

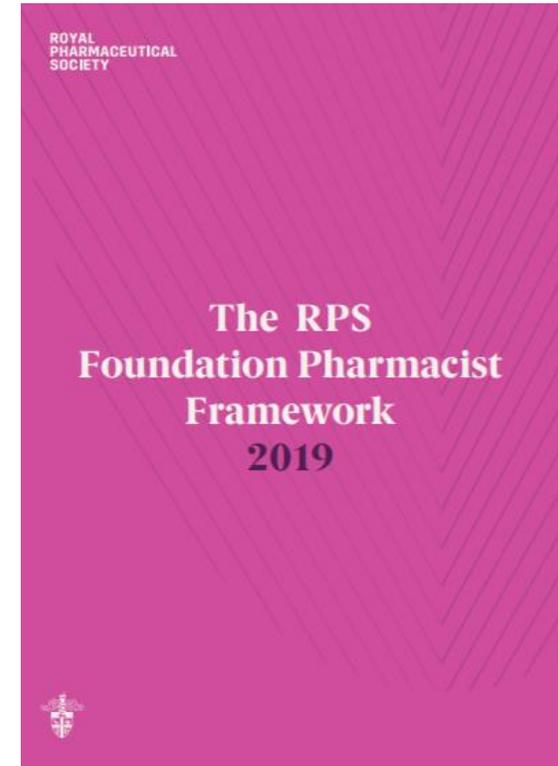
Post-registration Foundation Pharmacist Curriculum

Overview



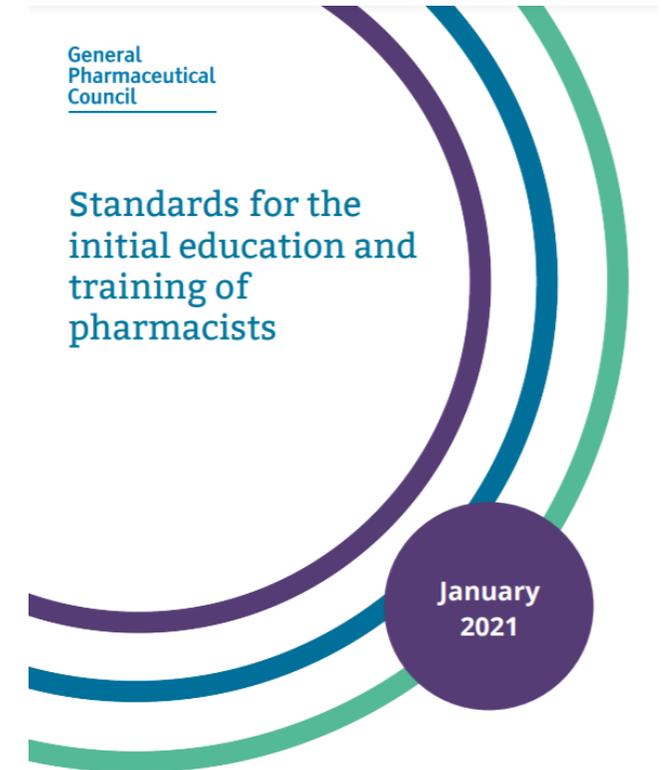
Why develop a curriculum?

- The RPS was tasked by Chief Pharmaceutical Officers in four UK nations to develop post registration professional pathway for patient-focussed pharmacists across all sectors in the UK (2018)
 - The availability of structured work-based training for early career pharmacists varies
- The RPS Post-registration Foundation Pharmacist curriculum can be used to develop training programmes underpinned by the RPS Foundation Pharmacist Framework
- The RPS curriculum sets out the expected outcomes of the non-mandated post-registration foundation period
- It supports developing UK recognised training programmes that:
 - Meet service demands, improve patient care and support patient safety
 - Produce pharmacists with an enhanced skill set, are independent prescribers, and able to work effectively in integrated multiprofessional teams
 - Develops skills to progress to RPS advanced credentialing pathway

