Pharmacists must be able to robustly demonstrate their advanced competence to assure employers, other professionals, patients, and the public of their ability to autonomously deliver more complex care, including independently managing complete episodes of care.

Addressing the climate and ecological emergency must be a priority for all healthcare professionals and advanced pharmacists must have the knowledge and skills to provide care and develop services in a way that maximises sustainability whilst keeping the person at the centre of the interaction.

Given the direction of pharmacy education, with prescribing moving to point of registration in the next three/four years, and with post-registration Foundation outputting prescribers, it is assumed that pharmacists organically moving through Core Advanced will be prescribers going forwards. Being a prescriber is not explicitly articulated in the learning outcomes nor will the RPS be requesting proof of being a registered prescriber prior to credentialing. However, in direct patient-facing roles, it is very difficult to imagine how an individual would be able to demonstrate the autonomy required in the clinical domains without being able to prescribe. For patient-focussed roles (such as Public Health), where influence is at a population level, it may be possible to demonstrate the outcomes without prescribing. However, this is in the context that all pharmacists in the future will be prescribers so this is a transition.

Advanced pharmacists will also possess the leadership, education and research skills to be able to positively influence practice in their locality, supporting individuals and groups to achieve and maintain improved health outcomes.

The RPS core advanced credential aims to support pharmacists, employers and service providers to develop the advanced pharmacist workforce by:

- Recognising and building on the fact that pharmacists enter practice with a Masters' level qualification and will be prescribers at the point of registration in the coming years.

- Bridging the gap between post-registration foundation and consultant practice and supporting the pharmacy workforce to develop

across both clinical and non-clinical Domains. (Aligning to, and interfacing seamlessly with, multi-professional advanced practice frameworks.)

- Supporting training models that allow flexible approaches to learning, including work-place learning and assessment as well as more formal academic programmes.

- Ensuring advanced pharmacists across the UK, irrespective of sector or area of practice, share a common set of advanced level capabilities across the four pillars of advanced practice.

- Supporting greater workforce portability, flexibility and mutual recognition between advanced pharmacists working in different care settings.

- Promoting flexibility to allow advanced pharmacists to easily change their areas of clinical specialism throughout their careers to meet evolving service demand, thereby avoiding siloed specialisation.

- Delivering a scalable and proportionate credentialing assessment model, allowing pharmacists to evidence their authentic, every-day practice to demonstrate their achievement of the curriculum outcomes.

Meeting the outcomes set out in the curriculum through completion of the associated credentialing assessment provides employers, patients, the public and other healthcare professionals with confidence in an individual pharmacist's capability to practise at an advanced level and holistically manage an episode of care. This approach will provide the healthcare system with the assurance required for both the safe delivery of services and the further development of pharmacist practice.

2.2 What is the scope of practice of an advanced pharmacist who completes this curriculum?

The content of the curriculum has been informed by the patient-focussed services an advanced pharmacist would be expected to deliver in community, primary and secondary care. It is designed to develop pharmacists who can:

- Manage clinical cases with a high degree of complexity, in collaboration with multidisciplinary

colleagues, by applying clinical reasoning and decision making to manage uncertainty and clinical risk.

- Apply clinical reasoning and shared decision making in the holistic management of an individual's episode of care, using clinical assessment skills and independent prescribing, for people with complex acute and long-term conditions.

- Demonstrate well-developed communication and collaboration skills, communicating highly complex information in challenging situations while maintaining and developing relationships.

- Interpret and, where necessary, adapt regional and national policy; providing medicines-focused leadership to the multidisciplinary team within their organisation.

- Influence and lead on improving the delivery of local clinical services, demonstrating creativity and innovation, using robust and sustainable quality improvement methodologies, and deliver better value healthcare.

- Role model practice that contributes to environmental sustainability and takes action to reduce the environmental impact of healthcare delivery and addresses the health implications of the climate and ecological crisis.

- Lead and manage a team or service to effectively deliver pharmaceutical care.

- Through the delivery of direct clinical care and influencing service delivery, improve the health of individuals and cohorts of people.

- Supervise, support and mentor the development of pharmacy and other healthcare professionals.

- Develop and deliver educational interventions for a range of professional and non-professional audiences.

- Interpret and apply new and emerging evidence in the delivery of pharmaceutical care at a team or service level.

- Generate new evidence by undertaking, contributing to and disseminating research and improvement activities.

2.2.1 Defining advanced level autonomy, complexity and sphere of influence

As clinicians gain experience and develop their knowledge and skills, they are expected to assume increased levels of autonomy and manage increasing levels of complexity within a wider sphere of influence.

Autonomy, complexity and sphere of influence are used throughout the document to describe the expected level of practice to demonstrate the curriculum outcomes and, in particular, to differentiate practice from the expectations of the RPS post-registration foundation and consultant curricula.

Autonomy

The characteristics of professional autonomy in person-centred practice include having the freedom to make decisions and act accordingly and taking responsibility for the decision-making process and the impact/outcomes associated with that decision.

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. For people experiencing a longer episode of care (e.g. for those admitted to hospital), it would include taking responsibility for planning, initiating, and monitoring a treatment plan or course of action.

Another indicator of autonomous practice is appropriate onward referral to other services, teams or healthcare providers. Autonomous practice does not override or negate the role of collaboration within the wider multidisciplinary team but does enable individual clinicians to manage clinical issues and take responsibility for that management, respecting their professional expertise.

Autonomy also applies to the other elements of a pharmacist's role (e.g. managerial, operational and governance activities). Similarly this is related to freedom to make decisions coupled with appropriate responsibility and accountability for the decision making.

Complexity

When the standard, routine approach to diagnosing, treating and caring for a person does not work, by definition, that person's needs are complex[5].

There are various models for describing complexity in the context of clinical practice[6,7]; all describe it as sitting along a spectrum, with contributing factors divided into groups or domains. Within each group or domain are individual factors that contribute to the overall complexity.

Factors that contribute to complexity are described in the non-exhaustive list below. To satisfactorily demonstrate any curriculum outcomes that describe people with complex or highly complex needs, those people would either be expected to have individual needs at the most complex end of the spectrum or a range of issues across groups, contributing to the overall complexity.

The factors below apply to the delivery of direct patient care but are also applicable to the management of groups or populations of patients and the principles could also be applied to more operational or strategic processes (i.e. complexity is based on a range of factors that necessitate adapting from a standard approach).

FACTORS CONTRIBUTING TO COMPLEXITY	
1. Clinical	**2. Socio-economic**
• presence of very severe illness or rare and serious diseases • presence of multiple morbidities, where one or more illnesses impact on treatment options of others • presence of conditions with limited/ ambiguous evidence base for treatment • presence of significant mental illness • polypharmacy • presence of genetic variability that alters treatment options • cognitive impairment • involvement of/management by multiple teams across system interfaces	• Lack of access to healthcare, shelter, financial means or other support • Low educational attainment • Absences of a safe and supportive home/ social network
	3. Cultural
	• Language barrier • Requirements for alternative care in line with cultural/religious needs • Presence of distrust of healthcare provision
	4. Readiness to engage
	• Presence of distractions/distress • Behavioural barriers, uninterested in change to harmful behaviours

5. Peek CJ, Baird MA, Coleman E. Primary care for patient complexity, not only disease. Families, Systems, & Health 2009;27(4):287–302.

6. Safford MM, Allison JJ, Kiefe CI. Patient complexity: more than comorbidity. the vector model of complexity. J Gen Intern Med. 2007;22 Suppl 3(Suppl 3):382–390. doi:10.1007/s11606-007-0307-0

7. Minnesota Complexity Assessment Method or MCAM form pogoe.org/sites/default/files/Exhibit%207-13_ Complexity%20Curriculum_tojames%40iu.edu_.pdf AssessmentMethodBairdHandout

Sphere of influence

Throughout the curriculum outcomes and descriptors, a context may be provided as to the expected sphere of influence of an individual to satisfactorily demonstrate the outcome.
The expected sphere of influence for an entry-level advanced pharmacist will vary depending on the scope of the activity being undertaken.
The table below sets outs a definition for the various descriptions used in the curriculum.

SPHERE OF INFLUENCE	DEFINITION
Organisational	The organisation that employs the pharmacist. These can vary significantly in scale. *"At an organisational level"* requires pharmacists to engage with the appropriate people within the organisation to take actions that impact on the organisation (but not necessarily implemented for all areas/teams/services of the organisation)
Team	The team that the pharmacist works with, including both the pharmacy and multidisciplinary team. *"At a team level"* requires the pharmacist to engage with team members as part of the activity or actions described. *"Being responsible at a team level"* requires the pharmacist to make decisions or implement an action on behalf of the team.
Care setting	The clinical setting in which the pharmacist works (hospital, general practice community pharmacy). For some pharmacists, this may be the same as their organisation. *"Beyond the care setting"* requires the pharmacist to collaborate with healthcare professionals from other care settings in delivering the described outcomes.
Service	*"At a service level"* requires the pharmacist to be responsible for operational delivery of an action/activity for the service they are working in – this may be equivalent to a "team" level or may cross care settings.

2.3 Advanced pharmacists and advanced clinical practitioners (ACPs)

2.3.1 What is an advanced clinical practitioner (ACP)?

Advanced clinical practitioners (ACPs) are healthcare professionals, educated to Master's level or equivalent, with the skills and knowledge to allow them to expand their scope of practice to better meet the needs of the people they care for. ACPs are drawn from a range of registered professional groups (including pharmacists, nurses and AHPs), deployed across all healthcare settings and work at a level of advanced clinical practice that pulls together the four ACP pillars of clinical practice, leadership and management, education and research[7].

While the roles undertaken by ACPs are determined by the needs of the employer, they are generally understood to refer to individuals with a broad and generic skill set (this may be related to generalist or specialist practice), capable of autonomously managing an undifferentiated patient list. They utilise their profession-specific expertise alongside their advanced generic skills. In their absence, the activity related to their clinical practice would normally be substituted by another suitable ACP (from any professional background) or a member of the medical team.

The education of ACPs focuses on broadened generic clinical skills (e.g. clinical assessment, clinical reasoning) and the other domains of practice (leadership, education and research). The education pathway does not cover the advancement of profession-specific knowledge, skills and attributes.

What are the similarities and differences between an advanced pharmacist and an advanced clinical practitioner?

There is significant overlap in the expectations of an advanced pharmacist and those of an ACP.

Both practise at an advanced level; they are experienced practitioners, able to autonomously manage the growing complexity encountered in the healthcare system. They have advanced level capabilities across the four pillars of practice (clinical practice, leadership, education and research) and can deploy their expertise to provide care for individual patients and demonstrably improve outcomes from the services they support.

However, the roles of an advanced pharmacist and an ACP in the healthcare system are different in two distinct areas:

i. Expertise and scope of practice in relation to medicines and pharmaceutical care

Advanced pharmacists have advanced-level expertise in the use of medicines in the delivery of care. As well as delivering care autonomously to individuals, they provide both clinical support and leadership to the multidisciplinary team optimising and mitigating risks associated with the use of medicines. This does not necessarily include the management of an undifferentiated patient list.

The role of an ACP within a team can vary but usually involves deploying advanced clinical assessment and clinical reasoning skills in the management of a relatively undifferentiated cohort of patients. While they deploy their profession-specific expertise in the delivery of care, their role is not usually linked explicitly to their professional background and, in their absence, their patient list could be managed by a suitable clinician from across the multi-professional team.

Individuals wishing to work as an advanced pharmacist must demonstrate that they have the profession-specific capabilities defined in the RPS core advanced curriculum in addition to the broader clinical skill set required in their role/area of practice commensurate with other advanced clinicians (see fig.1 below)

8. www.hee.nhs.uk/our-work/advanced-clinical-practice/ what-advanced-clinical-practice

ii. Education and credentialing pathways

To become an ACP, an individual usually undertakes an academic Master's level qualification, supporting them to develop the expected advanced level clinical skills as well as the generic skills across the other pillars of practice. In England, those who successfully complete an HEE accredited ACP course will be recognised by the HEE Centre of Advancing Practice.

ACP education focusses on the broad generic skills required within the role but does not deliver or assure advanced profession-specific capabilities.

Advanced pharmacists demonstrate advanced level pharmacy practice through the completion of the RPS core advanced programme of assessment, a robust and independent assessment of an individual's vocational development and application of formal advanced education in the workplace. This credentialing is undertaken by the RPS and ensures a solid grounding for developing towards consultant-level pharmacist practice for those for whom this is an aspiration.

Advanced Pharmacist

Advanced Clinical Practitioner

Pharmacy and medicines experts with pharmacy-specific capabilities.

Role would not be able to be safely delivered by another professional group.

Work at an advanced level of (clinical) practice.

experienced practitioners across the four pillars of practice.

