



ROYAL PHARMACEUTICAL SOCIETY
FOUNDATION
PROGRAMME

ROYAL PHARMACEUTICAL SOCIETY
FACULTY

THE RPS ROADMAP TO ADVANCED PRACTICE

Supporting the development and assessment
of Advanced Practitioners, both specialist and generalist

Preface to the RPS Roadmap

The pharmacy professionals of the three nations face considerable change in role and responsibilities in the coming years. It is important that the RPS appreciates the scale of change and it is timely to define a roadmap that delineates a direction of travel for members to advance and sustain careers. The RPS Roadmap addresses the principles and the proposed practice envisioned by the three Chief Pharmaceutical Officers. These principles place emphasis on improving patient outcomes through transformational change delivered by new models of care. The changing scope of the pharmacist is considered within a context of greater integration between health and social care, and an appropriate mix between specialist and generalist pharmacy practice. True integration will only be achieved by a scheme of care that crosses health and social care boundaries (primary, secondary, community, mental health and local government).

If integrated care is to be successful it must improve patient experience and outcomes and achieve greater efficiency and value from health and social care. The objective is to address often fragmented patient care services to enable better coordination and continuous care for a longer-lived population with longer term conditions. Such care requires patients to be placed at the centre of the integrated care scheme whether they live in an urban or rural environment. For pharmacy, integrated care extends well beyond prescribing and dispensing. While the model of care and funding mechanisms differ across England, Scotland and Wales, the professional standards must remain equivalent, fulfilling the standards demanded by the General Pharmaceutical Council and the expectations of civil society. For the immediate future, there are three priorities for a re-developed scope of practice that involves pharmacists working in clinical settings in the community and hospital practice. These are; general practice; emergency departments (ED); residential care. Pharmacists are required to develop proficiency in consultation skills combined with a broader clinical knowledge and skills explicitly linked with medicines expertise.

For example, a pharmacist working in primary care will need broad knowledge about long-term conditions (diabetes mellitus, hypertension, COPD, cancers) and be familiar with many of the common illnesses that present to general practice; a pharmacist in ED – acute medical conditions and how they may present; a pharmacist working in residential care, treating the frail and elderly with complexities such as dementia or palliative care needs. Irrespective of this, a broad generalist knowledge must underpin all of these roles. With time, this generalist knowledge is likely to expand to incorporate stratified or precision medicine and genomics. Each and every one of these topics is pertinent to a pharmacist working in every community setting and acute care.

Advanced practice should include both the underpinning generic elements and more specialist knowledge. It will be particularly important to consider career options, career progression and flexibility of practice in the context of evolving scope of practice. Such practice should be defined by the necessary competencies at each stage that demonstrate advancement, clinical acumen, professional and clinical leadership and management of complexity. This is the imperative that drives the requirement for the RPS Roadmap.

Today's medical practice has become increasingly dependent on "the specialist" with patients frequently being passed from one medical team to another with no single consultant taking overall responsibility. This is not in the interest of patient-centred care. A similar pattern of specialisation has entered some general practices which was not anticipated. As a consequence the Department of Health established a review group, chaired by Sir David Greenaway. Their report – The Shape of Training – was published in October 2013 and its recommendations are currently being considered by the four UK Nations .

I quote one paragraph of particular pertinence to a pharmacist in clinical practice:

“Doctors (sic pharmacist) who are able to make safe and competent judgements but have additionally acquired more in-depth specialty training in a particular field of practice. They would still have to assess and treat patients with multiple co-morbidities. This is not necessarily a move away from working in the general areas in a broad based specialty. Indeed, doctors (sic pharmacist) should be expected to provide general care in their broad specialty area even after they have completed further training within a narrower field of practice. This training would be recognised through credentialing and would be driven by workforce and patient needs.

Doctors (sic pharmacists) would benefit from training in themed areas relevant to patients rather than in specialties. They would train, for example, in caring for women, children, elderly people, disabled people or people with long-term illness.”

The Roadmap is an appropriate development in the life of the RPS Faculty and Foundation. We acknowledge that it requires a process of continuous evaluation in the differing clinical settings, and a close working relationship with colleagues in all health professions, employers and the NHS.

*Professor Peter Kopelman, Chair of the RPS Faculty Board
May 2016*

Contributing authors

Professor Peter Kopelman MD FRCP FFPH (*Chair of the RPS Faculty Board*)

Professor Ian Bates FFRPS FRPharmS FFIP (*Professor of Pharmacy Education at UCL and Professor of Integrated Care Education at Whittington Health Trust*)

Beth Ward MFRPSII MRPharmS (*Interim Head of RPS Faculty and Foundation*)

Dr Catherine Duggan FRPharmS (*RPS Director of Professional Development and Support*)

Acknowledgements

The Royal Pharmaceutical Society would like to acknowledge the contributions of those who generously gave their time, expertise and experience to help inform our work. Their input which is gratefully acknowledged here:

The RPS Faculty Board Task and Finish Group, the RPS Faculty Board and Panels and colleagues from the RPS Education Expert Advisory Group, the RPS Pharmaceutical Science Expert Advisory Panel,

NHS Education for Scotland

Wales Centre for Pharmacy Professional Education

Centre for Pharmacy Post Graduate Education

Table of Contents

1. Purpose of the document
 - 1.1. Scope
 - 1.2. Key questions for consideration
 - 1.3. Context for change
 - 1.4. Developing the national workforce
 - 1.5. Developing a competent workforce
 - 1.6. Assuring sustained competence
2. The RPS Roadmap
 - 2.1. RPS Pre-Foundation Programme
 - 2.2. RPS Foundation Programme
 - 2.3. RPS Faculty
 - 2.3.1. Role of the Advanced Pharmacist in a clinical setting
3. Elements of RPS Professional Development Programmes
 - 3.1. Frameworks and Portfolios of Evidence
 - 3.2. Library of Knowledge, Professional Curricula and Resources
 - 3.3. RPS Assessments
 - 3.3.1. Types of assessment
 - 3.3.1.1. Foundation stage assessments
 - 3.3.1.2. Advanced stage assessments
 - 3.3.1.3. Development vs Maintenance vs Advancement
 - 3.3.1.4. Pharmacists in Established Roles: Supporting Transformation of the workforce
 - 3.3.2. Timing of assessment
 - 3.3.3. RPS Peer assessors
 - 3.3.4. Recognition of milestones
 - 3.3.4.1. What do patients and the public need assurance of?
 - 3.3.4.2. What does the regulator need assurance of?
 - 3.3.4.3. What do employers need assurance of?
 - 3.4. Support: RPS Mentors and RPS Tutors
 - 3.5. Accreditation of Provider Organisations
 - 3.6. RPS Governance: Professional Development Programmes
4. National Training Programmes
5. RPS Professional Development Programmes and the GPhC
6. Summary and Recommendations
7. Glossary of terms

I. Purpose of this document

The purpose of this document is to describe and explain career development pathways and support for members. The **Roadmap** sets out a career pathway for pharmacy professionals - the requirements to advance their career to meet the changing landscape of healthcare, and the subsequent change in the needs of patients and the public. This document provides the background and context for this change, and shows how the RPS Professional Development programmes contribute to the Roadmap to support the development of a competent, flexible and adaptable workforce. The Roadmap will describe what the RPS does to support, develop, assess and recognise pharmacy professionals across Great Britain from day 1 as a student to the time of retirement from the profession.

This document seeks to provide assurance that the Foundation and Faculty programmes, alongside the support, guidance, quality assurance mechanisms and the range of assessment tools we have developed (for both self and peer assessment) can:

- **Mitigate the risk** to patients and the public from the range of advanced generalist and specialist practice and what is a proportionate approach to mitigate that risk
- **Demonstrate fitness for purpose** within a system that supports whatever mitigation is required, and properly describe the components of a system that develops individual practice
- **Provide assurance** to employers (NHS and non NHS) and commissioners that an individual has advanced practice attributes.
- **Proportionately** provide a robust, effective way to sustain an infrastructure that supports career and professional development
- Seek to establish an **evidence base** that demonstrates improved quality, value and patient outcomes related to the RPS workforce development infrastructure.

I.1 Scope

This document is for the RPS teams, the RPS Boards, the RPS Assembly, the pharmacy stakeholders and leaders, our members and fellows, patients and the public, and those working in governmental health departments across Great Britain.

Outcomes will be guided by the following principles:

- Adopting and building on what is known to work and on what evidence and experience has informed us currently.
- Creating a needs-based pathway for the pharmacy workforce in England, Scotland and Wales, congruent with the RPS Vision for the Workforce.
- An adoption of a context and additional focus on pharmacists as recognised advanced generalists with recognised specialist interests.
- Propagating equity of esteem between specialisation and generalism within the profession.
- Identifying education and workforce development synergies and alignments through our accreditation strategies.

I.2 Key questions for consideration:

- I. How can we develop **flexible** and **capable** practitioners who can lead, negotiate, manage complexity and deliver change? (see sections 1 and 2)
- II. How can we describe **clinical acumen**, in the context of practitioner development? (see sections 2 and 3)
- III. What is a seamless transition from **post foundation towards advanced practice**, in terms of Knowledge, Skills, Experience, and Behaviours? (see section 2)
- IV. What do we mean by the designation and recognition of **advanced practice**? (see section 2)
- V. What **knowledge and skills** are required to demonstrate advanced practice? (see sections 2 and 3)
- VI. What are the **assessments required** for advancement compared with the **assessment** of sustained practice, as well as for pharmacists who need to define their current level of practice due to changing roles, such as those moving to a new practice environment, changing specialisms or returning to work after a career break? (see section 3)
- VII. How can we recognise the clinical acumen of practitioners who have not been through Foundation Training, and support the **transformation of the workforce** to meet the needs of patients? (see section 3)
- VIII. What types of assessment provide **stakeholder assurance** (to patients, GPhC, employers, the profession) that practitioners are performing **consistently** well? (see section 3)
- IX. When and how can we assure **consistency** of the assessment process? (see section 3)
- X. How do RPS development programmes align to **GPhC standards** (at consultation phase) and Continuing Fitness to Practice? (see section 3)

I.3 Context for change: establishing the need for advanced pharmacists

“To provide the new schemes of healthcare required, there should be corresponding changes in the design, training, planning and deployment of the health and care workforce.”