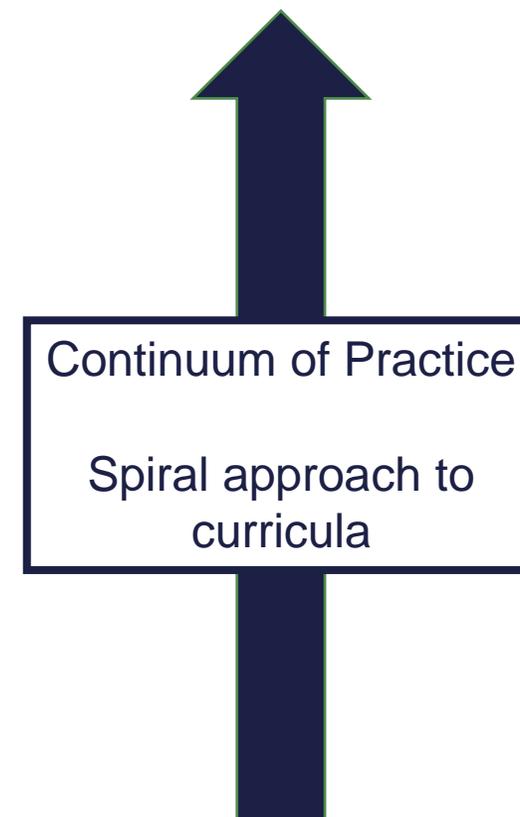
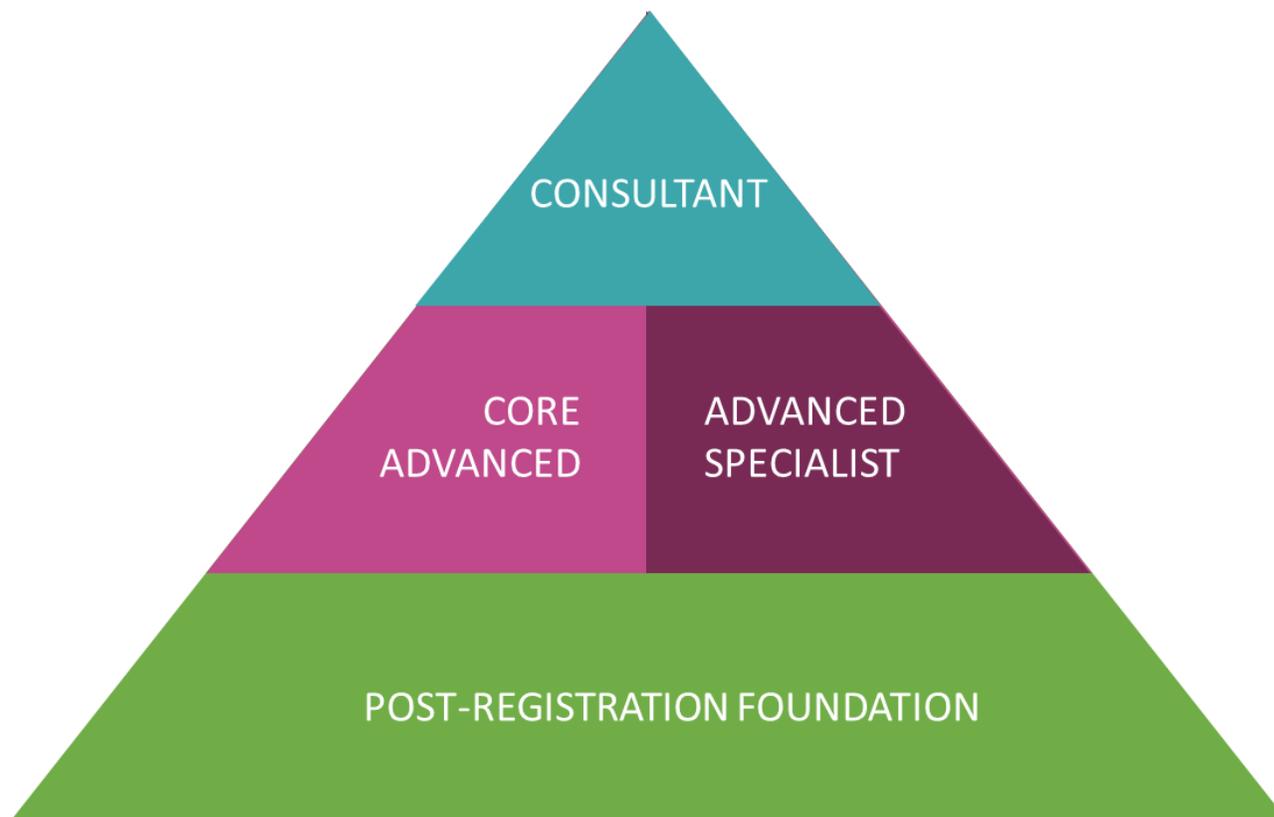


How does this curriculum support transition to the new GPhC Initial Education and Training (IET) standards?