Deliver complex care autonomously.

General clinical assessment skills for managing undifferentiated patient list.

Generic role but draw on professional expertise.

Role could be undertaken safely by individuals from a range of healthcare professions.

Figure 1.

The interface between advanced pharmacists and advanced clinical practitioners

2.4 How does this curriculum fit in with the wider education and professional development pathway for pharmacists?

The domain headings in the GPhC Standards for initial education and training of pharmacists and all RPS post-registration curricula are aligned providing a clear continuum of professional learning and development from the point of entering the MPharm degree through to consultant practice. The domains closely mirror the four pillars of advanced practice[9] recognised across healthcare professionals: clinical practice, leadership and management, education and research.

DOMAIN 1	DOMAIN 2	DOMAIN 3	DOMAIN 4	DOMAIN 5
PERSON-CENTERED CARE AND COLLABORATION	PROFESSIONAL PRACTICE	LEADERSHIP AND MANAGEMENT	EDUCATION	RESEARCH

CLINICAL PRACTICE **LEADERSHIP AND MANAGEMENT** **EDUCATION** **RESEARCH**
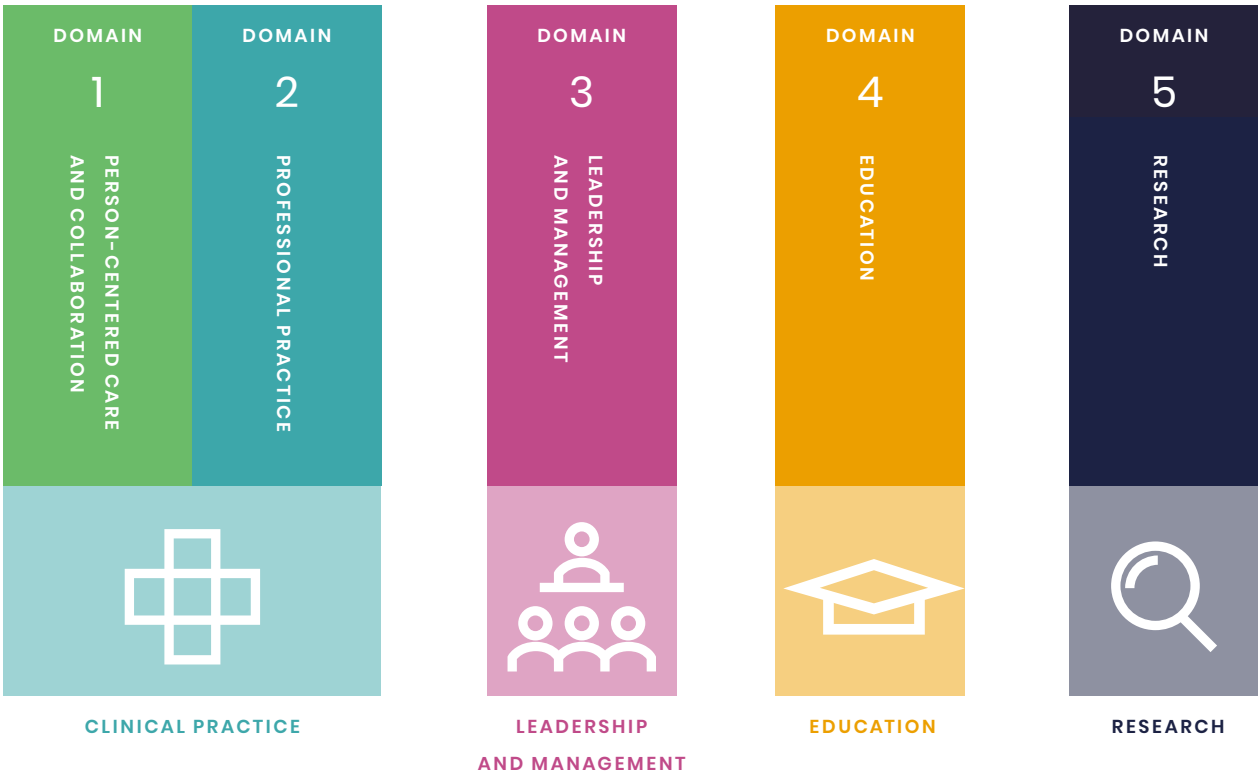
Figure 2.

The four pillars of advanced practice

Figure 3.

RPS Post-registration credentialing model

CONSULTANT

CORE ADVANCED

ADVANCED SPECIALIST

POST-REGISTRATION FOUNDATION
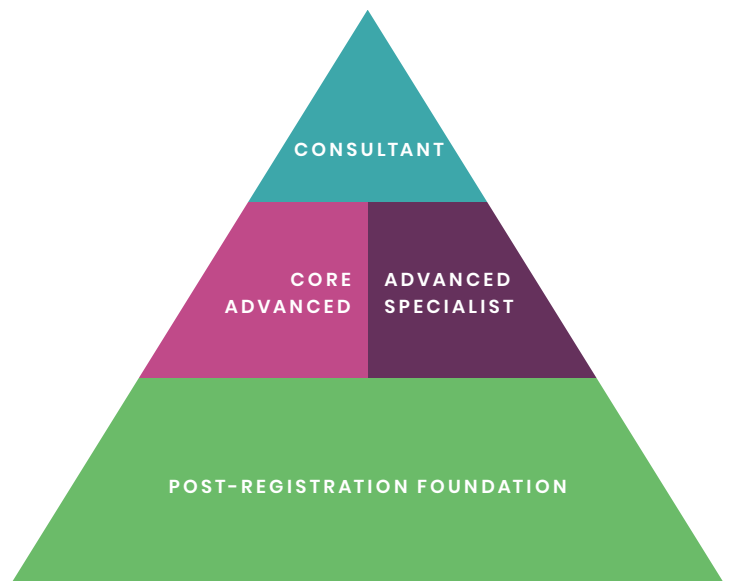
9. Manley, K. (1997) A conceptual framework for advanced practice: an action research project operationalising an advanced practitioner/nurse consultant role, Journal of Clinical Nursing, 6(3), pp. 179–190

3 The programme of learning

The curriculum consists of 12 capabilities which describe the key clinical and professional aspects of advanced pharmacist practice. Each capability is a synthesis of outcomes which describe the knowledge, skills and behaviours that should be demonstrated by an entry-level advanced pharmacist. Each outcome is supported by a set of descriptors which clarify the expected level and breadth of performance required to demonstrate the outcome. The learner does not need to provide evidence for every descriptor but should ensure their evidence reflects the breadth and depth described. The example descriptors are not exhaustive and alternative supporting evidence may be used when deciding how to demonstrate achievement of the outcomes. The capabilities and associated outcomes have been grouped together into five broad domains; these domains are mirrored through all RPS post-registration curricula supporting the continuum of practice from post-registration foundation to advanced and consultant practice.

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

1 PERSON-CENTERED CARE AND COLLABORATION

Communicates effectively, managing complexity while keeping the person at the centre; promotes and enables collaboration at a team or service level.

2 PROFESSIONAL PRACTICE

Has the knowledge and skills to deliver care autonomously for people with complex needs; professional practice at a team or service level.

3 LEADERSHIP AND MANAGEMENT

Improves care delivery through action at a team or service level; using appropriate methods, evidence and resources; demonstrates leadership and resilience.

4 EDUCATION

Develops themselves and others; delivers high quality educational resources that impact at a team or organisational level.

5 RESEARCH

Evaluates the evidence base; uses appropriate methods to inform service development and disseminate learning.

Figure 5. *Overview of domains and capabilities*

DOMAIN

CAPABILITIES

OUTCOMES

DESCRIPTORS

Figure 4. *Programme of learning hierarchy*

3.1   Capabilities, outcomes and descriptors

The final column indicates mapping of the outcomes in this curriculum to the outcomes in the RPS Advanced Pharmacy Framework (2013) and to the outcomes in the RPS A Competency Framework for Designated Prescribing Practitioners (2019).

Please remember that the descriptors are to guide individuals and supervisors to the level of performance and breadth of evidence required. Individuals are not required to include evidence in their e-portfolio for every descriptor.

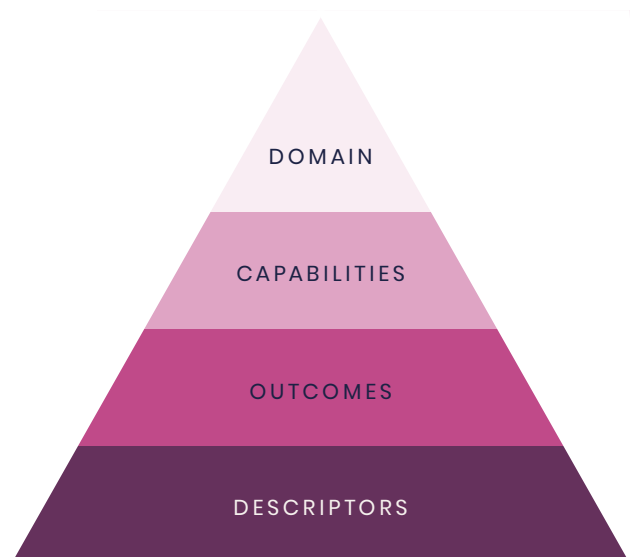| DOMAIN	CAPABILITIES		OUTCOMES	DESCRIPTORS	APF	DPP FRAMEWORK
1. PERSON-CENTERED CARE AND COLLABORATION	Communicates effectively when dealing with challenging situations, placing the person at the centre of any interaction.	1.1	Communicates complex, sensitive and/or contentious information effectively with people receiving care and senior decision makers.	Critically appraises complex information from a range of sources and communicates this clearly and confidently and in a format suitable for the intended audience, including senior stakeholders.	2.1	5.2
				Appropriately and effectively utilises different communication media, including face to face, telephone, written, video, social media and digital, to effectively engage with the intended audience (including patients, carers and senior stakeholders) within and beyond their care setting.		
				Collects all pertinent information through active listening skills, effective questioning, and recognising and responding to verbal and nonverbal cues; ensures the individual feels valued and listened to.		
				Creates opportunities to discuss the environmental impact of treatment options (including no treatment) as part of person-centred consultations		
				Anticipates and identifies barriers to effective communication, adapts verbal and non-verbal communication style and deploys techniques to improve communication in a way that is responsive to the person's communication and language needs, preferences and abilities (e.g. speech and hearing problems, and different languages, cultures and levels of health and IT literacy).		
				Effectively adapts verbal and non-verbal communication in challenging situations demonstrating empathy and valuing the other person's point of view to achieve a suitable outcome. This includes managing hostility and significant conflict, overcoming resistance or hesitancy, the delivery of distressing or upsetting information, and/or engaging with people who are distressed, or suffering from acute severe physical (e.g. pain), mental or emotional illness or trauma, appropriately.		
				Employs and adapts appropriate communication techniques based on consultation models or frameworks to robustly explore the person's ideas, concerns, and expectations.		
				Communicates information about complex treatment regimens, including no treatment, and can clearly describe the risks and benefits of their use in terms which can be understood by the person (patient/carer/relative/healthcare professional) including where decision aids are lacking, or evidence is ambiguous.		
				Presents sensitive and/or contentious information clearly and confidently to a broad range of stakeholders, including senior stakeholders, appropriately managing any arising conflict.		

DOMAIN	CAPABILITIES	OUTCOMES		DESCRIPTORS	APF	DPP FRAMEWORK
1. PERSON-CENTERED CARE AND COLLABORATION	Communicates effectively when dealing with challenging situations, placing the person at the centre of any interaction.	1.2	Demonstrates cultural effectiveness through action; values and respects others, creating an inclusive environment in the delivery of care and with colleagues.	Is aware of prejudices faced by different groups both in the workplace and when accessing healthcare and takes steps to negate the influence of these in their own practice and the practice of others, considering the impact of intersectionality.	N/A	5.2
				Creates a culture in the pharmacy and multidisciplinary team that is inclusive and respectful of people's and colleagues' religious, cultural and ethical beliefs, and their ideas and feelings.		
				Proactively demonstrates equity and fairness in all aspects of day-to-day practice and promotes this in the wider team.		1.6
				Ensures they meet all their responsibilities under equality and human rights legislation and holds others to account.		
				Challenges inappropriate behaviour and attitudes which are discriminatory, dealing with or escalating issues as appropriate		
				Gives positive practical support to people (colleagues or those accessing care) who may have learning support needs, be neurodiverse, feel vulnerable, victimised or unfairly treated.		
				Is aware of unconscious bias and takes steps to minimise this through education, inclusive practice and representation.		
	Delivers person-centred care for individuals with complex needs.	1.3	Always keeps the person at the centre of their approach to care when managing challenging situations; empowers individuals and, where necessary, appropriately advocates for those who are unable to effectively advocate for themselves.	Places the highest priority on the needs (health, social, emotional, cultural) of individuals receiving care and effectively balances this with other/competing priorities (cost-effectiveness, planetary health).	N/A	5.1 5.2 5.4
				Discusses and collaboratively agrees goals of treatment with individuals receiving care.		
				Respects the autonomy of individuals to make decisions about their own care, even when this differs to their own professional opinion.		
				Assesses the capacity of individuals to make decisions with respect to the care being delivered by the pharmacist and effectively manages situations where capacity is lacking, following best practice in applying relevant legislation.		
				Recognises people who may need support in articulating their healthcare needs and takes steps to enable this.		
				Advocates for individuals who are unable to advocate for themselves.		