1. The RPS has been supporting workforce development of pharmacists since 2010, by constructing sustainable mechanisms to support, recognise and develop career and developmental pathways for pharmacists. Our strategic imperatives are outlined in appendix 1.
2. The RPS vision for the advancement and development of the pharmacy workforce is aligned with the well-documented strategic drivers for population demographics and health care, advances in medicines technology, policy directives and macro-economics².
3. During this time, the RPS has created and implemented standards that support and share best practice across GB, as well as supporting and developing those aspiring to best practice, whilst ensuring safety for patients and the public.
4. An evolving healthcare workforce is one that can adapt its core roles and responsibilities to meet the new and emerging needs of patients and the public – there is no effective healthcare without a capable workforce. For pharmacy, this means providing support to continuously develop pharmacists across all sectors to meet the changing demography and healthcare needs of an aging population, that has increasingly complex medicine needs, within an economically stressed healthcare system. The pharmacy workforce needs transformative growth in clinical capability, assured development of expertise in advanced generalist and specialist skills and most importantly, the flexibility to adapt to changing patient and health system need.
5. Under its Royal Charter, the RPS is obligated to support a pharmacy workforce that can contribute to the health of civil society and deliver pharmaceutical care that is integral to delivering effective healthcare services, in any healthcare setting (see appendix 2). The RPS seeks to adopt a strategic approach to deliver a flexible, adaptable and competent workforce, able to deliver consistent levels of pharmaceutical care* or medicines optimisation across sectors where patients need care.

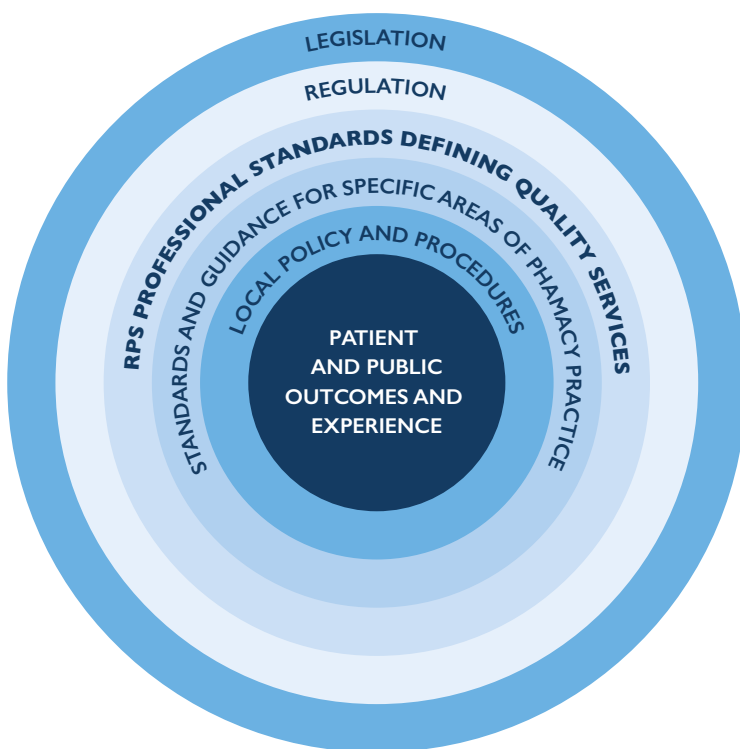
²The Royal Pharmaceutical Society, Transforming the Pharmacy Workforce in Great Britain :The RPS Vision. London; 2015.

* Pharmaceutical care is a well-recognised concept and theory, adopted internationally, with a well-defined evidence base

6. The key imperatives outlined above are aligned with sustainable structures that will produce adaptable, flexible and self-aware practitioners with the tools to self-assess and develop. Additionally they will maintain advanced practice alongside any areas of clinical specialism or specialist areas themselves. In order to get the best from investment in, and use of, medicines RPS will require an enhanced level of patient-centred professionalism, and partnership between scientific leaders, clinical professionals and the patients and the public.
7. The RPS stewardship, structures and programmes are designed to deliver on these imperatives.
8. The RPS Consultant Pharmacist Group has developed a strategy to align Consultant Pharmacist support and development with patient need across the three nations, alongside the Foundation and Faculty programmes and RPS professional development imperatives.
(see appendix 3 for further information)
9. The RPS has set out the Vision to enable education and training providers to align with transformative principles for workforce development located within a coherent and sustainable strategic arc. Fundamentally, the RPS will act to fulfill its Royal Charter obligations, and provide leadership, direction and structure for transformational workforce development.

I.4 Developing the National Workforce

The changing requirements of the NHS for its patients requires the health workforce to be appropriately trained³⁴⁵⁶⁷. In the context of pharmacy, the RPS sees its role as a steward of professional development for the workforce to define professional competencies to fulfil regulatory standards and demonstrate how they may be assessed throughout a career. The role of key stakeholders in the development of the pharmacy workforce are described in table 1 below. In 2014, the GPhC and the RPS released a joint statement, highlighting the role of each organisation following the split of regulatory from professional body function in 2010 (figure 1.1)



“We, the GPhC and RPS, believe that pharmacists and their teams should be aware of and use all relevant professional standards and guidance, both regulatory and professional, to deliver patient centred care and good quality outcomes.”

Figure 1.1 Relationship between the GPhC and the RPS

³ Health Education England. Investing in people for health and healthcare: workforce plan for England. 2015.

⁴ NHS Education for Scotland. Workforce Plan 2015/16. 2015.

⁵ Welsh Government. Working Differently – Working Together a Workforce and Organisational Development Framework. 2012.

⁶ The Scottish Government. Prescription for Excellence A Vision and Action Plan for the right pharmaceutical care through integrated. Edinburgh; 2013.

⁷ Smith J, Picton C, Dayan M. Now or Never: Shaping Pharmacy for the Future. London; 2013.

Table 1 Professional Development of the Pharmacy Workforce: The role of stakeholders

GPhC	RPS	Affiliated Partners Accredited Training Providers Employers	Pharmacy workforce
Statutory Regulator	Professional leadership body with royal college charter obligations	Delivery of education, training and development	Registered and pre-registered practitioners; medicines experts in a variety of roles and sectors associated with medicines
Sets professional standards	<p>Stewards of workforce development:</p> <p>Sets professional and aspirational standards</p> <p>Develops and stewards GB wide developmental frameworks</p> <p>In association with experts, develops GB wide professional and specialist curricula; stewards of quality for professional curricula.</p> <p>Defines assessment for advancement and credentialing/professional recognition.</p> <p>Quality assures education, training and development through accreditation and endorsement</p>	In partnership with professional leadership body, Develops and delivers education and training for the workforce (meeting accreditation standards); develops and curates practice-based knowledge and curricula; provides expert assessors for credentialing and professional recognition.	Undertakes activities to demonstrate Continuous Professional Development which meets GPhC standards and RPS recommendations; maintains competence according to health service and patient needs with GPhC and Professional body standards and expectations.
Oversees patient safety and care standards	Ensures patient safety and quality of care	Trains the workforce to ensure patient safety, quality care and advancement of expertise	Provides safety/ patient care / expertise in medicines
	Builds, quality assures and maintains national training infrastructures and professional recognition systems	Provides quality training tools, resources, events, assessments	Undertakes structured training and feedback
	Recognition through the award of certificates and credentials at milestone points	Accredited providers Certify and Award credentials upon completion of training units/programmes	Is certified and gains credentials
	Links GPhC/training providers/users		

1.5 Developing a competence driven workforce

Competence is widely recognised as being a complex construct comprising a set of knowledge, skills, behaviours and values⁸. In pharmacy, the RPS Foundation and Advanced Pharmacy Frameworks (FPF and APF) collectively act as proven frameworks for competency development. Critically, they are designed to work in different ways as frameworks for competency development,^{9,10,11,12} however they both act additionally as a framework for portfolio building that are a recognised method for continuous practitioner development and evidence recording.

This provides assurance that a practitioner meets the outcomes summarised in the text boxes in appendix 4.

1.6 Assuring sustained competence

To provide assurance to patients and pharmacy stakeholders (GPhC, employers, the profession) that pharmacists and pharmaceutical scientists are practising consistently, competence needs to be assessed throughout a professional's career. **Consistency of approach** to assessment (including type, number and timing of assessment), and **applicability across all areas of practice** in Great Britain are essential to provide this assurance. RPS Assessment approaches are defined by area and stage of practice, and whether a professional is in a period of focused development or demonstrating maintenance of practice. RPS Affiliated Partners, RPS Accredited organisations and RPS Expert Groups and Panels all contribute to these processes as recognised practice experts (see appendix 5 for further information on Partnerships and Affiliations).

RPS assessment and credentialing processes are based on the recommendations made by the Joint Partners Credentialing Task group (JPCT)⁹ and learning from medical education.^{14,15,16} The RPS has used an iterative approach to develop, review and adapt processes for assessing and credentialing professionals since the launch of the RPS Faculty in 2013, to ensure that they are practical, robust and replicable. At each stage of development, the RPS has sought to embed consistency of approach with an assurance of that consistency around the assessments, the evidence, the peer group of assessors, the awards given and the processes adopted.

All processes are continuously reviewed by RPS Quality Assurance panels, to ensure the RPS is constantly responding to the current needs of the workforce.

A number of components of the RPS Professional Development Programmes have been developed, tested and adapted since 2001.

⁸ Bates I, Bruno A. Competence in the Global Pharmacy Workforce. *Int Pharm J*. The Hague; 2009;30–3.

⁹ Antoniou S, Webb DG, McRobbie D, Davies JG, Wright J, Quinn J, et al. A controlled study of the general level framework: Results of the South of England competency study. *Pharm Educ*. 2005;5(3-4):201–7.

¹⁰ Coombes, Ian; Avent, Minyon; Cardiff, Lynda; Bettenay, Karen; Coombes, Judith et al. Improvement in Pharmacist's Performance Facilitated by an Adapted Competency-Based General Level Framework (2010) *Journal of Pharmacy Practice and Research* vol. 40 (2) p. 111-118

¹¹ Mills E, Farmer D, Bates I, Davies G, Webb DG. The General Level Framework: use in primary care and community pharmacy to support professional development. *Int J Pharm Pract*. 2008 Oct 1;16(5):325–31.

¹² Wright D, Morgan L. An Independent Evaluation of Frameworks For Professional Development. Report of the MPC Workstream 2 Project : Independent evaluation of competency frameworks within pharmacy education in the UK. 2011.

¹³ Joint Partners Credentialing Task group. Professional recognition and professional advancement: For our practitioners, for our profession and for our patients. 2013.

¹⁴ Academy of Medical Royal Colleges. Workplace Based Assessment Forum: Outcomes. London; 2010.

