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RPS annual credentialing report

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1 Introduction

1.1 What is the purpose of this document?

The purpose of this document is to share high-stakes RPS credentialing assessment data with the profession and public to:

- Demonstrate our commitment to transparency in line with our RPS assessment principles

- Help inform future development and training of the pharmacy workforce

- Inform UK pharmacy workforce strategies, including any identified development and training needs

- Identify performance trends, including any differential attainment from candidate groups, to help inform the creation of collaborative mitigation plans and interventions with key educational partners

1.2 How can different stakeholders use this document?

Pharmacists working towards consultant credentialing can see key performance trends across the different curriculum domains and use the qualitative feedback from the competence committee chairs to inform the development of their own portfolios.

Expert mentors and professional coaches can see key performance trends across the different curriculum domains and use the qualitative feedback from the competence committee chairs to help them support candidates to develop high quality portfolios.

Training providers can use the data and qualitative feedback to design learning and support which target areas of need and which optimise candidates' success.

Employers can use the data and qualitative feedback to support the design of professional and personal development plans and support structures for employees undertaking credentialing.

Service planners and commissioners can use the data and qualitative feedback to understand performance of candidates across the curriculum domains to inform commissioned support and learning. These data will also provide insight into the number of credentialled individuals across the devolved nations and their areas of practice.

Patients and lay people can see how many pharmacists are being credentialed at consultant level and where they currently practise.

1.3 What are the limitations of the data and narratives in this document?

The number of data points comprising this data set is still relatively low and, therefore, it is difficult to draw hard and fast conclusions at this stage, although emerging trends may be discernible. As the number of candidates undertaking credentialing at all levels of post-registration practice increases, we will be able to draw out performance trends with more certainty.

We have taken steps within the document to try to protect individuals' data and mitigate the drawing of potentially incorrect conclusions. These include:

- Where possible, we have grouped categories with only one candidate together to mitigate identification of individuals.

- We have not provided percentage pass rates for categories where n < 10.

- We have not reported on differential pass rates for those characteristics where doing so may threaten the anonymity of candidates.

- Being clear where some domains may not have been assessed for some candidates as they have been met as part of a prior submission/attempt.

- Being clear that, if a domain has been exempted through APCL, this has been recorded as 'standard met' with the data.

What is the scope of this document?

This document contains assessment data for RPS high stakes credentialing assessment programmes for individual pharmacists. In 2022, the following programme(s) met this definition:

RPS Consultant Pharmacist Credentialing

In line with the NHS Consultant Pharmacist Guidance, the RPS is a delegated assessment body tasked with credentialing individuals as having demonstrated the entry-level consultant pharmacist standard. Candidates are required to compile an e-portfolio of supervised learning events (SLEs) and other evidence against the RPS consultant pharmacist curriculum outcomes using a programmatic approach to assessment. For the summative assessment, the e-portfolio is assessed by a Consultant Pharmacist Competency Committee (CPCC), comprised of a diverse range of expert assessors representing different perspectives. Candidates' level of practice is credentialled and not their specialist area of practice; although a clinical expert from the same clinical area of the candidate is included as an assessor, the candidate is not formally credentialed in a specific area of specialist clinical practice.

In future years, performance data relating to RPS post-registration Foundation and RPS Core Advanced credentialing will be included in this annual summary.