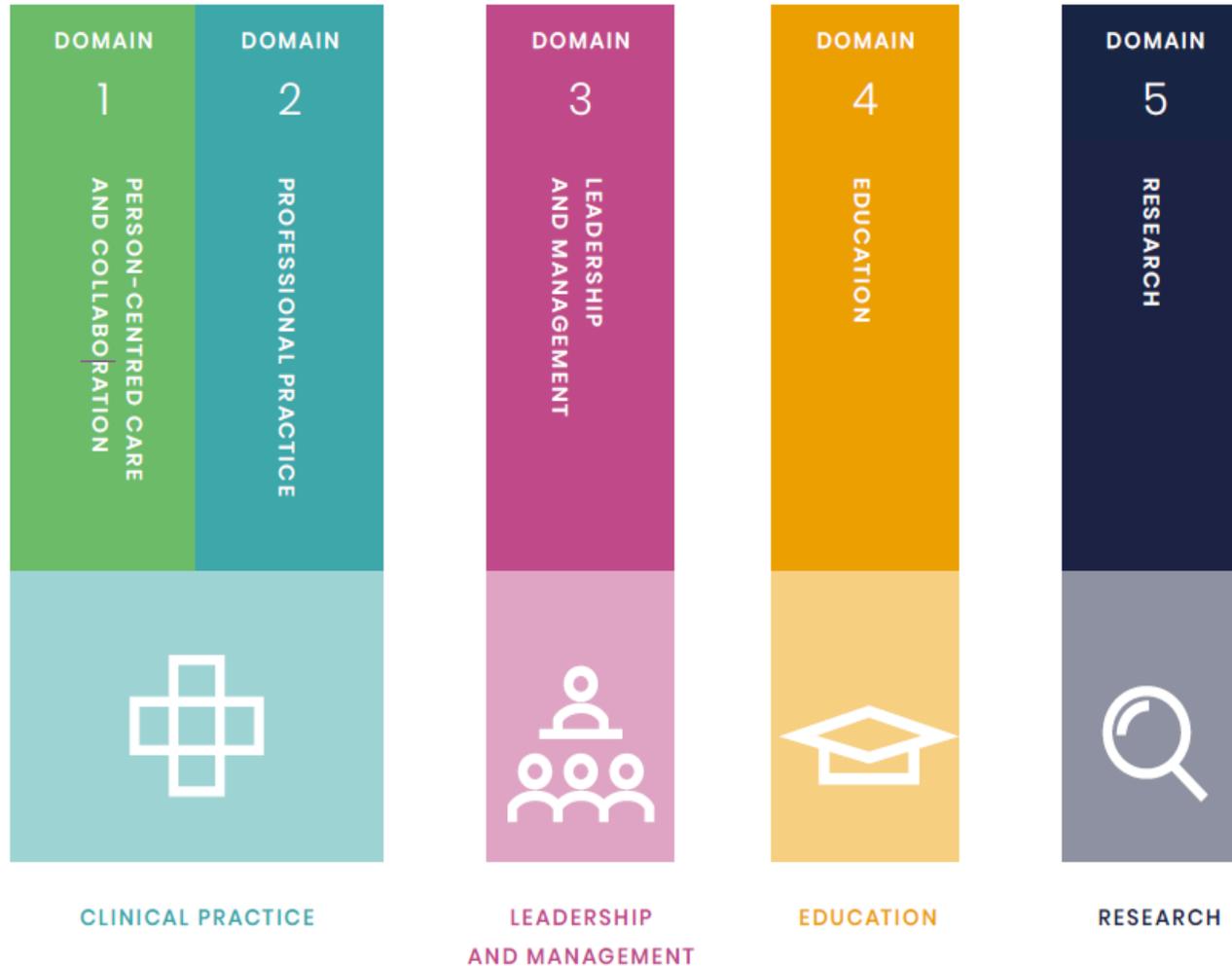
- Provides a structured pathway to support pharmacists qualifying between now and implementation of the new GPhC Standards for IET
- Develops prescribing capabilities and outputs independent prescribers so those who qualify in the transition period won't be disadvantaged
- As the initial education and training reforms progress some of the content, relating particularly to prescribing, will be phased into the IET period
- The clinical content will be revised to keep pace with these changes and will evolve to support new prescribers develop their confidence, competence and extend their scope of practice



RPS Post-registration credentialling model



RPS Post-registration curricula domains



Five common domains

Mirror structure of the new GPhC IET standards and the RPS advanced and consultant curricula

Aligned to multiprofessional frameworks

What does the curriculum look like?