¹⁵ Academy of Medical Royal Colleges. Improving Assessment. London; 2009.

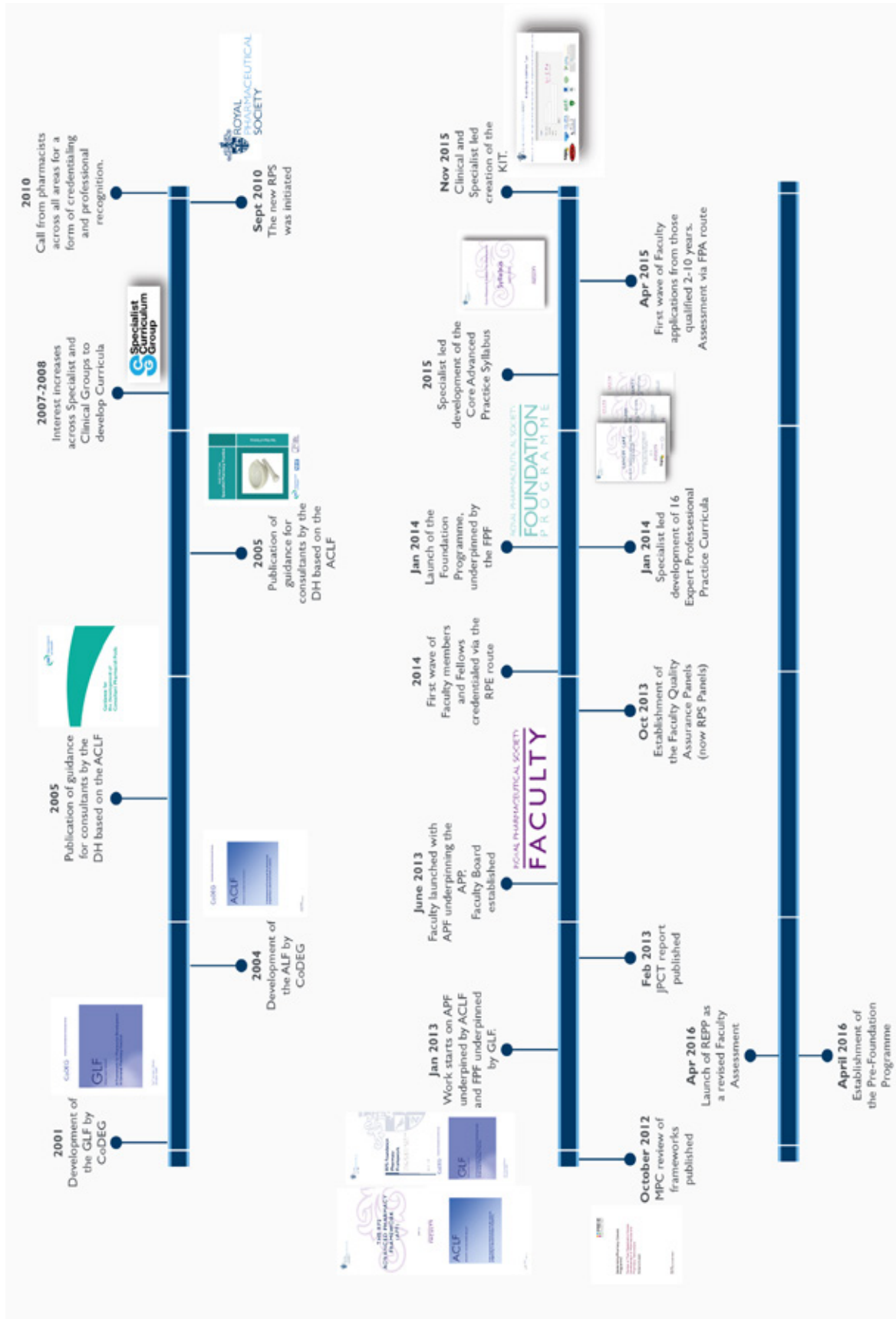
¹⁶ Department of Health. Literature Review Relating to Credentialing in Medical Training. 2010.

Since 2013, the RPS has established programmes of career support and development over 5 phases:

- **Phase 1:** Launch of the Faculty Programme, establishing assessment of Recognition of Prior Experience (RPE) and principles of assessment and assessors.
- **Phase 2:** Establishing the Foundation Programme alongside accreditation of training and assessments.
- **Phase 3:** Establishing the assessment of Practice of those between 2 and 10 years qualification in line with the above principles.
- **Phase 4:** Establishing the Pre-Foundation Programme in collaboration with British Pharmaceutical Students' Association (BPSA)
- **Phase 5:** Establishing the Roadmap of support, development and assessment to develop, establish and maintain foundation and advanced practice,, specialist and generalist practice and provide the assurances required to employers, commissioners, regulators, patients and the public

Figure 1.2 provides a summary of the development timeline since 2001. Further detail on the RPS phased development can be found in appendix 6.

Figure 1.2 Phases of Development of RPS Professional Development Programmes



2. The RPS Roadmap

The RPS has established professional development and support programmes for all stages of a pharmacist's career in order to deliver the RPS Workforce Vision.¹⁷ These programmes support pharmacists from day-1 as a student to the time of retirement from the profession, across all sectors, areas of expert practice, both specialist and generalist. Their objective is to improve both the quality of patient care and the public's health. Together, they provide a roadmap for advancement utilising the RPS development frameworks, guidance, professional curricula, credentialing structures and quality assured assessments. RPS Professional Development Programmes can also be used by pharmacists who have been in practice for any length of time to identify their current stage of development and their training needs to support them in their scope of practice.

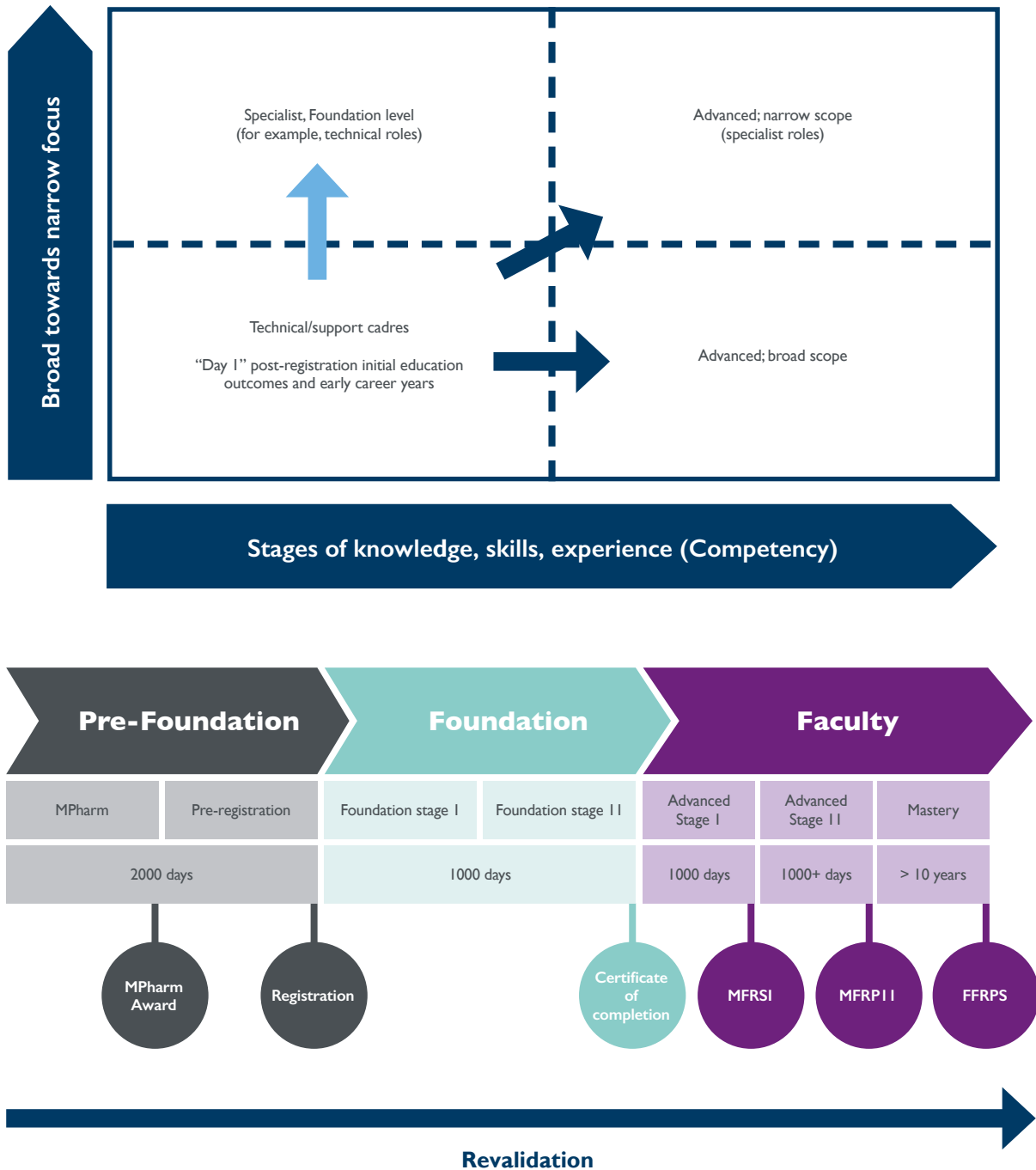
Current thinking from expert groups and workforce agencies suggests that 'training for jobs' is a short term measure that rarely succeeds in long term workforce planning, particularly given education and training lag times. Therefore, it is important that a roadmap produced by the RPS is mindful of the need for pharmacists to develop flexibly and be able to adapt, that advanced practice is built upon experience from generalist practice and that any option of specialisation occurs alongside and in addition to the broadest general knowledge and clinical skills base. This should result in the workforce developing the clinical acumen required for new and emerging roles.

This is depicted in Figure 2.1, which shows the broad scope of early career and advanced practitioners,¹⁸ in addition to the RPS professional development programmes that support and recognise advancement. This provides assurance of competence through quality assured assessments at specific milestones - work is underway to ensure that the models RPS have developed also meet the requirements from GPhC for Continuing Fitness to Practise.

¹⁷ The Royal Pharmaceutical Society. Transforming the Pharmacy Workforce in Great Britain :The RPS Vision. London; 2015.

¹⁸ Bates I, Bruno A. Competence in the Global Pharmacy Workforce. Int Pharm J. 2009;30-3.

