

**Post-registration
Foundation
Pharmacist
Curriculum**

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Key curriculum definitions

Advanced Pharmacy Framework (APF)

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

Appropriate

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

Assessment

All activity aimed at judging a learner's attainment 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 trainee is expected to achieve as part of their development according to their stage of training within the curriculum.

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.

Collaborator

Any individual supporting pharmacists undertaking this programme to record their learning e.g. a member of the team who contributes to a 360-review, a patient who completes a survey or a senior who undertakes a supervised learning event.

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.

Credential

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

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.

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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.

Entrustable professional activity

Entrustable professional activities (EPAs) are units of professional practice (activity, task, area of work) which can be entrusted to learners once they have attained sufficient competence

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.

Foundation Pharmacist Framework (FPF)

The RPS framework used for identifying foundation level pharmacy practice.

Intermediate progress reviews

Formative checkpoints carried out by a review panel during the programme which may result in further supportive actions put in place to ensure continued progress.

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 learning outcomes and can be credentialed.

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.

Post-registration Foundation Assessment Panel (PFAP)

The panel responsible for the quality assurance of RPS assessment and credentialing activity related to post-registration foundation pharmacy practice.

Post-registration Foundation competency committee (PFCC)

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

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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, systems 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 quality standards.

Health Education England (HEE), NHS Education for Scotland (NES), Health Education and Improvement Wales (HEIW) and employers are responsible for managing training programmes and the progress of pharmacists undertaking learning and training. These organisations will have quality management systems in place to satisfy themselves that education providers are meeting the required standards.

Section 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 pharmaceutical care through a wide range of services. This 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.

The Royal Pharmaceutical Society (RPS) is the professional leadership body for pharmacists in England, Scotland and Wales. In 2018 it was tasked by the Chief Pharmaceutical Officers (CPOs) in the four UK nations to develop a post-registration professional development pathway for patient-focussed pharmacists across all sectors in the UK. The continuum of development progresses from Post-registration Foundation practice, through advanced to consultant pharmacist. The level of practice described in this curriculum is the end point of early post-registration practice. This was previously referred to as Foundation-level practice but, henceforth in this document, will be referred to as Post-registration Foundation level practice.

In summer 2020, major reforms to the initial education and training of pharmacists were announced to support the increasing demand for clinical, patient-focussed pharmacists who can work flexibly within integrated multidisciplinary teams. After completion of the MPharm, the fifth year of initial education and training will be a foundation training year and pharmacists will be able to independently prescribe from the point of registration. The General Pharmaceutical Council (GPhC) is the regulator for pharmacists, pharmacy technicians and pharmacy premises, and the phased approach to implementing the revised [GPhC Standards for the initial education and training of pharmacists](#) is anticipated to be completed by 2026.

There are different approaches to delivering post-registration education and training and the RPS Post-registration Foundation curriculum can be used to develop training programmes underpinned by the RPS Foundation Pharmacist Framework (2019)¹. The RPS curriculum sets out the expected outcomes of the non-mandated post-registration foundation period, details the recommended supervision and support structures, and is supported by an assessment blueprint. Successful completion of the curriculum's programme of assessment leads to the award of an RPS credential demonstrating achievement of the outcomes.

Training providers have the flexibility to choose how they deliver teaching and learning to meet the curriculum outcomes. To support the transition to the revised GPhC standards for the initial education and training of pharmacists, the programme of learning and assessment have been designed to output independent prescribers as well develop fundamental capabilities in non-clinical domains essential for progression to more advanced levels of

¹ The [RPS Foundation Pharmacist Framework](#) (2019) describes the attributes of current and future (next five years) Foundation pharmacists across the UK. The framework was endorsed by the Education Governance Oversight Board (EGOB) which is made up of senior stakeholders from the profession including the Chief Pharmaceutical Officers from across the UK, senior representatives from community pharmacy, primary and secondary care, the regulator and senior pharmacist academics.

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practice. For this reason, any training programme aligned to this curriculum will include delivery of the independent prescribing (IP) element (+/- non-clinical elements) by a Higher Education Institution (HEI).

The Post-registration Foundation curriculum will:

- Support those qualifying between now and the implementation of the reforms to become independent prescribers via a structured pathway early in their career, thereby acting as a bridging programme as the reforms are phased in.
- Allow pharmacists to also develop their non-clinical skills and behaviours to lay the bedrock for advanced practice pathways.

As the initial education and training reforms progress, some of the clinical content of this curriculum, relating particularly to prescribing, will be phased into the initial education and training period. The clinical component of this curriculum will therefore evolve to support new prescribers develop their confidence, competence and extend their scope of practice.

The Post-registration Foundation curriculum is open to all pharmacists practising in patient-focussed roles. Membership of the RPS is neither a requirement to access any programmes aligned to the curriculum nor to be credentialed through the assessment programme articulated in this curriculum.

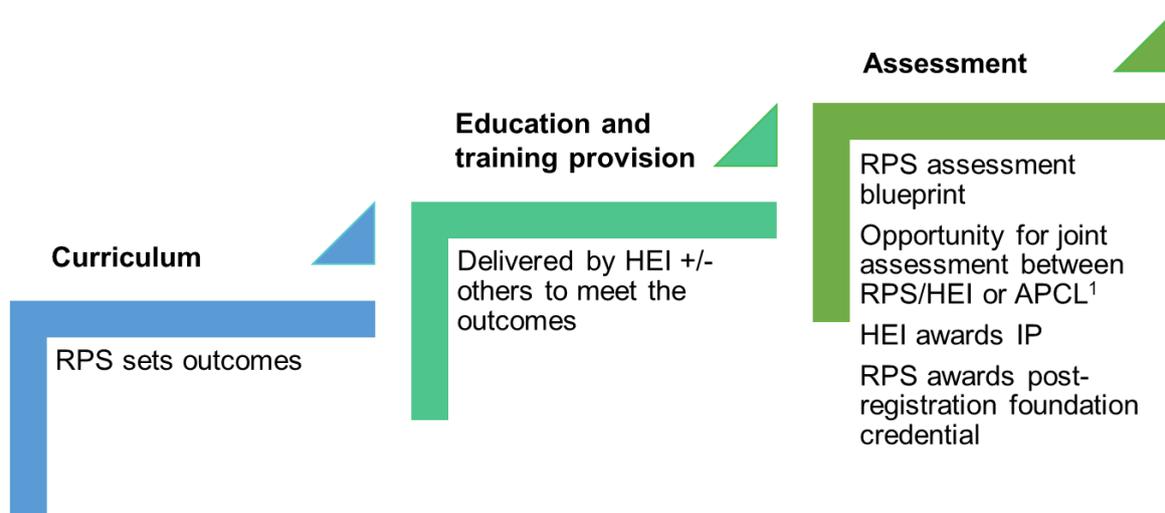


Figure 1. Overview of training programme delivery aligned to the RPS Post-registration Foundation curriculum. ¹ Accreditation of Prior Certified Learning

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1.1. How can different stakeholders use this document?

Pharmacists undertaking a programme aligned to this curriculum 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 designated medical / prescribing practitioners can ensure pharmacists undertaking the programme are developing the appropriate skills, knowledge and behaviours, and are being exposed to the appropriate experience to gain these. They can use the curriculum to verify that they are providing teaching, support and guidance to cover the right areas.

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 post-registration foundation pharmacists.

Service planners and commissioners can refer to the curriculum to understand the capabilities of the post-registration foundation 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 post-registration foundation level.

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

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

The GPhC

- Sets the standards for pharmacy professionals
- Sets the standards for the education and training of pharmacist independent prescribers
- Accredits independent prescribing provision

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 design and develop the Post-registration Foundation curriculum and programme of assessment, in line with the standards articulated in the RPS curriculum development guidance and the GPhC independent prescribing standards
- Maintain, monitor and evaluate the Post-registration Foundation curriculum and programme of assessment, excluding any elements delivered separately by a HEI
- Administer a single common assessment of the learner's wider portfolio against the curriculum outcomes and award the Post-registration Foundation Pharmacist credential

Statutory education bodies (if commissioning)

- Commission and/or provide elements of or complete training programmes to meet the curriculum learning outcomes
- Quality assure the provision of commissioned training programmes
- Quality manage supervision

Higher Education Institutions

- Provide elements of or complete training programmes to meet the curriculum learning outcomes (including any IP training)
- Quality assure Designated Medical Practitioners (DMP)/Designated Prescribing Practitioners (DPP). May also be involved in quality management of supervision
- Ensure independent prescribing standards are met in the provision of independent prescribing training
- Award Practice Certificate in Independent Prescribing

Local education and training providers (if commissioned) / employers

- Deliver commissioned training
- Implement elements of learning at a local level
- Supervise learners in practice
- Undertake supervised learning events (SLEs) 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 are based on the RPS Foundation Pharmacist Framework (2019) which was the output of a multi-method role analysis to identify the attributes required at the end of Post-registration Foundation pharmacist training within current and future (next five years) roles. Approximately 900 individuals participated in the role analysis, providing a wide range of perspectives (e.g. senior stakeholders, foundation pharmacists and employers).

The Post-registration Foundation curriculum outcomes have also been mapped to the RPS Advanced Pharmacist Framework (2013); the majority map to Advanced Stage I and there is a greater emphasis on person-centred care in this curriculum.

To enable Post-registration Foundation programmes to output independent prescribers, the outcomes have also been mapped to the GPhC Standards for the education and training of pharmacist independent prescribers (2019) and the RPS Competency Framework for all Prescribers (2016) and validated by external colleagues.

This Post-registration Foundation curriculum was developed in line with the quality standards defined in the RPS Curriculum Development Guidance by two separate groups

- Post-registration Foundation curriculum group
- Post-registration Foundation 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 and Pharmaceutical Society of Northern Ireland (PSNI)
- Statutory education body representatives from across the UK: Health Education England (HEE), Health Education and Improvement Wales (HEIW), NHS Education for Scotland (NES)
- Northern Ireland Centre for Pharmacy Learning and Development (NICPLD)
- Academic
- Employers (primary care, community and hospital)
- Learners (pre-registration and post-registration foundation pharmacist level)

The ongoing oversight of the curriculum, including the periodic review of its outcomes, will be undertaken by the RPS Post-registration Foundation Pharmacist Assessment Panel (PFAP) which reports to the RPS Education & Standard Committee.

Section 2 - Curriculum purpose

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

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. The early careers pharmacy workforce must develop and transform to be confident, flexible and with wider capability including enhanced consultation, diagnostic, clinical examination, and digital literacy skills. Combining these additional skills with existing pharmaceutical expertise, early careers pharmacists can work autonomously within integrated multidisciplinary teams across all sectors to improve health outcomes for people by delivering better, safer and more cost-effective care. Achieving these ambitions is underpinned by the recognition that the development of the pharmacy workforce is a priority, requiring investment (in terms of both time and money) in the training of pharmacists and their workplace trainers/mentors, and developing a culture of lifelong learning.

The Post-registration Foundation curriculum is designed to articulate the knowledge, skills, behaviours and experience required of pharmacists to provide increasingly complex person-centred pharmaceutical care across a range of settings.

Until now, the availability of Post-registration Foundation training across the UK has been variable depending on sector and geography. This curriculum will:

- Allow the development of more standardised work-based training models for all Post-registration Foundation pharmacists across the UK
- Develop the capabilities required to meet the current and future NHS service needs and deliver improved patient care
- Develop early careers pharmacists who can work across a range of sectors/settings including new areas such as urgent care and care homes
- Develop the enhanced knowledge, clinical skills and critical decision making that are required to become an independent prescriber
- Provide opportunities for Post-registration Foundation pharmacists to develop themselves and others, build their leadership and management skills and participate in research
- Through a standardised national assessment, provide quality assurance and patient/public reassurance that early careers pharmacists in the UK have the requisite knowledge, skills and behaviour to deliver safe and effective holistic person-centred pharmaceutical care to an increasingly complex patient population

This overarching curriculum can be used within the four UK countries to develop supporting educational programmes to meet their specific needs.

2.2. What is the scope of practice of a pharmacist who completes this curriculum?

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

- Communicate effectively, placing the person at the centre of any interaction
- Deliver holistic person-centred care
- Collaborate with the wider pharmacy and multidisciplinary team
- Apply clinical knowledge and skills in practice
- Draw upon and critically evaluate appropriate information to inform decision making, and manage uncertainty and clinical risk
- Use data and digital technology to enhance patient care and improve outcomes
- Promote pharmacy services and develop the profession
- Recognise opportunities for change, innovation and quality improvement
- Demonstrate self-awareness, resilience and adaptability
- Support the education and development of colleagues
- Participate in research

Individuals with these capabilities will deliver the following scope of practice:

- Enhance the safe and effective use of medicines through medicines optimisation
- Act as first contact for people requiring care; responding to and managing common clinical conditions
- Deliver interventions and support for people to prevent illness and promote health
- Deliver holistic person-centred pharmaceutical care to people with acute and long term conditions in all settings, ensuring shared decision making
- Manage increasingly complex people with multi-morbidities against the background of an ageing population
- Provide more enhanced clinical services to improve skill mix across the health and social care workforce
- Work with people and the healthcare team to promote and encourage cost-effective use of medicines through medicines optimisation, deprescribing and reducing waste
- Prescribe within agreed scope of practice
- Work in integrated multidisciplinary teams
- Apply the principles of medicines management to practice
- Contribute to medicines and clinical governance to improve patient safety
- Promote pharmacy services and contribute to service development
- Support new models of care which are delivered in primary care and closer to people's homes
- Undertake quality improvement projects to positively impact on patient care and service delivery
- Develop and deliver education and training for the pharmacy and multidisciplinary team and support others in their development
- Participate in research activities, demonstrating good research practice

2.3. 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 practice² recognised across healthcare professionals: clinical practice, leadership and management, education and research.