- Purpose statement
 - aligned to service provision
- Programme of learning
 - outcomes based on RPS Foundation Pharmacist Framework
 - outputs independent prescriber (mapped to GPhC and RPS prescribing frameworks)
 - entrustable professional activities linked to prescribing
 - core clinical assessment skills
- Experience and support requirements
 - suggested learning experiences
 - minimum requirements for supervision
- Programme of assessment
 - programmatic with multiple low stakes assessments
 - assessment blueprint and evidence requirements
 - intermediate progress reviews and final summative assessment

1

PERSON-CENTRED CARE AND COLLABORATION

Places the person at the centre; communicates effectively; collaborates with the wider pharmacy and multidisciplinary team

2

PROFESSIONAL PRACTICE

Clinical knowledge, skills and decision making; data and digital; professionalism

3

LEADERSHIP AND MANAGEMENT

Promotes pharmacy services and develops the profession; recognises opportunities for change, innovation and quality improvement; demonstrates self-awareness, resilience and adaptability

4

EDUCATION

Develops personally and supports the education and development of others

5

RESEARCH

Participates in research

Purpose statement (1)

- Outlines how curriculum will benefit and improve patient outcomes
- Defines what patient, service, population and workforce needs are met by the curriculum
- Describes scope of practice for pharmacists completing the curriculum

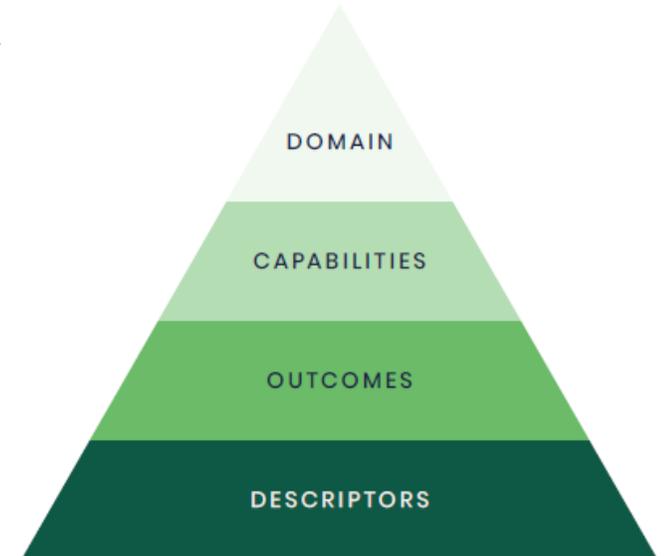
Purpose statement (2)

Individuals with the capabilities included in the curriculum 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 a 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