Figure 2.1 The RPS Professional Development Roadmap



The RPS Roadmap is designed to identify a practitioner's stage of development based on their competence and their ability to manage complexity, and then identifying and accessing the support and assessment required to be recognised at that stage.

The RPS describes three principal career stages for pharmacists:

I. Pre-Foundation programme:

Undergraduate Masters of Pharmacy degree and Pre-registration training.

II. Foundation programme

First 1,000 days of registered practice.

III. Faculty programme

Advancement from foundation practice, both development and maintenance of advanced practice, whether generalist or specialist.

The RPS Roadmap is designed to identify a practitioner's stage of development based on their competence and their ability to manage complexity, and then identifying and accessing the support and assessment required to be recognised at that stage.

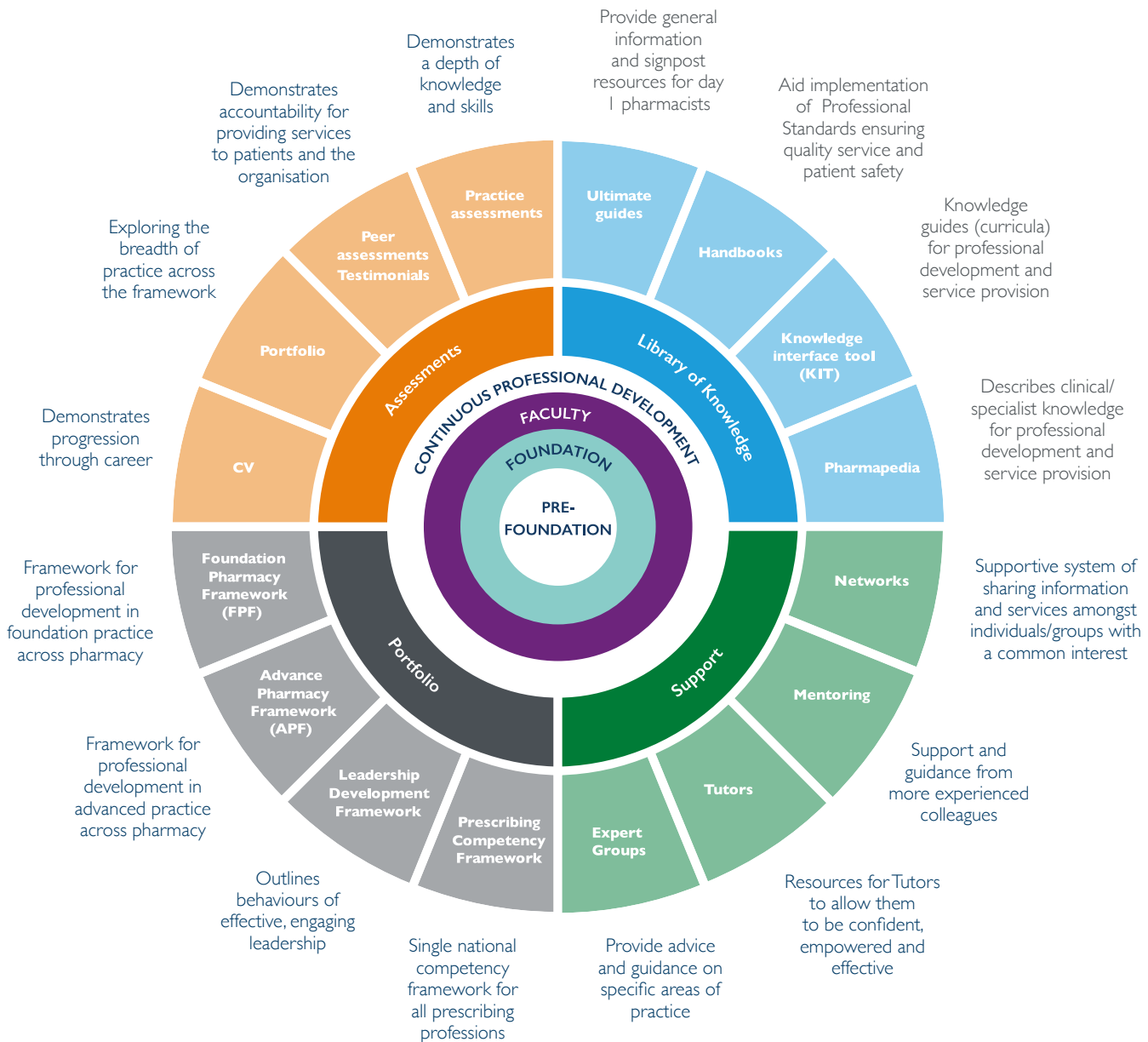
The core elements for professional support, development and recognition throughout a practitioner's career, as illustrated below in figure 2.2, are:

- Defining stages of practice and levels of competency with developmental **frameworks**
- Library of Knowledge and Skills: professional **curricula** and **resources**
- **Portfolios of practice** and formative and summative **assessments**
- **Credentialing and points of regulation/recognition**
- Professional **support, mentoring and networks**

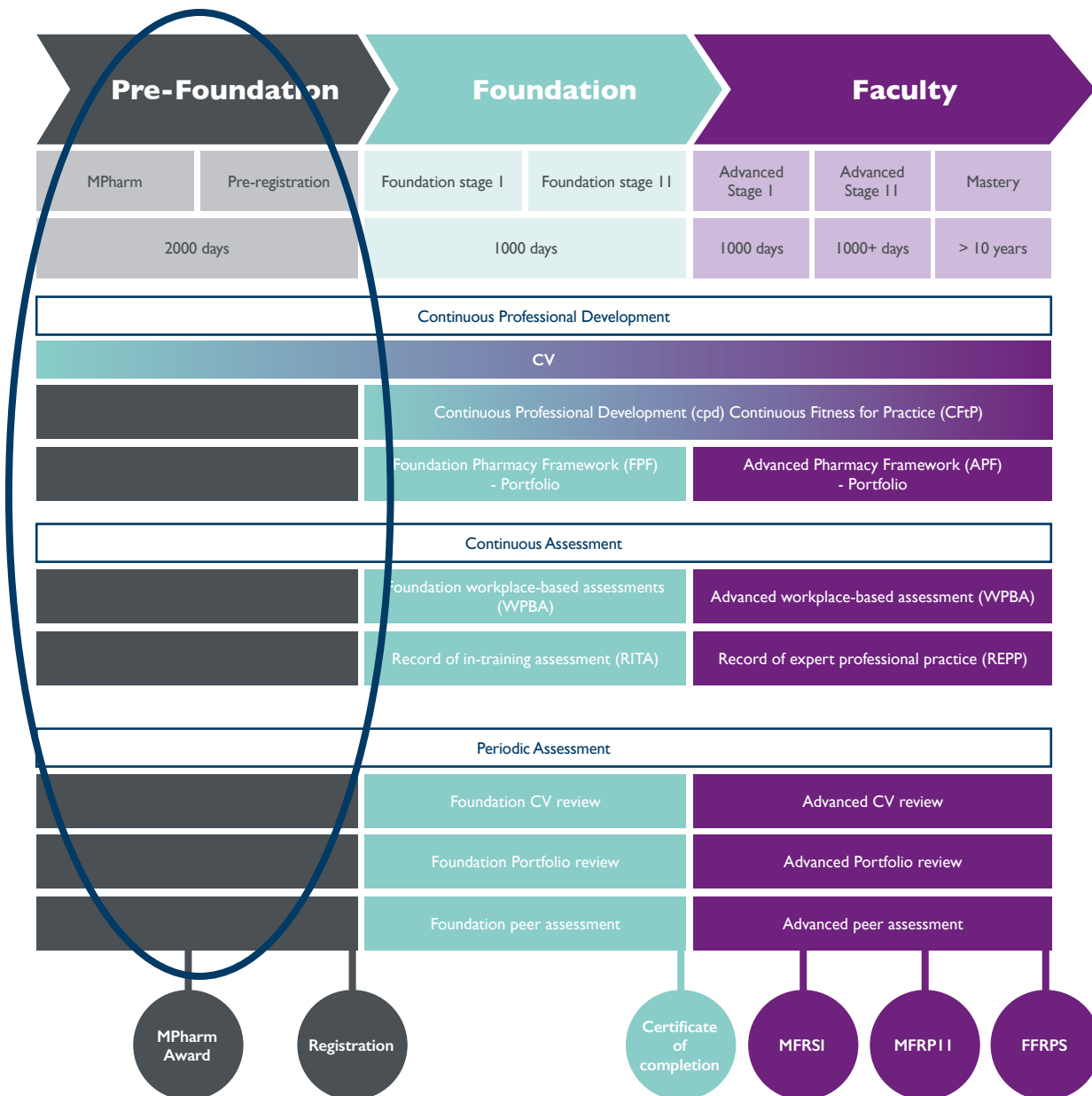
RPS accreditation programmes provide measures for the **quality assurance** of each element.

Figure 2.2 Key elements of all RPS professional development programmes

A pharmacist's career stage provides direction on the applicability of portfolio, support, assessments available, and the depth of knowledge expected.