2 RPS consultant pharmacist credentialing

2.1 Consultant Pharmacist Competence Committee: chairperson feedback

2.1.1 Generic feedback

SUCCESSFUL CANDIDATES TEND TO…	UNSUCCESSFUL CANDIDATES TEND TO…
Use a broad range of supervised learning events (SLEs), including direct observation, to evidence their practice.	Provide one or two SLEs in their portfolio to evidence their practice. Have limited evidence of direct observation of practice.
Include feedback and observations from a wide range of collaborators from both within, and outside of, pharmacy.	Only have direct observations from one or two individuals from the pharmacy team.
Engage with collaborators so that they feel confident which curriculum outcomes the candidate is demonstrating and how to provide relevant and meaningful feedback.	Include poor, or very limited, feedback from collaborators that neither explicitly describes the complexity of the situation nor directly references the curriculum outcomes the candidate is trying to demonstrate.
Have support from expert mentors and professional coaches who provide impactful reports on their progress and act as a critical friend of the quality of their evidence and portfolio.	Build their portfolio in isolation without the support and constructive criticism of expert mentors, a professional coach or similar.
Provide evidence summaries and/or reflection for assessors at a domain level to make it clear how they globally meet the curriculum outcomes for each domain.	Do not clearly articulate how the evidence they are presenting for a domain in their portfolio explicitly demonstrates the curriculum outcomes.
Balance their portfolios by including evidence of outputs, reflection, and third-party corroboration in line with RPS guidance.	Do not balance their portfolio appropriately, and omit evidence of outputs, reflection and/or third-party corroboration.

SUCCESSFUL CANDIDATES TEND TO…	UNSUCCESSFUL CANDIDATES TEND TO…
Provide evidence (through outputs and reflection) of how their practice has had a demonstrable positive impact on patients and service development.	Do not clearly articulate and/or evidence how their practice has impacted positively on patient care.
Use reflection to "tell the evidence's story" and explicitly describe how it meets the curriculum outcomes.	Do not use reflection effectively meaning it is unclear how the uploaded evidence demonstrates the curriculum outcome(s) to which it is mapped.
Use reflection to describe their individual role in delivering the outputs evidenced in their portfolio.	Do not use reflection to describe their role in developing the evidence presented (especially for collaborative projects or research activities), meaning it is unclear to assessors what the candidate did as an individual.
Reflect on feedback they have received and provide evidence of how they have acted on that feedback to improve their practice.	Provide feedback in their portfolio from collaborators that suggests areas for development but show no further reflection or action on how they acted on this to improve their practice.
Map carefully and sparingly, making sure they only map curriculum outcomes that are strongly demonstrated by the evidence.	Map all evidence to multiple curriculum outcomes when it is only marginally relevant – this makes it less clear that the candidate is operating at the required level and makes assessment more challenging to assessors.
Curate their evidence to clearly demonstrate the depth and breadth of their practice.	Upload a very large quantity of evidence that is similar, repetitive, or which does not meet the standard.
Include more pieces of evidence for high stakes outcomes vs lower stakes outcomes.	Do not differentiate the amount of evidence they upload based on the stakes ratings of the curriculum outcome(s).

SUCCESSFUL CANDIDATES TEND TO…	
DOMAIN 1 **Person-centred care and collaboration**	Use a range of clinical SLEs, including direct observation, to evidence person-centred care. Use direct observation SLEs to evidence effective communication with patients/service users and senior stakeholders in hostile/challenging situations. Use reflection to articulate how a situation was hostile/challenging, how they managed it, and what they learned for their future practice. Get direct observation feedback from a wide range of collaborators, including patients, where possible, via patient surveys. Demonstrate collaboration across boundaries beyond their organisation. Use DONCs and other SLEs to evidence their collaborative approach across boundaries. Provide evidence of the tangible outputs that have resulted from their collaborative approach, using both reflection and objective evidence to demonstrate the impact on patients. Demonstrate how a person-centred approach is central to all their activities.
DOMAIN 2 **Professional practice**	Use direct observation SLEs to provide a wide range of complex clinical scenarios evidencing their breadth of practice. Use the case summaries and optional reflection boxes in the SLEs to clearly articulate their clinical reasoning in the most complex cases. Clearly evidence how they shape and implement regional and national policy and strategy, using reflection to provide a narrative for assessors. Clearly describe how a strategy they have implemented has had a tangible effect on patient care beyond their organisation. Provide a clear story for assessors as to how they have translated policy and strategy into practice.