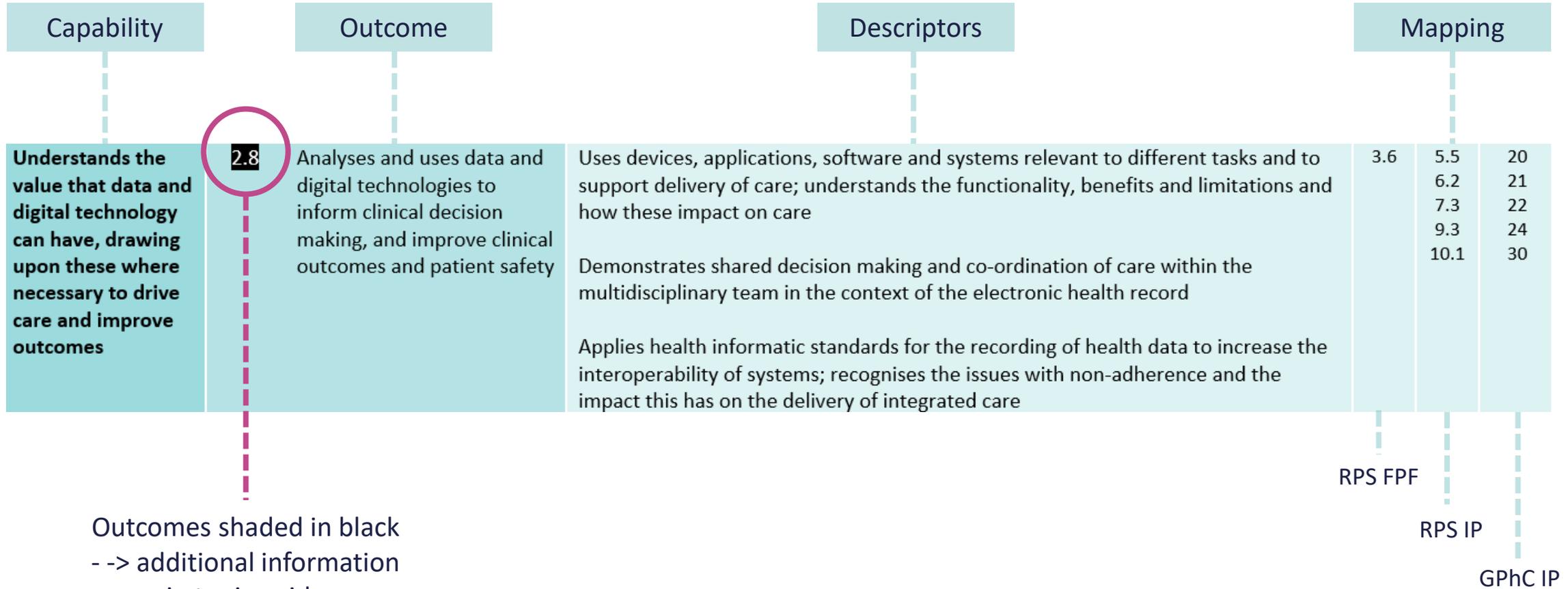
Structure of curriculum: outcomes-based

- High level **capabilities** (n=13) which describe the key clinical and professional aspects of Post-registration Foundation practice and are a synthesis of outcomes
 - drawn from RPS Foundation Pharmacist Framework and restructured into common domains
- **Outcomes** (n=38) describes the knowledge, skills, attributes and behaviours expected by the end of the training programme
 - drawn from RPS Foundation Pharmacist Framework and restructured into common domains
- Each outcome is supported by a set of **descriptors** which articulate the breadth and depth of performance required to achieve the outcome
 - developed by the curriculum task and finish group, with wider reference within members' organisations/specialist groups
 - reviewed following feedback received during iterative consultation



Programme of learning (1)

Capabilities, outcomes and descriptors



Programme of learning (2)

Clinical assessment skills

- Core clinical assessment skills – listed in topic guide
 - skills used most frequently in clinical practice to deliver services
 - skills that support identifying acutely unwell or deteriorating person
 - post-registration foundation programmes can include additional skills relevant to local service provision

- Blood pressure (manual and automated)
- Heart rate and rhythm (manual and automated)
- Temperature
- Respiratory rate
- Peak expiratory flow rate
- Peripheral oxygen saturation
- Urinalysis
- Height, weight, BMI
- Blood glucose (capillary)
- Capillary refill time
- Calculate NEWS 2 to identify deteriorating patients
- Mental and cognitive state examination
- Depression and anxiety screening

Programme of learning (3)

Entrustable professional activities (EPAs)

- EPAs are units of professional practice (activity, task, area of work) which can be entrusted to learners once they have attained sufficient competence¹
- Included in the curriculum 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
 - Support the DMP/DPP decision making process that the learner's prescribing is safe and prioritises patient safety

Entrustable professional activities:

1. Clinically assess individuals, incorporating the consultation, examination, and relevant investigations
2. Formulate differential diagnosis and initial management plan
3. Recommend prescribing interventions that are evidence based, cost-effective and tailored to the person's needs and conditions
4. Adapt management plan in response to ongoing monitoring and review of the person's condition, treatment outcomes, and preferences

Programme of learning (4)

Topic guide

- It is assumed that all pharmacists entering a Post-registration Foundation training programme will have acquired the underpinning knowledge and skills to meet the outcomes in the GPhC IET Standards. Post-registration Foundation training is about applying these knowledge and skills to increasingly complex situations
- Some of the outcomes in this curriculum may require additional knowledge and/or skills to support achieving the outcome at the required standard
- The topic guide contains supportive information and is linked to the curriculum document. It also includes examples of the types of evidence that can be used for different areas of the curriculum and should be used alongside the main curriculum document



Shading indicates additional information in the topic guide

Training programme models (1)

There are two overarching models:

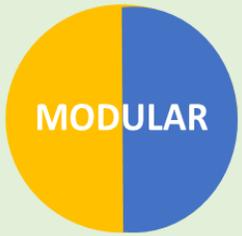
1. INTEGRATED

- IP and non-IP content are integrated into a single programme aligned to the curriculum outcomes
- The HEI delivering IP (+/- non-IP) content and the RPS work collaboratively and undertake joint end of programme portfolio assessment
- The HEI awards IP and the RPS awards the post-registration foundation pharmacist credential simultaneously