DOMAIN	CAPABILITIES	OUTCOMES		DESCRIPTORS	APF	DPP FRAMEWORK
1. PERSON-CENTERED CARE AND COLLABORATION	Collaborates with stakeholders in the wider pharmacy and multidisciplinary team to promote a collaborative approach across their team and/or organisation.	1.4	Builds strong relationships with colleagues working as part of multidisciplinary teams influencing the delivery of positive healthcare outcomes at a team and/or organisational level.	Is sought by colleagues in the wider pharmacy and multidisciplinary team to collaborate in the delivery of care for people with complex needs and/or the development or delivery of services for groups of patients.	2.2	1.5
				Has excellent working relationships with senior multidisciplinary colleagues, working in partnership to ensure safe and effective patient care, including challenging the status quo when needed.		
				Fosters effective team working through collaboration and creates a team dynamic and culture where all team members are encouraged to collaborate.		
				Develops networks that extend beyond their care setting, organisation and/or area of clinical practice.		
				Works collaboratively across their organisation to develop promote, and implement guidelines, policies, and strategies to influence change within their organisation.		
				Liaises with and communicates effectively with colleagues from a range of professions and settings to positively influence and deliver care.		
		1.5	Gains co-operation from senior stakeholders through effective influencing, persuasion and negotiation.	Clearly articulates recommendations as reasoned arguments for senior stakeholders in a range of settings to deliver improved outcomes for individuals and/or groups of service users.	2.1	N/A
				Respectfully, but assertively, presents opinions and recommendations that may be different to existing strategies, positively influencing the outcomes with their expertise.		
		1.6	Recognises, and respects, the role of others in the wider pharmacy and multidisciplinary team; optimises the care delivered for individuals and groups through appropriate delegation and referral.	Is sought as a reliable source of expertise, for complex cases, by a range of established and advanced clinicians from within the pharmacy and wider multidisciplinary team.	2.2	4.5
				Seeks advice from and/or uses appropriate onward referral mechanisms to enable patients to access care from the most appropriate clinician or care provider within primary or secondary care.		
				Delegates work appropriately to members of the pharmacy team or wider multidisciplinary team to deliver high standards of care, maximising the potential of the team.		
				Develops and implements ways of working that recognises contributions and maximises the output of the team.		

DOMAIN	CAPABILITIES	OUTCOMES		DESCRIPTORS	APF	DPP FRAMEWORK
2. PROFESSIONAL PRACTICE	Applies advanced clinical knowledge and skills in the delivery of care for individuals or groups with complex needs.	2.1	Delivers care using advanced pharmaceutical knowledge and skills for individuals and/or groups with highly complex needs, including where evidence is limited or ambiguous.	Applies clinical knowledge and skills to autonomously identify, prioritise and optimise medicines and other treatments in the management of people with complex medical, psychological and/or social needs.	1.1 1.3	2.1
				Recognises the psychological, social and physical impact of complex health/mental health problems on the person and takes appropriate action to support them to manage their conditions and medicines.		
				Provides expert advice and clinical input to other senior and specialist clinicians in the delivery of holistic person-centred care, including pharmaceutical care, where evidence is limited or ambiguous.		
				Anticipates pharmaceutical and clinical issues in individuals or groups with complex needs and acts appropriately and proportionately to minimise their impact.		
				Enables the application of innovative healthcare technologies e.g. genomic medicine, digital health solutions, artificial intelligence and advanced therapeutic medicinal products.		
				Collaborates with the multidisciplinary team in the care of complex patients and/or patient populations based on the evidence-base and/or best practice.		
		2.2	Undertakes a holistic clinical review of individuals with complex needs, using a range of assessment methods, appropriately adapting assessments and communication style based on the individual.	Undertakes a person-centred consultation and/or clinical assessment* for people with complex medical, psychological and/or social needs in an appropriate setting taking account of confidentiality, consent, dignity and respect.	N/A	2.2
				Systematically performs physical and non-physical clinical examinations and assessments* and is able to interpret physical signs accurately, adapting the process based on the needs of the individual (including cultural, physical and psychosocial needs).		
				Autonomously requests and interprets relevant examinations and investigations to support assessment, diagnosis, monitoring and management of people with complex needs in a systematic and efficient manner.		
				Makes appropriate clinical decisions in line with clinical decision-making tools, recognising the potential limitations of the tools employed and when alternative approaches should be employed.		
				Formulates appropriate differential diagnoses and applies clinical judgement to people with complex needs to arrive at a working diagnosis.		
				Appropriately triages and prioritises people for review or intervention.		
				Takes a holistic approach to assessing the sustainability of treatment regimens including associated consumables, the supply chain, individual preference, acceptability and the likelihood the medicines will be used as intended.		
				Uses clinical reasoning to appropriately prioritise interventions for individuals as part of a treatment plan, while employing a collaborative and shared decision-making approach.		

*Clinical assessment includes history-taking; identifying risk factors; mental health assessments;
 requesting, undertaking and/or interpreting diagnostic tests; and conducting health needs assessments

DOMAIN	CAPABILITIES		OUTCOMES	DESCRIPTORS	APF	DPP FRAMEWORK
2. PROFESSIONAL PRACTICE	Applies advanced clinical knowledge and skills in the delivery of care for individuals or groups with complex needs.	2.3	Demonstrates effective clinical reasoning skills, making autonomous, evidence informed, person-centred decisions about treatment for individuals or groups with complex clinical needs, managing risk in the presence of significant uncertainty.	Autonomously makes appropriate clinical decisions and prescribing interventions (adding, stopping, stepping down and/or optimising medication) for people with complex needs, ensuring the treatment plan is documented clearly and communicated to all relevant clinicians involved in the patients care.	1.3	2.3
				Receives and appropriately answers a variety of medicine related and clinical enquires from senior and specialist clinicians and individuals and carers with complex needs.		
				Manages clinical uncertainty by critically appraising existing evidence, which may be limited or ambiguous, and best practice guidance and applying it to individuals with complex needs.		
		2.4	Acts to improve the health of the population and reduce health inequalities.	Accesses local and national data and resources to identify relevant local population health priorities and drivers for inequality.	N/A	2.4
				Identifies and implements population health interventions to improve the overall health of individuals and groups for whom they provide care and to reduce health inequalities.		
				Utilises appropriate techniques (e.g. behaviour change techniques) to meaningfully engage and motivate people to improve their health, including those with complex healthcare, social and psychological needs or have previously been unable to successfully engage with self-care interventions.		
				Takes action to improve accessibility to care for those from communities which may find it more challenging (including those for whom stigma may be a barrier).		
				Acts to improve the health literacy of people to improve their access to care.		
				Acts to manage the complexity of intersecting factors that contribute to health inequality e.g. language barriers, neurodiversity, socio-economic factors, cultural factors.		
				Considers the impact of the climate crisis on health inequalities and takes appropriate actions to address this		
	Assures the professional practice of self and supports effective performance of others.	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.	1.2 4.3	2.4
				Is accountable for clinical decisions and treatment plans developed for patients with complex medical, psychological and social needs.		
				Proactively seeks feedback from a range of sources, including those for whom they provide care, using appropriate methods.		
				Uses data e.g. key performance indicators, audit, and/or quality improvement methodologies, to monitor their own practice and the performance of the service and/or team.		

DOMAIN	CAPABILITIES		OUTCOMES	DESCRIPTORS	APF	DPP FRAMEWORK
2. PROFESSIONAL PRACTICE	Assures the professional practice of self and supports effective performance of others.	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.	Can define and articulate the limits of own competence and professional scope of practice.	1.4	2.5 4.4 6.3
				Seeks advice or uses appropriate onward referral mechanisms to enable patients to access care from the most appropriate clinician or care provider within primary or secondary care.		
				Appropriately identifies and mitigates the potential risks of their actions or inaction in care delivery.		
				Demonstrates professional judgement in appropriately seeking help for activities that are beyond their scope or level of practice.		
				Reviews and audits the impact of their practice as part of the service to identify learning and/or alter their scope of practice.		

DOMAIN	CAPABILITIES		OUTCOMES	DESCRIPTORS	APF	DPP FRAMEWORK
3. LEADERSHIP AND MANAGEMENT	Enhances the delivery of local pharmacy healthcare services through leadership; manages change effectively to deliver demonstrable improvements to care.	3.1	Pro-actively contributes to defining a strategic vision for their team and/or service in collaboration with other senior stakeholders; engages others to support the delivery of the strategic vision.	Collaborates with senior decision makers; providing input into defining a strategic vision for their team and/or service, ensuring alignment with existing and emerging organisational and national policies.	3.3 4.8	1.4
				Engages appropriate stakeholders from within and beyond their immediate care setting in developing strategy or vision at a team and/or service level.		
				Supports team members to set objectives that are aligned to the organisational strategy and vision.		
				Communicates purpose and vision clearly, influencing individuals from across teams and/or professional groups to work together in to achieve a common goal.		
				Considers and addresses environmental sustainability as part of strategy development.		
				Actively seeks contributions from across the team of ideas and solutions to improve services including amplifying the voices of those who may feel marginalised or disenfranchised.		
				Makes, and effectively communicates, decisions at a team and/or service level to achieve organisational goals.		
				Demonstrates authenticity, integrity, and role-modelling, leading by example at a team and/or service level.		
				Takes appropriate steps to mitigate barriers to achieving a strategic vision at a team, service and/or organisational level.		
		3.2	Motivates and supports individuals and/or teams to improve performance.	Communicates strategic vision effectively with individuals and/or teams, breaking it down into discrete operational deliverables; ensures individuals and/or teams understand how they contribute to achieving the vision.	4.5 5.1	1.2 1.4 5.3
				Sets appropriate goals and objectives for individuals and/or teams which align to organisational strategies; helps to motivate individuals to achieve these.		
				Provides effective feedback to individuals/teams that recognises good performance and identifies areas for improvement, engaging meaningfully in providing support in areas for improvement.		
				Responds to poor practice effectively and supports access to development opportunities; appropriately escalates ongoing concerns in line with organisational performance management policies whilst recognising and considering systemic issues that may exist within performance management and complaints procedures.		
				Demonstrates high levels of professionalism; treating all involved with dignity and respect.		
				Recognises the differences in the people they work with, including the barriers or systemic limitations that they may have had to face and takes appropriate supportive actions.		
				Acts as a role model supporting the pharmacy team and other healthcare professionals with issues relating to professional practice.		

DOMAIN	CAPABILITIES		OUTCOMES	DESCRIPTORS	APF	DPP FRAMEWORK
3. LEADERSHIP AND MANAGEMENT	Enhances the delivery of local pharmacy healthcare services through leadership; manages change effectively to deliver demonstrable improvements to care.	3.3	Demonstrates team leadership, resilience and determination, managing situations that are unfamiliar, complex and/or unpredictable to deliver positive outcomes at a team and/or service level.	Manages competing priorities at a team and/or service level, balancing risk and delivering positive outcomes.	3.6 4.7	N/A
				Creates a culture within the team which promotes and encourages innovation and/or improvement to services.		
				Creates a team culture that normalises learning from errors; supports others to learn from incidents/near misses to improve practice.		
				Directs and manages a diverse team workload effectively whilst maintaining quality and consideration for individuals receiving care and team members.		
				Aligns services and priorities to local, regional and/or national policies.		
				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.		
				Takes ownership of significant and serious problems, including resolving errors or incidents that have occurred.		
				Identifies issues which impact on safe and effective delivery of services and identifies appropriate solutions and/or escalates appropriately.		
				Recognises the difference between system issues impacting on individual and/or team performance as opposed to individual performance/resilience and acts accordingly.		
				Recognises the link between effective team working and safe service delivery and acts accordingly.		