DOMAIN 3 **Leadership and management**	Describe their strategic vision using reflection and clearly evidence how this has been implemented, using outputs and corroboration to validate its successful impact on patients and the service. Demonstrate their leadership of service improvement and innovation across boundaries. Include direct feedback from those with whom they work and manage. Use reflection to clearly demonstrate their discrete role and input into collaborative leadership/strategic projects, meaning assessors are clear as to what to attribute to the individual being assessed.
DOMAIN 4 **Education**	Have direct feedback from those individuals for whom they have provided professional development support and mentorship. Provide evidence of leading educational activities across professions, geographic boundaries, and academic levels (e.g. undergraduate, postgraduate). Have explicit evidence of how they have educated patients and/or the public. Evidence engagement with local and national educational providers e.g. HEIs, statutory education bodies.
DOMAIN 5 **Research**	Articulate how they have critically evaluated the evidence base to inform their practice. Clearly articulate how they have identified a gap in the evidence base, designed a basic research protocol to address this, undertaken research to produce evidence based on this, and shared their findings beyond their organisation (in the form of posters and papers), evidencing how this has ultimately led to demonstrable improvements in patient care. Evidence supporting others with undertaking research, such as undergraduate or postgraduate students. Demonstrate working with researchers from the wider MDT on collaborative research projects/activities.

2.2 Credentialing data (2022)

2.2.1 Candidate performance data

- The RPS received **43** consultant pharmacist credentialing applications in 2022 (this includes resubmissions). This was an increase of **186%** compared to 2021.

- The first-time pass rate was **54%.**

- Candidate success rates improved for portfolio resubmissions, suggesting the feedback received by unsuccessful candidates from their unsuccessful submission(s) was useful.

- There were roughly three times more female candidates than male candidates.

- The pass rates for males and females were largely comparable.

- The majority of candidates (70%) practised in England.

- The majority of candidates (79%) were of White - English / Welsh / Scottish / Northern Irish / British ethnicity.

- Domains 2 & 4 (Professional Practice & Education) had the highest pass rates (77% & 78% respectively).

- Domain 5 (Research) had the lowest pass rate (64%).

- Antimicrobials / infection, Hematology / Oncology / Cancer & Paediatrics were the most represented areas of clinical practice for successful candidates.

- The number of candidates in many demographic groups remains small and it would be misleading to draw hard and fast conclusions relating to performance trends from these data at this stage.

ASSESSMENT DIET	NO. SUBMISSIONS
2022/1	10
2022/2	10
2022/3	23

	SUBMISSIONS	STANDARD MET	STANDARD NOT MET	PASS RATE*
First attempt	35	19	16	54%
Second attempt	7	5	2	
Third attempt	1	1	0	
BY SEX (FOR ALL ATTEMPTS)				
Female	32	19	13	59%
Male	11	6	5	55%
Not declared	0	N/A	N/A	

	SUBMISSIONS	STANDARD MET	STANDARD NOT MET	PASS RATE*
BY ETHNICITY (FOR ALL ATTEMPTS)				
Any other White background	2	1	1	
Asian / Asian British - Indian	5	3	2	
White - English / Welsh / Scottish / Northern Irish / British	34	19	15	56%
Ethnicities represented by one candidate#	2	2	0	
BY DISABILITY (FOR ALL ATTEMPTS)				
Candidate numbers are too small at this time to report on this protected characteristic whilst preserving candidate anonymity				
BY COUNTRY OF PRACTICE (FOR ALL ATTEMPTS)				
England	30	16	14	53%
Northern Ireland	1	1	0	
Scotland	4	2	2	
Wales	6	4	2	
Non-UK	2	2	0	