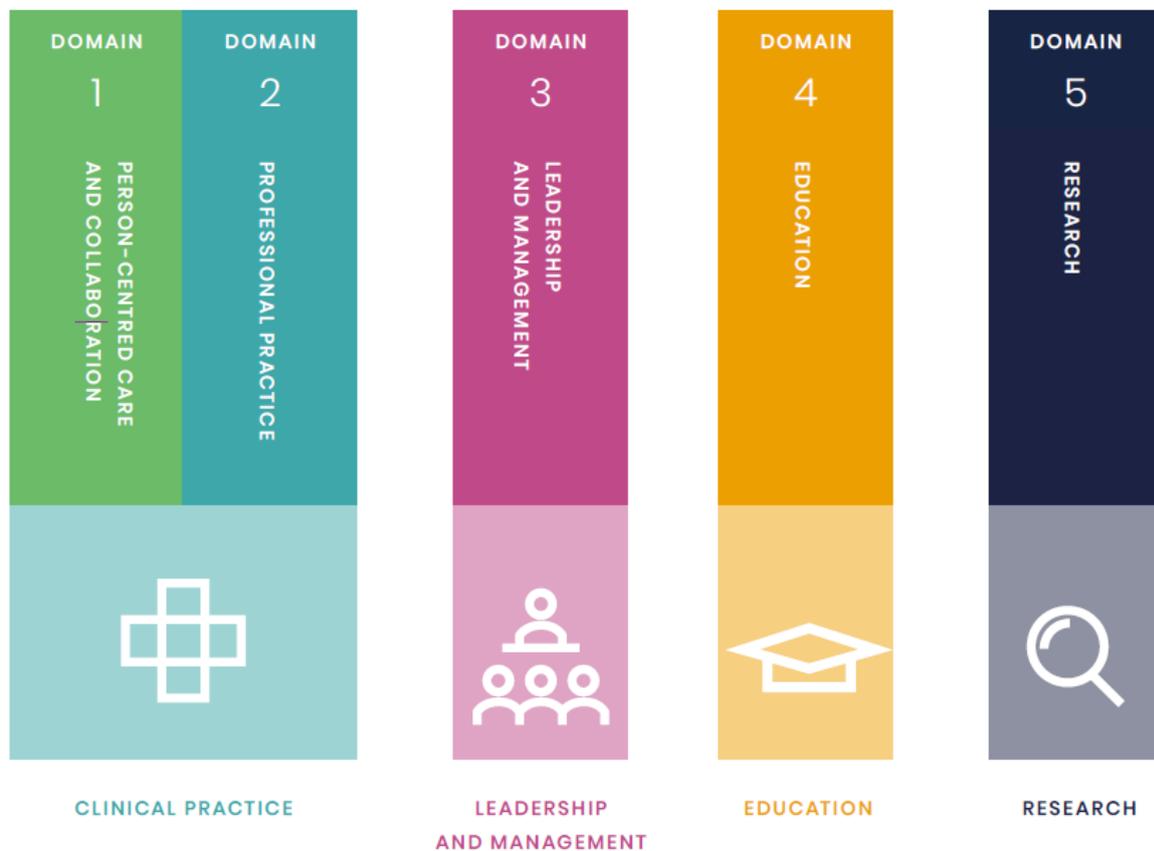


Figure 2. The four pillars of advanced practice

² 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

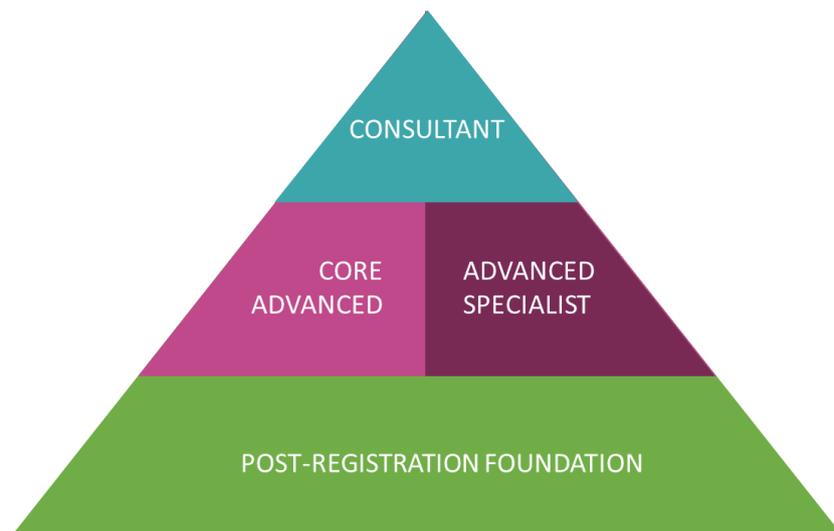
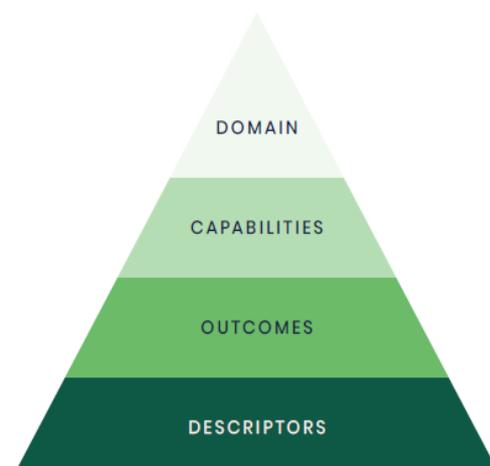


Figure 3. RPS Post-registration credentialing model

Section 3 – The programme of learning

The curriculum consists of 13 **capabilities** which describe the key clinical and professional aspects of Post-registration Foundation pharmacist practice. Each capability is a synthesis of **outcomes** which describe the knowledge, skills and behaviours that should be demonstrated by a Post-registration Foundation pharmacist on completion of training. 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



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Figure 4. Programme of learning hierarchy



Figure 5. Overview of domains and capabilities

3.1. Capabilities, outcomes and descriptors

For outcomes that are shaded (e.g. 2.3) please refer to the **topic guide** for additional information to support achieving the outcome at the required standard. The final three columns indicate mapping of the outcomes in this curriculum to the outcomes in the following:

FPF [RPS Foundation Pharmacist Framework 2019](#)

RPS IP [RPS Competency Framework for all Prescribers 2016](#)

GPhC IP [GPhC Standards for the education and training of pharmacist independent prescribers 2019](#)

DOMAIN 1: PERSON-CENTERED CARE AND COLLABORATION						
CAPABILITIES	OUTCOMES	DESCRIPTORS	FPF	RPS IP	GPhC IP	
Communicates effectively, placing the person at the centre of any interaction	1.1 Communicates effectively with people receiving care and colleagues	Assimilates and communicates information clearly and confidently, employs a full range of media including face to face, telephone, written, video, social media and digital, and takes into consideration the needs of the recipient(s).	6.2	3.3	2	
			6.8	4.13		
			3.4	5.1		
			6.4	5.2		
			6.5	5.3		
		Considers the advantages, limitations and how to reduce the risks associated with different formats of communication, including non-face to face methods.		7.3		
		Uses a range of question types and active listening skills, including recognising and responding to verbal and nonverbal cues, to engage people, ensure they feel valued and gather information effectively to support shared decision making		10.1		
		Identifies barriers to effective communication and adapts verbal and non-verbal communication styles in a way that is responsive to the person/carer/family'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)				
		Ensures appropriate access to information by making reasonable adjustments and / or using interpreters				
		Enhances health literacy in people from a range of backgrounds, by providing tailored information, signposting to relevant information sources, facilitating communication, and checking understanding as appropriate				

		<p>Manages challenging communication situations where it is difficult to communicate effectively (e.g. noisy or distressing environments, when using PPE, conflicting situations or with people who are anxious, angry or confused)</p> <p>Communicates information about medicines and their use with people/carers and the multidisciplinary team to ensure they are used safely and effectively</p>			
	<p>1.2 Treats others as equals and with dignity and respect, supporting them regardless of individual circumstances or background; actively promotes this in their practice</p>	<p>Respects peoples and colleagues' religious, cultural and ethical beliefs, and their ideas and feelings without judgement, understanding the impact these have on health.</p> <p>Aware of own intrinsic cultural bias and how this could inadvertently discourage equality and diversity. Adapts their practice to work effectively, sensitively, and respectfully with others</p> <p>Proactively demonstrates equity and fairness in all aspects of day to day practice; meets the legal responsibilities under equality and human rights legislation</p> <p>Challenges inappropriate behaviour and attitudes which are discriminatory, and reflects on how their own values, attitudes and ethics might influence professional behaviour</p> <p>Gives positive practical support to people and/or colleagues who may have learning support needs, feel vulnerable, victimised, or unfairly treated</p>	7.6	3.1 3.2	2
Delivers person-centred care	<p>1.3 Consults with people through open conversation; explores physical, psychological and social aspects for that person, remaining open to what a person might share; empowers the person creating an environment to support shared decision making around personal healthcare outcomes and changes to health behaviour</p>	<p>Develops a consultation style and structure informed by recognised consultation models and frameworks, that explores the person's ideas, concerns and expectations, and can be adapted to suit the person's needs</p> <p>Employs a variety of methods for consulting, appropriate to the person's need e.g. face to face, phone, video, email and newer technologies. Tailors the style, amount, frequency, and content of information to the person to support informed decision making and self-care</p> <p>Consults effectively to build rapport, develop a partnership approach, and empower the person. Takes a holistic view and wherever possible, develops personalised</p>	2.2 2.4 6.3 6.6 6.7	2.5 3.1 3.2 3.3 3.5 3.6 4.12 5.5 6.1 7.3	1 4 6 20 30 31

		<p>management plans that respect the person's autonomy and incorporate their perspective, health beliefs and preferences</p> <p>Elicits physical, psychological, and social information to place the person's problem(s) in context and responds appropriately</p> <p>Supports and motivates people's self-care by helping them to recognise the benefits of a healthy lifestyle and motivating behaviour change to improve health</p> <p>Explores the person's/carer's understanding of the consultation and checks they are satisfied with what has been agreed / recommended</p> <p>Uses a structured approach to accurately document the outcomes of consultations in the appropriate format and location, including in the digital environment.</p> <p>Maintains records sufficiently to enable optimal patient care</p>			
1.4	Demonstrates empathy; seeking to understand a situation from the perspective of each person	Listens attentively to the person's/carer's experience and considers their perspective to develop an understanding of their needs; demonstrates respect, empathy, responsiveness, compassion, honesty and concern for their problems and personal characteristics	2.3	3.1 3.2	
1.5	Always keeps the person at the centre of their approach to care	<p>Works in partnership with the person/carer negotiating a mutually acceptable personalised management plan that respects their values, beliefs, culture, ethnicity, preferences, health literacy and experiences.</p> <p>Uses patient decision aids, where appropriate, to support shared decision making and ensures people/carers have appropriate information about their medicines and management plan</p> <p>Recognises the physical and psychological impact of the health problem(s) and prescribing decisions on the person and where applicable, their carer/family</p> <p>Recognises that the decisions of a person with capacity are paramount. Determines capacity in people with differential communication needs and manages appropriately in situations when the person doesn't have capacity</p>	2.1	2.5 3.1 3.2 4.13 5.2 5.3 6.1 8.4	2 3 5 6

		Makes prescribing decisions based on the needs of the person and not the prescriber's personal or any other considerations				
	1.6	Supports and facilitates the seamless continuity of care for each person	<p>Provides comprehensive continuity of care, taking into account all of the person's problems and their social situation, and potential emerging issues with appropriate action and contingency plan</p> <p>Agrees with the person and / or health and social care colleagues a variety of monitoring and follow-up arrangements that are safe and appropriate, whilst also enhancing patient autonomy</p> <p>Ensures the person / carer knows what to do if they have any concerns about the management of their condition, if their condition deteriorates, if they experience adverse effects from treatment, or if there is no improvement within an agreed timeframe</p> <p>Ensures prompt, accurate and complete information sharing and collaboration with the relevant health and social care teams to ensure an effective transition between settings</p> <p>Manages situations where care is needed out of hours and enables the necessary arrangements</p>	2.5	3.1 3.3 4.2 4.12 4.13 5.2 5.4 6.1 6.2 6.3 10.1	24
Collaborates with the wider pharmacy and multidisciplinary team	1.7	Builds strong relationships across the multidisciplinary team; works in partnership to promote positive outcomes	<p>Works with colleagues in multidisciplinary teams and looks for opportunities to collaborate with others to ensure consistency, continuity, and a holistic approach to patient care</p> <p>Establishes good working relationships with multidisciplinary colleagues within and across sectors by offering advice, assistance, being transparent, and working in partnership to ensure safe and effective prescribing and patient care</p> <p>Reflects on positive and negative aspects of team working, collaborating with others to share good practice, and improve teamwork and team performance</p>	5.1	4.13 10.1 10.2	7 27
	1.8	Demonstrates confidence in speaking to healthcare professionals across the multidisciplinary team; seeking	Presents information, knowledge, and recommendations effectively and assertively to a wide range of team members in different settings to negotiate safe and effective prescribing and medicines use, and optimise patient care	6.1	10.1 10.2	27

	to use appropriate language to influence others	Challenges members of the multidisciplinary team constructively, when considered necessary for the benefit of patient care			
1.9	Recognises the value of members of the pharmacy and multidisciplinary team across the whole care pathway, drawing on those both present and virtually, to develop breadth of skills and support own practice; delegates and refers appropriately, using the expertise and knowledge of others	<p>Respects and is receptive to the views of other healthcare professionals, and recognises and values diversity within the multidisciplinary team</p> <p>Seeks advice from, and provides advice to, other professionals and team members according to their roles and expertise</p> <p>Refers appropriately to members of the pharmacy and multidisciplinary team and services across the care pathway; recognises wider primary, community and secondary care, and voluntary services</p> <p>Organises and allocates work to optimise effectiveness within the pharmacy and wider team</p>	5.3 5.5	1.8 7.1 10.1 10.2	7 27 29 32
1.10	Supports members of the multidisciplinary team in the safe use of medicines and to meet the individual needs of those receiving care; effectively influences the decision-making process across the team regarding medicines, where appropriate	<p>Proactively works within and across teams to improve patient safety and delivery of care, utilises their own clinical knowledge of the safe use of medicines to influence, negotiate, assess prioritises and effectively manage complex situations</p> <p>Anticipates and identifies issues that may arise with people or medicine supply, proactively collaborating with others across the wider healthcare system to resolve and ensure seamless patient care</p>	5.4	9.2 10.1 10.2 10.4	15 27

DOMAIN 2: PROFESSIONAL PRACTICE							
CAPABILITIES	OUTCOMES	DESCRIPTORS	FPF	RPS IP	GPhC IP		
Applies clinical knowledge and skills in practice	2.1	Applies evidence based clinical knowledge and up to date guidance to make suitable recommendations or take appropriate actions with confidence	<p>Applies clinical knowledge and skills to identify, prioritise and optimise pharmacological and non-pharmacological management of:</p> <ul style="list-style-type: none"> - common clinical conditions - acute and long term conditions - illness prevention and health promotion <p>Demonstrates critical thinking by analysing and applying information from multiple sources including the evidence base, local/regional/national guidelines, policies, and formularies to simultaneously manage acute and long term conditions</p> <p>Applies expertise and decision making in complex situations of multi-morbidity, frailty, polypharmacy and / or unlicensed medicine use; considers the mode of action and pharmacokinetics of medicines and how these may be altered (e.g. by genetics, age, renal impairment, pregnancy)</p> <p>Considers the condition(s) being treated in term of natural progression, severity, deterioration, and anticipated response to treatment</p> <p>Considers any relevant patient factors (e.g. ability to swallow, religion, ethnicity, social support) and the potential impact on the choice, route of administration, formulation of medicines and adherence</p> <p>Considers the application of innovative healthcare technologies including genomic medicine, artificial intelligence, and advanced therapeutic medicinal products to patient care</p>	1.1 3.1	1.6 2.1 2.3 - 2.9 3.1 3.2 3.4 4.1 4.3 4.5 4.11	11 16 18 26	
	2.2	Undertakes a holistic clinical review of a person and their medicines to ensure they are appropriate	<p>Prioritises people/groups for clinical review according to need and local priorities</p> <p>Undertakes clinical reviews in people with complex problems in a variety of settings (including remotely), ensuring a multidisciplinary approach; communicates and documents decisions and recommendations appropriately</p>	1.7	1.1 1.2 1.7 2.2- 2.5 2.9 3.1	2 4 6 16 17 20 22	

	Works in partnership with the person, taking a pragmatic approach in the context of their beliefs, culture and preferences, and leads to the expectation that a prescription is not always required. Encourages self-care where appropriate and considers mental health and physical health equally in a holistic approach to each person's individual needs	3.2 3.4- 3.6 4.2 4.6 4.8 4.9	23 24 30
	Obtains accurate medication history including allergy, self-medication, use of complementary healthcare products, and previous allergic / adverse reactions	4.10 4.12 4.13	
	Considers ongoing need for medicines, response to treatment, medication adherence, evidence-based prescribing, adverse effects, cost-effectiveness and up to date information about medicines (e.g. availability, pack sizes, storage conditions, excipients, costs). Also considers wider determinants of health e.g. social care, domestic situation and environmental factors	5.1 5.2 5.4 5.5 6.1- 6.4 7.3	
	Considers the environmental impact of prescribing recommendations and reaches a shared decision with the person if this is important to them (e.g. the carbon footprint of inhalers)		
	Formulates management plan which includes clear benefit-risk assessment and monitoring parameters, frequency and timescale as appropriate. Modifies / adapts plan in response to ongoing monitoring and review of the person's condition and preferences; checks the person's/carer's understanding and that they are satisfied with the management plan		
	Recommends prescribing interventions (adding, stopping, stepping up/down and/or optimising medication) where appropriate. Includes areas of uncertainty where evidence is lacking / conflicting.		
	Accurately completes and routinely checks calculations relevant to prescribing and practical dosing		
	Utilises the systems and technologies required to prescribe medicines safely and effectively		