DOMAIN	CAPABILITIES		OUTCOMES	DESCRIPTORS	APF	DPP FRAMEWORK
3. LEADERSHIP AND MANAGEMENT	Uses evidence, policies, resources and data as part of quality improvement to shape local service delivery to provide high standards of care and improve outcomes.	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.	Interprets, adapts and applies current and emerging local and national medicines related guidelines and policies in the development and delivery of pathways and services at a local level.	3.1 3.4 3.5 4.2 4.6	N/A
				Places service users at the centre of any service change, engaging them in identifying and co-producing solutions.		
				Considers the impact of changes to services on inequalities e.g. impact on access, disproportionate impact on people with certain protected characteristics.		
				Considers the impact of changes to services on the environment e.g. emissions, waste.		
				Employs quality improvement methodologies in the development and monitoring of improvements to services.		
				Analyses local and national data, including service user feedback and data relating to inequalities, in the delivery, development and improvement of clinical and pharmaceutical services.		
				Contributes to developing and implementing new working practices to demonstrably improve outcomes from medicines and care, including for people disproportionately disadvantaged by the current service.		
				Utilises data-driven approaches to deliver quality improvement, change management and prioritisation of issues at an individual, population, service and/or organisational level that positively impacts on the safe and effective use of medicines.		
				Takes action to ensure quality improvement activities are environmentally sustainable.		
				Is responsible for the appropriate utilisation of resources (financial and/or staffing); uses robust data to monitor and/or allocate resource.		
				Contributes to business cases to support further resource and/or reconfigure current resource.		

DOMAIN	CAPABILITIES		OUTCOMES	DESCRIPTORS	APF	DPP FRAMEWORK
3. LEADERSHIP AND MANAGEMENT	Uses evidence, policies, resources and data as part of quality improvement to shape local service delivery to provide high standards of care and improve outcomes.	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.	Collaborates with the pharmacy and multi-disciplinary teams within and beyond their own care setting in the development and delivery of, and management of risks associated with, pharmaceutical and clinical services.	3.2 4.1 4.4 4.9	N/A
				Contributes to the clinical governance agenda in their area of clinical practice, by providing medicines related expertise to the multi-disciplinary team, developing and implementing clinical governance systems.		
				Takes responsibility at a team and/or service level for contributing to national/global priorities or initiatives to improve safe and effective use of medicines e.g. reducing antimicrobial resistance, reducing harm from medicines, reducing inappropriate polypharmacy.		
				Shares work with the wider pharmacy / healthcare team, across healthcare organisations and/or settings to ensure innovation is shared and adopted.		
				Leads and manages the implementation of complex projects and programmes at a team and/or service level.		
				Works with the pharmacy and multidisciplinary team to investigate errors, near misses and critical incidents, using appropriate tools e.g. significant event analysis, human factors and / or root cause analysis.		
				Identifies trends/patterns in medicines related errors and coherently articulates identified risks to appropriate senior stakeholders, working with them to develop and introduce mitigations, monitoring the impact of any changes on patient safety.		
				Adheres to and promotes appropriate governance and equality principles in delivery of services (e.g. information governance, financial regulations, safeguarding, EQIAs etc).		
	Demonstrates resilience in effectively managing challenging, high-pressured situations.	3.6	Demonstrates emotional intelligence when managing challenging and complex situations; remains composed and de-escalates potential and actual conflict situations.	Is receptive to challenge and prepared and able to challenge others constructively and sensitively.	N/A	1.2
				Recognises the factors that increase the pressure faced at work and takes steps to mitigate and manage these to continue delivering care appropriately.		
				Identifies factors that can enhance or negatively impact on team dynamics; anticipates potential challenges within the team and takes action to minimise these.		
				Demonstrates compassionate leadership, displaying empathy when managing challenging situations, recognising the factors that may contribute to a negative response from team members and/or service users.		
				Employs strategies to avoid and de-escalate conflict while allowing for robust conversation where there are differences of opinion.		
				Provides support to colleagues when managing challenging and/or high-pressure situations, appropriately stepping in and/or escalating if necessary.		
				Reflects on challenging situations and supports team members to debrief and reflect.		

DOMAIN	CAPABILITIES		OUTCOMES	DESCRIPTORS	APF	DPP FRAMEWORK
4. EDUCATION	Develops themselves and others, by identifying learning needs and providing supervision, mentorship and support.	4.1	Reflects on practice to critically assess own learning needs and pro-actively engages in professional development.	Critically assesses and addresses own learning needs; develops an appropriate personal development plan to maximise clinical skills and knowledge as well as their own potential to lead and develop both care and services.	N/A	6.1 6.2 6.4 7.2
				Proactively seeks and engages in learning and professional development opportunities, in line with their personal development plan, staying up to date with evolving practice and implementing this at a team or service level.		
				Instigates and participates in peer review and interprofessional learning activities.		
				Demonstrates how their personal development reflects the needs of the people who access their services or for whom they provide care as well as the needs of their organisation and their own career aspirations.		
				Proactively considers equality, diversity and inclusion as part of their personal development plan.		
				Uses appropriate tools to actively seek feedback, both positive and negative, from individuals receiving care, service users and colleagues, mentees and learners; is open to and acts on the feedback received.		
		4.2	Supervises others' performance and development; provides high quality feedback, mentorship, and support.	Supervises others in the workplace, taking responsibility for evaluating their performance against defined standards and/or agreed objectives, making formative and where appropriate summative judgements and/or assessments.	5.2 5.4	1.1 1.3 1.4 1.6 3.1 3.3 3.5 3.6 4.1 4.2 4.3 6.3 7.3 8.2 8.3
				Undertakes educational needs assessments with others to support their development.		
				Helps others to develop by engaging, appraising and responding to their motivation, development stage and capacity, supporting them to produce an appropriate plan for their development with specific objectives to address identified learning needs.		
				Acts as a positive role model and guides colleagues from across pharmacy and the wider team in developing professional values and through encouragement, motivation and support.		
				Advocates for and actively contributes to a culture of organisational learning, that is inclusive, places a high value on education and promotes learning from errors, to inspire future and existing staff.		
				Provides effective, timely, supportive and constructive feedback to support the development of others' clinical and non-clinical skills, employing appropriate assessment techniques and tools to support the process (e.g. SLEs).		
				Uses appropriate techniques to mentor and develop others.		
				Fosters autonomy and facilitates learning by encouraging critical thinking in those that they supervise and/or mentor.		
				Identifies and supports learners experiencing difficulties, including liaising with relevant supervisor(s), interfacing with employment performance management procedures and ensuring agreed steps/actions are shared as appropriate.		
				Articulates decision making processes and justifies the rationale for decisions (e.g. formative or summative assessment decisions) when teaching or training others.		
				Works in partnership with learners, other healthcare professionals providing supervision and/or programme providers to confirm the competence of the learner.		
				Takes a person-centred approach to teaching and training in practice, including appropriate information sharing and consent processes		

N/A

DOMAIN	CAPABILITIES	OUTCOMES		DESCRIPTORS	APF	DPP FRAMEWORK
4. EDUCATION	Develops and delivers high-quality educational interventions that demonstrate impact at a team and/or organisational level.	4.3	Designs and delivers educational interventions that impact at a team and/or organisational level, supporting members of the pharmacy team, wider multi-disciplinary team, and/or service users, to safely and effectively use medicines.	Applies best practice in clinical education, including the principles of delivering effective and inclusive learning, training and assessment to groups of learners.	5.3 5.5 5.6	1.1 1.6 3.1 3.2 3.4 7.1 8.1
				Develops educational interventions based on evidence of the learning need (e.g. through feedback, analysis of errors, etc).		
				Develops and delivers educational interventions e.g. training sessions, that are evidence-based.		
				Supports the development of the pharmacy and wider team to build capacity and capability through work-based and interprofessional learning, and the application of learning to practice.		
				Actively engages in contributing to the development of curricula, educational resources and/or assessments for pharmacy and/or multi-disciplinary learners.		
				Considers the needs of the learner when planning and delivering educational interventions, planning and producing materials that meet those needs.		
				Develops educational interventions (including materials) for people receiving care that support health literacy and empower individuals to participate in decisions about their care and to maximise their health and well-being.		
				Collaborates with educational specialists within and/or external to their organisation to develop and deliver education provision.		
				Evaluates the equity, effectiveness and impact of their education-related activities and outcomes; collates data and feedback, adapting their approach when necessary.		
				Employs appropriate and inclusive teaching methods to facilitate learning in practice and adapts to individual learner needs.		
				Considers the environmental impact of educational interventions.		

The RPS Education & Standards committee (ESC) recognises the need for greater clarity as to what constitutes the acceptable standard relating to research across the RPS post-registration curricula. During its discussion, the committee referred to the standardised definitions in the HRA Defining Research table. In this vein, the committee decided to provide greater guidance clarification as the standard as per below:

- **RPS core advanced**: Acceptable activities to meet the outcome can include evidence of research and/or service evaluation and/or quality improvement activities. The activity at this level should include active involvement in research and/or service evaluation and/or quality improvement activities that have had a demonstrable impact on healthcare outcomes at a team and/or service level.

DOMAIN	CAPABILITIES		OUTCOMES	DESCRIPTORS	APF	DPP FRAMEWORK
5. RESEARCH	Critically evaluates and applies the evidence base to inform practice.	5.1	Interprets and critically appraises the evidence base to inform practice and care delivery at a team and/or service level.	Identifies relevant published literature related to their practice; critically appraises literature with peers e.g. participation in journal clubs and/or peer review sessions.	6.1 6.5	N/A
				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.		
	Undertakes research and/or quality improvement, using appropriate methods, to improve healthcare outcomes at a team and/or service level.	5.2	Identifies gaps in the evidence base; uses appropriate methods for addressing the identified gap(s), generating new evidence.	Critically analyses evidence base; identifies gaps in evidence relevant to their area of clinical practice.	6.2	N/A
				Creates valid research questions to adequately address the service and/or patient need.		
				Collaborates with others to develop research or quality improvement protocols, selecting appropriate method(s) to address the research question or service gap, and ensuring ethical approval where appropriate.		
				Reviews the output of their research or quality improvement activity and considers the practical implications; identifies potential need for further activity to strengthen evidence for best practice.		
				Develops, implements, and reviews a research and improvement strategy at the team or service level in line with organisational priorities.		
				Considers the environment impact of research activity/ or interventions.		
		5.3	Implements changes at a team and/or service level based on the outputs of their research and/or quality improvement activity and disseminates findings.	Communicates their research findings and outputs with appropriate stakeholders within their organisation to influence changes to practice.	6.4	N/A
				Introduces new approaches to service delivery based on the outputs of their research and/or quality improvement activity to improve patient outcomes.		
				Disseminates findings from research and/or quality improvement projects through appropriate media and fora (e.g. presentations, posters, peer-reviewed journals).		
		5.4	Collaborates with others in undertaking research and supports others to engage with research and improvement activities.	Facilitates collaborative links between clinical practice and research through proactive engagement, networking with academic, clinical and other active researchers.	6.3 6.6 6.7	N/A
				Collaborates with researchers from across the multidisciplinary team, adhering to good research practice.		
				Optimises the use of medicines used in research and in collaboration with other researchers.		
				Supports others to undertake research projects and quality improvement activities.		
				Promotes research, innovation and continuous improvement through education and role modelling, identifying opportunities for research and/or quality improvement and/or seeking out and applying for research funding.		

3.2 How will we ensure the curriculum learning content is inclusive?

The RPS is committed to celebrating the diversity of the pharmacy profession and ensuring its curricula are inclusive and accessible to all. To ensure this, we have undertaken a full Equality Impact Assessment (EQIA) of the curriculum and will make the report available.

An advanced practice equality, diversity and inclusion reference group was established consisting of members on the RPS Action in Belonging, Culture and Diversity (ABCD) group. This group was instrumental in shaping the curriculum content and assessment strategy with a focus on inclusion and diversity.

As part of the public consultation there was further engagement with representative groups to ensure that diverse voices further shaped the curriculum and assessment programme, including where possible:

- Pharmacists from different ethnicities.

- 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.

4 Education & training provision

4.1 How can training against the curriculum be delivered?

To be able to successfully demonstrate the outcomes of the programme of learning, experience of working in a patient-focussed role in at least one sector of pharmacy practice is essential.

The curriculum has been designed to offer significant flexibility to pharmacists in how learning and training is accessed and evidenced.

It is expected that the majority of pharmacists working towards advanced credentialing will direct their own development against the curriculum with appropriate support and supervision in the workplace.

Employers, statutory education bodies, higher education institutions and other training providers have an important role to play in supporting individual pharmacists in their development, enabling appropriate supervision and mentorship as well as targeted educational and vocational learning opportunities.

The curriculum includes the core knowledge, skills, behaviours and experience required to practise safely across all sectors and countries. Additional training required to deliver services specific to each sector and / or country is outwith the scope of this curriculum.

The curriculum includes criteria for recognising prior certified learning to avoid duplication of assessment.