2. MODULAR

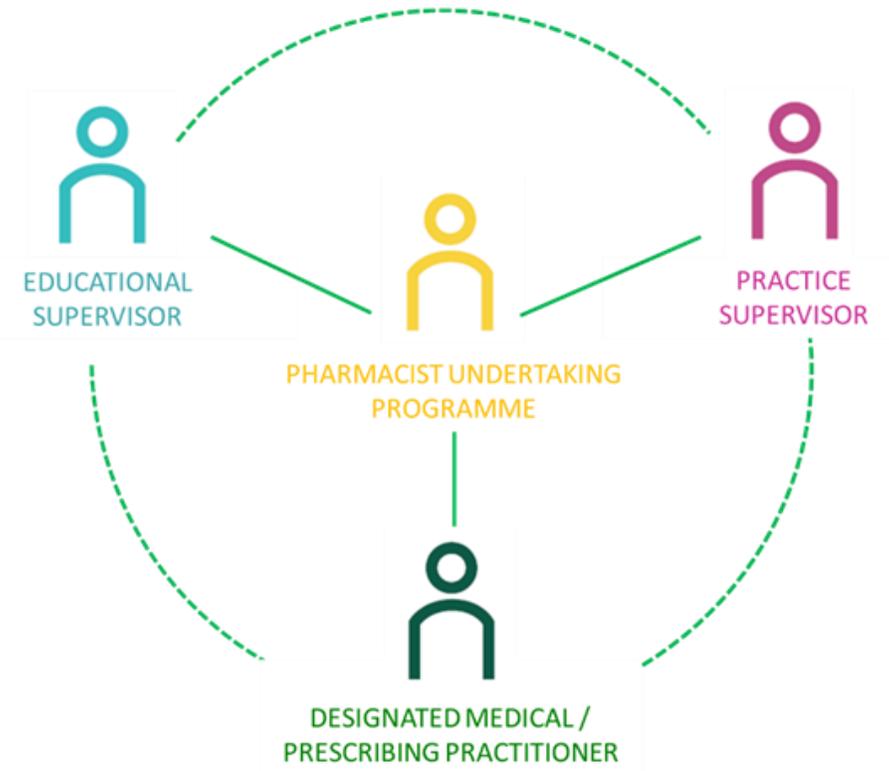
- IP content is delivered through a discrete IP course offered by an accredited HEI provider, leading to IP certification by the HEI
- Non-IP content is delivered through other formal/vocational learning experiences. The RPS undertakes the end of programme portfolio assessment and awards the post-registration foundation credential
- The IP qualification is recognised through accreditation of prior certified learning (APCL)

Training programme models (2)

	 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

Support requirements

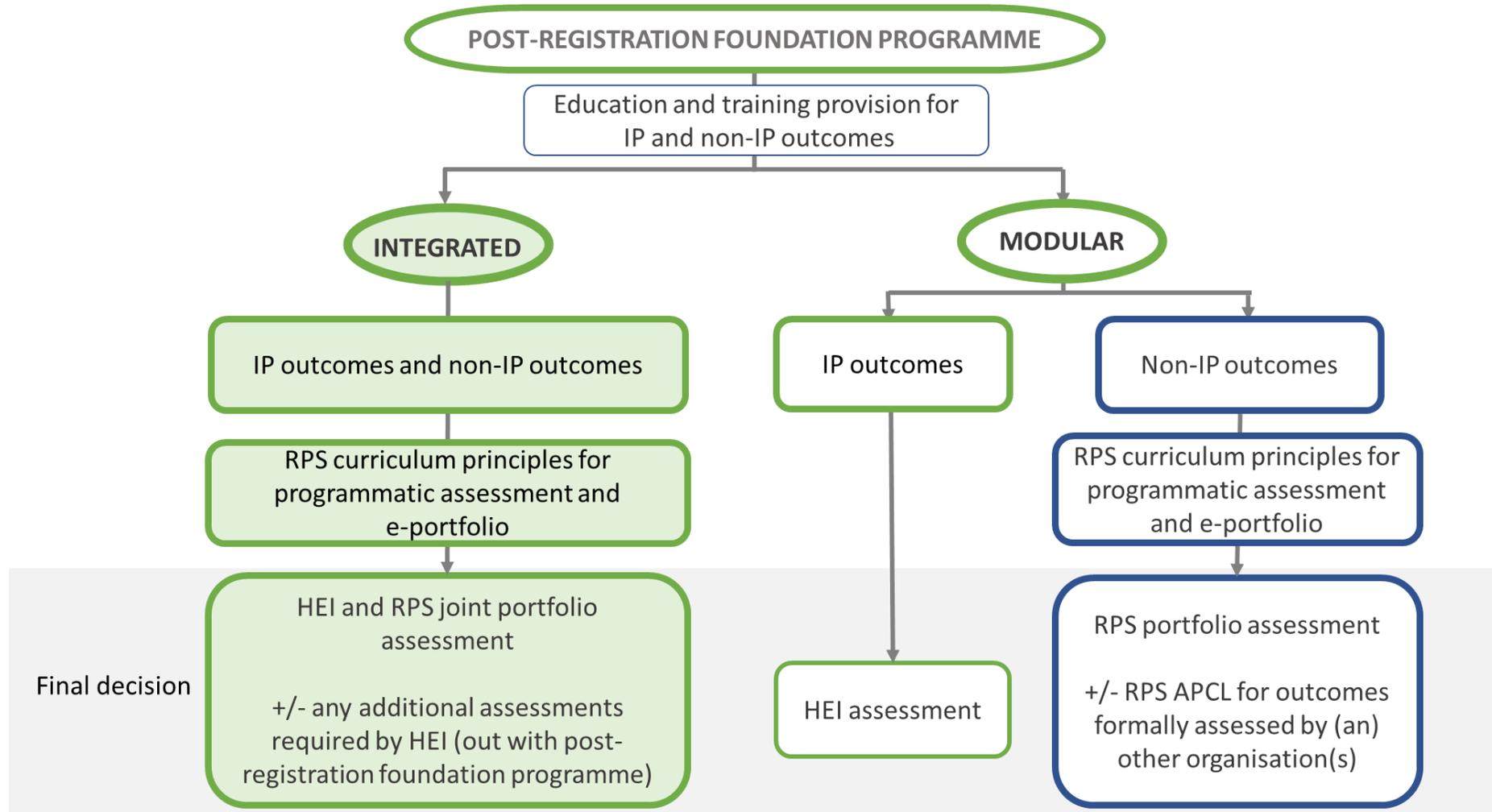
- To ensure post-registration foundation pharmacists are supported through their training, it is recommended they receive support from:
 - A named **educational supervisor** – overall responsibility for confirming the pharmacist has met the non-independent prescribing outcomes
 - A named **designated medical practitioner or designated prescribing practitioner** - overall responsibility for confirming the pharmacist has met the independent prescribing outcomes and is competent to practise as a prescriber
 - **Practice supervisors** – day to day supervision in the workplace
- Depending on the workplace setting and the training programme, some or all of these roles may be delivered by the same person.