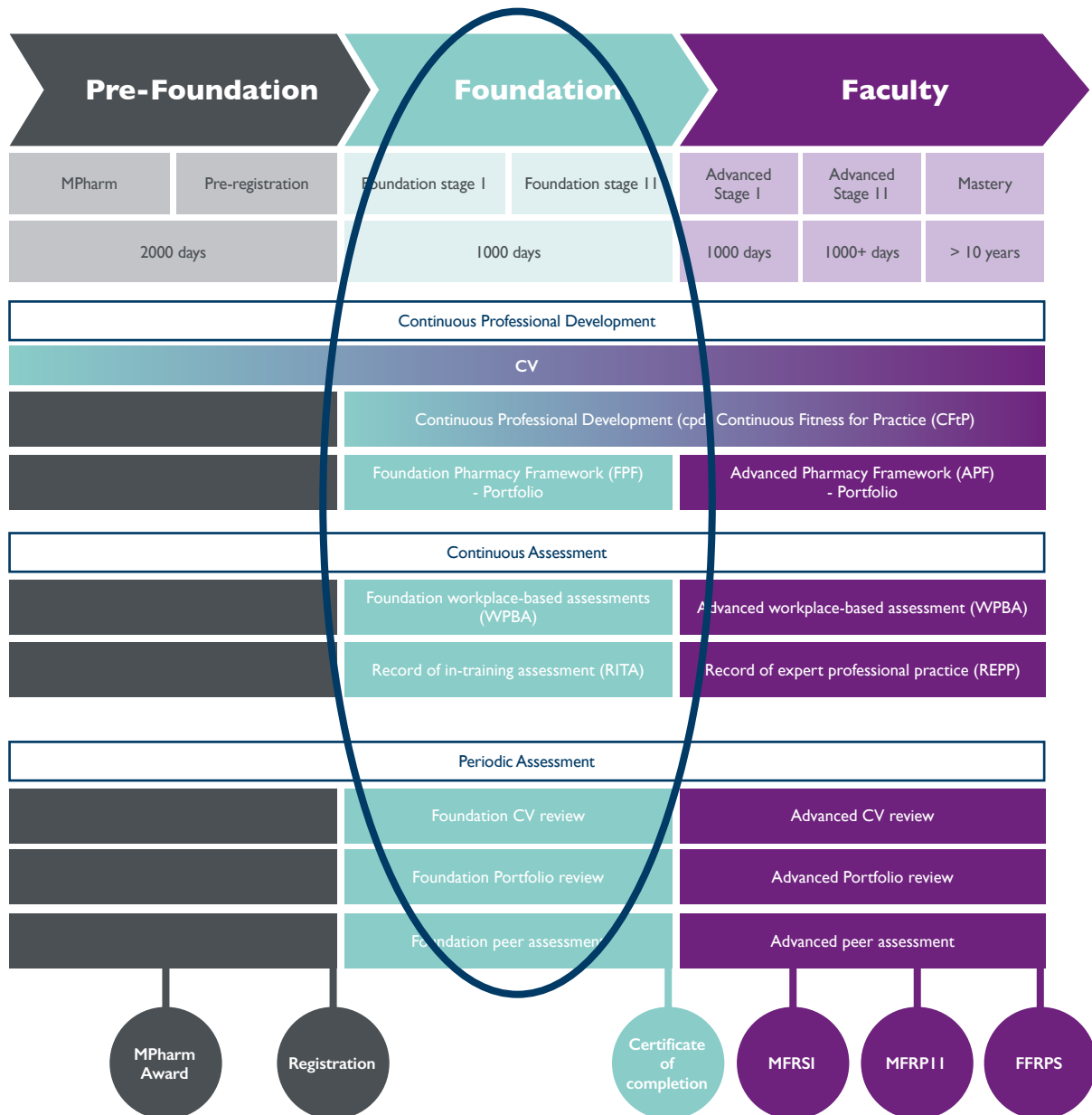


2.1 RPS Pre-Foundation Programme



The Pre-Foundation Programme is being developed during 2016; the principles of the programme are closely aligned to existing development programmes- the RPS Foundation Programme and the RPS Faculty. The Pre-Foundation framework complements undergraduate programmes and enables students to develop key knowledge, skills and behaviours that they can apply to course assignments, practical assessments, projects, and most importantly prepare them for workplace based placements and pharmacy practice. We will work with the Council of Deans of Schools of Pharmacy, Health Education England, NHS Education for Scotland and the Wales Centre for Pharmacy Professional Education to ensure the support available from RPS aligns with developments across the three nations.

2.2 RPS Foundation Programme



The RPS Foundation Programme is for pharmacists who are in their early career (usually their first 1000 days of practice), pharmacists returning to work after a career break, changing their scope of practice or practice environment and those who are working steadily in their practice setting.

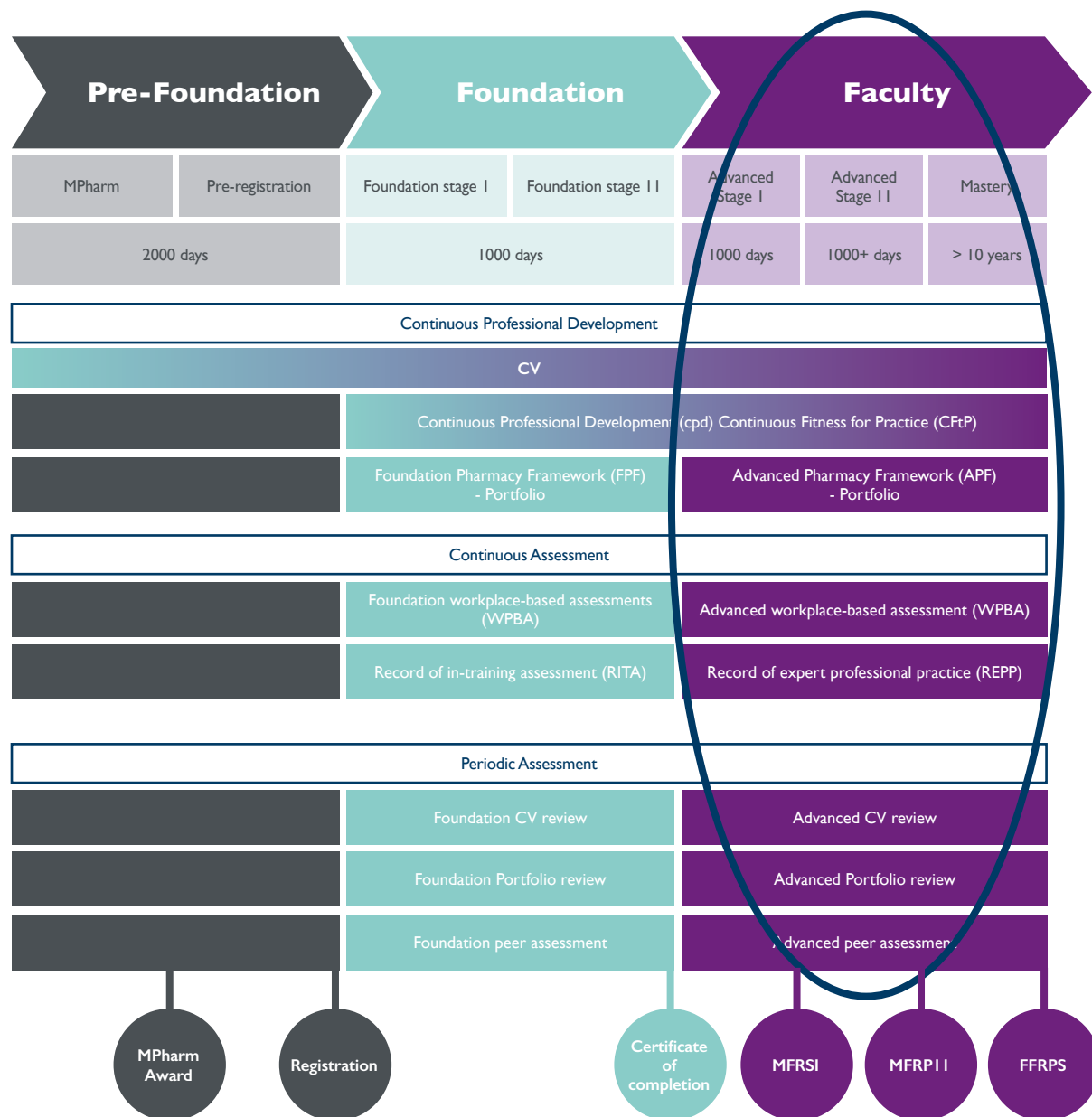
It enables pharmacists to gain knowledge, skills and behaviours essential across all sectors and settings, so that they are better equipped to adapt and deliver safe and effective pharmaceutical care, through the use of:

- RPS Foundation Pharmacy Framework
- Knowledge Interface Tool (to identify Foundation stage knowledge items)
- Foundation e-portfolio and a suite of assessment tools
- RPS resources, support and guidance
- Foundation tutors, networks and mentors

Pharmacists are assessed against the Foundation Pharmacy Framework throughout their training using workplace-based assessments, and at the end of their Foundation Training through independent assessment of their Foundation Portfolio and a Foundation Practice Assessment. This results in the award of a Certificate of Completion of Foundation Training.

For the Foundation pharmacist, a Certificate of Completion acts as a passport into advanced practice, and through RPS engagement and communications (see section 6) will be recognised externally, for example, by Royal Colleges and other stakeholders.

2.3 The RPS Faculty



The RPS Faculty is a professional development programme for advanced pharmacy practice. It is aimed at RPS members who have completed a minimum of two years post-registration experience, once early or foundation years have been completed.

It enables pharmacists to demonstrate advanced knowledge, skills and behaviours across all sectors and settings, so that they are better equipped to deliver an advanced level of pharmaceutical care in a rapidly evolving and increasingly complex healthcare environment, through the use of:

- RPS Advanced Pharmacy Framework
- Knowledge Interface Tool (to identify core and specialist advanced stage knowledge items)
- Advanced practice e-portfolio (APP) and a suite of assessment tools
- RPS resources, support and guidance
- RPS networks and mentors

Pharmacists are assessed against the Advanced Pharmacy Framework by submitting for Faculty assessment using the principle of peer assessment. This is done through submission of a curriculum vitae, the APP, peer testimonials and Record of Expert Professional Practice (a summative assessment of a number of formative assessments). This results in the award of Faculty membership or fellowship on three stages of advanced practice

The three stages are:

- Advanced Stage One – members, usually in their second 1000 days of practice, or established members returning to work after a career break or changing their scope or sector of practice, who have either completed Foundation Training or demonstrated competency at Foundation level.
- Advanced Stage Two – members who are established in their careers or aiming to achieve excellence in their roles, beyond their second 1,000 days
- Advanced Stage Three - Mastery – members who are practicing at an exceptional level, in highly complex environments and in very senior roles in the profession locally, regionally and nationally

2.3.1 Scope of an Advanced Pharmacist in a clinical setting

A pharmacist who has progressed beyond Foundation Training will be developing the clinical acumen that is required to undertake a more advanced role. Text box 2.2 has been derived from a specification developed by the RPS and the Royal College of General Practitioners for pharmacists working in General Practices and adapted for any advanced practitioner in a patient facing role.