4.2 What types of experience should any training include?

The curriculum should be used to help inform training and development opportunities to ensure pharmacists can develop the necessary knowledge, skills, attributes and behaviours to practise at an advanced level. The lists below are non-exhaustive and the specific requirements of individual learners will be determined by their own development needs and the available opportunities. The curriculum outcomes have been designed to allow flexible achievement using a broad range of educational and vocational opportunities.

Pharmacists will need exposure to a variety of learning experiences working with other members of the pharmacy team, and as part of the multidisciplinary team. They will need the opportunity to further develop their existing diagnostic, clinical and pharmaceutical knowledge and skills to be able to provide autonomous care to those with complex needs. The nature of the learning experiences will vary depending on the work setting and programme, and may include directed study, self-directed study, study days (virtual or face to face) and learning in practice.

Suggested learning experiences to support the development of the clinical capabilities include, but are not limited to:

- Practice supervision with other clinicians, exposure to a breadth of practice with active participation to support development of clinical skills and competencies.

- Regular use of supervised learning events in the workplace gathering feedback from a range of experienced clinicians and reflecting on own decisions with support from practice supervisors, simulation and peer review.

- Active participation in activities to develop clinical decision-making skills such as observing and questioning experienced clinicians on their decision-making process.

- Educational programmes and courses to support the development of relevant clinical and assessment skills.

- Practice supervision and exposure to practice, in services that will be referred to during routine work.

- Observation and active participation in clinics in different relevant settings (e.g. primary care, secondary care, out-patients, inpatient settings).

- Attending appropriate training courses e.g. clinical skills training, advanced consultation or health coaching.

- Active participation in multidisciplinary meetings in relevant areas of practice.

- Active participation in interprofessional learning sessions including simulation.

- Peer and mentor discussions around learning from practice and experience e.g. case based discussions, problem-based learning, team-based learning.

Pharmacists will also require exposure to a multitude of professional activities which are not patient-focussed but are important for the provision of safe professional care and continuing professional development. The majority of learning experiences should be available within the individual's own workplace and can be facilitated by remote technology, where required.

Pharmacists will need experience of actively participating in local risk management, quality improvement, clinical governance and service development activities to develop their leadership and management skills. Examples may include, but are not limited to:

- Leading investigations into serious untoward incidents or complaints including formulating and implementing strategies to prevent future incidents.

- Leading on quality improvement projects and implementing the recommendations.

- Leading on an audit or service evaluation and implementing the recommendations.

- Line managing others.

- Operational management of their immediate team.

- Representing their team/service/employer at appropriate meetings.

Pharmacists will also need to gain experience in supervising and mentoring others, which may include taking responsibility for making summative judgements. They will also need experience developing and delivering education interventions to the pharmacy and multidisciplinary team. Examples may include, but are not limited to:

- Acting as a designated supervisor for a trainee pharmacist.

- Acting as a designated prescribing practitioner for an independent prescribing student.

- Acting as an educational supervisor or practice supervisor for pharmacists undertaking the RPS post-registration foundation pathway.

- Supervising and supporting a range of pharmacy and non-pharmacy staff.

- Providing mentoring to a range of staff locally or externally e.g. via the national RPS mentoring platform.

- Developing and delivering training for pharmacy or a multidisciplinary audience.

- Developing and delivering training as part of undergraduate or postgraduate educational programmes.

- Contributing to the development of a curriculum or syllabus in their area of practice.

- Developing and delivering training for senior clinicians in their area of practice or clinicians from outside of their working environment.

- Creating materials and/or delivering education to patients or groups of service users.

Finally, those undertaking the programme will need to participate in activities that demonstrate their research capability. This may be linked to service evaluation or quality improvement activities and they should endeavour to work with others including HEIs on research activities. Examples may include but are not limited to:

- A thorough critical appraisal of the evidence base to inform care for an individual patient.

- A thorough critical appraisal of the evidence base to inform a service or system improvement.

- Deploying robust QI methodology to undertake a QI project and disseminate the findings.

- Employing appropriate research methodology to identify solutions for current gaps in practice evidence.

- Disseminating the output of QI, evaluation or research activities in appropriate fora.

- Supervising and supporting others undertaking QI, evaluation or research.

- Collaborating with research teams in the identification, data collection and dissemination of research.

4.3 What supervision and support structures should be in place to support learning?

Pharmacists working towards advanced pharmacist credentialing will need to access support from a range of sources to effectively demonstrate their capability against the RPS core advanced pharmacist curriculum. While the following supportive roles are not mandatory, they are strongly recommended to ensure individuals receive the appropriate level and type of support.

Three broad types of support are recommended for pharmacists working towards core advanced pharmacist credentialing

Educational supervision

Practice supervision

Mentorship

While the described support roles are distinct, it is possible, in some work settings / smaller organisations, that one person may take on two or even all of these roles. It is also possible that one role, in particular mentorship, may be provided by more than one person (e.g. domain specific, or for a fixed project or period of time).

We strongly recommend individuals have access to an educational supervisor over the course of their learning to guide their personal and professional development and support them to achieve the curriculum requirements.

Robust practice supervision should form a core part of any pharmacist's development, especially those working towards more autonomous delivery of care. By identifying a practice supervisor and formalising the relationship, both the learner and supervisor are supported to have a clear expectation of their role in supporting development.

Mentorship is a process through which a skilled or experienced person supports a less skilled or less experienced person. This support is a key factor in developing the skills, behaviours and attributes expected of an advanced pharmacist. Pharmacists may want to access mentorship in one or more of the domains of the curriculum or more broadly across their practice. RPS members seeking mentorship may wish to use the RPS mentoring platform.

It is advised that the learner has regular scheduled documented meetings with their educational supervisor, as well as with other relevant supervisors and mentors. These meetings should support the pharmacist to construct an individualised training and development plan based on the curriculum outcomes. The pharmacist undertaking the programme will need to ensure they act as a link between their educational supervisor and anyone else providing supervision or mentorship.

All those involved with supporting the pharmacist should be familiar with the programme of learning, the educational approach and the assessment processes of the RPS core advanced pharmacist curriculum.

Individuals undertaking these recommended support roles:

- May be based outside the pharmacist's organisation and meetings may be carried out remotely.

- Do not need to be pharmacists and may be drawn from other professions or areas of expertise.

- Do not need to be members of the RPS.

- May deliver more than one role depending on their experience e.g. one individual may act as an educational supervisor and a practice supervisor or mentor. If this is the case, however, it is important to clearly define the discrete roles and responsibilities for each role.

- Should demonstrate cultural effectiveness and take active steps to promote equality and diversity, address any issues which may lead to differential attainment, and promote an inclusive culture and learning environment for all.

- Should provide high quality, supportive and constructive feedback which is essential for the professional development of the pharmacist, and when combined with self-reflection, promotes deeper learning.
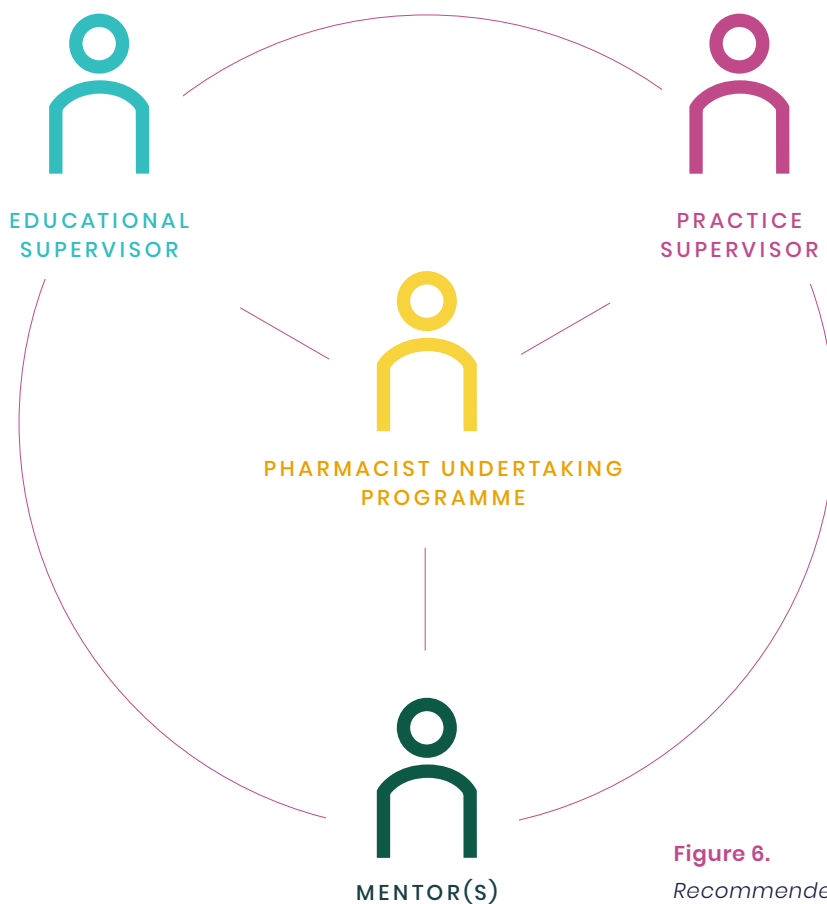

EDUCATIONAL SUPERVISOR

PRACTICE SUPERVISOR

PHARMACIST UNDERTAKING PROGRAMME

MENTOR(S)

Figure 6.
Recommended support structure

4.3.1 Educational supervisors

Pharmacists working towards core advanced credentialing should have a named educational supervisor who is responsible for supporting them to manage their overall progress through the programme. This role can be delivered remotely. The educational supervisor should help guide the pharmacist with their personal and professional development; they should also understand best practice in educational theory and developing advanced level healthcare professionals. They are expected to support the pharmacist to review the overall quality of their evidence of learning and help the pharmacist reflect on their overall progress. They should help guide the pharmacist to identify areas for further development and support them in organising educational interventions or additional experience to address these both within and outside of their organisation. The educational supervisor should be a positive role model, provide pastoral support and have an awareness of their responsibilities for promoting equality and diversity.

In summary, the educational supervisor has overall responsibility for holistically supporting the pharmacist undertaking this programme with their professional development.

The educational supervisor should:

- understand the range of learning, assessment and support opportunities for learning in the workplace to cover the curriculum.

- support the pharmacist to access appropriate support, training and teaching.

- foster the pharmacist's autonomy.

- support the pharmacist to review their learning and develop their reflective practice.

- have a good understanding of any supporting information technology (IT) tools e.g. e-portfolio and of what is considered acceptable progress.

- assess formal work-place evidence against the curriculum.

- undertake and record formal review meetings with the pharmacist to review progress through the curriculum.

- identify and support pharmacists experiencing difficulties, including liaising with relevant colleagues.

4.3.2 Practice Supervisors

Practice supervisors are responsible for day-to-day supervision in the workplace setting. This doesn't mean they need to physically work alongside the individual, but they should be available to support the learners and provide feedback to them on a frequent basis. Practice supervisors integrate workplace learning with service provision by enabling the pharmacist to extend their scope of practice whilst managing risk to patient safety through effective clinical governance. They provide a safe and confidential environment for pharmacists to reflect on and discuss their work. Practice supervisors should be positive role models and should themselves have appropriate experience to effectively supervise the pharmacist. To effectively deliver the curriculum, practice supervisors should be available to the pharmacist, provide teaching, learning and development opportunities based on the needs of the individual, provide regular and effective feedback, undertake supervised learning events, and be present to support the pharmacist when issues arise. Some elements of practice supervision may be delegated to suitably experienced members of the multidisciplinary team and practice supervision may be delivered remotely.

A practice supervisor should:

- understand how people learn, how this relates to the current area of development, and how to adapt their own style accordingly.

- understand how best to teach application of knowledge or a skill and adapt according to the learning style of the pharmacist.

- support a personalised and proactive approach to learning through learning needs analysis.

- use a variety of effective teaching methods delivered in a work-place setting.

- understand the importance of reflecting on and evaluating their own teaching/training.

- tailor and provide effective feedback to individual pharmacists.

- use reflective discussion to support the learner to explore and manage challenges, complexity and other pressures in their roles.

- Identify and support pharmacists experiencing difficulties, including liaising with relevant colleagues.