		Uses a structured approach to accurately document the management plan and prescribing decisions in the appropriate format and location, including the digital environment. Maintains records sufficiently to enable optimal patient care			
	2.3 Gathers information and takes histories proficiently; conducts clinical examinations and assessments; develops diagnostic skills	<p>Undertakes a person centred consultation and/or clinical assessment in an appropriate setting taking account of confidentiality, consent, dignity and respect</p> <p>Obtains valid consent to proceed with the clinical examination and/or assessment. Understands the issues that may arise when people lack capacity and/or belong to groups with protected characteristics. Knows where to seek advice, if necessary</p> <p>Systematically obtains a structured history, including mental health and collateral history, in sometimes difficult or challenging conditions (e.g. unreliable or incomplete sources of information); including but not limited to patient symptoms, concerns, priorities and preferences. Utilises all relevant sources of information including carers/family</p> <p>Demonstrates clinical reasoning by gathering focused information relevant to the person's care and according to the presenting situation</p> <p>Accesses and interprets all available and relevant patient records to ensure knowledge of the person's management to date</p> <p>Systematically performs physical and non-physical clinical examinations and assessments (defined in skills guide) and is able to interpret physical signs accurately</p> <p>Requests and interprets relevant examinations and investigations to support assessment, diagnosis, monitoring and management in a systematic and efficient manner</p> <p>Understands the significance of the findings and results and acts on these as appropriate and in a timely manner</p> <p>Applies clinical decision making tools appropriately e.g. algorithms and risk calculators</p>	1.4	1.1- 1.5 1.8 2.5 2.7 3.1 3.2 4.6 6.2	5 19 20 21 24

		<p>Formulates appropriate differential diagnoses and applies clinical judgement to arrive at a working diagnosis.</p> <p>Uses a structured approach to accurately document the outcomes of in the clinical assessment in the appropriate format and location, including the digital environment. Maintains records sufficiently to enable optimal patient care</p>			
Draws upon and critically evaluate appropriate information to inform decision making; manages uncertainty and risk appropriately	2.4 Accesses and critically evaluate appropriate information to make evidence-based decisions in an efficient and systematic manner; ensures high attention to detail is maintained when making decisions regarding the person receiving care	<p>Uses critical appraisal skills to interpret the evidence base and consider its validity and usefulness in a particular context; uses clinical reasoning and professional judgement to decide when to apply the evidence base to clinical decision making and when to challenge its use</p> <p>Recognises which statistical tests are appropriate when critically evaluating studies to judge the weight of evidence including validity, reliability and relevance</p> <p>Receives and answers a variety of medicine-related and clinical enquires from people, carers and healthcare professionals</p> <p>Uses appropriate information sources to answer medicine-related and clinical enquires across all healthcare sectors</p> <p>Communicates accurate, appropriate, and structured medicines information according to the needs of the patient and/or health and social care professionals, signposting as required</p>	3.2 3.3 3.5	2.4 2.7 2.8 5.2	16
	2.5 Manages uncertainty and risk appropriately	<p>Manages clinical uncertainty by critically appraising the evidence-base, applying clinical reasoning and professional judgment to clinical situations, to make safe and logical decisions which optimise the balance of benefit to harm for the person</p> <p>Determines the patient's attitude to risk and discusses risks and benefits at the appropriate level, as part of shared decision making process</p> <p>Considers use of unlicensed, off-label of medicines outside standard practice only when satisfied that an alternative licensed medicine would not meet the person's needs</p>	3.5	2.3 2.5 2.8 3.1- 3.3 4.11 7.4	16 17

		Uses processes that support safe prescribing in areas of high risk (e.g. transfer of information about medicines, prescribing of high risk medicines)			
	2.6	Takes the cost-effectiveness of a decision into account where necessary, working to the appropriate formulary	3.7	2.7 2.8 4.3 4.4 4.5 4.8	13
	2.7	Proactively recognises and corrects the overuse of medicines; positively impacts on the usage and stewardship of medicines at an individual and population level	7.4 1.6	2.9 2.10 4.3 4.5 4.7 4.11 7.4 2.7	2 11 13 26
		Implements strategies, participates in prescribing projects, and undertakes medication reviews to improve safe and cost-effective prescribing, improve antimicrobial stewardship, support substance misuse services, and reduce polypharmacy and medicines waste			
		Considers the impact of local demographics, ethnic and cultural diversity when tailoring holistic person-centred pharmaceutical care needs to individuals and the local population			
		Incorporates the population based impacts of antimicrobial resistance on decisions about prescribing antimicrobials; ensures treatment decisions are aligned to relevant local and national guidance			
		Complies with, and promotes local and national medicines management policies, guidelines, strategies, and campaigns to positively impact on medicine use (e.g. unlicensed medicines, high risk medicines, public health, antimicrobial stewardship, infection control, shared-care, prescribing efficiency projects)			
Understands the value that data and digital technology can have, drawing upon these where necessary to drive	2.8	Analyses and uses data and digital technologies to inform clinical decision making, and improve clinical outcomes and patient safety	3.6	5.5 6.2 7.3 9.3 10.1	20 21 22 24 30
		Uses devices, applications, software and systems relevant to different tasks and to support delivery of care; understands the functionality, benefits and limitations and how these impact on care			
		Demonstrates shared decision making and co-ordination of care within the multidisciplinary team in the context of the electronic health record			

care and improve
outcomes

Applies health informatic standards for the recording of health data to increase the interoperability of systems; recognises the issues with non-adherence and the impact this has on the delivery of integrated care

Describes the key attributes of data and information including quality, integrity, accuracy, timeliness and appropriateness, and can discuss their limitations within the context of intended use

Uses a wide range of digital devices, technologies, software and applications in order to create, access, edit, monitor, store and share information, data and content

Interprets data by running queries, reports and using appropriate analytical methods and descriptive statistics to discover patterns and knowledge

Uses data to support clinical decision making and understand variation in care, outcomes, and the impact of interventions

Uses digital technologies to support diagnosis, self-care, shared decision making and monitoring people's responses to medicines e.g. sensors, wearables and smartphone apps; educates people/carers on their use and signposts to resources

Utilises data-driven approaches to facilitate and enable quality improvement, change management and prioritisation of issues at an individual, population and service level; produces data visualisation to communicate findings effectively within the healthcare team

Describes the ethical, governance and patient safety considerations of using data and digital technologies and conveys these to people/carers

Adheres to information governance, digital copyright, intellectual property and privacy rules and regulations

ROYAL PHARMACEUTICAL SOCIETY

Practises professionally	2.9	Actively practises honesty and integrity in all that they do; upholds a duty of candour	Acts in an open, honest and transparent way with people, carers, families and members of the health and social care team, when safety has (or potentially has) been compromised Apologises for errors and takes steps to minimise impact and prevent further incidents, reporting incidents/near misses as per organisation's policy Undertakes a reflective process and discusses incidents/near misses with senior colleague(s) to improve practice in the future	7.1	8.2	
	2.10	Is accountable and responsible for own decisions and actions, understanding the potential consequences of these decisions across the whole care pathway	Considers the risks and consequences of decisions which may impact on the immediate or follow-up care of a person or group of people across the patient journey Takes ownership of problems and proactively seeks to resolve them and challenge poor practice Justifies and documents deviation from guidelines and policy as appropriate	7.2	2.3 4.11 4.13 8.2 8.3	8 14 17
	2.11	Works within ethical guidelines and legal frameworks, including consent and confidentiality; seeks to gain permission from the person before accessing confidential records where necessary	Effectively manages situations which are challenging in terms of ethics, consent, differential communication needs or capacity issues, and seeks advice when unsure Encourages scrutiny of professional behaviour, is open to feedback and demonstrates a willingness to change. Recognises and deals with factors that might unduly influence prescribing (e.g. pharmaceutical industry, media, people and colleagues) Works within NHS/organisational/regulatory and other codes of conduct when interacting with the pharmaceutical industry	7.8	1.8 4.3 4.9 4.12 8.2- 8.6 9.1	9 10 11 14
	2.12	Recognises and works safely within own level of competence, understanding the importance of working within this; knows when it is appropriate to escalate a situation or refer	Has a critical understanding of the limits of own competence and professional scope of practice; calls for senior help and advice in a timely manner or refers to more appropriate colleague(s) Demonstrates awareness of own limitations and conscious competency	7.5	1.8 7.1 8.2	29 32

DOMAIN 3: LEADERSHIP AND MANAGEMENT						
CAPABILITIES	OUTCOMES	DESCRIPTORS	FPF	RPS IP	GPhC IP	
Promotes pharmacy services and develops the profession	3.1 Proactively demonstrates and promotes the value of pharmacy to the public and other healthcare professionals	<p>Collaborates with multi-professional / multi-agency groups across health and social care and the third sector, to deliver and improve person centred services</p> <p>Demonstrates the impact of pharmacy practice on service delivery, effectiveness, and quality (patient outcomes, experience and safety) by contributing to the evaluation and (where relevant) re-design of systems, processes and services to improve patient care</p> <p>Describes the health and social care landscape, and the interactions and connections across sectors, organisations and teams</p> <p>Promotes local and national public health campaigns and pharmacy services to the public and other care providers /networks using a variety of media</p> <p>Provides opportunistic health promoting interventions and motivates the public to engage with pharmacy services, and health promotion and disease prevention strategies</p> <p>Implements appropriate strategies in relation to the misuse of drugs</p>	4.3	2.9	26	
	3.2 Communicates vision and goals to the wider pharmacy and multidisciplinary team to support with achieving group tasks	<p>Recognises how organisational goals are reflected in personal and team objectives</p> <p>Communicates purpose and vision with enthusiasm; creates opportunities to bring individuals and multidisciplinary groups together to share information and resources, and ensure team members have a clear understanding of expectations and goals</p> <p>Creates a supportive environment which encourages team members to contribute ideas and solutions to improve services, engage in decision making</p>	4.2			

		and achieve organisational goals; respects and values team members' contributions				
		Demonstrates authenticity, integrity, role-modelling and leading by example within team activities				
Recognises opportunities for change, innovation and quality improvement	3.3	Critically analyses business needs; is mindful of commercial aspects within the pharmacy context; recognises the changes to and the opportunities within the future role of pharmacists; seeks out opportunities to modify own approach and deliver / promote new pharmacy services	<p>Understands business needs within the pharmacy context (e.g. ensuring value for money, reducing waste, procurement, reviewing existing / introducing new services) and analyses available data both from within and outside of the organisation, including through obtaining feedback from service users</p> <p>Uses available information to inform change ideas to improve existing or develop new services</p> <p>Adopts a critical, analytical and reflective stance towards professional and business practice</p> <p>Understands local commissioning process for new and existing services</p> <p>Contributes to developing new services in response to local and national strategy, changing population health needs, organisational objectives and future direction, placing patient safety and optimal use of medicines at the centre of any changes</p>	4.6		
	3.4	Draws upon networks to understand the range of clinical, medicines-related and public health activities offered by pharmacy across sectors and the care pathway	<p>Builds multi-professional networks, across the interfaces of health and social care (e.g. through participating in communities of practice), promoting the exchange of knowledge, skills and resources to improve working relations and patient care</p> <p>Appropriately refers people and colleagues to pharmacy services and support / resources across all sectors of practice</p>	1.3 4.7 4.8	2.9	26 29
	3.5	Is open to new approaches and ways of completing work tasks and appropriately challenges others to consider change to improve the quality of care;	<p>Uses evidence and knowledge to actively facilitate change that will improve services, and applies effective change management skills to contribute to implementing and evaluating changes</p> <p>Uses audit and quality improvement methodologies to improve working</p>	4.4 4.5		

	shares own innovative ideas to improve working practices, both internally and externally	<p>practices</p> <p>Demonstrates initiative to develop alternative solutions to working practices and participates constructively in tests of change within organisation through collaborative working</p> <p>Shares work through local networks and the wider pharmacy / healthcare system to ensure innovation is shared and adopted</p>			
3.6	Effectively identifies and raises concerns regarding patient safety; applies principles of risk management; seeks to improve the quality and safe use of medicines routinely	<p>Raises and escalates concerns, and is confident to constructively challenge others (including more senior healthcare professionals) where there is an issue with patient safety and/or quality of care</p> <p>Actively seeks to review processes, systems and practice to improve standards of patient safety, support safe prescribing, and minimise risk</p> <p>Reports prescribing errors, near misses and critical incidents and uses tools such as significant event analysis, human factors and / or root cause analysis to investigate them; develops and implements strategies to avoid and reduce recurrence of medication errors, and monitors the impact of any changes on patient safety</p> <p>Supports consistent, constructive and fair evaluation of the actions of staff involved in patient safety incidents</p> <p>Uses mechanisms to reflect on and learn from service user feedback and complaints in order to improve patient care</p> <p>Proactively involved in patient safety activities e.g. responding to safety alerts, reporting adverse events (i.e. Yellow Card reporting)</p> <p>Implements national / global priorities or initiatives to improve safe and effective use of medicines e.g. reducing antimicrobial resistance</p> <p>Applies infection control measures and management in populations, environments and people</p>	7.3 7.7	2.9 2.10 4.2 6.3 7.2- 7.6 9.1- 9.3	15 25 28

		<p>Contributes to audit and quality improvement (using quality improvement methodology) projects to improve the vulnerable and effective use of medicines; is involved in the design, data collection, analysis, implementing and evaluating changes, and sharing learning</p> <p>Recognises and takes responsibility for safeguarding children, young people and adults, using appropriate systems for identifying, raising concerns, obtaining advice and taking action</p>			
Demonstrates self-awareness, resilience and adaptability	3.7 Demonstrates self-awareness and emotional intelligence within the role, reflects on and understands the impact a situation may have on one's own health and wellbeing	<p>Identifies own feelings, cognitive biases, emotions and prejudices, and understands how these can affect their own behaviour and decision making, and can impact on working relationships and delivery of care</p> <p>Identifies own personality type and adapts communication / ways of working when interacting with people with different personality types and in different situations</p> <p>Anticipates and manages the factors in work, home and the wider environment that influence day to day performance and wellbeing (personal or of others), including ability to perform under pressure; takes actions to minimise the impact, along with awareness of sources of support</p> <p>Recognises and articulates own values and principles, understanding how they may differ to those of other people and groups, ensuring equality, diversity and inclusion at all times</p> <p>Demonstrates empathy to manage interactions successfully</p> <p>Contributes to a workplace culture which values and supports the wellbeing of its staff; seeks support appropriately regarding health or emotional concerns that might impact personal professional practice</p>	9.2		2
	3.8 Remains composed even in challenging or high-pressured situations; develops and draws	<p>Acknowledges conditions of uncertainty or unpredictability; remains productive by actively adapting plans or developing systems and processes to support decision making in complex situations; responds in a logical and calm manner</p>	9.1 9.3		

	upon support network in challenging situations	Employs strategies to manage conflict and differences of opinion Uses multidisciplinary peer network and experienced colleagues for support when dealing with challenging situations; reflects and learns from the experience			
3.9	Effectively, efficiently and safely manages multiple priorities; maintains accuracy when in a challenging situation; manages own time and workload calmly, demonstrating resilience	Manages a diverse workload effectively whilst maintaining quality and consideration for individuals receiving care; demonstrates awareness of other people's workload, within pharmacy and the multidisciplinary team; assists appropriately and within limits of current capabilities Achieves deadlines for day to day and longer term tasks through effective time management, hand-over, prioritisation and delegation skills; adapts approach in response to demand and capacity Uses personal strategies such as reflection, debriefing, handing over to another colleague, peer support, and asking for help, to deal with and recover from challenges and setbacks; maintains a positive outlook learning from success as well as setbacks	9.4 9.5		
3.10	Adapts and works effectively in different environments within pharmacy by applying previous learning to new settings	Responds flexibly to working in different environments and helps others to do so; develops a structured approach to understanding the environment, activities and resource available to inform working practices, collaboration and decision making Can change pace and direction of work to accommodate and deal with unforeseen events, in day to day practice and with longer term goals	9.6		