Programme of assessment

- Programmatic approach – low stakes learning events
 - Uses supervised learning events (SLEs)
 - Learners can use other forms of evidence
 - Assessment blueprint includes suggested SLEs and any mandatory evidence requirements for each outcome
 - Outcomes are assigned a stakes rating of high, medium or low depending on their potential risk to patient safety; higher stakes outcomes should be supported by more evidence
- Summation of evidence produced supports sign-off
 - Educational supervisor responsible for non-IP outcomes
 - Designated medical practitioner / prescribing practitioner responsible for IP outcomes

Assessment model for integrated and modular training programmes



Curriculum requirement	Sign off process	Integrated	Modular
Outcomes	<p>The educational supervisor or DMP/DPP* signs off each outcome when they have reviewed the evidence and are satisfied the outcome has been met</p> <p>* see assessment blueprint</p>	✓	<p>IP certificate demonstrates achievement of <u>all</u> of the outcomes in domains 1&2 and outcomes 3.6, 4.2 and 4.3 (no further evidence required)</p> <p>All other outcomes require sign off by the educational supervisor</p>
Clinical assessment skills	<p>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)</p>	✓	<p>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</p>
Entrustable professional activities	<p>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)'</p> <p>The outcomes and clinical assessment skills must be signed off before entrustment decisions for EPAs</p>	✓	Optional

Assessment blueprint

IP outcomes: learners undertaking modular training programme with standalone IP course will receive accreditation of prior certified learning (APCL) for the IP outcomes

Stakes: high, medium, low.
Higher stakes = patient safety
=> more evidence required

Sign-off:

DMP/DPP – IP outcomes (integrated programmes only)
Educational supervisor - non-IP outcomes

SLEs: that are considered suitable for the outcome.
Other formats may be used

Mandatory requirements:
outcomes require direct observation, indirect observation or no 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
1.1	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, <u>psychological</u> 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

e-portfolio

Principles and requirements of a supportive e-portfolio solution:

- All learners will have access to an e-portfolio
- Learners will maintain up to date e-portfolio of evidence
- Record meetings, personal development plans, SLEs and other types of evidence
- Supervisors use to sign-off outcomes and inform intermediate progress reviews
- Anyone observing or providing feedback to learners will need access to the e-portfolio to undertake supervised learning events, record feedback and provide judgements
- 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 will be as similar as possible to ensure consistent assessor experience
- RPS e-portfolio available
 - Structure and functionalities aligned to programme of assessment
 - All post-registration foundation pharmacist programme partners will have access to e-portfolio reporting functions