4.3.3 Mentors

Mentors are responsible for providing targeted support in the workplace across the five curriculum domains; it is recognised that the nature of the support required for each of the domains will vary dependent on each individual's needs and it is unlikely to be fulfilled in the workplace by a single person. Mentors share their expertise and support the pharmacist to identify solutions and approaches for managing challenging situations and support the pharmacist to identify their learning needs in their area of expertise. Mentors act as positive role models and demonstrate an awareness of their responsibilities for promoting equality and diversity. They should themselves have appropriate experience to effectively support the pharmacist in the area in which they are seeking mentorship. To effectively deliver the curriculum, mentors should be available to support people to identify learning and development opportunities based on the needs of the individual in their respective area(s) of expertise, provide regular and effective feedback and be present (either in person or virtually) to provide support when issues arise. Whilst local mentorship may increase the availability of the mentor for in person support, the use of a mentor from outside of the organisation, facilitated by virtual meetings, provides an opportunity for access to additional perspectives and steer. Mentors do not necessarily have to be drawn from the pharmacy team; indeed, suitably experienced members of the multidisciplinary team (MDT) may be more appropriate mentors for certain areas at this more advanced level of practice.

Some individuals may be able to provide mentorship across a number of domains/areas of practice; this will depend on the nature and level of the support or supervision required as well as the prior experience of the individual undertaking the programme.

As well as having expertise in the area of practice for which they are providing mentorship, each mentor should:

- Understand how different individuals learn best, the relevance of this to teaching and training, and is how to adapt their own mentoring style accordingly.

- Use a variety of effective mentoring methods delivered in person and/or remotely in a work-place setting.

- Understand the importance of reflecting on and evaluating their own approach to mentoring.

- Tailor and provide effective feedback to individuals.

- Use reflective discussion to support individuals to explore and manage challenges, complexity and other pressures in their roles.

- Undertake and record regular reviews with the pharmacist on their progress in their area(s) of expertise to inform intermediate decisions about progress.

- Identify individuals who are struggling, instigate initial steps in supporting them, working closely with the individual's educational supervisor and other expert mentors/practice supervisors, where appropriate, so they are aware of any agreed steps / actions and their responsibilities with respect to these.

5 The programme of assessment

The programme of assessment outlines how pharmacists will be assessed against the curriculum outcomes and the tools available for formative and summative use.

5.1 What is the purpose of the programme of assessment?

The purpose of the programme of assessment is to:

- Provide a comparable assessment process for all pharmacists from across different sectors and geographical settings.

- Assess individuals' actual performance in the workplace against the curriculum outcomes.

- Enhance learning through a programme of assessment which involves multiple 'low stakes' assessments, enabling individuals to receive immediate feedback in order to understand their own performance and identify areas for development.

- Drive the learning process by clarifying what is required of individuals undertaking the programme and motivating them to ensure they receive suitable training, supervision, and experience.

- Demonstrate learners have acquired the knowledge, skills and behaviours required to meet the curriculum outcomes and provide safe and effective care to people at an advanced level.

- Demonstrate learners have had the appropriate experience to meet the curriculum outcomes.

5.2 What is programmatic assessment?

Programmatic assessment represents a shift away from a 'final exam to pass' to an approach which integrates different tools evidencing learning throughout the programme; it is well established in other disciplines, particularly in postgraduate medical training. In this approach, any individual assessment represents only a single data point with limited utility, like a singular pixel not being truly representative of the full image. However, when multiple assessments are carried out over time, a clearer picture emerges of a learner's true ability.

This longitudinal approach to assessment complements the nature of the outcomes defined in this curriculum; these require the application and synthesis of knowledge, skills and behaviours to both clinical and non-clinical scenarios. Such capabilities are developed longitudinally over periods of time rather than after a discrete training course and need to be demonstrated as part of everyday performance. Assessing real life practice i.e. at the 'Does' level of Miller's pyramid will employ non-standardised methods, combine multiple assessment formats, and rely on professional judgement to make sure learners have met the outcomes and expected level of performance set out in the descriptors. Assessment needs to be authentic and any attempt to standardise it will reduce its value. This is where a programmatic approach provides a more effective way of assessing individuals rather than more traditional assessment approaches. Programmatic assessment aims to simultaneously optimise the decision making and learning function of assessment.

Programmatic assessment is based on the following principles which will form the basis of this programme of assessment:

1   **Each assessment represents a single data point which has inherent flaws** – any judgment made through a single assessment instrument involves a compromise of some kind and doesn't establish change or growth. This programme of assessment will therefore use meaningful triangulation where all domains are informed by information about the learner's strengths and weakness from multiple assessment instruments and methods.

2   **Each assessment event must be optimised for learning** – assessment drives learning; the assessment programme dictates what and how the learner will learn with the learner always trying to maximise strategies for success in the final assessment. Therefore, each assessment event must be designed to promote the types of learning conducive to developing the capabilities required at this level of practice.

3   **Quality feedback is essential** – each learning event should be formative and produce meaningful feedback for the learner. The recommended support offered by supervisors, mentors, peers, patients and colleagues should promote self-directed learning and progress. Creating trusting relationships with individuals with whom all assessment and feedback information is shared and discussed is educationally very effective.

4   **There are no 'bad' assessment types** – the choice of a particular assessment instrument or method depends entirely on the educational justification of this method at that given moment. Any assessment instrument is valid as long as it serves its intended purpose, the users take time to give / reflect on feedback, and a narrative is documented.

5   **Professional judgment is indispensable** – to assess the capabilities described in this curriculum, judgments from as wide a range of people as possible, including patients, peers, colleagues and other healthcare professionals, are fundamental to effectively measuring performance. The use of professional judgments should be weaved throughout this programme of assessment and will form the basis of the high-stakes final progression decision.

6   **Low stakes assessments can be aggregated to make high stakes decisions** – in programmatic assessment, pass/fail decisions are removed from any single assessment event, making all assessment events (e.g. supervised learning events) "lower stakes" assessment; this is, however, not to be confused with 'no stakes'. The final summative assessment is a high stakes decision and will be based on interpreting the combination of results from a variety of assessment methods, undertaken longitudinally.

7 **Stakes and number of assessment events are related** – the higher the stakes in terms of risk to patient safety, the more robust the information needs to be to inform decisions around performance of an individual against the programme of learning. Therefore, as detailed in the assessment blueprint below, outcomes most directly linked to patient safety are considered high stakes and require many more data points (individual assessments or pieces of evidence) to make a decision on an individual's competence than outcomes which are medium or low stakes. In this programme of assessment, this data will inform two types of decisions:

- **Intermediate progress reviews** – formative checkpoints involving the learner and supervisory team to review progress and may result in further supportive actions put in place to ensure continued progress.

- **Final summative decision** – the high stakes critical progression point, based on numerous data points, reviewed holistically by a competency committee. The outcome of this decision will inform whether an individual has satisfactorily met the curriculum requirements to be credentialed.

8 **Effective quality assurance and robust procedures add to the trustworthiness of high-stakes decision making** – stakeholders must have confidence in the high-stakes decision as to whether an individual demonstrates the capabilities to practise as an advanced pharmacist. This decision will be supported by quantitative and qualitative data and aggregation of information requires credible and trustworthy professional judgment. An independent com-petency committee will be appointed to review the portfolio of learning and assessment data, weighing up the information and deliberating to arrive at a mutually informed decision. Making progression decisions by committee helps mitigate the inherent bias from singular subjective judgements. Further details on the competency committee can be found in section 5.12.

5.3 What is a supervised learning event?

Supervised learning events provide an important opportunity for authentic learning and development in the workplace and are used successfully within other healthcare disciplines. All supervised learning events undertaken as part of this programme should involve a formative aspect ensuring the pharmacist receives immediate high-quality feedback, allowing them to reflect on their own performance and identify areas for development against the outcomes. It is not possible to pass or fail a supervised learning event, but they will be reviewed as part of the final summative assessment to determine if the individual has met the curriculum outcomes. Most encounters experienced in day-to-day practice can provide an opportunity for reflection and/or feedback and this process should, as a rule of thumb, occur weekly. Learners will obtain most benefit from undertaking supervised learning events if they receive feedback from a variety of different people, including the multi-disciplinary team.

Supervised learning events do not necessarily need to take place in person and may be under-taken remotely using digital technologies if this is possible and appropriate to the educational context. All assessments must be undertaken in line with information governance principles, ensuring patient confidentiality is always maintained.

5.4 What supervised learning event tools will be available to assess learners in practice on the e-portfolio?

A range of supervised learning event tools will be included within the RPS core advanced pharmacist e-portfolio that individuals undertaking the programme, as well as their supervisors and collaborators, can use to record learning and demonstrate progress towards the outcomes. All of the supervised learning event tools below have been selected to sample highly integrated skills and outcomes at the top of all learning taxonomies and provide feedback on the learner's performance in practice. Individuals are not expected to use all of the tools and we recognise some tools lend themselves better to particular working environments or using remote technology.

Where the learner uses approved remote technology to record video or telephone consultations for the purpose of a supervised learning event, the recording should not be stored within the e-portfolio to maintain confidentiality; and the learner / supervisor should follow local guidance for gaining consent and managing the audio or visual recordings (e.g. security, confidentiality, storage, disposal).

5.5 What other evidence types can be used in addition to supervised learning events?

Evidence types additional to supervised learning events will also be required to demonstrate achievement of the curriculum outcomes. The individual undertaking this programme is free to upload any evidence type they feel demonstrates achievement of the curriculum outcomes. Examples could include, but are not limited to, the following:

- Reflective accounts

- Published journal articles or research

- Conference abstract/poster

- Copies of anonymised written feedback from patients and colleagues

- Copies of anonymised documents evidencing active involvement in e.g. significant event analysis, risk management activities, service developments, formulary management

- Videos or recordings of presentations and/or meetings

- Development courses

- Minutes of meetings

- Anonymised documented responses to clinical enquiries about medicines

- Personal development plans

ASSESSMENT TOOL	DESCRIPTION
Direct observation supervised learning events	
Acute Care Assessment Tool (ACAT)	Evaluates the individual's clinical assessment and management, decision making, team working, time management, record keeping prioritisation and handover over a continuous period of time across multiple patients. Can be used in all sectors.
Case Presentation (CP)	Evaluates the individual's ability to orally present a case to colleagues.
Direct Observation of Non-Clinical Skills (DONCS)	Evaluates the individual's non-clinical skills.
Direct Observation of Practical Skills (DOPS)	Evaluates the individual's ability to undertake a practical procedure.
Journal Club Presentation (JCP)	Evaluates the individual's ability to present at a Journal Club.
Mini-Clinical Evaluation Exercise (mini-CEX)	Evaluates a global clinical encounter with a patient and assesses the synthesis of essential information for clinical care such as history taking, communication, examination and clinical reasoning.
Teaching Observation (TO)	Evaluates the individual's ability to deliver an effective learning experience to others.

ASSESSMENT TOOL	DESCRIPTION
Indirect observation supervised learning events	
Case Based Discussion (CbD)	Retrospectively evaluates the individual's input into patient care. A structured discussion is undertaken remotely from the patient and is used to explore clinical reasoning, decision making and application of clinical knowledge in practice.
Leadership Assessment Skills (LEADER)	Evaluates the individual's leadership and teamworking capabilities.
Quality Improvement Project Assessment Tool (QIPAT)	Evaluates the individual's ability to undertake a quality improvement project.

Other tools	
Educational Supervisor Report	Educational supervisor records a longitudinal, global report on an individuals' progress based on a range of assessments.
Mentor Report	Captures the views of the individual's mentor(s) based on observation of an individual's performance and evidence across the different domains of practice.
Multi-source Feedback (MSF)	Evaluates the individual's performance using feedback from colleagues.
Patient / Carer Feedback (PCF)	Evaluates the individual's communication and consultation skills from the patient's perspective.
Patient / Carer Feedback Reflection (PCFR)	Allows the individual to reflect on thefeedback received through patient / carer feedback.
Reflective Account (RA)	Flexible tool for individuals to document reflection and learning from a wide range of settings.

5.6 What are the evidence requirements for the final RPS assessment?

These are described in detail in the **assessment blueprint** in **section 5.10.**

For some of the outcomes, we consider it necessary for the learner to be directly observed in practice and in most cases, it would be acceptable to use remote technology to facilitate this. Any mandatory evidence requirements are detailed in the assessment blueprint below.

Where demonstration of performance in practice is required, supervised learning events including multi-source feedback are likely to form the highest quality of evidence upon which a competence committee can base their judgement.

In addition, we suggest a **minimum of three** pieces of discrete evidence mapped to each outcome. We understand that some individuals may prefer a prescriptive number of pieces of evidence needed per outcome; however, given the wide range of potential roles and evidence types

available, it would be very difficult to set a meaningful maximum number relevant to all potential applicants. It is important to prioritise the generation of high-quality evidence across a breadth of clinical and non-clinical encounters rather than the quantity of assessments completed. The number of pieces of evidence mapped to an outcome will depend on the individual being assessed, their area of clinical practice, the stakes rating of the outcome and the range and breadth of the evidence presented. We recommend that individuals review the outcome descriptors to ensure their evidence is relevant and in line with the level of performance described in these. It is also advised that supervisors and collaborators are familiar with the descriptors to ensure the narrative recorded on supervised learning events articulates if the learner has demonstrated the required level of performance.