	SUBMISSIONS	STANDARD MET	STANDARD NOT MET	PASS RATE*
OUTCOME BY DOMAIN				
DOMAIN	**NO OF ASSESSMENT EVENTS**	**STANDARD MET**	**STANDARD NOT MET – INSUFFICIENT EVIDENCE**	**STANDARD NOT MET**
Person-centred care and collaboration	38	27 (71%)	6 (16%)	5 (13%)
Professional practice	39	30 (77%)	7 (18%)	2 (5%)
Leadership and management	41	30 (73%)	5 (12%)	6 (15%)
Education	37	30 (81%)	5 (14%)	2 (5%)
Research	39	25 (64%)	9 (23%)	5 (13%)

2.2.2 Accreditation of prior certified learning (APCL) awards

CERTIFIED LEARNING	NUMBER OF CANDIDATE EXEMPTIONS AWARDED
Faculty	10
Academic qualification	3
Other certified learning	0

2.2.3 Broad areas of clinical practice of credentialed candidates[1]

BROAD AREAS OF CLINICAL PRACTICE	NUMBER OF CREDENTIALED CANDIDATES
Antimicrobials/Infection	5
Haematology/Oncology/Cancer	4
Paediatrics[2]	3
Critical care	2
Mental Health	2
Palliative care	2
Rheumatology	1
Frailty/Care of the elderly	1
Diabetes	1
Neurosciences	1
Advanced Therapy Medicinal Products (ATMPs) / Genomics	1
Pain Management	1
Gastroenterology / Nutrition support	1

1. Individuals are not credentialed in a specific area of practice but at a level of practice.

2. Includes Neonatology and sub-specialisms.

2.2.4 CPCC assessor EDI monitoring

Equality, diversity and inclusion (EDI) data have been requested for all trained CPCC assessors to ensure the assessor population is representative of the candidate pool and wider profession.
A summary of the **45** assessors who have reviewed portfolios in 2022 is provided below.

Category			
Sex	Male	22	50%
	Female	23	50%
	Chose not to declare	0	0%
	Data not yet provided	0	0%
Disability	Disability declared	4	9%
	None	34	76%
	Chose not to declare	0	0%
	Data not yet provided	7	16%
Ethnicity	Any other White background	4	9%
	Asian / Asian British - Indian	3	7%
	White - English / Welsh / Scottish / Northern Irish / British	28	62%
	Ethnicity categories with only one individual	3	7%
	Chose not to declare	0	0%
	Data not yet provided	7	16%
Country	England	36	80%
	Northern Ireland	2	4%
	Scotland	5	12%
	Wales	2	4%
	Data not yet provided	0	0%

2.3 Cumulative credentialing data (since inception)

2.3.1 Candidate performance data

- The RPS has received **58** consultant pharmacist credentialing applications since inception of the credentialing process in 2021 2022 (this includes resubmissions).

- The average first-time pass rate is **52%** compared to an average overall pass rate of **55%.**

- Candidate success rates tend to improve for portfolio resubmissions, suggesting the feedback received by unsuccessful candidates from their unsuccessful submission(s) is useful.

- There have been roughly three times more female candidates than male candidates.

- The pass rates for males and females are largely comparable. Although the male pass rate is slightly higher (+7%), males only make up 25% of applications overall.

- The majority of candidates (70%) practise in England.

- The majority of candidates (76%) have been of White - English / Welsh / Scottish / Northern Irish / British ethnicity.

- Domain 4 (Education) had the highest pass rate (75%).

- Domain 5 (Research) had the lowest pass rate (65%).

- Antimicrobials/infection, Hematology/Oncology/Cancer, Paediatrics & Frailty/Care of the elderly were the most represented areas of clinical practice for successful candidates.

- The number of candidates in many demographic groups remains small and it would be misleading to draw hard and fast conclusions relating to performance trends from these data at this stage.