DOMAIN 4: EDUCATION						
CAPABILITIES	OUTCOMES	DESCRIPTORS	FPF	RPS IP	GPhC IP	
Develops personally through proactively identifying learning opportunities and reflecting on feedback	4.1	Demonstrates a positive attitude to self-development throughout current and towards future career; proactively seeks learning experiences to support own practice, and has a desire and motivation to try new things	<p>Proactively seeks and engages in learning and professional development opportunities within day to day practice and beyond, to keep abreast of evolving practice, emerging safety concerns related to prescribing, and advance their knowledge and skill set</p> <p>Actively participates in peer review and interprofessional learning activities</p> <p>Contributes to developing a culture of organisational learning to inspire future and existing staff; proactively responds to feedback to shape development activities</p>	8.1 8.2 8.3	2.8 7.5 9.1	12
	4.2	Develops a personal development plan that reflects the breadth of ongoing professional development and includes potential innovations in medicine and practice development	<p>Regularly reflects on performance to identify personal strengths, areas for development and potential barriers to achieving these</p> <p>Develops a personal development plan with specific objectives to address identified learning and development needs and maintain prescribing competence; evaluates success in achieving objectives and modifies accordingly</p> <p>Demonstrates how elements of personal development impact upon career planning, the needs of the organisation, and facilitate moving from being a competent to proficient pharmacist</p> <p>Keeps up to date with innovative healthcare technologies, medicines and practice development; recognises how they can augment clinical practice and improve patient outcomes</p>	8.5 8.6	2.8 8.1 9.1 9.3	12
	4.3	Seeks feedback and support from colleagues where appropriate; is receptive to information or	<p>Actively seeks and is open to receiving feedback, both positive and negative, from people, service users and colleagues</p> <p>Demonstrates change and improvement in practice as a result of reflecting on</p>	5.2 8.7	9.1 9.3	12

	advice given to them by others to make changes to own practice	multi-source feedback and feedback from supervised learning events / other sources			
Supports the education and development of colleagues	4.4 Acts as a positive role model and mentor within the pharmacy and multidisciplinary team, where appropriate	Acts as a positive role model and supports less experienced colleagues and students to develop personal and professional values and behaviours through encouragement, motivation and support Contributes to creating a diverse and inclusive workplace culture where everyone feels respected and valued Contributes to creating an environment that promotes good physical and mental health and supports people with mental health problems	4.1		
	4.5 Effectively uses own expertise to provide the pharmacy and multidisciplinary team with education and training; supports and supervises less experienced members of the team	Actively seeks to share best practice, knowledge and skills with other members of the team, services users and people e.g. through educational sessions, informal discussion and feedback Plans and delivers educational activities for individuals and groups, from pharmacy, the wider multidisciplinary team, service users and individuals receiving care; develops training plans, relevant supporting material, uses teaching methods appropriate to the educational activity and considers the learners' needs Evaluates and reflects on the effectiveness of their educational activities; collates data and uses feedback to adapt approach when necessary Provides effective, timely and constructive feedback, informed by feedback models, to support the development of others Provides effective supervision for students and less experienced colleagues, identifying learning and development needs and raising concerns through appropriate channels when necessary	1.2 5.6	9.2	

DOMAIN 5: RESEARCH					
CAPABILITIES	OUTCOMES	DESCRIPTORS	FPF	RPS IP	GPhC IP
Participates in research	5.1 Seeks to be involved in research activities; actively disseminates outcomes to appropriate audiences	<p>Describes the differences between audit, service evaluation, quality improvement and research</p> <p>Critiques published literature and discusses with peers e.g. participation in journal clubs or peer review sessions</p> <p>Describes the core features of a research protocol and common research methodologies (including quantitative and qualitative) used in health services research and clinical research</p> <p>Applies the principles of good research practice when participating in research activities; understands the importance of ethical conduct, consent, confidentiality and governance arrangements to ensure research quality and safeguard the public</p> <p>Shares findings from a research project that has been undertaken locally/regionally/nationally and describes the implications on their practice / service provision to improve patient care</p>	8.4	-	-

3.2. How does the curriculum support safe prescribing practice?

Prescribing is a complex process and integrating it throughout the curriculum supports post-registration foundation level pharmacists having a firm grounding in the principles of safe, effective and cost-effective prescribing. The curriculum should develop pharmacists who are able to undertake the various steps in the process that lead to prescribing (including initiating or altering), de-prescribing or not prescribing a medicine, within their scope of practice. This includes:

- obtaining a full history and performing clinical assessment skills
- managing uncertainty and clinical risk
- applying clinical reasoning and critical thinking to shared decision making
- agreeing the most appropriate treatment in partnership with the person
- ensuring appropriate follow up, monitoring, and referral arrangements
- communicating and documenting prescribing interventions
- taking responsibility for and justifying decisions
- being aware of and practising within own limitations

When starting out as prescribers, it is recommended all post-registration foundation level prescribers have access to appropriate supervision and support mechanisms to help develop their competence and confidence. We recommend the post-registration foundation level pharmacist and their line manager consider the context of their area of practice / commissioned services to agree their scope of practice. This could include, for example, defined medicines optimisation activities and prescribing for a core set of common acute and / or long term conditions, documented within a prescribing framework.

The curriculum incorporates entrustable professional activities (EPAs) to support the development and sign off safe prescribing practice.

3.3. What core clinical assessment skills are included?

The **topic guide** includes the core set of clinical assessment skills in which Post-registration Foundation pharmacists must become competent by the end of their training. The list has been informed by a scoping exercise to determine the clinical assessment skills used most frequently by pharmacists in clinical practice and support identifying an acutely unwell or deteriorating person^{3,4,5} Including a core set of clinical assessment skills supports portability of the workforce and helps manage expectations amongst the wider multidisciplinary team.

The clinical assessment skills required by pharmacists are likely to evolve as new services are commissioned and the topic guide will be updated accordingly. Post-registration Foundation pharmacists must be able to outline the indications for these assessments, demonstrate the correct technique, follow the appropriate procedures for gaining valid

³ Girvin, B., Akpan, U., Hampson, N., Middleton, H., Sims, L., & Barry, H. (2020). Establishing the roles undertaken and clinical skills needed by general practice-based pharmacists: a web-based survey. *Pharmacy Education*, 20(1): 253 <https://doi.org/10.46542/pe.2020.201.249264>

⁴ NHS Health Education England. *Pre-registration Pharmacist in General Practice Handbook 2020/2021*

⁵ Robert Gordon University Aberdeen and NHS Highland. *Clinical skills and procedures logbook. Master of Pharmacy, Pharmacy Longitudinal Clerkship 2019/2020*

consent, and perform the assessments in an appropriate setting taking account of confidentiality, consent, dignity and respect.

While being able to perform all of the clinical assessment skills competently and independently in practice is desirable, it is recognised that some work settings may not have the services or equipment to be able to provide training within the workplace and alternative learning opportunities will be required e.g. simulated training in a clinical skills lab or supported to undertake learning in another work setting.

It is recognised that some Post-registration Foundation programmes or employers will provide training provision for additional clinical assessment skills to meet the needs of local service provision; these will not be included in the RPS programme of assessment.

Individuals must meet or exceed the minimum level of performance for each clinical assessment skill to be credentialed at the end of the programme.

3.4. What are entrustable professional activities (EPAs)?

Entrustable professional activities are units of professional practice (activity, task, area of work) which can be entrusted to learners once they have attained sufficient competence⁶. Performing the activity independently, without direct supervision is regarded as the threshold for independent practice.

The EPAs included in this curriculum prioritise activities within the prescribing process and have been selected to:

- provide a more holistic evaluation of the learner's ability to undertake prescribing activities
- represent high risk activities that must be undertaken safely and effectively
- ensure person-centred care and shared decision making throughout the prescribing process

The EPAs should be assessed within the learner's scope of practice which has been agreed with their line manager as part of the requirements for undertaking their formal prescribing training. This will determine the presentations and conditions which would be suitable to clinically manage during an EPA assessment. The clinical encounters should be of sufficient complexity to require application of clinical reasoning, professional judgement, prioritisation and clinical decision making skills. In all cases, the learner should demonstrate a systematic and structured approach and work within their own limitations, seeking help or referring to others as appropriate.

When the learner has achieved the prescribing outcomes (see assessment blueprint) and been signed off for the clinical assessment skills, they can arrange with their DMP/DPP to undertake the EPA assessment. Each EPA requires the learner to be able to demonstrate several outcomes across different domains. Depending on the clinical encounter, more than one EPA may be covered during the individual assessment encounter.

⁶ Ten Cate O. Nuts and bolts of entrustable professional activities. *J Grad Med Educ.* 2013;5(1):157-158. doi:10.4300/JGME-D-12-00380.1

The EPA will be attained when the learner:

- can demonstrate the knowledge, skills and behaviours required of the activity
- knows when to ask for additional help and is trusted to do so in a timely manner

The learner is then entrusted to undertake the activity with reactive supervision i.e. on request and quickly available.

The EPAs support the DMP/DPP decision making process that the learner's prescribing practice is safe and prioritises patient safety. They are a curriculum requirement for all learners undertaking an integrated training programme and are optional for those undertaking a modular training programme where independent prescribing is delivered through a standalone HEI course.

The EPAs for this curriculum can be found in **Appendix 6.1**.

3.5. 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 will undertake a full equality impact assessment of the curriculum.

In addition, to encourage as many voices as possible to shape the curriculum content, we have actively sought input from the RPS Action in Belonging, Culture and Diversity (ABCD) group, the Black Pharmacist Collective and the Black Pharmacist Initiative to ensure that diverse voices have 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.

Section 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 employers, statutory education bodies, HEIs and other training providers in how learning and training is delivered. Importantly, training programmes will always need to include a GPhC-accredited HEI to deliver the independent prescribing training elements. Examples of how the curriculum could be delivered include, but are not limited to:

- **Commissioned training programmes**
 - The statutory education bodies may commission training providers to deliver education and training against the RPS curriculum outcomes. This could be at a national, regional or local level.
- **Employer led training programmes**
 - Some employers may choose to develop their own training programme which meets the RPS curriculum outcomes. The employer would need to commission an HEI to deliver the independent prescribing element and may involve training providers in delivering other areas of the curriculum and / or deliver this training in-house.
- **Training provider training programmes**
 - Training providers develop and deliver a full training programme that meets the RPS curriculum outcomes. The training provider would market their own training programme.
- **Individual led approach**
 - If an individual does not have access to a formal post-registration foundation training programme, they could use the curriculum to create their own development pathway. This would involve undertaking a standalone independent prescribing course and planning how to undertake learning and development to be able to achieve the non-independent prescribing outcomes e.g. through experiential learning and/or formal training.

The two overarching models for education and training provision relating to the prescribing and non-prescribing related outcomes are described below. The RPS will not deliver formal education and training programmes against the curriculum outcomes for either model; this will be delivered by training providers, including GPhC-accredited independent prescribing providers, and/or vocationally.

- An **integrated** training programme: the prescribing and non-prescribing elements are integrated into a single programme aligned to the curriculum outcomes. The HEI delivering the prescribing (+/- non-prescribing) element and the RPS work

collaboratively and undertake a joint end-of-programme portfolio assessment (subject to GPhC approval), simultaneously awarding IP certification and an end-of-programme credential.

- A **modular** training programme: the prescribing element is delivered through a discrete independent prescribing course offered by an accredited HEI provider, leading to independent prescribing certification by the HEI. The non-prescribing element is delivered through other formal and/or vocational learning experiences. RPS undertake an end-of-programme portfolio assessment and award end-of-programme credential; separate independent prescribing certification is recognised through APCL.

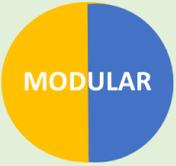
	 INTEGRATED	 MODULAR
Curriculum	RPS post-registration pharmacist outcomes	RPS post-registration pharmacist outcomes
Education and training provision	IP and non-IP elements integrated throughout the training programme Delivered by HEI / other training providers / vocational	IP standalone course + non-IP education and training provision Delivered by HEI / other training providers / vocational
Assessment	Joint RPS/HEI assessment	IP: HEI assessment Non-IP: RPS assessment
Award	HEI awards IP practice certificate RPS awards Post-registration Foundation credential	HEI awards IP practice certificate RPS awards Post-registration Foundation credential
GPhC IP accreditation	Post-registration foundation pharmacist training programme	Standalone IP course

Figure 6. Training programme models

The curriculum outcomes can be evidenced by experiences in a wide range of environments, allowing flexibility to meet the needs of the service and the individual pharmacist.

If pharmacists wish to move to a different area of practice and/or country during their training, this will depend on the format of their training programme and should be discussed with the programme lead at the statutory education body and/or higher education institution. The standardised curriculum will enable flexibility for pharmacists who wish to gain experience in different sectors and/or countries after completion of their training.

The duration of programmes is flexible although it is anticipated programmes are likely to vary between 12-24 months depending on the model of delivery and whether the pharmacist in training is working full time or less than full time, has any breaks during their training and their individual circumstances. There will be no time limit imposed on programmes although some programmes may include a time limit for the formal prescribing element.

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 out with the scope of this curriculum.

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

4.2. What types of experience should any training include?

The curriculum should be used to help inform training to ensure learners can develop the necessary knowledge and skills to complete their training programme.

To develop prescribing capabilities, pharmacists will need exposure to a variety of learning experiences which allow them to spend time with other prescribers, act as part of the multidisciplinary team and develop their clinical, diagnostic and prescribing skills. 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 prescribing period of learning in practice include, but are not limited to:

- Practice supervision with qualified independent prescribers, exposure to a breadth of practice with active participation to support development of clinical skills and competencies
- Active participation in activities to develop clinical decision making skills such as observing and questioning experienced prescribers on their decision making process, using feedback and reflecting on own decisions with support from clinical supervisors, simulation and peer review
- Practice supervision and exposure to practice, in services that will be referred to during routine work e.g. general practice, minor injury units
- Observation and active participation in clinics run by prescribers (medical and non-medical)
- Attending appropriate training course e.g. clinical skills training, consultation skills training to support development of competencies
- 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

In addition, all Post-registration Foundation programmes must meet the minimum learning time requirements defined in the [GPhC Standards for the education and training of pharmacist independent prescribers](#).