Intermediate progress reviews

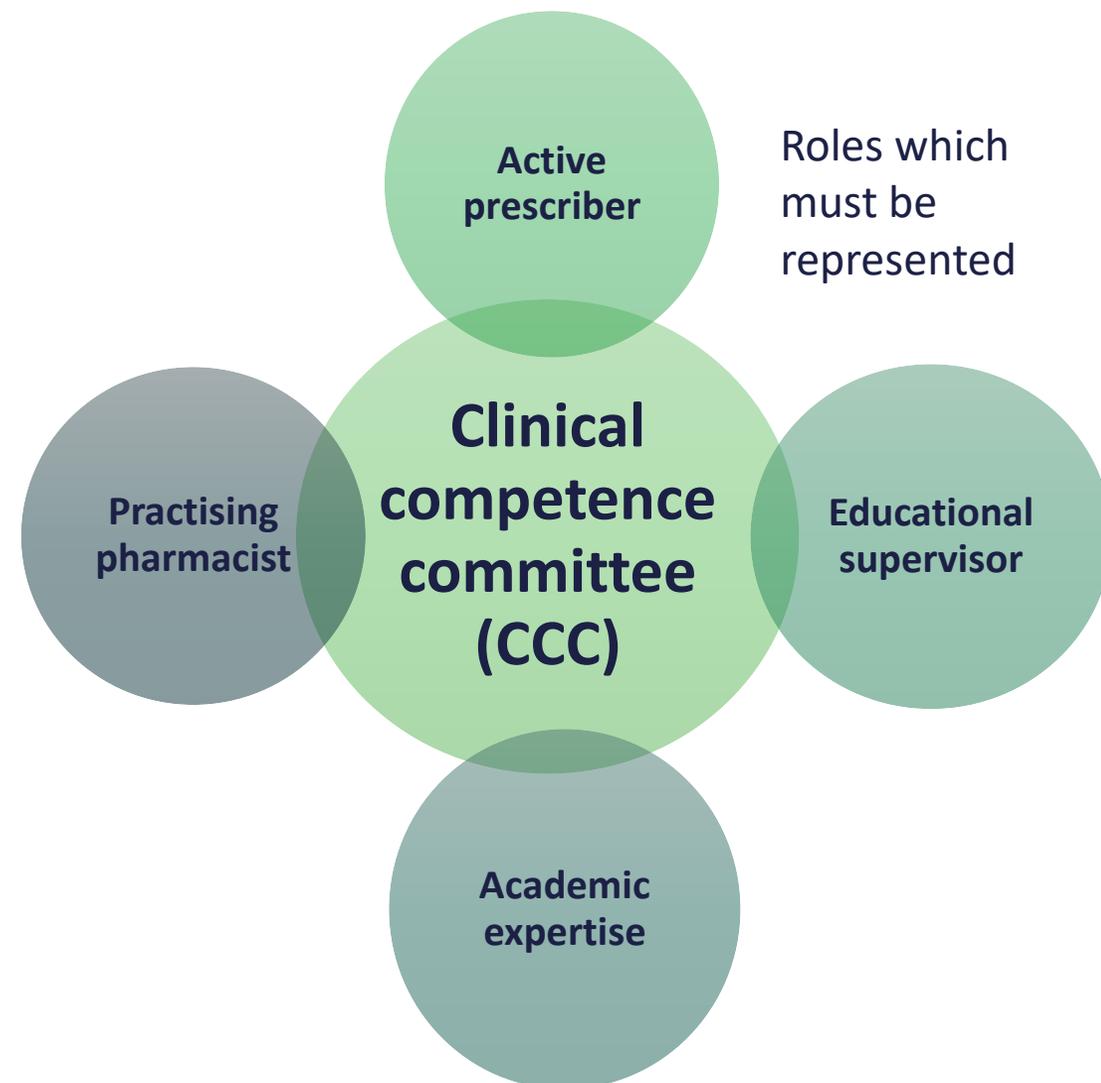
- As a minimum these should include the learner and a supervisor and take place at least every six months
- The purpose of the intermediate progress review is to:

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

- After each review, a report will be completed which indicates if the learner's overall performance is satisfactory. The final report before portfolio submission will be considered during the summative assessment

Summative assessment including final decision

- The learner's HEI will award the Practice Certificate in Independent Prescribing
- Competency committees will review the learner's e-portfolio for any assessment involving the RPS
 - Group-think decision making
 - Range of different professional judgements
 - Holistic review
 - Binary – outcomes met / not met
- Completion of wider post-registration foundation pharmacist programme
 - RPS award Post-registration Foundation Pharmacist credential
 - Supports progression to advanced practice



Accredited prior certified learning (APCL)

- Avoids duplication of assessment
- Can be used to exempt learners from curriculum outcomes as part of the wider RPS post-registration foundation credential
- Gives recognition to learning which has formally been assessed and a certificate has been awarded
- Will only be awarded for high stakes prescribing outcomes if the individual has been awarded a Practice Certificate in Independent Prescribing by a GPhC accredited HEI
- May be used for medium and low stakes outcomes if at the equivalent level of performance as described in the programme of learning

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