Textbox 2.2 ROLE OF A PHARMACIST IN THE CLINICAL SETTING

Scope of pharmacists working in patient-facing roles is to lead and facilitate the provision of Pharmaceutical Care and/or Medicines Optimisation activities, through:

Conducting Medicines and Patient Reviews

- Providing expertise in level 3 clinical medicines review* to:
 - Identify medicines-related problems and either prescribe or de-prescribe (for IP), make a recommendation to a prescriber or refer as appropriate.
 - Reduce inappropriate poly-pharmacy and wasteful prescribing. Particularly in high risk groups such as:
 - Patients that have frailty
 - Vulnerable adults
 - Poly-pharmacy and multiple co-morbidities
 - Patients requiring alternative drug formulations
 - Altered drug handling (e.g. renal or hepatic impairment)
 - Substance misuse
 - Patients on high risk medicines
 - STOPP/START** identified patients
 - Patients frequently admitted to hospital
- Reconciling medicines at hospital admission and following discharge and work with patients, pharmacy and other healthcare professionals to ensure patients receive the medicines they need during admission and post-discharge.
- Contributing to reductions in medicine related hospital admissions and readmissions by supporting patients to get the best outcomes from their medicines, identifying, and addressing medicines related issues.
- Running clinics where medicines are the main intervention e.g. anticoagulant monitoring clinics.
- Contributing to multi-morbidity reviews and multidisciplinary reviews.
- Managing prescribing reauthorisation processes by reviewing long-term medicines, requests for repeat prescriptions and medicines reaching review dates.
- Regularly reviewing Pathology results and other monitoring parameters for patients on known medicines and either prescribe or de-prescribe (for IP), make a recommendation to a prescriber or refer as appropriate.
- Undertaking minor ailments triage: dealing with and prescribing for minor ailments and triaging patients appropriately.
- Addressing public health and social needs of patients.

Intra- and Inter-Professional Working

- Interfacing with pharmacy and healthcare professional colleagues working in all settings to develop professional networks, including referral processes between professionals.
- Acting as a source of medicines information for healthcare professionals and staff and patients (e.g. around doses, side effects, adverse events, possible alternatives e.g. around out of stocks)

Promoting Quality and Safety with Medicines

- Improving the quality, safety and cost effectiveness of prescribing by:
 - Optimising patient outcomes from choosing medicines using best evidence (for example, following NICE guidance, local formularies or newly published clinical trials) and these outcomes are measured.
 - Implementing drug withdrawals and alerts e.g. MHRA aimed at improving medicines safety
 - Utilising mechanisms such as audit and PDSA (Plan Do Study Act) cycles

*This would be a level 3 clinical medication review as per the 'Room for Review' document 2002/3 which looks at the patient's full clinical condition, blood monitoring, interface care arrangements, social isolation etc.

**the STOPP/START criteria is an evidence based screening tool developed by O'Mahoney D et al., to aid the identification of potentially inappropriate and omitted prescriptions in elderly patients. Review using this tool has been shown to significantly improve medication appropriateness.

3. Elements of RPS Professional Development Programmes: processes and mechanisms to ensure consistency of professional development and maintenance of advancement and specialisation

3.1 Frameworks and Portfolios of practice

RPS Foundation and Advanced Pharmacy Frameworks (FPF and APF) are part of a validated and complementary set of frameworks that act to describe scope of practice and act as a developmental map and scaffolding for practitioners. These developmental frameworks form a spine for career development and RPS workforce development structures.

3.2 Library of Knowledge, professional curricula and resources

The RPS has developed Core Curricula for all stages of practice. These outline the knowledge, skills, experiences and behaviours that pharmacists should work towards, for general medical patient populations, specialist clinical areas, science regulatory and industrial roles as well as public health. The RPS has produced generalist and specialist curricula that support both Foundation and Advanced stages of practice alongside supporting knowledge guides. The knowledge guides and items have been collated and produced through engagement with expert practitioners, RPS Partner organisations and accredited Pharmacy Foundation Schools. They provide comprehensive guidance for key knowledge items from foundation to advanced practice, including the critical adjacencies (core knowledge) and specialist items. By collating these specialist guides together the profession is able to access the core skills and knowledge of advanced practice, and additionally be able to define subsequent specialisation pathways. The process is summarised in the Development Timeline (*section 1*).

The RPS has built a validation process around these Professional Curricula, including an on-line access tool, the Knowledge Interface Tool (KIT - see text box 3.1) through working with partner groups and providers, as recognised practice experts. Engagement with key knowledge items will be linked with portfolio, accredited education and training provision through pathways (National Training Programmes in conjunction with Partner organisations) and formal recognition.

Plans are in place to continually update and review the KIT to ensure it is applicable to all areas of practice and reflects current requirements of the profession.

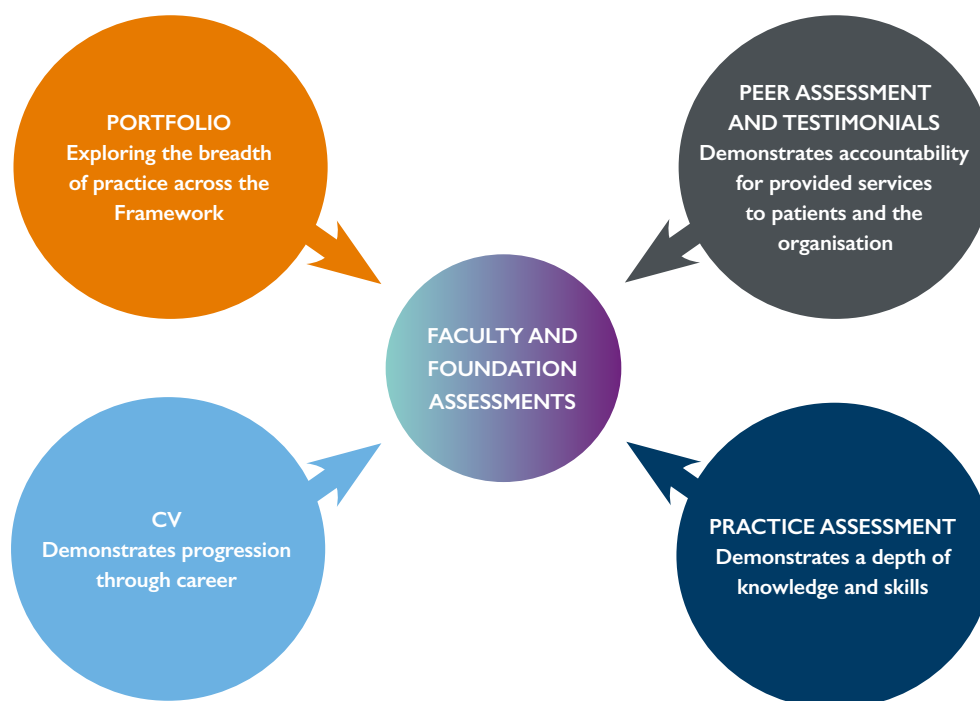
Text box 3.1 The RPS Knowledge Interface Tool (KIT):

- Is a purpose-built compendium of professional development curricula - a knowledge guide to developing and advancing;
- Is a partnership-driven, online platform that readily and efficiently links Affiliated Partners, KIT reviewers and KIT users;
- Enables collaborative revision, validation and stewardship of the RPS Library of Knowledge;
- Contains an integrated (and future proof due to continuous stewardship) compendium of knowledge items;
- Will enable future development of National Training Programmes (NTPs) (aligned to Knowledge, Skills, Experience and Behaviours (KSEB), accreditation, assessment, etc.)
- Provides support for the developmental advancement of careers and the pharmacy professions across all sectors of practice and research;
- Provides support for professional development from Foundation through to Faculty stages (knowledge items are linked to FPF/APF), for generalist and specialist areas of practice; it will therefore support CPD and CfTP;
- Provides support for knowledge across areas of practice and career stages;
- Will cross-reference items to Specialty Clinical Knowledge Guides
- Will provide further knowledge required to meet the curricula (e.g. overview of the physiology, pathophysiology of diseases/conditions, recommend therapy/monitoring.)
- Will also support day 1 practitioners providing the necessary knowledge to practice (also supporting transition/adaptation e.g. career break, change of sector, etc.)
- Will link to complete KSEB and will Cross-reference to RPS Guidance and Handbooks as above

3.3 RPS Assessments

The RPS Professional Development Programmes ensure that all post-registration pharmacists will have access to robust, quality assured assessment processes, to support career development across all areas of practice. All assessments align to the Foundation Pharmacy Framework and Advanced Pharmacy Framework. Practitioners receive feedback from credentialed experts on their progress, suggestions for further development, as well as recognition for achievements. As can be seen in figure 3.1, the process by which practitioners are assessed and recognised is uniform across all areas of practice, so that the regulator, employers, and patients can be assured of consistency of the award, regardless of the sector or setting.

Figure 3.1 The Four Elements of Foundation and Faculty Assessments



The practice assessment element allows for assessment by quality assured assessors in any area of generalism or specialism.

Workplace education models use of performance and competence-based assessments. Best-practice now includes a focus on evidence gathering by individuals (forms of structured or semi-structured portfolio development) within a wider framework that has QA and transparent accreditation at the core of accessibility of workforce development delivery.

Properly conducted Foundation Training, as delivered currently by accredited RPS Foundation providers and Schools is one key aspect of a workforce development strategy that links with these assessment principles. This provides an assured outcome of professionally recognised practitioners with clear, quality assured evidence of medicines optimisation, pharmaceutical care, and clinical pharmacy capabilities that are transferable across a range of service provision environments, and not limited to any single environment. This provides the flexibility that the workforce needs to have, as described in the RPS workforce vision.

The same is true for medical education and avoids the necessity for early specialisation (whether this be “organ-centred” or environment-centred). The outcomes must be aligned to flexible capability and competence. One advantage of this model is the avoidance of duplication and replication across GB and provider organisations. It provides the clear and accessible model that employers need and that a needs-based health system requires.

3.3.1 Types of assessment

The concept of formative and summative assessment and the types of assessment tools that support the RPS Roadmap are used across professions and are therefore recognisable to the wider multi-disciplinary team. This can help in fostering collaborative working relationships across professions, including involvement in assessment and consistency in development.

Although the terminology of a blended mix of formative and summative assessments becomes less used when workplace education is the norm, the key principle is that of competency and performance-based assessments, which are directly linked with, service provision and a needs-based model in keeping with the RPS Vision for Workforce Development.

With Higher Education involvement, this means credit-bearing assessments linked with strong quality assurance processes provided by higher education and RPS governance. With non-higher education delivery, this means strong accreditation processes and forms of external validation, rooted in RPS governance. Quality assurance, governance and evidence of workplace assessment to RPS standards will be key to assurance of confidence in performance outcome following training and assurance of confidence from other healthcare professionals.

Competence and performance-based assessments can be grouped into portfolio-based tools, multi-source feedback tools and objectively designed tools (see text box 3.2).