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:

ROYAL PHARMACEUTICAL SOCIETY

- Investigating a prescribing or dispensing error and implementing change to reduce future errors
- Implementing a new public health service
- Undertaking a quality improvement project to reduce medicines wastage
- Undertaking an audit of prescribing adherence to the local formulary or national guideline for a clinical condition
- Undertakes a significant event analysis when something has gone wrong

Pharmacists will also need to gain experience in supervising and mentoring others, and developing and delivering education interventions to the pharmacy and multidisciplinary team. Examples may include, but are not limited to:

- Supervising and / or mentoring student pharmacists or pharmacy technicians on placement
- Supervising and / or mentoring foundation pharmacists or pre-registration pharmacy technicians
- Developing and delivering a training session for pharmacy staff on management of acute pain
- Developing and delivering a remote lunchtime learning session for social care staff about supporting people with their medicines
- Developing and delivering a training session for care home staff about medicines administration for patients with swallowing difficulties (remote or in person)

Finally, those undertaking the programme will need to participate in research⁷ activities. To be able to achieve this, it is likely that the pharmacist will need to seek out opportunities to get involved in research projects being led by others. Supervisors, employers, training providers and / or statutory education bodies may be able to signpost pharmacists to research opportunities which will also allow the pharmacist to apply the principles of good research practice. Examples may include, but are not limited to:

- Collecting data for a colleague undertaking a research project ensuring the relevant consent and governance arrangements are adhered to
- Monitoring people's peak flow who have consented to participate in a local research project exploring the impact of inhaler counselling on asthma outcomes
- Working with colleagues to design and evaluate the impact of a local pharmacy triage tool
- Undertaking patient interviews as part of a larger research project ran by the local GP practices, to explore adherence to secondary prevention medication
- Participating in a focus group that is part of a research project the university is running

The organisation and delivery of any formal training associated with achieving these outcomes is the responsibility of employers and/or educational commissioning bodies.

⁷ The attempt to derive generalisable or transferable new knowledge to answer or refine relevant questions with scientifically sound methods. It excludes audits and service evaluations. As defined in the [UK Policy Framework for Health and Social Care Research](#). Also see the [HRA Decision tool](#) and the [HRA Defining Research table](#)

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

To ensure pharmacists undertaking a Post-registration Foundation programme are well supported throughout their training, they should receive support from a named educational supervisor, a named designated medical practitioner (DMP) or prescribing practitioner (DPP), and practice supervisors. While the roles of the different supervisors are different and are described below, it is possible that in some work settings / smaller organisations that one person may take on two or even three of these roles. Training programmes should consider resource when deciding on supervision arrangements.

It is advised that the learner has **regular monthly** scheduled and documented meetings with their educational supervisor and / or DMP/DPP. The learner will need to ensure they act as a link between their supervisors through effective communication.

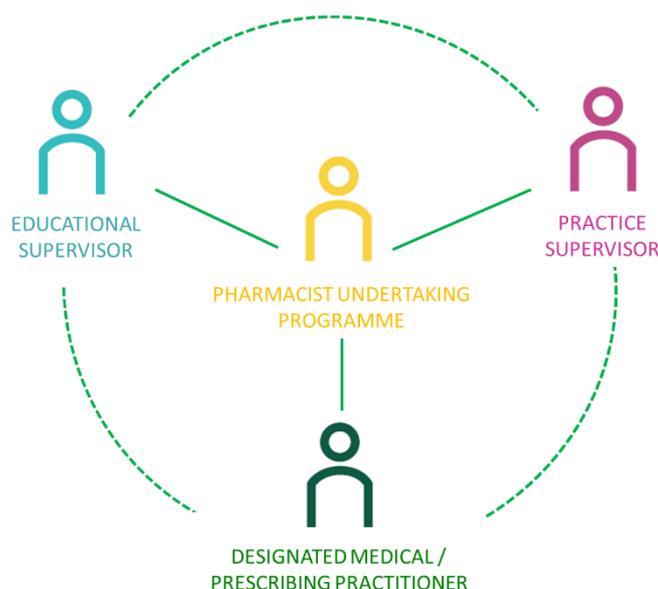


Figure 7. Recommended support structure

All supervisors should be appropriately trained for their roles and understand the programme of learning, the educational approach and the assessment processes of the Post-registration Foundation programme. They should demonstrate cultural awareness and take active steps to address any issues which may lead to differential attainment, promoting an inclusive culture and learning environment for all. Access to high quality, supportive and constructive feedback is essential for the professional development of the pharmacist, and when combined with self-reflection, promotes deeper learning.

Responsibility for the quality management of supervision, including training, is the role of the statutory education bodies, training provider and/or employers and should be formally agreed by partners when developing Post-registration Foundation programmes and associated governance structures.

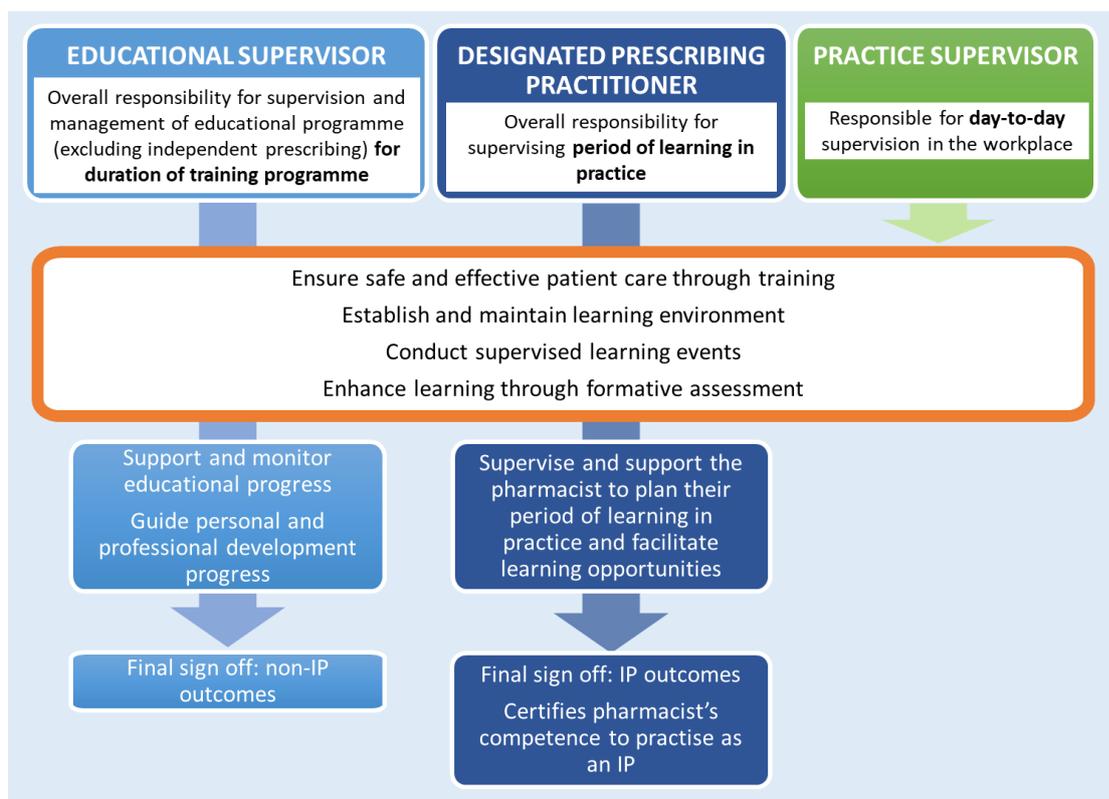


Figure 8. Summary of supervision roles and responsibilities

4.3.1 Educational supervisors

Pharmacists undertaking a Post-registration Foundation programme must have a named pharmacist who is responsible for the overall supervision and management of their educational progress during the programme (excluding independent prescribing). This role can be delivered remotely. The educational supervisor will help guide the pharmacist with their personal and professional development and, in addition to the skills of the practice supervisor, they should also have an understanding of educational theory. They are expected to undertake supervised learning events, monitor the quality of any evidence of learning submitted by the Post-registration Foundation pharmacist, provide timely and effective feedback on their progress, and guide reflective practice. The educational supervisor should be a positive role model and have an awareness of their responsibilities for promoting equality and diversity. In summary, the educational supervisor has overall responsibility for confirming the pharmacist has met the non-independent prescribing outcomes of the programme.

The educational supervisor should:

- understand the range of learning, assessment and support opportunities for learning in the workplace to cover the curriculum
- ensure that the pharmacist is receiving appropriate support, training and teaching

- work collaboratively with colleagues to monitor and support the pharmacist's progression
- foster the pharmacist's autonomy
- have a good understanding of any supporting IT tools e.g. e-portfolio and of what is considered acceptable progress
- review learning and provide formative feedback for reflective practice
- assess formal work-place evidence against the curriculum
- meet regularly with the pharmacist to review progress through the curriculum
- identify and support pharmacists experiencing difficulties, including liaising with relevant supervisor(s), interfacing with employment performance management procedures and ensuring agreed steps/actions are shared as appropriate

4.3.2 Designated medical / prescribing practitioners

Pharmacists must have a named DMP or DPP during the formal period of learning in practice.

DMPs / DPPs should meet the regulatory requirements in the GPhC Standards for the education and training of pharmacist independent prescribers, the requirements in the RPS Competency Framework for Designated Prescribing Practitioners, and any additional requirements of the training provider. They should have the capacity to adequately undertake the role and provide the required level of support and supervision to protect patient safety. They have overall responsibility for confirming the pharmacist has met the independent prescribing outcomes of the programme and is competent to practise as a prescriber.

The DMP/DPP will help guide the pharmacist with the professional development of their prescribing capabilities. They are expected to undertake supervised learning events, monitor the quality of any evidence of learning submitted by the pharmacist, provide timely and effective feedback on their progress, and guide reflective practice. The DMP/DPP should be a positive role model and have an awareness of their responsibilities for promoting equality and diversity. They have overall responsibility for confirming the pharmacist has met the independent prescribing outcomes of the programme and is competent to practise as a prescriber.

The DMP/DPP is required to supervise the pharmacist during the period of learning in practice and during this time should:

- provide sufficient supervision and support to the pharmacist and help them to plan their period of learning in practice, identifying and facilitating relevant learning opportunities
- provide dedicated time and opportunities to work alongside the pharmacist in the clinical setting

- understand how best to teach application of clinical knowledge or a clinical skill, and adapt according to the learning style of the pharmacist
- use a variety of effective teaching methods delivered in a work-place setting
- review learning and provide formative feedback for reflective practice, encourage critical thinking, and support the pharmacist develop their prescribing skills and knowledge to be a safe prescriber
- assess formal work-place evidence against the curriculum
- meet regularly with the pharmacist to review progress with their prescribing training
- ensure that the pharmacist is working under direct supervision of an appropriately qualified healthcare professional and performs prescribing-related tasks they are competent or learning under supervision to be competent, so that patient safety is not compromised
- inform the university and educational supervisor if there are any issues or concerns relating to the pharmacist's performance and ability to become an independent prescriber
- work in partnership with the pharmacist, other practitioners and the programme provider to confirm the competence of the pharmacist
- identify learners who are struggling, instigate initial steps in supporting pharmacists with difficulties, and ensure the educational supervisor and training provider is aware of agreed steps / actions where appropriate

4.3.3 Practice supervisors

Practice supervisors are responsible for day-to-day supervision in the workplace setting. Practice supervisors will integrate workplace learning with service provision by enabling the pharmacist to take responsibility for real-life patient management 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 Post-registration Foundation 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. Practice supervisors should also have an awareness of their responsibilities for promoting equality and diversity.

A practice supervisor should:

- understand how different Post-registration Foundation pharmacists learn best, the relevance of this to teaching and training, and is able 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 Post-registration Foundation 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 Post-registration Foundation pharmacists
- use reflective discussion to support the learner to explore and manage challenges, complexity and other pressures in their roles
- identify learners who are struggling, instigate initial steps in supporting trainees with difficulties, and ensure the educational supervisor and /or DMP/DPP is aware of agreed steps / actions where appropriate

There will be times when Post-registration Foundation pharmacists do not progress as expected and need additional support. This may result from poor performance in the workplace, extended absence from practice or other issues which prevent the learner experiencing sufficient learning and development opportunities. The practice supervisor, educational supervisor and/or DMP/DPP are responsible for identifying when this is necessary and communicating with each other to enable the required support to be put in place as soon as possible. The pharmacist should always be encouraged to work with their supervisor(s) to resolve any issues affecting progress or performance and raise any concerns as part of their educational review meetings. Principles for supporting learners requiring additional support can be found in Appendix 6.2.

4.4. What types of learning should training programmes include?

Pharmacists working towards post-registration foundation level practice are expected to undertake a range of different learning activities in order to gain the knowledge, skills and experience required to meet the learning outcomes.

Individuals are required to take responsibility for their own learning and be proactive about initiating meetings and supervised learning events to receive feedback and support learning and development.

4.4.1. Work-based learning

Work-based learning is a fundamental part of developing the knowledge, skills and behaviours required to meet the curriculum outcomes. Working closely with supervisors and other healthcare professionals, individuals undertaking this programme will be required to manage clinical and professional scenarios in real-life settings in order to develop the synthesis of knowledge, skills and behaviours implicit to the outcomes. This should involve being observed, receiving feedback and reflecting on practice, all of which are fundamental to effective workplace-based learning. Digital technology can be used to help facilitate work-based learning opportunities for learners working in more isolated roles.

4.4.2. Self-directed learning

Self-directed learning will be essential to identifying and addressing individuals' learning needs and/or gaps in experience in line with the curriculum outcomes. This will include taking a proactive approach to self-assessment and undertaking regular reflective practice to identify areas requiring further development; this may include independent learning and accessing the myriad of resources available such as reading around a particular topic, reflecting on experiences or independently seeking out learning experiences beyond their usual day to day practice.

4.4.3. Learning with others

Learning with others is an effective way to learn from others' experience and can help those working towards the outcomes in this curriculum not to feel isolated. Learning with others may include learning with peers as well as with more experienced colleagues working both from the pharmacy team and the wider multidisciplinary team. Learning with peers allows individuals to share similar experiences, explore the curriculum together, discuss and reflect on areas of practice and discuss effective approaches to learning and assessments. These learning events do not necessarily need to take place in person and can be arranged virtually at different times of day to help improve accessibility to pharmacists who may otherwise be limited by their working pattern and/or responsibilities outside of work.

Discussing the clinical management of people with other pharmacy and healthcare professionals provides an excellent opportunity to develop clinical reasoning skills. Similarly, engaging with staff discussing approaches to non-clinical activities such as quality improvement, risk management and research with a variety of colleagues will support developing capabilities in all aspects of practice.

Individuals are encouraged to establish peer networks, making use of remote technology, to learn with peers.

Understanding the interfaces between pharmacy services and other clinical services is key to providing effective patient care. Engaging with non-clinical staff who make key decisions about patient care and the services at the heart of this curriculum is also important. All those undertaking this programme are encouraged to exploit opportunities in their professional development to join with other healthcare professionals in shared education and learning events.

4.4.4. Formal learning

To meet the requirements of the curriculum, particularly some of the independent prescribing outcomes, training programmes are likely to include formal training and learning resources. This may be face to face (in person and/or remote), distance learning or via a blended approach.

Some examples of formal learning include but are not limited to, clinical skills training, leadership and management training, research skills, and learning events arranged by training providers or professional bodies.

4.4.5. Developing life-long learners

Learning does not stop once these outcomes have been achieved and Post-registration Foundation programmes provide the perfect springboard to begin development to RPS advanced practice credentialing. In an ever-changing healthcare environment, it is essential that individuals develop the skills to keep their knowledge and skills up-to-date to continue to provide safe and effective patient care. As pharmacists take on increasingly complex roles, their learning needs will evolve and the RPS post-registration professional development structure is designed to provide a scaffold for pharmacists to develop their knowledge, skills and behaviours to effectively and safely undertake these advancing roles.