The **assessment blueprint** shows the recommended assessment tools for each outcome; it is, however, at the individual's discretion as to which assessment tool they choose to evidence each outcome. It is **not** expected for the individual to use all the recommended potential tools below for each outcome – these are provided simply as guidance and the assessment tools used will depend on the nature of the learning and the educational context.

5.7   Is there a requirement for reflective practice?

Evidence of reflective practice should flow longitudinally through the evidence. Where possible, reflective accounts should be supplemented with other validating evidence supporting the reflections. It is recognised that it may not always be possible to undertake contemporaneous reflection if some time has elapsed since the learning event; if this is the case, examples of retrospective reflection are equally acceptable.

5.8   What are the outcome stakes ratings and what do these mean in terms of evidence requirements?

In line with the programmatic assessment approach, each outcome has been given a stakes rating of either **H**igh, **M**edium or **L**ow based on their potential risk to patient safety.

The number of assessment data points in the e-portfolio should be proportionate to its stakes to inform robust decisions involving patient safety i.e. the higher the stakes rating for an outcome, the more evidence of learning should be mapped to that outcome. Individuals are therefore advised to ensure those outcomes stated as high stakes are supported by as wide a range of robust evidence as possible.

The stakes rating does not relate to the importance of the outcome. All of the curriculum outcomes should be considered as equally important in terms of demonstrating advanced level practice and **all outcomes must be achieved in the programme of assessment to be credentialed.**

5.9   What will the RPS e-portfolio include?

Individuals undertaking the programme will be granted access to the RPS core advanced pharmacist e-portfolio to record and compile their learning and assessment evidence against the outcomes throughout the duration of the programme.

The pharmacist undertaking the programme will be able to invite collaborators to provide feedback by generating ticketed supervised learning events.

Educational supervisors, practice supervisors and mentors will be given access to the RPS e-portfolio to undertake supervised learning events, record feedback and critically review evidence submitted against the outcomes.

Individuals will also be able to record the outcomes of their meetings with their educational supervisor and mentors using the relevant report templates and develop action plans to inform next steps.

5.10 Assessment blueprint

The table shows the possible methods of assessment for each outcome. It is not expected that every assessment tool will be used will be used for each of the outcomes and additional evidence may be used.

	OUTCOMES	STAKES[1]	ACAT	DOPS	MINI-CEX	CbD	PS	PSR	MSF	DONCS	CP	JCP	TO	QIPAT	LEADER	MR/ESR	MANDATORY EVIDENCE REQUIREMENTS[2]
1.1	Communicates complex, sensitive and/or contentious information effectively with people receiving care and senior decision makers.	H	×	×	×		×	×	×	×	×				×	×	Direct
1.2	Demonstrates cultural effectiveness through action; values and respects others, creating an inclusive environment in the delivery of care and with colleagues.	M	×	×	×	×	×	×	×	×						×	Indirect or direct
1.3	Always keeps the person at the centre of their approach to care when managing challenging situations; empowers individuals and, where necessary, appropriately advocates for those who are unable to effectively advocate for themselves.	H	×	×	×	×	×	×	×							×	Direct
1.4	Builds strong relationships with colleagues working as part of multidisciplinary teams influencing the delivery of positive healthcare outcomes at a team and/or organisational level.	M	×						×	×					×	×	
1.5	Gains co-operation from senior stakeholders through effective influencing, persuasion and negotiation.	L							×	×					×	×	Indirect or direct
1.6	Recognises, and respects, the role of others in the wider pharmacy and multidisciplinary team; optimises the care delivered for individuals and groups through appropriate delegation and referral.	M	×		×	×			×						×	×	
2.1	Delivers care using advanced pharmaceutical knowledge and skills for individuals and/or groups with highly complex needs, including where evidence is limited or ambiguous.	H	×	×	×	×					×					×	Direct
2.2	Undertakes a holistic clinical review of individuals with complex needs, using a range of assessment methods, appropriately adapting assessments and communication style based on the individual.	H	×	×	×	×					×					×	Direct
2.3	Demonstrates effective clinical reasoning skills, making autonomous, evidence informed, person-centred decisions about treatment for individuals or groups with complex clinical needs, managing risk in the presence of significant uncertainty.	H	×		×	×					×		×			×	Indirect or direct
2.4	Acts to improve the health of the population and reduce health inequalities.	M	×		×		×	×	×							×	

	OUTCOMES	STAKES[1]	ACAT	DOPS	MINI-CEX	CbD	PS	PSR	MSF	DONCS	CP	JCP	TO	QIPAT	LEADER	MR/FSR	MANDATORY EVIDENCE REQUIREMENTS[2]
2.5	Makes, and is accountable for, own decisions and takes responsibility for performance at a team and/or service level.	M	×		×	×			×	×					×	×	Indirect
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..	H	×		×	×			×						×	×	
3.1	Pro-actively contributes to defining a strategic vision for their team or service in collaboration with other senior stakeholders; engages others to support the delivery of the strategic vision.	L							×	×					×	×	
3.2	Motivates and supports individuals and/or teams to improve performance.	M							×					×	×	×	
3.3	Demonstrates team leadership, resilience and determination, managing situations that are unfamiliar, complex and/or unpredictable to deliver positive outcomes at a team and/or service level.	M							×	×					×	×	Direct
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.	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.	H							×						×	×	
3.6	Demonstrates emotional intelligence when managing challenging and complex situations; remains composed and de-escalates potential and actual conflict situations	M							×	×					×	×	
4.1	Reflects on practice to critically assess own learning needs and pro-actively engages in professional development.	M							×		×					×	
4.2	Supervises others' performance and development; provides high quality feedback, mentorship, and support.	H							×	×					×	×	Direct
4.3	Designs and delivers educational interventions that impact at a team and/or organisational level, supporting members of the pharmacy team, wider multi-disciplinary team, and/or service users, to safely and effectively use medicines	L							×	×			×			×	

	OUTCOMES	STAKES[1]	ACAT	DOPS	MINI-CEX	CbD	PS	PSR	MSF	DONCS	CP	JCP	TO	QIPAT	LEADER	MR/ESR	MANDATORY EVIDENCE REQUIREMENTS[2]
5.1	Interprets and critically appraises the evidence base to inform practice and care delivery at a team and/or service level.	H							×		×	×				×	
5.2	Identifies gaps in the evidence base; uses appropriate methods for addressing the identified gap(s), generating new evidence.	L							×			×		×		×	
5.3	Implements changes at a team and/or service level based on the outputs of their research and/or quality improvement activity and disseminates findings.	L							×					×	×	×	
5.4	Collaborates with others in undertaking research and supports others to engage with research and improvement activities.	L							×	×				×		×	

KEY

ACAT	Acute care assessment tool
DOPS	Direct observation of procedural skills
Mini-CEX	Mini-clinical evaluation exercise
CbD	Case based discussion
MSF	Multisource feedback
PCF	Patient / Carer Feedback
PCFR	Patient / Carer Feedback reflection
DONCS	Direct observation non-clinical skills
CP	Case presentation
JCP	Journal club presentation
TO	Teaching observation
QIPAT	Quality improvement project assessment tool
LEADER	Clinical leadership assessment skills
MR/ESR	Mentor Report/Educational Supervisor Report

Stakes	H	high stakes
	M	medium stakes
	L	low stakes

Mandatory evidence requirements	Direct observation	Pharmacist must be observed undertaking activities. Can be done remotely and / or retrospectively (NB includes MSF and PS).
	Indirect observation	Requires discussion between supervisor and learner. Can be done remotely
	Blank	No specific interaction required

5.11 How should pharmacists receive high quality feedback during programmes?

> Assessment **for** learning (*formative* assessment) =
> **Supervised learning event**
>
> Assessment **of** learning (*summative* assessment) =
> **Assessment of performance**

The provision of high-quality formative feedback to inform learning is essential to effective programmatic assessment. The individual undertaking the programme should receive regular formative feedback from a wide range of sources, including from, but not limited to, the following people:

- Collaborators observing the individual whilst undertaking supervised learning events.

- Colleagues from both within and outside of their organisation.

- Colleagues from the wider pharmacy team.

- Colleagues from the wider multidisciplinary team.

- Both peers and more senior individuals.

- Patients.

Formative assessment opportunities through the supervised learning events should encourage individuals working towards advanced level practice to reflect on their practice and learning needs. It is expected that the final portfolio will contain evidence of formative feedback from a range of sources with evidenced progression as a result of this feedback.

Individuals should also receive formal formative feedback at their regular review meetings with their mentors and educational supervisor. This feedback should be more general and relate to intermediate decisions about their overall progress towards achieving the outcomes across a particular domain or across the curriculum as a whole. This feedback should be captured in the mentor and educational supervisor reports.

Regular review meetings with mentors and the educational supervisors will identify individuals who are struggling to make the expected progress against the outcomes. This may result from poor performance in the workplace, extended absence

from practice or other issues which prevent the individual experiencing sufficient learning and development opportunities. Supported by their mentors and educational supervisor, the individual should identify when this is the case to enable the required support to be put in place as soon as possible. Any individual completing this programme should always be encouraged to work with their mentors, supervisor(s) and employer to resolve any issues affecting progress or performance in the first instance.

5.12 How does the final credentialing assessment work?

Individuals can submit their e-portfolio for a final decision review by a competency committee when they believe they have compiled sufficient evidence of learning against the outcomes.

Using the collection of assessment data gathered from a variety of sources throughout the programme, advanced pharmacist competency committees will review performance information to assess the pharmacist candidate has met the minimum level of performance to be credentialed at advanced level.

Advanced Pharmacist Competency Committees
Advanced Pharmacist Competency Committees (APCCs) are based on the concept of clinical competency committees which are recognised in the literature as an effective approach to reaching final decisions on individuals' progression through a programmatic approach to learning and assessment.

Group decision making involves expert individuals coming together and processing assessment information through the lens of their individual professional judgement to reach a collective decision on whether an individual can progress. The literature shows that groups often reach more informed assessment decisions than individuals; group evaluation of performance also improves alignment of narrative comments with final learner outcomes and is better at assessing performance over time. Finally, group discussion also improves the identification of patterns of performance including those struggling to meet the curriculum outcomes.

APCC members will independently undertake a holistic review of the individual's portfolio content including, but not limited to, supervised learning event feedback, patient/carer feedback, multi-source feedback, other evidence formats, action plans, reflective accounts and the intermediate progress reviews. The advanced pharmacist competency committee will then have a group discussion to agree if the curriculum requirements have been met.

The evidence will be assessed against the curriculum outcomes, using the descriptors to guide the assessment only. There will be no additional marking scheme or framework.

Advanced Pharmacist competency committees will consist of at least three panel members fulfilling the following roles:

- Two advanced pharmacists, at least one of whom will have expertise from the candidate's stated sector of practice.

- A pharmacist with appropriate research expertise.

- A pharmacist with appropriate educational expertise.

In addition to the three panel members, the committee will be chaired by one of the panel members who has been selected and trained as a chair by the RPS. The potential outcomes of the committee are as follows:

Standard met – the individual has provided satisfactory evidence to demonstrate achievement of all the core advanced pharmacist curriculum outcomes under assessment.

Standard not met – the individual has not provided satisfactory evidence to demonstrate achievement of all the advanced pharmacist curriculum requirements under assessment. Clear feedback will be provided as to which outcomes have not been met and why and the individual will need to be reassessed in one or more domains of the curriculum. The individual will not be required to resubmit evidence for those domains where the APCC agreed all the outcomes in that domain had been met.

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

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

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

5.13 How is the final credentialing assessment quality assured?

Quality assurance mechanisms are in place to ensure the continued quality of the programme of assessment to ensure assessment outcomes are fair and valid. These include:

- The provision of detailed guidance for those undertaking the programme as well as other stakeholders involved in their learning to ensure transparency in the expected standard and assessment process.

- All those undertaking the programme, including those submitting for the assessment, will be invited to provide feedback on their experience to inform future improvement.

- Learner performance and assessment outcome data will be subjected to psychometric analysis which will be reviewed regularly by RPS Advanced Pharmacist Assessment Panel and the RPS Education & Standards Committee. These governance structures are responsible for reviewing longitudinal performance trends.

- Guidance and training are provided to supervisors and collaborators to ensure they understand

their roles and responsibilities and to improve the quality of the support and feedback provided during the programme.

- Robust operational processes are in place to ensure consistency and fairness in the running of the advanced pharmacist competency committees.

- Members of the advanced pharmacist competency committee pool will be subjected to mandatory training prior to reviewing live portfolios.

- Members of the advanced pharmacist competency committee pool will be asked to declare any potential conflicts of interest with candidates to ensure an independent and fair assessment.