Text box 3.2 Types of assessments utilised in RPS Foundation and Faculty Programmes

- Multiple Choice Questionnaires (e-learning assessments)
- Workplace-based assessments: e.g. Case-based Discussion, Pharmaceutical Care Assessments, etc.
- Consultation Skills Assessments, Direct Observation of Practical Skills
- Multi-source and Peer Assessment tools
- Self-assessment: Reflective account tools, self-assessment of APF and FPF
- Faculty portfolio assessment (peer review)
- Faculty assessment: Record of Expert Professional Practice (peer review)
- Foundation portfolio assessment (peer review)
- Foundation practice assessment (peer review)
- Continuous Professional Development assessment (peer review)

Appendix 7 provides detail regarding the types of knowledge, skills and behaviours assessed through the methods described in text box 3.2.

¹⁹ Journal of Clinical Nursing 2000; 9: 360±368

²⁰ Academy of Medical Royal Colleges. Improving Assessment. London; 2009.

3.3.2 Timing of assessment

There are clear milestones throughout any career and the RPS has developed a workforce development strategy that recognises this, from post-registration foundation to advanced and specialised practice. The key principle is one of continuous formative assessment/self-assessment with periodic summative assessment, clearly aligned with the support tools, delivery platforms and processes described above.

3.3.2.1 Foundation stage Assessments:

- I. Workplace based assessments throughout Foundation stages I and II with RPS Foundation Tutors, RPS workplace-based facilitators, accredited organisations (through recognised RPS tutors and assessors conducting formative assessments at study days, conferences)
- II. Periodic portfolio review with a workplace-based Foundation tutor (Record of In-Training Assessment process)
- III. Periodic peer assessment through the use of the RPS Peer Assessment Tool
- IV. Periodic summative assessments through accredited Pharmacy Foundation Schools and Training Providers e.g. OSCEs, workplace audits
- V. RPS Foundation Portfolio Review (RPS Foundation Assessors)
- VI. RPS Certificate of Completion assessment (RPS Foundation Assessors)

3.3.2.2 Advanced Stage Assessments:

- I. Formative assessments as defined by the Record of Expert Practice process. Between 5 and 15 formative assessments such as direct observation of practice and case-based discussions will be conducted either in the workplace by RPS recognised workplace facilitators or by RPS Faculty accredited organisations e.g. recognised RPS Tutors and assessors conducting formative assessments at study days, conferences. Recommendations are being made by Affiliated Partners, RPS expert groups and panels and through engagement with employers regarding the number / type of assessments that best assess cluster 1 of the APF – advanced generalist or advanced specialist practice
- II. Periodic peer assessment through the use of the RPS Peer Assessment Tool
- III. Where applicable, periodic assessments as defined by academic programmes
- IV. RPS Faculty assessment (RPS assessors)

3.3.2.3 Development vs Maintenance vs Advancement

It is recognised that practitioners will have times of focused development and advancement as well as times where they wish to be recognised for maintaining their current stage of practice. RPS assessment tools and processes at both foundation and advanced stage of practice are applicable for use in both contexts. Initial Foundation training (first 1000 days of practice) is seen as a period of focused development. Practitioners, who wish to be recognised for maintaining this stage of practice, can do so by following the recommendations:

Table 3.1 Foundation Stage: Development of established practice
Highly structured, supported, safe development for novice pharmacists

FOUNDATION PRACTICE – each 12-18 months during first 1000 days	FOUNDATION PRACTICE – each year during maintenance phase
Foundation Pharmacy Framework self-assessment	<ul style="list-style-type: none"> • Foundation Pharmacy Framework self-assessment • 1-3 Workplace-based assessments • Reflective account • Peer assessment • Clinical learning episodes (aligned to RPS Foundation Curriculum)
5 - 25 Workplace-based assessments (WPBA)	
Reflective account	
1 Peer Assessment	
3-6 Clinical learning episodes (aligned to RPS Foundation Curriculum)	
1 Record of In-Training Assessment (portfolio review with Foundation Tutor)	1 portfolio review with Foundation Tutor or RPS CPD Assessor 6-12 portfolio entries including
End of first 1000 days Foundation Portfolio Review (with RPS Foundation Assessor) and Foundation Practice Assessment	Annual portfolio review with an RPS CPD Assessor

For advanced practitioners during focused development, we recommend utilising a similar number of practice based assessments, assessed through the completion of a Record of Expert Professional Practice (REPP) in the area of focus each 12-18 months. Similarly when demonstrating sustainability of practice, we recommend that practice based assessments are completed in preparation for a REPP every 5 years, which is completed as part of a practitioner's full Faculty submission.

**Table 3.2 Advanced Practice: Advancement and Sustainability
Building practitioner independence and flexibility**

ADVANCED PRACTICE – each 12-18 months (500 days) during focused development	ADVANCED PRACTICE – each year during maintenance phase
6-12 Faculty portfolio entries reviewed by RPS CPD Assessor / Faculty assessor	6-12 Faculty portfolio entries reviewed by RPS CPD Assessor / Faculty assessor
Advanced Pharmacy Framework self-assessment	Advanced Pharmacy Framework self-assessment
5-25 practice based assessments (as defined by area of practice) required in preparation for Record of Expert Professional Practice (REPP)	1-3 practice based assessments per year (as defined by area of practice) required in preparation for REPP and full Faculty assessment every 5 years
1 Peer Assessment	1 Peer Assessment
1 REPP meeting	1 REPP meeting (at least every 5 years)
End of focused development phase assessments as defined by area of expert practice	Annual portfolio review with an RPS CPD Assessor
Faculty assessment (peer assessment) via portfolio review, at least once every 5 years	

3.3.1.4 Pharmacists in Established Roles – Supporting Transformation of the Workforce

The greater proportion of the workforce are already in established roles, however such pharmacists may not have undergone assessment of their practice since day 1 of registration. In order for individuals and their employers to meet changing models of health care delivery and the expectations of patients and employers, the RPS frameworks, tools, resources and assessments need to support these practitioners in identifying areas for further development. The Foundation Framework describes the scope of the knowledge, skills, behaviours and experiences that constitute the foundations of practice for all pharmacists across all areas of the profession, and therefore is applicable to pharmacists at any stage of their career. It can be used as an initial step when identifying stage of practice, and familiarising practitioners with developmental frameworks in the first instance. Assessment recommendations are detailed below.

Table 3.3 Assessments to identify stage of practice

IDENTIFICATION OF STAGE OF PRACTICE – 100 day blocks of focused development	
FOUNDATION STAGE	ADVANCED STAGE
Self-assessment of the FPF	Self-assessment of the FPF
	Self-assessment of the APF
2-5 practice based assessments (as defined by area of practice)	2-5 practice based assessments (as defined by area of practice)
I Peer Assessment	I Peer Assessment
1-3 clinical learning episodes (aligned to the RPS Knowledge Interface tool – Foundation stage)	1-3 clinical learning episodes (aligned to the RPS Knowledge Interface tool - advanced)
Reflective account	Reflective account
Portfolio review completed by an RPS Tutor/ Assessor – recommendation made if additional 100 day blocks to be completed	

3.3.3 RPS Peer Assessors

The key is consistency and having in place mechanisms to ensure and assure quality, consistency and performance. This requires the presence of an infrastructure for the training and continued support of accredited tutors, mentors and facilitators. RPS assessors include:

- I. RPS recognised workplace based tutors and facilitators (using, for example, accredited tutor training programmes).
- II. Affiliated Partners (practice based assessments/REPP) (with transparent QA processes)
- III. RPS Foundation and Faculty assessors (with transparent QA processes)
- IV. Accredited organisations: Foundation Schools, Foundation Training Providers, Faculty Training Providers

3.3.4 Recognition of milestones

Through RPS quality assured assessment processes, the RPS recognises advancement at significant milestones throughout a practitioner's career; through the award of:

- I. Certificate of Completion of Foundation Training
- II. Faculty membership: Advanced Stage One
- III. Faculty membership: Advanced Stage Two
- IV. Faculty membership: Advanced Stage Three - Fellow

In addition, we recognise the completion of Records of Expert Professional Practice (REPP) in various areas of practice through the award of a REPP certificate.

RPS professional recognition milestones are summarised in appendix 8.

Assessment and recognition of maintenance of practice and advancement are essential in providing assurance to patients and the public, the GPhC and employers that the profession is meeting the needs of the changing healthcare landscape.

3.3.4.1 What do patients and the public need assurance of?

Patients require assurance of consistency in the competency of pharmacy professionals with respect to medicines expertise.

It has been acknowledged by NHS England for example, that work-based education and training, coupled with access to RPS Foundation and Faculty systems, is an assurance of this²¹.

3.3.4.2 What does the regulator need assurance of?

Professional regulators have a duty to protect, promote and maintain the health, safety and wellbeing of members of the public by upholding standards and public trust in pharmacy. At the point of registration, the regulator can be sure of day one competence. Past day one, regulators seek guarantee/reassurance that knowledge, skills, experiences and behaviours have been maintained, updated and advanced in line with best available practice.

The sign of a mature profession is one that can lead with authority, develop and implement standards that support and share best practice, as well as support and develop those aspiring to best practice, whilst ensuring safety for patients and the public. This provides the regulator with assurance that such innovations and transformations in the way we treat patients keeps them safe, using the best available evidence and sharing the best expertise. Essentially, the regulator is reassured that patients and the public are safe in the care of the profession.

The GPhC have confirmed that Continuing Fitness to Practice (CFtP) (or revalidation) for registered pharmacy professionals will be introduced by 2018. RPS Professional Development Programmes align well with this and the RPS will ensure that Foundation and Faculty tools, support and processes continue to align with plans for revalidation of pharmacy professionals. See section 7 for further detail.

²¹ Transformation of seven day clinical pharmacy services in acute hospitals. NHS England, Office of the Chief Pharmaceutical Officer, London; September 2016

3.3.4.3 What do employers need assurance of?

The CQC regulates hospitals, GPs, ambulances and care homes, to ensure that these services meet fundamental standards of quality and safety. One such standard is Regulation 12 (2014) of the Health and Social Care Act 2008, which states that:

“persons providing treatment must have the qualifications, competence, skills and experience to do so safely”.

Foundation and Faculty credentials will provide assurance that Regulation 12, as well as Regulations 18 (Staffing) and Regulation 19 (fit and proper persons employed) are being met in a quality assured way.

Similarly, Principle 2 of the GPhC’s standards for registered pharmacies states that ‘Staff members, and anyone involved in providing pharmacy services, must be competent and empowered to safeguard the health, safety and wellbeing of patients and the public in all that they do.’

RPS Foundation and Faculty Assessments support employers to demonstrate their compliance with these regulations by providing a credential which is practical, consistent and proportionate, commensurate with the risk posed to patients within a quality driven workforce development support structure.