Section 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' assessment, 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 this level
- Demonstrate learners meet the requirements of the GPhC Standards for the education and training of pharmacist independent prescribers
- Demonstrate learners have had the appropriate experience to meet the curriculum outcomes

5.2 How will the model for delivering training influence final assessment?

For **integrated** training programmes, the following sections relate to the joint final portfolio assessment of all the curriculum outcomes.⁸

For **modular** training programmes with standalone independent prescribing and non-independent prescribing education and training provision, the following **only applies** to the 13 non-independent prescribing outcomes assessed as part of the RPS final portfolio assessment. The learner will be automatically exempt from the assessment of the IP-related outcomes of the curriculum by uploading their Practice Certificate in Independent Prescribing. See the **assessment blueprint** in **section 5.12**. for more information.

⁸ Some integrated programmes may require additional assessments to meet the HEI's academic requirements for independent prescribing. Where this is the case, these assessments will sit out with the RPS assessment programme.

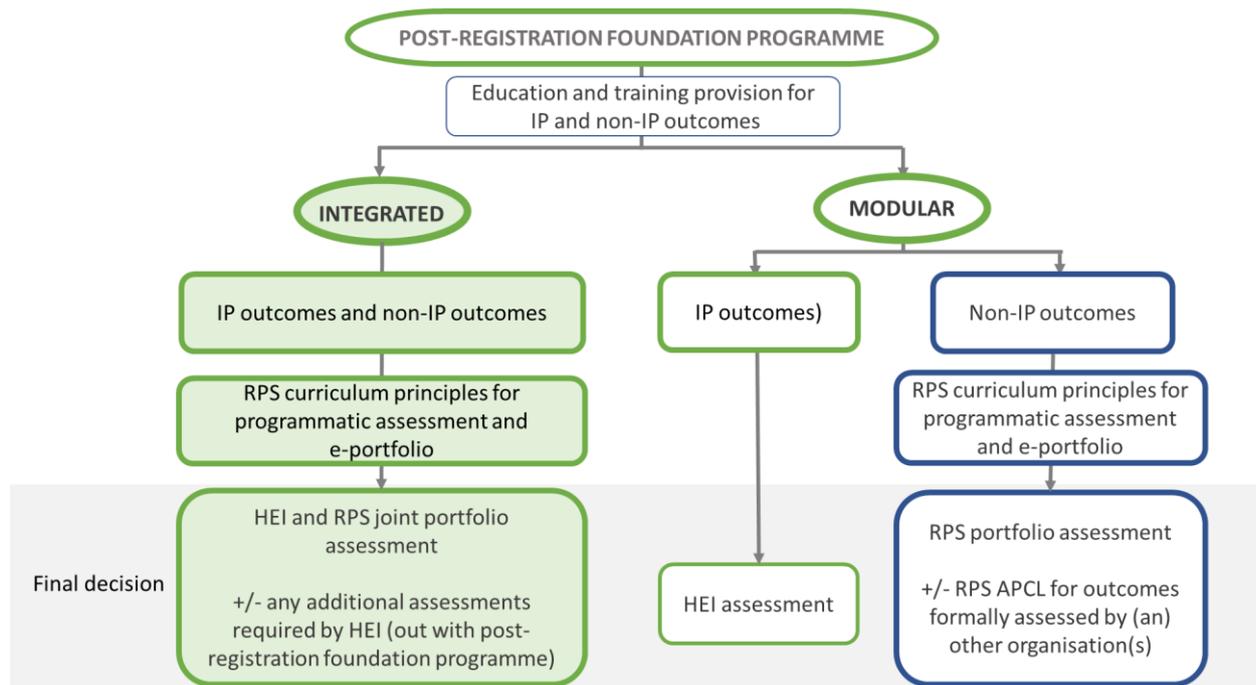


Figure 9. Summary of assessment model for integrated and modular training programmes.

Principles for elements of the curriculum assessed with RPS involvement:

- The RPS will adopt a programmatic approach to assessment (see 5.3 for more detail).
- Learners will be required to compile an electronic portfolio (e-portfolio) evidencing their learning against the (relevant) curriculum outcomes.
- Learners will use a variety of supervised learning events (SLEs) to evidence their learning against the (relevant) outcomes, referring to the descriptors to help guide them on the level of performance required.
- The RPS has sought to ensure a flexible and authentic approach to assessment through guidance as to when and how to use each SLE whilst allowing the learner and their supervisors the freedom to make an informed judgement as to which tool or combination of are most appropriate in any given learning situation.
- For some higher-stakes outcomes, mandated assessment guidance has been stated; this means that evidence mapped to these outcomes must include examples of these assessment types to be achieved. Further details on mandated assessment types can be found in the **assessment blueprint** in **section 5.12**.

5.3. What is programmatic assessment?

Programmatic assessment represents a shift away from a 'final exam to pass' to an approach which integrates lots of different tools evidencing learning throughout the programme; it is well established in other disciplines, particularly in postgraduate 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 “lower stakes” assessment; this is, however, not to be confused with ‘no stakes’. High stakes decisions are based on interpreting the combination of results from a variety of assessment methods, undertaken longitudinally, such as whether an individual is ready to prescribe.
- 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 be a safe prescriber. This decision will be supported by quantitative and qualitative data and aggregation of information requires credible and trustworthy professional judgment. An independent competency 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 5.13**.

5.4. What is a supervised learning event (SLE)?

Supervised learning events provide an important opportunity for authentic learning and development in the workplace and are used successfully within other healthcare disciplines. All SLEs 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. 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 SLEs if they receive feedback from a variety of different people.

All learners will have sufficient opportunities to undertake assessment. SLEs do not necessarily need to take place in person and may be undertaken remotely using digital technologies if this is possible and appropriate to the educational context. This will support training programmes where some of the supervision is delivered remotely and / or outside of standard working hours. All assessments must be undertaken in line with information governance principles, ensuring patient confidentiality is always maintained.

Learners are required to use the RPS SLE templates for the parts of their programme that will be assessed by the RPS. This will help ensure the final assessment process is fair and equitable.

5.5. What SLE tools need to be available to assess learners in practice on the e-portfolio?

A range of SLE tools should be included within the Post-registration Foundation 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 SLE 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.

Supervised learning event tool	Description
Direct Observation of Practical Skills (DOPS)	Evaluates the performance of an individual in undertaking a practical procedure.
Mini clinical evaluation exercise (Mini-CEX)	Evaluates a global clinical encounter rather than a specific procedure with a collaborator assessing the synthesis of skills essential for clinical care such as history taking, communication, examination and clinical reasoning.
Direct observation of non-clinical skills (DONCS)	Provides feedback on an individual's performance on non-clinical skills through direct observation e.g. observation of chairing a meeting or giving feedback to a team member.
Case-based discussions (CbDs)	Retrospectively evaluates the individual's input into patient care. Structured discussion is undertaken remotely from the patient and is used to explore clinical reasoning, decision making and application of clinical knowledge in practice.
Case presentation (CP)	Evaluates an individual's ability to orally present a case to colleagues.
Journal club presentation (JCP)	Similar to a CP, enables an assessment to be made of the individual's ability to present at a Journal Club.
Patient survey (PS)	Provides objective systematic collection and feedback of performance data on an individual from patients' perspectives.
Teaching observation (TO)	Provides structured, formative feedback to individuals on their teaching of other healthcare professionals.
Reflective account (RA)	Flexible tool for individuals to document reflection and learning from a wide range of settings.
Quality improvement project assessment tool (QIPAT)	Assesses an individual's ability to complete a quality improvement audit/project.
Multi-source feedback (MSF)	Provides systematic collection and feedback of performance data on an individual from colleagues.

Leadership assessment skills (LEADER)	Provides the individual with formative feedback on their leadership skills in relation to a specific case or scenario.
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Where the learner uses approved remote technology to record video or telephone consultations for the purpose of a SLE, the recording should be stored out with the e-portfolio and the learner / supervisor should follow their programme guidance for gaining consent and managing the audio or visual recordings (e.g. security, confidentiality, storage, disposal).

5.6. What other evidence types can be used in addition to SLEs?

Evidence types additional to SLEs 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:

- 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
- Learning logs
- Anonymised documented responses to clinical enquiries about medicines
- Personal development plans

5.7. What are the evidence requirements for the final RPS assessment?

These are described in detail in the **assessment blueprint** in **section 5.12**.

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. However, we have identified a small number of outcomes where we feel the learner should be observed face to face in real time to ensure behaviours such as body language and non-verbal cues can be fully observed to support their development and training needs. Any mandatory evidence requirements are detailed in the assessment blueprint below. Where demonstration of performance in practice is required, SLEs including multisource feedback (MSF) are likely to form the highest quality of evidence upon which an educational supervisor, DMP/DPP or review panel 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 / other 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 SLEs 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.

5.8. 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.

5.9. 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 **High**, **Medium** or **Low** 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.

Despite the stakes ratings, all curriculum outcomes should be considered as equally important in terms of demonstrating post-registration foundation level practice and **all outcomes must be achieved in the programme of assessment to be credentialed.**

5.10. What does an e-portfolio solution need to include?

Learners will require access to an e-portfolio solution to record and compile learning and assessment evidence against any outcomes and core requirements being assessed with RPS involvement.

The RPS Post-registration Foundation e-portfolio is available to support training and has been specifically designed to meet the functionality requirements of this curriculum. If used, post-registration foundation programme partners, including HEIs and statutory education bodies, would be provided with access to reporting functions within the RPS e-portfolio; the

RPS is happy to work with partners to facilitate any requests for additional requirements to meet their individual quality assurance and management needs.

However, we recognise that some programmes may wish to use alternative e-portfolios. If this is the case, for any RPS assessed elements, the e-portfolio will need to meet the following principles:

- Each learner will engage with the curriculum by maintaining an up to date e-portfolio
- The e-portfolio will be used to record appraisal meetings, personal development plans, supervised learning events and any other content which provides evidence towards achievement of the (relevant) curriculum outcomes, including entrustable professional activities for integrated programmes and clinical assessment skills
- The e-portfolio must contain the supervised learning event templates defined below and these should be consistent with the agreed format for consistency in assessment
- Supervisors will use e-portfolio evidence to sign off outcomes and inform intermediate progress reviews
- Anyone observing or providing feedback to learners (called **collaborators**), including any supervisors, will need access to the e-portfolio to undertake supervised learning events (SLEs), record feedback and provide judgments and narrative against the outcomes.
- The e-portfolio should enable a quick overview of aggregated information to help identify learners who may require additional support
- Assessor interfaces for final assessment of the e-portfolio must be as similar as possible to ensure consistent assessor experience
- The e-portfolio content must comply with information governance principles and will not include any patient identifiable data or otherwise sensitive information

5.11. Who has responsibility for signing off the learner for the different parts of the curriculum?

Educational supervisors and DMP/DPPs are required to make professional judgements as to whether the evidence presented in the e-portfolio demonstrates achievement of the curriculum outcomes and other core curriculum requirements. The following sign off process should be applied and the sign-off owner for each outcome is included in the assessment blueprint:

Designated medical/prescribing practitioner – responsible for signing off independent prescribing outcomes⁹, entrustable professional activities and core clinical assessment skills

Educational supervisor – responsible for signing off non-independent prescribing outcomes

⁹ RPS Post-registration Foundation outcomes which map to the [GPhC Standards for the education and training of pharmacist independent prescribers \(2019\)](#) and the [RPS Competency Framework for all Prescribers \(2016\)](#)

Where independent prescribing training is delivered through a standalone HEI course, the DMP/DPP is not required to sign off the prescribing related outcomes in the learner's e-portfolio. The Practice Certificate in Independent Prescribing provides evidence that the outcomes mapped to the GPhC and RPS prescribing frameworks have been achieved.

The sign off process depends on the training delivery model and is summarised in the following table:

Curriculum requirement	Sign off process	Integrated	Modular
Outcomes	The educational supervisor or DMP/DPP* signs off each outcome when they have reviewed the evidence and are satisfied the outcome has been met * see assessment blueprint	✓	IP certificate demonstrates achievement of all of the outcomes in domains 1&2 and outcomes 3.6, 4.2 and 4.3 (no further evidence required) All other outcomes require sign off by the educational supervisor
Clinical assessment skills	The DMP/DPP signs off when the learner has three DOPS at 'meets expectations' or above for each clinical assessment skill over the course of their programme (i.e. not all at the end)	✓	The learner is required to demonstrate they can competently perform each skill through certification of previous training. Any outstanding core clinical assessment skills should be assessed via DOPS, in line with the assessment blueprint
Entrustable professional activities	The DMP/DPP signs off each EPA when the learner has three EPA forms at 'the learner can undertake the activity with reactive supervision (i.e. available on request and quickly available)' The outcomes and clinical assessment skills must be signed off before entrustment decisions for EPAs	✓	Optional

The DMP/DPP must provide a formal confirmation once they are satisfied of the pharmacist's competence in prescribing. We recommend that there are agreed mechanisms, between those involved in the Post-registration Foundation programme, for coordinating supervision, oversight of progress and sign off of the Post-registration Foundation curriculum outcomes.

5.12. Assessment blueprint

The following points should be considered when using the assessment blueprint:

1. Integrated programmes

- a. the full assessment blueprint applies

2. Modular programmes

- a. **curriculum outcomes** – the assessment blueprint is only applicable to the non-IP curriculum outcomes which require sign off by the educational supervisor (ES) and will be assessed as part of the final RPS portfolio assessment. This is annotated in the blueprint.
- b. **core clinical assessment skills** - any of the clinical assessment skills included in the topic guide that have not been assessed during the standalone independent prescribing course should be assessed as per the assessment blueprint.
- c. **entrustable professional activities** - are optional and programmes may wish to include these to support the DMP/DPP decision making process that the learner's prescribing practice is safe and prioritises patient safety.