- The programme of assessment will be independently reviewed by an assessment expert after its first year to ensure it is valid and fit for purpose. The curriculum, including the programme of assessment, will also be subject to annual review by the subcommittee of the Advanced Pharmacist Assessment Panel to ensure it remains relevant to practice.

- A transparent appeals process will be available to individuals undergoing assessment if they believe their outcome has been affected by procedural or administrative irregularities.

5.14 How is prior certified learning recognised?

The RPS is committed to avoiding burdensome duplication of assessment but also recognises its duty to protect patients and the public by ensuring those credentialed through this programme have the requisite knowledge, skills, behaviours and experience to practise safely. We will achieve this through an accreditation of prior certified learning (APCL) process.

APCL gives recognition to learning which has been formally assessed and for which a certificate has been awarded; this process avoids duplication of assessment for individuals undertaking this programme. The process of giving recognition is based on a comparison of any previously certified level of performance against the outcomes and descriptors defined in this curriculum's programme of learning.

The RPS will consider accreditation of prior certified learning applications by applying the following principles:

- Accreditation of prior certified learning will not be awarded for high-stakes outcomes. All individuals undertaking the programme will have to demonstrate achievement of all high stakes outcomes through this curriculum's programme of assessment.

- Accreditation of prior certified learning may be awarded to exempt individuals from being assessed against medium-stakes and low-stakes outcomes.

- All accreditation of prior certified learning requests must be relevant, authentic and valid.

- All accreditation of prior certified learning requests must be at the equivalent level of performance as described in this curriculum's programme of learning.

- Patient safety must never be compromised.

If an individual has certified learning for which they would like to be considered for exemption, they will need to submit an accreditation of prior certified learning application for review by an RPS accreditation of prior certified learning assessor. The individual will need to provide a copy of the relevant certificate and/or transcript, information on the curriculum outcomes and/or assessment criteria and will need to undertake a mapping exercise to demonstrate which outcomes the certified learning meets.

Where APCL is not granted or if an outcome is not eligible for APCL, evidence that has been previously assessed as part of a portfolio assessment or other educational programme can be included in their portfolio.

5.15 What exemptions will be offered to candidates who have previously completed RPS Faculty?

Any candidate who has previously undertaken the RPS Faculty Assessment can request APCL. Exemptions will be automatically applied based on the level of achievement of the candidate and the mapping of the core advanced curriculum to the APF.

In line with the RPS APCL policy for advanced level assessments, exemptions will not be provided for high stakes outcomes. Exemptions will also only be provided where there is an equivalent outcome described in the APF. The table below summarises the exemptions that will be offered based on the level of achievement in Faculty.

CORE ADVANCED CURRICULUM EXEMPTIONS BASED ON RPS FACULTY ACHIEVEMENT			
Core advanced domains	Equivalent APF cluster(s)	Required APF level for exemption	Exempt outcomes
Person-centred care and collaboration	Collaborative working relationships	ASII or higher	1.4, 1.5, 1.6
Professional practice	Professional practice	ASII or higher	2.5
Leadership and management	Leadership* Management*	ASII or higher* ASII or higher*	3.1, 3.2, 3.3
Education	Education, training and development	ASII or higher	4.3
Research	Research	ASI or higher	5.2, 5.3, 5.4

* Candidate must have achieved ASII or higher in both the leadership and management clusters of the Faculty assessment in order to be granted any exemptions from the leadership and management domain of the RPS core advanced curriculum.

5.16 How do we ensure the final credentialing assessment will be inclusive and any potential bias will be mitigated?

The RPS is committed to developing and delivering inclusive assessments which allow any individual to demonstrate the curriculum outcomes without bias.

In addition to the measures outlined in **section 3.5**, to ensure our programme of assessment specifically is fair for all, the RPS has a number of measures in place to mitigate bias and discrimination against learners with protected characteristics. These include:

- Promoting inclusivity and diversity in our assessment governance structures to ensure their membership mirrors the diversity of those undertaking the assessment programmes.

- Ensuring assessment panels have undertaken mandatory training, including around conscious and unconscious bias.

- Tasking our assessment panels and overarching quality governance board with monitoring and addressing differential attainment in our assessment programmes.

- Collating and transparently publishing equality and diversity data related to assessment performance.

- Providing clear reasonable adjustment processes for anyone undertaking the assessment who requires them on the grounds of a disability.

6 Bibliography

A competency Framework for Designated Prescribing Practitioners December 2019 https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/DPP%20Framework/DPP%20competency%20framework%20Dec%202019.pdf

Albritton TA, Fincher RM, Work JA (1996) Group evaluation of student performance in a clerkship. *Academic Medicine*, 71(5), pp 551–552

AoMRC (2015) Guidance for standard setting: A framework for high stakes postgraduate competency-based examinations, www.aomrc.org.uk/wp-content/uploads/2016/05/Standard_setting_framework_postgrad_exams_1015.pdf

Coderre S, Woloschuk W, McLaughlin K (2009) Twelve tips for blueprinting. *Medical Teacher*, 31(4), pp 322–324

Duitsamn M.E., Fluit C.R.M.G., van Alfen-van der Velden JAEM, de Visser M, ten Kate-Booij M, Dolmans D.H.J.M., et al (2019) Design and evaluation of a clinical competency committee. *Perspectives on Medical Education* 8(1); pp 1–8

Downing, SM (2003) Validity: on the meaningful interpretation of assessment data. *Medical Education*, 37(9), pp 830–837

General Medical Council (GMC) (2011) Assessment in undergraduate medical education Advice supplementary to Tomorrow's Doctors (2009), GMC, London, www.gmc-uk.org/-/media/documents/Assessment_in_undergraduate_medical_education___guidance_0815.pdf_56439668.pdf

General Medical Council (2019) Designing and maintaining postgraduate assessment programmes, www.gmc-uk.org/-/media/documents/designing-and-maintaining-postgraduate-assessment-programmes-2109_pdf-70434370.pdf

General Medical Council (2017) Excellence by design: standards for postgraduate curricula, www.gmc-uk.org/-/media/documents/excellence-by-design---standards-for-postgraduate-curricula-2109_pdf-70436125.pdf

General Pharmaceutical Council (2021) Standards for the initial education and training of pharmacists www.pharmacyregulation.org/sites/default/files/document/standards-for-the-initial-education-and-training-of-pharmacists-january-2021.pd

General Pharmaceutical Council (2019) Standards for the education and training of pharmacist independent prescribers www.pharmacyregulation.org/sites/default/files/document/standards-for-the-education-and-training-of-pharmacist-independent-prescribers-january-19.pdf

Harden, RM, Crosby, JR, Davis, MH (1999) 'An introduction to outcome-based education' in ed Lilley, P, Outcome-based education AMEE Medical Education Guide No. 14

Health Professional Assessment Consultancy (HPAC) (2016) Final Report for the provision of identifying key principles for consistency and reliability in curricula and assessment frameworks

Hauer KE, Chesluk B, Lobst W, Holmboe E, Baron RB, Robert B, et al (2015) Reviewing residents' competence: a qualitative study of the role of clinical competency committees in performance assessment. *Academic Medicine*, 90 (8), pp 1084–1092

Hauer KE, ten Cate O, Boscardin CK, Lobst W, Holmboe ES, Baron RB, et al (2016) Ensuring resident competence: a narrative review of the literature on group decisiojnj making to inform the work of clinical competency committee. *Journal of Graduate Medical Education*, 8(2), pp 156–164

Health Education and Improvement Wales Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales heiw.nhs.wales/files/weds-introducing-advanced-practice/nliah-advanced-practice-framework

Health Education England (2017) Multi-professional framework for advanced clinical practice in England www.hee.nhs.uk/sites/default/files/documents/multi-professionalframeworkforadvancedclinicalpracticeinengland.pdf

Kerr NL, Tindale RS (2004) Group performance and decision making. *Annual Review of Psychology*, 55 (1), pp 623–655

Kinnear B, Warm EJ, Hauer KE (2018) Twelve tips to maximize the value of a clinical competency committee in postgraduate medical education, *Medical Teacher,* DOI: 10.1080/0142159X.2018.1474191

Manley, K. (1997) A conceptual framework for advanced practice: an action research project operationalising an advanced practitioner/nurse consultant role, *Journal of Clinical Nursing,* 6 (3), pp 179–190

Michaelsen LK, Watson WE, Black RH. A realistic test of individual versus group consensus decision making. *Journal of Applied Psychology.* 1989; 74 (5), pp 834–839

Miller, G. (1990). The assessment of clinical skills/competence/performance. *Academic Medicine*, 65, S63-S67

NHS Health Research Authority. UK Policy Framework for Health and Social Care Research www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/uk-policy-framework-health-social-care-research/uk-policy-framework-health-and-social-care-research Last updated 6/05/2020, Accessed 4/01/2021

Pena A (2010) The Dreyfus model of clinical problem-solving skills acquisition: a critical perspective. *Medical Education Online*, 15: 4846 - DOI: 10.3402/meo.v15i0.4846 www.ncbi.nlm.nih.gov/pmc/articles/PMC2887319/pdf/MEO-15-4846.pdf

Regan de Bere, S, Suzanne Nunn, Mona Nasser (2015) Understanding differential attainment across medical training pathways: A rapid review of the literature Final report prepared for The General Medical Council, GMC commissioned literature review, www.gmc-uk.org/GMC_Understanding_Differential_Attainment.pdf_63533431.pdf

Royal College of General Practitioners (2019) RCGP Curriculum: Being a General Practitioner, www.rcgp.org.uk/-/media/Files/GP-training-and-exams/Curriculum-2019/RCGPJ7408-Being-A-GP-Curriculum-WEB-v21910.ashx?la=en

Royal College of Paediatrics and Child Health (2018) RCPCH Progress Paediatric curriculum for excellence, www.rcpch.ac.uk/sites/default/files/2018-10/RCPCH_Progress_CurriculumV1.pdf

Royal College of Physicians (2019) Curriculum for Internal Medicine Stage 1 Training, www.jrcptb.org.uk/sites/default/files/IM_Curriculum_Sept2519.pdf

Royal Pharmaceutical Society (2016) A Competency Framework for all Prescribers www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Prescribing%20competency%20framework/prescribing-competency-framework.pdf?ver=2019-02-13-163215-030

Royal Pharmaceutical Society (2019) A Competency Framework for Designated Prescribing Practitioners www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/DPP%20Framework/DPP%20competency%20framework%20Dec%202019.pdf?ver=2019-12-18-150746-160

Royal Pharmaceutical Society (2019) The RPS Foundation Pharmacist Framework www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Foundation/RPS%20Foundation%20Pharmacy%20Framework.pdf?ver=2019-11-13-134125-950

Schuwirth, L. W. T. and C. P. M. Van der Vleuten (2011) Programmatic assessment: From assessment of learning to assessment for learning. *Medical Teacher,* 33 (6), pp 478–485

Schuwirth, L. W. T. and C. P. M. Van der Vleuten (2012) Programmatic assessment and Kane's validity perspective. *Medical Education,* 46 (1), pp 38–48

Scottish Government (2017) Transforming Nursing, Midwifery and Health Professions' (NMaHP) Roles: pushing the boundaries to meet health and social care needs in Scotland: Paper 2 - Advanced nursing practice www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2017/12/transforming-nursing-midwifery-health-professions-roles-advance-nursing-practice/documents/00529748-pdf/00529748-pdf/govscot%3Adocument/00529748.pdf

Soleas, E., D. Dagnone, D. Stockley, K. Garton and R. van Wylick (2020) Developing Academic Advisors and Competence Committees members: A community approach to developing CBME faculty leaders. *Canadian medical education journal*, 11 (1), e46–e56

Thoma, B., V. Bandi, R. Carey, D. Mondal, R. Woods, L. Martin and T. Chan (2020) Developing a dashboard to meet Competence Committee needs: a design-based research project. *Canadian medical education journal,* 11 (1), e16–e34

Tochel, C., A. Haig, A. Hesketh, A. Cadzow, K. Beggs, I. Colthart and H. Peacock (2009). The effectiveness of portfolios for post-graduate assessment and education: BEME Guide No 12. *Medical Teacher,* 31 (4), pp 299–318.

Van Der Vleuten, C. P. M., L. W. T. Schuwirth, E. W. Driessen, M. J. B. Govaerts and S. Heeneman (2015) Twelve Tips for programmatic assessment. *Medical Teacher,* 37 (7), pp 641–646.

Woolf, C, Rich, A, Viney, R, Rigby, M, Needleman, S, Griffin, A (2016) Fair Training Pathways for All: Understanding Experiences of Progression Final Report, www.gmc-uk.org/2016_04_28_FairPathwaysFinalReport.pdf_66939685.pdf