ASSESSMENT DIET	NO. SUBMISSIONS
2021/1	1
2021/2	2
2021/3	12
2022/1	10
2022/2	10
2022/3	23

	SUBMISSIONS	STANDARD MET	STANDARD NOT MET	PASS RATE*
Overall	58	32	26	55%
First attempt	50	26	24	52%
Second attempt	7	5	2	
Third attempt	1	1	0	

	SUBMISSIONS	STANDARD MET	STANDARD NOT MET	PASS RATE*
BY SEX (FOR ALL ATTEMPTS)				
Female	43	23	20	53%
Male	15	9	6	60%
Not declared	0	N/A	N/A	
BY ETHNICITY (FOR ALL ATTEMPTS)				
Any other White background	3	2	1	
Asian / Asian British - Indian	6	3	3	
White - English / Welsh / Scottish / Northern Irish / British	44	24	20	55%
Ethnicities represented by one candidate#	5	3	2	
BY DISABILITY (FOR ALL ATTEMPTS)				
Candidate numbers are too small at this time to report on this protected characteristic whilst preserving candidate anonymity				
BY COUNTRY OF PRACTICE (FOR ALL ATTEMPTS)				
England	40	18	22	45%
Northern Ireland	1	1	0	
Scotland	9	7	2	
Wales	6	4	2	
Non-UK	2	2	0	

	SUBMISSIONS	STANDARD MET	STANDARD NOT MET	PASS RATE*
BY MEMBERSHIP STATUS (FOR ALL ATTEMPTS)				
Member	53	28	25	53%
Non-member	5	4	1	
OUTCOME BY DOMAIN				
DOMAIN	NO OF ASSESSMENT EVENTS	STANDARD MET	STANDARD NOT MET - INSUFFICIENT EVIDENCE	STANDARD NOT MET
Person-centred care and collaboration	53	37 (70%)	8 (15%)	8 (15%)
Professional practice	54	39 (72%)	10 (19%)	5 (9%)
Leadership and management	56	39 (70%)	10 (18%)	7 (13%)
Education	52	40 (77%)	8 (15%)	4 (8%)
Research	54	35 (65%)	13 (24%)	6 (11%)

2.3.2 Accreditation of prior certified learning (APCL) awards

CERTIFIED LEARNING	NUMBER OF CANDIDATE EXEMPTIONS AWARDED
Faculty	15
Academic qualification	15
Other certified learning	0

2.3.3 Broad areas of clinical practice of credentialed candidates

BROAD AREAS OF CLINICAL PRACTICE	NUMBER OF CREDENTIALED CANDIDATES
Antimicrobials/Infection	6
Haematology/Oncology/Cancer	4
Paediatrics/Neonatology	4
Frailty/Care of the elderly	3
Critical care	2
Mental Health	2
Palliative care	2
Advanced Therapy Medicinal Products (ATMPs) / Genomics	1
Cardiology	1
Diabetes	1
Gastroenterology / Nutrition support	1
General practice	1
Neurosciences	1
Pain Management	1
Public Health	1
Rheumatology	1

2.3.4 CPCC assessor EDI monitoring

Equality, diversity and inclusion (EDI) data have been requested for all trained CPCC assessors to ensure the assessor population is representative of the candidate pool and wider profession. A summary of the **58** assessors who have reviewed portfolios since inception is provided below.

Sex	Male	28	48%
	Female	30	52%
	Chose not to declare	0	0%
	Data not yet provided	0	0%
Disability	Disability declared	5	9%
	None	42	72%
	Chose not to declare	0	0%
	Data not yet provided	11	19%
Ethnicity	Any other Mixed / Multiple ethnic background	2	3%
	Any other White background	4	7%
	Asian / Asian British - Indian	3	5%
	White - English / Welsh / Scottish / Northern Irish / British	33	57%
	Ethnicity categories with only one individual	5	9%
	Chose not to declare	0	0%
	Data not yet provided	11	19%
Country	England	48	83%
	Northern Ireland	2	3%
	Scotland	6	10%
	Wales	2	3%
	Data not yet provided	0	0%