OUTCOMES		STAKES ¹	IP OUTCOME	SIGN OFF OWNER ²	DOPS	mini-CEX	CbD	RA	MSF	PS	DONCS	CP	JCP	TO	QIPAT	LEADER	MANDATORY EVIDENCE REQUIREMENTS ³
1.1	Communicates effectively with people receiving care and colleagues	H	✓	DMP/ DPP	✓	✓	✓	✓	✓	✓		✓	✓				Direct observation* Evidence of feedback from those being communicated to
1.2	Treats others as equals and with dignity and respect, supporting them regardless of individual circumstances or background; actively promotes this in their practice	H	✓	DMP/ DPP	✓	✓	✓	✓	✓	✓							Indirect observation
1.3	Consults with people through open conversation; explores physical, psychological and social aspects for that person, remaining open to what a person might share; empowers the person creating an environment to support shared decision making around personal healthcare outcomes and changes to health behaviour	H	✓	DMP/ DPP	✓	✓	✓	✓	✓	✓							Direct observation*
1.4	Demonstrates empathy; seeking to understand a situation from the perspective of each person	M	✓	DMP/ DPP	✓	✓	✓	✓	✓	✓							Direct observation
1.5	Always keeps the person at the centre of their approach to care	H	✓	DMP/ DPP		✓	✓	✓	✓	✓							Direct observation
1.6	Supports and facilitates the seamless continuity of care for each person	H	✓	DMP/ DPP		✓	✓	✓	✓	✓							Indirect observation
1.7	Builds strong relationships across the multidisciplinary team; works in partnership to promote positive outcomes	M	✓	DMP/ DPP		✓	✓	✓	✓								Direct observation
1.8	Demonstrates confidence in speaking to healthcare professionals across the multidisciplinary team; seeking to use appropriate language to influence others	M	✓	DMP/ DPP		✓		✓	✓								Direct observation

	OUTCOMES	STAKES ¹	IP OUTCOME	SIGN OFF OWNER ²	DOPS	mini-CEX	CbD	RA	MSF	PS	DONCS	CP	JCP	TO	QIPAT	LEADER	MANDATORY EVIDENCE REQUIREMENTS ³
1.9	Recognises the value of members of the pharmacy and multidisciplinary team across the whole care pathway, drawing on those both present and virtually, to develop breadth of skills and support own practice; delegates and refers appropriately, using the expertise and knowledge of others	M	✓	DMP/ DPP		✓	✓	✓	✓							✓	Direct observation
1.10	Supports members of the multidisciplinary team in the safe use of medicines and to meet the individual needs of those receiving care; effectively influences the decision-making process across the team regarding medicines, where appropriate	M	✓	DMP/ DPP		✓	✓	✓	✓							✓	Direct observation
2.1	Applies evidence based clinical knowledge and up to date guidance to make suitable recommendations or take appropriate actions with confidence	H	✓	DMP/ DPP	✓	✓	✓	✓	✓			✓					Direct observation
2.2	Undertakes a holistic clinical review of a person and their medicines to ensure they are appropriate	H	✓	DMP/ DPP	✓	✓	✓	✓		✓		✓					Direct observation
2.3	Gathers information and takes histories proficiently; conducts clinical examinations and assessments; develops diagnostic skills	H	✓	DMP/ DPP	✓	✓	✓	✓		✓							Direct observation*
2.4	Accesses and critically evaluates appropriate information to make evidence-based decisions in an efficient and systematic manner; ensures high attention to detail is maintained when making decisions regarding the person receiving care	H	✓	DMP/ DPP		✓	✓	✓				✓					Indirect observation
2.5	Manages uncertainty and risk appropriately	H	✓	DMP/ DPP		✓	✓	✓				✓					Direct observation
2.6	Takes the cost-effectiveness of a decision into account where necessary, working to the appropriate formulary	M	✓	DMP/ DPP		✓	✓	✓									Indirect observation
2.7	Proactively recognises and corrects the overuse of medicines; positively impacts on the usage and stewardship of medicines at an individual and population level	H	✓	DMP/ DPP		✓	✓	✓							✓		Indirect observation

	OUTCOMES	STAKES ¹	IP OUTCOME	SIGN OFF OWNER ²	DOPS	mini-CEX	CbD	RA	MSF	PS	DONCS	CP	JCP	TO	QIPAT	LEADER	MANDATORY EVIDENCE REQUIREMENTS ³
2.8	Analyses and uses data and digital technologies to inform clinical decision making, and improve clinical outcomes and patient safety	M	✓	DMP/ DPP			✓	✓				✓				✓	
2.9	Actively practises honesty and integrity in all that they do; upholds a duty of candour	H	✓	DMP/ DPP		✓	✓	✓	✓	✓							Indirect observation
2.10	Is accountable and responsible for own decisions and actions, understanding the potential consequences of these decisions across the whole care pathway	H	✓	DMP/ DPP	✓	✓	✓	✓									Indirect observation
2.11	Works within ethical guidelines and legal frameworks, including consent and confidentiality; seeks to gain permission from the person before accessing confidential records where necessary	H	✓	DMP/ DPP	✓	✓	✓	✓	✓								Indirect observation
2.12	Recognises and works safely within own level of competence, understanding the importance of working within this; knows when it is appropriate to escalate a situation or refer	H	✓	DMP/ DPP	✓	✓	✓	✓	✓								Indirect observation
3.1	Proactively demonstrates and promotes the value of pharmacy to the public and other healthcare professionals	L		ES				✓	✓		✓	✓				✓	
3.2	Communicates vision and goals to the broader team to support with achieving group tasks	L		ES				✓	✓		✓					✓	Direct observation
3.3	Critically analyses business needs; is mindful of commercial aspects within the pharmacy context; recognises the changes to and the opportunities within the future role of pharmacists; seeks out opportunities to modify own approach and deliver / promote new pharmacy services	L		ES				✓			✓	✓			✓	✓	
3.4	Draws upon networks to understand the range of clinical, medicines-related and public health activities offered by pharmacy across sectors and the care pathway	M		ES			✓	✓								✓	
3.5	Is open to new approaches and ways of completing work tasks and appropriately challenges others to consider change to improve the quality of care; shares own innovative ideas to improve working practices, both internally and externally	M		ES				✓	✓		✓	✓			✓	✓	

	OUTCOMES	STAKES ¹	IP OUTCOME	SIGN OFF OWNER ²	DOPS	mini-CEX	CbD	RA	MSF	PS	DONCS	CP	JCP	TO	QIPAT	LEADER	MANDATORY EVIDENCE REQUIREMENTS ³
3.6	Effectively identifies and raises concerns regarding patient safety; applies principles of risk management; seeks to improve the quality and safety of the use of medicines routinely	H	✓	DMP/ DPP		✓	✓	✓	✓		✓	✓			✓	✓	
3.7	Demonstrates self-awareness and emotional intelligence within the role, reflects on and understands the impact a situation may have on one's own health and wellbeing	M		ES				✓	✓							✓	
3.8	Remains composed even in challenging or high-pressured situations; develops and draws upon support network in challenging situations	M		ES			✓	✓	✓		✓					✓	Indirect observation
3.9	Effectively, efficiently and safely manages multiple priorities; maintains accuracy when in a challenging situation; manages own time and workload calmly; demonstrating resilience	H		ES				✓	✓		✓					✓	Indirect observation
3.10	Adapts and works effectively in different environments within pharmacy by applying previous learning to new settings	M		ES				✓	✓		✓					✓	Indirect observation
4.1	Demonstrates a positive attitude to self-development throughout current and towards future career; proactively seeks learning experiences to support own practice, and has a desire and motivation to try new things	M		ES				✓									
4.2	Develops a personal development plan that reflects the breadth of ongoing professional development and includes potential innovations in medicine and practice development	M	✓	DMP/ DPP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
4.3	Seeks feedback and support from colleagues where appropriate; is receptive to information or advice given to them by others to make changes to own practice	M	✓	DMP/ DPP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
4.4	Acts as a positive role model and mentor within the pharmacy and multidisciplinary team, where appropriate	M		ES				✓	✓							✓	
4.5	Effectively uses own expertise to provide the pharmacy and multidisciplinary team with education and training; supports and supervises less experienced members of the team	M		ES				✓	✓		✓	✓	✓	✓			Direct observation

	OUTCOMES	STAKES ¹	IP OUTCOME	SIGN OFF OWNER ²	DOPS	mini-CEX	CbD	RA	MSF	PS	DONCS	CP	JCP	TO	QIPAT	LEADER	MANDATORY EVIDENCE REQUIREMENTS ³
5.1	Seeks to be involved in research activities; actively disseminates outcomes to appropriate audiences	L		ES				✓	✓		✓	✓	✓		✓	✓	
CORE CLINICAL ASSESSMENT SKILLS																	
	See topic guide for list of core clinical assessment skills ⁴	H		DMP/ DPP	✓												Direct observation*
ENTRUSTABLE PROFESSIONAL ACTIVITIES																	
1	Clinically assess individuals, incorporating the consultation, examination, and relevant investigations	H		DMP/ DPP		✓											Direct observation*
2	Formulate differential diagnosis and initial management plan	H		DMP/ DPP		✓											Direct observation
3	Recommend prescribing interventions that are evidence based, cost-effective and tailored to the person's needs and conditions	H		DMP/ DPP		✓											Direct observation
4	Adapt management plan in response to ongoing monitoring and review of the person's condition, treatment outcomes, and preferences	H		DMP/ DPP		✓											Direct observation

Key

DOPS	Direct observation of procedural skills	DONCS	Direct observation non-clinical skills
Mini-CEX	Mini-clinical evaluation exercise	CP	Case presentation
CbD	Case based discussion	JCP	Journal club presentation
RA	Reflective account	TO	Teaching observation
MSF	Multisource feedback	QIPAT	Quality improvement project assessment tool
PS	Patient survey	LEADER	Clinical leadership assessment skills

¹ H= high stakes, M = medium stakes, L = low stakes

² DMP = designated medical practitioner, DPP = designated prescribing practitioner, ES = educational supervisor

³ Direct observation: Learner must be observed undertaking activities. Can be done remotely and / or retrospectively (NB includes MSF and PS). *must be face to face

Indirect observation: Requires discussion between supervisor and learner. Can be done remotely

Blank: No interaction required; supervisor is able to sign off following review of evidence

⁴ Each clinical assessment skill should be observed on three occasions longitudinally during the programme

5.13. 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 SLEs should encourage individuals working towards post-registration foundation 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.

There are three different types of reviews that the learner will experience during their training programme:

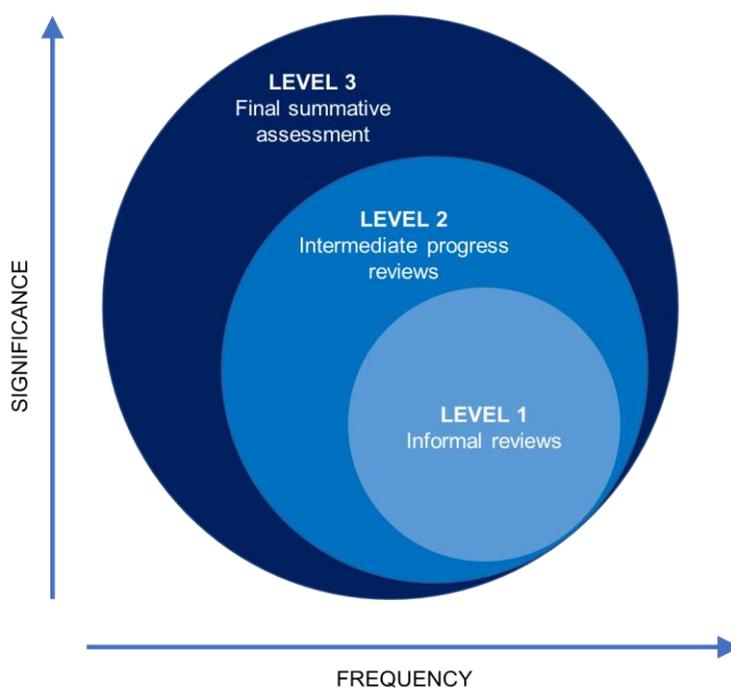


Figure 10. Levels of review

Level 1: Informal reviews

Individuals should receive formative feedback at their regular **monthly** review meetings with their educational supervisor, and during their period of learning in practice, with their DMP/DPP. This feedback will help to guide the individual's learning and training and review their progress. These meetings also help facilitate early discussion if the individual is encountering difficulties, so they can receive appropriate and timely support. This feedback and discussion should be captured in the educational supervisor report and will be used to inform discussions at the more formal intermediate progress reviews.

Level 2: Intermediate progress review

In addition to the monthly informal review meetings between the learner and their educational supervisor and / or DMP/DPP, there should also be a more formal intermediate progress review at least every **six months**.

The purpose of the intermediate progress review is to:

REVIEW	Systematically review the learner's performance and progress in a holistic and supportive way		Identify strengths any specific training needs
SUPPORT	Early identification of learners who may require additional support		Implement individually tailored support strategies
ASSESS	Assess the quality of supervised learning events and other portfolio evidence to ensure it meets the required standard		Sign off outcomes and focus on the gaps Address any issues with the quality of evidence before the final assessment
PROGRESS	Determine if progress is satisfactory to move forward with programme		If unsatisfactory, consider appropriate remediation

The intermediate progress reviews may be face to face or virtual. As a minimum they should include the **learner and a supervisor** (educational supervisor and / or DMP/DPP). Although the learner won't be present at the final summative assessment, the intermediate review meetings provide a good opportunity to see how their evidence will be interrogated against the curriculum outcomes and descriptors to check it meets the minimum level of performance.

There is flexibility for Post-registration Foundation programmes to include additional roles in some or all of their review meetings as appropriate to their programme structure. These may include:

- a member of the academic team
- an experienced external educational supervisor (particularly if upskilling new educational supervisors)

Inclusion of an experienced external educational supervisor provides an external perspective and supports quality assurance of the assessment programme through cross training moderation.

We advise that Post-registration Foundation programmes provide information to learners and supervisors on the intermediate progress review arrangements including the process for organising the meeting, and where reviews involve multiple people, the role that will be the lead reviewer.

Before the review:

- **the learner** should self-assess their progress by completing a learning needs analysis. This allows them to reflect on their progress and identify areas for development. They should also ensure their portfolio is up to date and evidence is linked to curriculum outcomes
- **the educational supervisor** should complete the educational supervisor report. This will include narrative around the learner's engagement with the curriculum and learning demonstrated through SLEs and other evidence. It should also include a summary of the feedback received through MSF forms.
- **the lead reviewer** should select a sample of evidence (a minimum of five SLEs / other evidence types sampled from different domains) for review in advance of the meeting, for discussion during the review. The purpose of this is to ensure the evidence meets the required standard and allows any potential issues to be resolved in a timely manner, before the final summative assessment.

Following the meeting, the intermediate progress review report should be completed by all participants, saved within the learner's e-portfolio and a copy made available to the organisation with overall responsibility for the Post-registration Foundation programme. The report should indicate whether the review team is satisfied with the learner's overall performance. If any concerns have been identified, it is important an action plan is initiated in line with local guidance for supporting learners requiring additional support.

Learners will develop their competence and capabilities at different rates, depending on their own abilities, exposure to learning opportunities, placements/rotations, and the structure of their Post-registration Foundation programme. Individual Post-registration Foundation programmes may wish to consider outlining the expected rate of progress appropriate to their course structure so that everyone involved including learners, supervisors and employers are clear as to what is acceptable progress in training.

If the RPS e-portfolio is used, the RPS will provide a summary of assessment data from the e-portfolio to support intermediate progress reviews including the number of completed SLEs, proportion of evidence that is awaiting feedback or supervisor sign off, and progression against the outcomes (overall and within each domain). This data will support identifying learners who are not engaging with the e-portfolio or progressing with the curriculum requirements, or where there are potential issues with supervision and receiving timely feedback.

5.14. How does the final credentialing assessment work?

Depending on the training model, the process will be slightly different.

Integrated training programme

Individuals can submit their e-portfolio for a final decision review by a competency committee when:

- All of the curriculum outcomes, clinical assessment skills and entrustable professional activities have been signed off
- Any additional summative assessments required by the HEI to meet their academic regulations have been completed

Modular training programme

Individuals can submit their e-portfolio for a final decision review by a competency committee when:

- The non-IP outcomes and any clinical assessment skills not assessed during the standalone independent prescribing course have been signed off
- The HEI has awarded their Practice Certificate in Independent Prescribing and it has been uploaded to their e-portfolio

Regardless of the training model, the learner's HEI will be the awarding body for the Practice Certificate in Independent Prescribing. Where the HEI's requirements for independent prescribing are fully met by the RPS programme of assessment, the final summative assessment can serve as a dual final summative assessment and this would be agreed by the HEI and RPS.

Using the collection of assessment data gathered from a variety of sources throughout the programme, Post-registration Foundation competency committees will review performance information to assess the learner has met the minimum level of performance to be credentialed.

To be credentialed, the individual must have been awarded the Practice Certificate in Independent Prescribing.

Post-registration Foundation competency committees (PFCCs)

PFCCs 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.

PFCCs will consist of at least three panel members; where this process also serves as the final summative assessment for independent prescribing, one panel member must be from the academic team at the learner's university. Additional members must represent the following roles:

ROYAL PHARMACEUTICAL SOCIETY

- Educational supervisor (not directly involved in the supervision of the learner)
- Practising pharmacist (practising at a level beyond the standard articulated in this curriculum)
- Active prescriber (pharmacist or non-medical prescriber with at least two years prescribing experience)
- Academic expertise

Including educational and practice supervisors as panel members brings knowledge and expertise of Post-registration Foundation training to the panel and through exposure to the PFCC process, reinforces the importance of these roles within Post-registration Foundation training.

In addition to the three panel members, the committee will be chaired by a senior RPS representative. The potential outcomes of the committee are as follows:

Standard met – the individual has provided satisfactory evidence to demonstrate achievement of all the Post-registration Foundation curriculum requirements

The learner's HEI, as the regulated awarding body, awards the Practice Certificate in Independent Prescribing. The RPS credentials the learner having completed the wider Post-registration Foundation programme which demonstrates they have developed the appropriate skillset to progress to RPS advanced practice credentialing pathways.

Standard not met – the individual has not provided satisfactory evidence to demonstrate achievement of all the Post-registration Foundation curriculum requirements under assessment. This outcome may result from one or both of the following:

- Inadequate progress** – the evidence does not meet the required standard
- Incomplete evidence presented** – the panel can make no statement about progress or otherwise where either no information or incomplete information has been supplied and/or is available to the panel

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.

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

All members of the PFCC pool undergo mandatory standardisation training delivered by the RPS prior to assessing live portfolios. Any conflicts of interest must be declared by assessors prior to assessing portfolios to ensure independence in decision making. Assessment activity and application of the standard are also monitored as part of our ongoing quality control measures.

5.15. How is the final credentialing assessment to be 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 Post-registration Foundation Pharmacist Assessment Panel (PFAP) and the RPS Education & Standards Committee (ESC). 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 PFCCs.
- Members of the PFCC pool will be subjected to mandatory training prior to reviewing live portfolios.
- Members of the PFCC 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 PFAP 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.

5.16. 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 process (APCL); this will only be used to exempt learners from curriculum outcomes as part of the wider RPS post-registration foundation credential and will not be linked to any HEI award.

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 APCL applications by applying the following principles:

- APCL will only be awarded for high-stakes outcomes relating to prescribing (as per the assessment blueprint) if the individual has been awarded a Practice Certificate in Independent Prescribing for a course accredited by the GPhC (see below)

- APCL may be awarded to exempt individuals from being assessed against medium-stakes and low-stakes outcomes
- All APCL requests must be relevant, authentic and valid
- All APCL 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 achieved certified learning through other postgraduate institutions, e.g. Diploma/Master's qualification or other certified course, this may be able to exempt them from the assessment of relevant medium and/or low-stakes outcomes.

In order to determine this, the individual will need to submit an APCL application for review by an RPS APCL 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.

In addition, previous (recent) certified learning can also still be submitted as contributing evidence for achievement of the high-stakes outcomes.

5.17. 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.
- 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.

Section 6 - Appendices

6.1. – Entrustable professional activities (EPAs)

THEME	Clinical assessment	EPA 1
TITLE	Clinically assess individuals, incorporating the consultation, examination, and relevant investigations	
DESCRIPTION	The pharmacist communicates effectively and establishes a partnership with the person and their carer/family. They undertake a person-centred and structured consultation in an appropriate setting taking account of confidentiality, consent, dignity and respect. They use clinical reasoning to gather focused information (full medical, social and medication history) and select appropriate examinations and investigations relevant to the person and their presenting complaint. They undertake appropriate physical and non-physical assessments, understand the significance of any abnormal findings and act in an appropriate and timely manner. The findings are recorded in a structured and logical way. Recognition of complex cases should happen early, with advice sought from more experienced colleagues or appropriate referral within an appropriate timescale.	
DOMAINS	Domain 1: Person-centred care and collaboration Domain 2: Professional Practice	
OUTCOMES	<ul style="list-style-type: none"> • Communicates effectively with people receiving care and colleagues • Treats others as equals and with dignity and respect, supporting them regardless of individual circumstances or background; actively promotes this in their practice • Consults with people through open conversation; explores physical, psychological and social aspects for that person, remaining open to what a person might share; empowers the person creating an environment to support shared decision making around personal healthcare outcomes and changes to health behaviour • Demonstrates empathy; seeking to understand a situation from the perspective of each person • Always keeps the person at the centre of their approach to care • Undertakes a holistic clinical review of a person and their medicines to ensure they are appropriate • Gathers information and takes histories proficiently; conducts clinical examinations and assessments; develops diagnostic skills • Works within ethical guidelines and legal frameworks, including consent and confidentiality; seeks to gain permission from the person before accessing confidential records where necessary • Recognises and works safely within own level of competence, understanding the importance of working within this; knows when it is appropriate to escalate a situation or refer • Is accountable and responsible for own decisions and actions, understanding the potential consequences of these decisions across the whole care pathway 	

THEME	Diagnosis	EPA 2
TITLE	Formulate differential diagnosis and initial management plan	
DESCRIPTION	<p>The pharmacist integrates and interprets the information from the consultation, examination and investigations to formulate the differential diagnosis*. This should be discussed with the person and their carer/family, and through a shared decision making process (where appropriate), agree a mutually acceptable initial management plan which reflects the evidence base, manages uncertainty and clinical risk, considers the person's ideas, concerns and expectations, and prioritises care appropriately. The plan should include clear benefit-risk assessment and monitoring parameters, frequency and timescale as appropriate. The pharmacist considers the person's health literacy, provides tailored information and adapts communication in a way that is responsive to the person and their carer/family's communication and language needs, preferences and abilities. The pharmacist ensures the person and their carer/family understand the management plan including arrangements for follow up and monitoring of efficacy and side effects.</p> <p>* the list of conditions a pharmacist is expected to be able to diagnose will be linked to their scope of practice and the service provision within their work setting. Where the presenting condition is complex and falls out with the competence of the pharmacist, a more experienced prescriber is required to make the diagnosis and such an encounter would not be considered suitable to support an EPA decision. At all times, the pharmacist should work within their boundaries of clinical practice.</p>	
DOMAINS	Domain 1: Person-centred care and collaboration Domain 2: Professional Practice	
OUTCOMES	<ul style="list-style-type: none"> • Communicates effectively with people receiving care and colleagues • Treats others as equals and with dignity and respect, supporting them regardless of individual circumstances or background; actively promotes this in their practice • Consults with people through open conversation; explores physical, psychological and social aspects for that person, remaining open to what a person might share; empowers the person creating an environment to support shared decision making around personal healthcare outcomes and changes to health behaviour • Demonstrates empathy; seeking to understand a situation from the perspective of each person • Always keeps the person at the centre of their approach to care • Recognises the value of members of the pharmacy and multidisciplinary team across the whole care pathway, drawing on those both present and virtually, to develop breadth of skills and support own practice; delegates and refers appropriately, using the expertise and knowledge of others • Applies evidence based clinical knowledge and up to date guidance to make suitable recommendations or take appropriate actions with confidence • Gathers information and takes histories proficiently; conducts clinical examinations and assessments; develops diagnostic skills • Accesses and critically evaluates appropriate information to make evidence-based decisions in an efficient and systematic manner; 	

ensures high attention to detail is maintained when making decisions regarding the person

- Manages uncertainty and risk appropriately
- Is accountable and responsible for own decisions and actions, understanding the potential consequences of these decisions across the whole care pathway
- Recognises and works safely within own level of competence, understanding the importance of working within this; knows when it is appropriate to escalate a situation or refer

THEME	Prescribing	EPA 3
TITLE	Recommend prescribing interventions that are evidence based, cost-effective and tailored to the person's needs and conditions	
DESCRIPTION	<p>The pharmacist explains the rationale for and discusses the treatment options with the person and their carer/family, in light of their individual circumstances, to support shared decision making. They consider individual factors that might influence prescribing decisions such as co-morbidities, physiological changes associated with age, swallow ability, and attitudes and beliefs. The pharmacist critically evaluates the evidence base and uses guidance/formularies to inform prescribing decisions. Where there is uncertainty, they apply clinical reasoning and professional judgement to make safe and logical decisions which optimise clinical risk. The pharmacist proactively recommends treatment options which take account of previous side effects/adverse drug reactions, interactions, contraindications and co-morbidities. Prescribing interventions involve adding, stopping, stepping down and / or optimising medication. The choice, dosage regimen, route of administration and formulation are appropriate for the person. The pharmacist makes recommendations to a qualified prescriber and collaborates with the multidisciplinary team to optimise the person's care. Safe prescribing practice is promoted throughout, ensuring prescriptions are unambiguous and legal.</p>	
DOMAINS	Domain 1: Person-centred care and collaboration Domain 2: Professional Practice	
OUTCOMES	<ul style="list-style-type: none"> • Communicates effectively with people receiving care and colleagues • Treats others as equals and with dignity and respect, supporting them regardless of individual circumstances or background; actively promotes this in their practice • Consults with people through open conversation; explores physical, psychological and social aspects for that person, remaining open to what a person might share; empowers the person creating an environment to support shared decision making around personal healthcare outcomes and changes to health behaviour • Demonstrates empathy; seeking to understand a situation from the perspective of each person • Always keeps the person at the centre of their approach to care • Supports and facilitates the seamless continuity of care for each person • Builds strong relationships across the multidisciplinary team; works in partnership to promote positive outcomes 	

- Demonstrates confidence in speaking to healthcare professionals across the multidisciplinary team; seeking to use appropriate language to influence others
 - Recognises the value of members of the pharmacy and multidisciplinary team across the whole care pathway, drawing on those both present and virtually, to develop breadth of skills and support own practice; delegates and refers appropriately, using the expertise and knowledge of others
 - Applies evidence based clinical knowledge and up to date guidance to make suitable recommendations or take appropriate actions with confidence
 - Undertakes a holistic clinical review of a person and their medicines to ensure they are appropriate
 - Accesses and critically evaluates appropriate information to make evidence-based decisions in an efficient and systematic manner; ensures high attention to detail is maintained when making decisions regarding the person
 - Manages uncertainty and risk appropriately
 - Takes the cost-effectiveness of a decision into account where necessary, working to the appropriate formulary
 - Proactively recognises and corrects the overuse of medicines; positively impacts on the usage and stewardship of medicines at an individual and population level
 - Is accountable and responsible for own decisions and actions, understanding the potential consequences of these decisions across the whole care pathway
 - Works within ethical guidelines and legal frameworks, including consent and confidentiality; seeks to gain permission from the person before accessing confidential records where necessary
 - Recognises and works safely within own level of competence, understanding the importance of working within this; knows when it is appropriate to escalate a situation or refer
-

THEME	Monitoring and review	EPA 4
TITLE	Adapt management plan in response to ongoing monitoring and review of the person's condition, treatment outcomes, and preferences	
DESCRIPTION	The pharmacist monitors and reviews the management plan through a variety of means including but not limited to discussion with the person, reviewing laboratory results, monitoring treatment outcomes, repeating clinical assessments and checking medication adherence. If necessary, the plan is adapted following a review of the person's response to treatment, adverse effects and preferences. If required, the pharmacist takes appropriate steps to adjust medication and any adverse events are identified and managed appropriately, including reporting via the Yellow Card scheme and local reporting mechanisms. Any changes are discussed with the person and their carer/family and other members of the healthcare team and documented as appropriate.	
DOMAINS	Domain 1: Person-centred care and collaboration Domain 2: Professional Practice	
OUTCOMES	<ul style="list-style-type: none"> • Communicates effectively with people receiving care and colleagues • Consults with people through open conversation; explores physical, psychological and social aspects for that person, remaining open to what a person might share; empowers the person creating an environment to support shared decision making around personal healthcare outcomes and changes to health behaviour • Demonstrates empathy; seeking to understand a situation from the perspective of each person • Always keeps the person at the centre of their approach to care • Supports and facilitates the seamless continuity of care for each person • Builds strong relationships across the multidisciplinary team; works in partnership to promote positive outcomes • Demonstrates confidence in speaking to healthcare professionals across the multidisciplinary team; seeking to use appropriate language to influence others • Recognises the value of members of the pharmacy and multidisciplinary team across the whole care pathway, drawing on those both present and virtually, to develop breadth of skills and support own practice; delegates and refers appropriately, using the expertise and knowledge of others • Supports members of the multidisciplinary team in the safe use of medicines and to meet the individual needs of those receiving care; effectively influences the decision-making process across the team regarding medicines, where appropriate • Applies evidence based clinical knowledge and up to date guidance to make suitable recommendations or take appropriate actions with confidence • Undertakes a holistic clinical review of a person and their medicines to ensure they are appropriate • Gathers information and takes histories proficiently; conducts clinical examinations and assessments; develops diagnostic skills • Accesses and critically evaluates appropriate information to make evidence-based decisions in an efficient and systematic manner; 	

ensures high attention to detail is maintained when making decisions regarding the person

- Manages uncertainty and risk appropriately
 - Takes the cost-effectiveness of a decision into account where necessary, working to the appropriate formulary
 - Proactively recognises and corrects the overuse of medicines; positively impacts on the usage and stewardship of medicines at an individual and population level
 - Works within ethical guidelines and legal frameworks, including consent and confidentiality; seeks to gain permission from the person before accessing confidential records where necessary
 - Recognises and works safely within own level of competence, understanding the importance of working within this; knows when it is appropriate to escalate a situation or refer
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6.2. Learners requiring additional support

Definition

A learner requiring additional support is a learner who is not making the expected progress with their training or is finding certain elements of their training challenging and requires extra support.

A learner requiring extra support can present in different ways which tend to fall into the following categories:

- Capability
- Health/personal factors
- Conduct

Issues that impact on training may not be connected to the individual capability of the learner and may relate to the training setting, the learner/supervisor relationship or be a complex interaction of multiple factors.

Principles for supporting learners requiring additional support

Training programmes should ensure their guidance for learners requiring additional support encompass the following principles:

1. Patient safety should always be the primary consideration
2. Fair, consistent and transparent processes should be easily accessible by all parties
3. Early identification of learners requiring additional support and exploration of issues wherever possible to try and prevent issues from escalating
 - It is the responsibility of the practice supervisor(s) and other colleagues who the learner is working with to identify early warning signs and report these promptly to the educational supervisor (and DMP/DPP if related to prescribing practice).
 - Establish and clarify the facts and circumstances by collating evidence from as many sources as possible to make an accurate assessment before meeting the learner
 - Assessment data can also support identifying learners who are struggling, for example:
 - lack of engagement – no SLEs completed in the last three months
 - concerns about capability – previous five SLEs are below expected level of performance for that stage of the programme
 - Explore underlying cause or causes
 - Clinical performance (knowledge, skills, communication)
 - Personality and behavioural issues (professionalism, motivation)
 - Sickness / ill health (personal / family stress, carer frustrations, financial)
 - Environmental issues (organisational, workload, bullying, harassment)

- Consider need for external advice (e.g. Human Resources) or referral (e.g. Occupational Health)
 - The escalation pathway will depend on the seriousness and persistence of the concerns and where considered necessary, the employer, education commissioning body and training provider will need to be informed
4. Local interventions with learners are preferable wherever possible
- Learners and supervisors are best placed to negotiate and implement individually tailored support strategies
5. Appropriate documentation should be maintained to support any concerns, discussions, decisions and follow up plans related to the learner
- A documented action plan should support the learner and address the issues that have been raised by providing clear actions, responsibilities, expected outcomes and review dates. This should be developed in consultation and agreement with the learner and a copy provided to them
 - The format and content of documentation, as well as where it should be kept and for how long should be aligned to the level of concern
 - Documentation should always be objective, fair and balanced
6. All educational supervisors, practice supervisors and DMP/DPPs should be supported and offered training in
- managing trainees in difficulty with involvement/support from appropriate senior colleagues, human resources, etc, when required
 - equality, diversity and inclusivity and understand the additional challenges some learners may experience during their training
7. The ultimate aim of supporting learners in difficulty is to find a solution to facilitate satisfactory progress with the training programme; the learner should be actively supported and encouraged to achieve this
8. Due regard needs to be given to confidentiality when collecting information, making assessments, responding to issues and documenting concerns
9. Roles and responsibilities and the escalation pathway for managing learners requiring additional support is included within individual Post-registration Foundation programme guidance

Section 7 – Bibliography

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