3.4 Support: RPS Mentors and RPS Tutors

Mentoring and tutoring has a positive impact across all areas of the profession including Foundation, Faculty, Research and Science.

The RPS has developed support tools, guidance, processes and systems to ensure that every RPS member has access to professional support and development opportunities across all sectors and career stages.

Alignment of these stages of core professional development to National Training Programmes, ensures that clinical training outcomes align with the needs of flexible working careers and environments (such as emerging roles in GP practice, urgent and emergency care and care homes).

The Pre-Foundation Programme will incorporate similar elements where appropriate, noting the role of the GPhC and Schools of Pharmacy during undergraduate and pre-registration training.

3.5 RPS Accreditation of Provider Organisations

As the professional leadership body for pharmacy, the Royal Pharmaceutical Society has a defined role in professional education as laid out in the Objects of our Royal Charter (see appendix 1). These include a role to support and develop high standards of education and training. The RPS believes that high quality initial and ongoing education, training and development should be available to all pharmacists across sectors at all stages of their careers in order to develop a workforce that is not only capable but also confident as leaders in healthcare. Further information about the RPS accreditation programme can be found in appendix 9.

3.6 RPS Governance: Professional Development Programmes

Quality in governance is fundamental to the effective operation of the RPS Faculty and Foundation Programmes. The RPS Faculty Board ensures that the programmes continually evolve in response to the environments within which from The Assembly as role separation between those who are setting and overseeing principles and standards (e.g. for assessments) and those undertaking the roles (e.g.: assessors). In addition, the RPS Faculty Board has delegated duties from The Assembly as well as oversight duties of the Panels that report to the Board. The governance structure of the RPS Faculty Board and Quality Assurance Panels is outlined in the Appendix 10. Members are appointed in line with the process outlined in the RPS Governance Handbook and are selected based on their experience.

4. National Training Programmes (NTPs)

With RPS Foundation and Faculty programmes of support, development, assessment and recognition in place, there is a need for formalised National Training Programmes (NTPs) and formal structures for education and development for career planning. The development and implementation of such programmes would remove the existing informal, *ad hoc* and opportunistic approach to advanced training and career progression. Instead replacing this with a structured, accredited, quality assured general and specialty training provision for clinical and non-clinical specialties in pharmacy practice.²¹

Such infrastructure will not be possible, nor will the capacity to deliver to scale across sectors, unless there is appropriate resourcing. RPS Affiliation brings together clinical, specialist and partner groups in pharmacy and provides the resource and expertise in the design of the development and governance of a national infrastructure framework for NTPs to operate within. This supports recognised training development for career pathways, accessible for colleagues in community and primary care as much as hospital and tertiary care settings. The NTP infrastructure will be dynamic, flexible and modular to allow the workforce to access and engage with training support in a similarly dynamic and flexible way. Funding models and ways to resource this will have to be established.

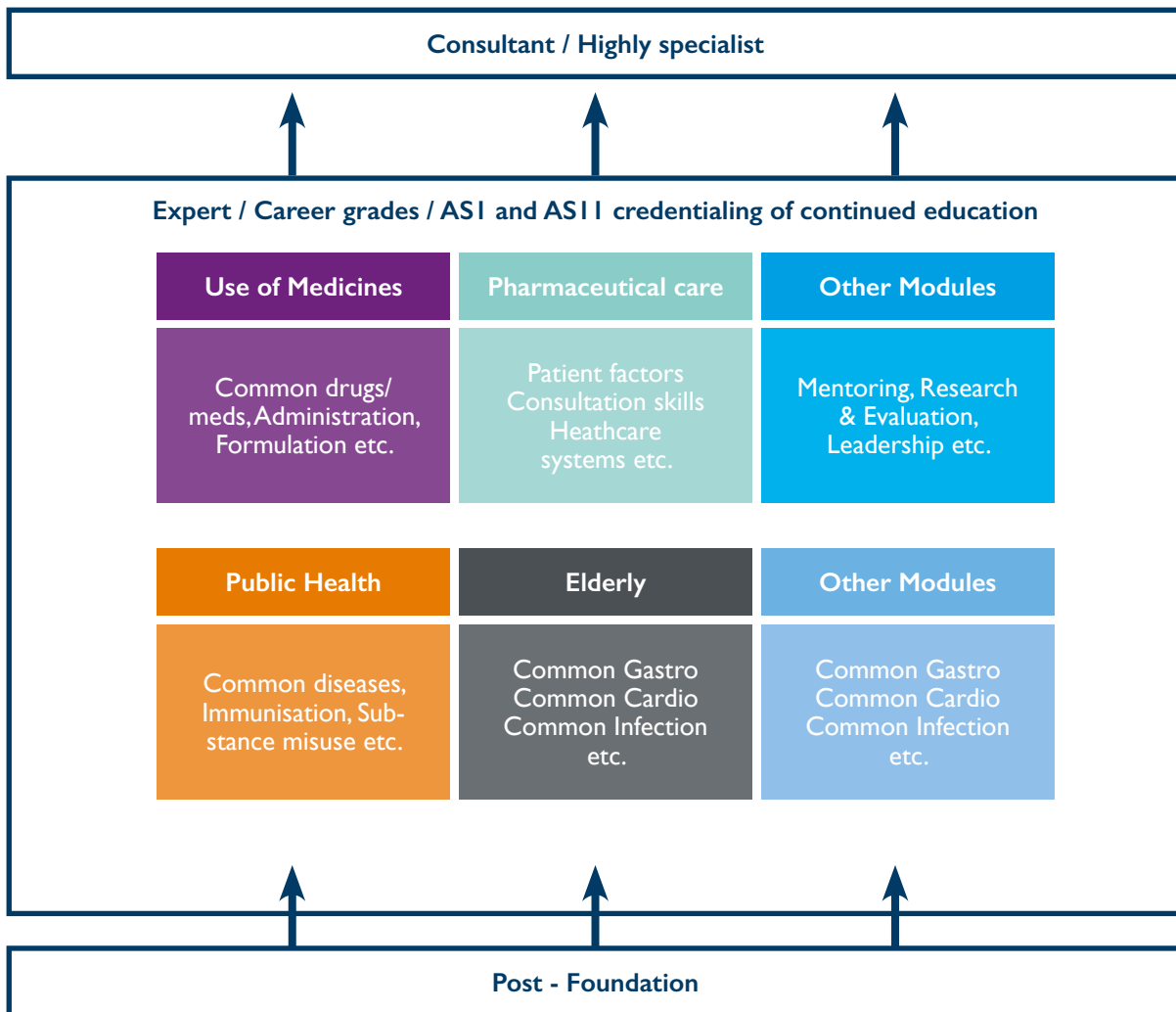
The RPS Affiliated Partners National Training Programmes (NTPs) will address pharmacy clinical training needs from post-foundation through advanced levels of career development up to Consultant level. Accredited credentials or certificates, quality assured by the RPS Affiliated Partners, will be earned by practitioners who have completed assessments linked to each component of the programme, and will align with assessments described in section 3.3 of this document.

Content of the NTPs will map to core advanced, and specialist professional knowledge bases, as described in the Knowledge Interface Tool²² (see section 3.2 of this document). Figure 4.1 shows an example of the general NTP infrastructure. Modular requirements for advancement will be defined through RPS Affiliated Partners, accredited provider organisations, and RPS Expert Groups and existing national providers across GB. It is a simple schematic of modules that could support the advancement, post foundation, to Consultant: generalist or specialist. This is not a complete map of NTP provision.

²² UK Clinical Pharmacy Association. The vision for national programmes of clinical training. 2016.

²³ KIT, the collective professional curricula and knowledge guides, are similarly developed and stewarded through the RPS Affiliated partners programme.

Figure 4.1 Example structure of NTP infrastructure;
a selection of modules which grouped together constitute a pathway



5. RPS Development Programmes and the GPhC

The GPhC are currently reviewing their requirements for Continuing Registration Assurance / Continuing Fitness to Practise to further assure the public that pharmacists (and pharmacy technicians) meet standards for safe and effective practice throughout their careers²³.

The activities they propose to provide assurance are:

- Annual renewal
- Undertaking and recording continuing professional development (CPD)
- A peer discussion
- A case study on a change to practice for the benefit of patients or service users

RPS Professional Development Programmes incorporate the above activities, through:

Formative assessments

Foundation assessments and assessments completed as a part of the REPP process provide peer review evidence of CPD that meets GPhC requirements

Summative assessments

Members' stages of practice are supported through RPS mentors, tutors and assessors with developing 6-12 pieces of evidence of continuous improvement each year

Over 2016, the RPS is conducting a pilot which aims to:

- I. provide the GPhC with assurance that both our Foundation and Faculty schemes meet their requirements for CPD and CfTP
- II. provide members with assurance that our Foundation and Faculty programmes cover their CPD requirements, and align with the requirements of Employers for their annual professional development
- III. provide members with a one-system annualised process for their professional development, advancement and CPD that's flexible enough to cross sectors and stages of development

²⁴ General Pharmaceutical Council. Continuing Fitness to Practise [Internet]. 2016. [cited 2016 May 2]. Available from: <https://www.pharmacyregulation.org/registration/continuing-fitness-practise#cfcp>

6. Summary and Recommendations

Key Questions for consideration (see section 1 of this document)

I	<p>How can we develop flexible and capable practitioners who can lead, negotiate, manage complexity and deliver change?</p> <p>See section 1. We recommend the use of all RPS frameworks and toolkits, as well as quality assured and aligned leadership training and development.</p>
II	<p>How can we describe clinical acumen, in the context of practitioner development?</p> <p>See sections 2 and 3. We recommend the use of the KIT, alongside all evidence of development to build the knowledge, skills, behaviours and experiences to demonstrate the end of Foundation Training and that these are continually used through the development of advanced practice.</p>
III	<p>What is a seamless transition from post foundation towards advanced practice, in terms of Knowledge, Skills, Experience, and Behaviours?</p> <p>See section 3. We recommend that the RPS Foundation Training Outcomes are incorporated into all Foundation training, is accredited, and that the Certificate of Completion of Foundation Training is the point of recognition for The commencement of Advanced Practice.</p> <p>Further work is being undertaken to investigate the interface between Foundation and Advanced Practice</p>
IV	<p>What do we mean by the designation and recognition of advanced practice?</p> <p>See section 3. We recommend adoption of the RPS Foundation Training Outcomes, alongside the descriptors for Advanced Stage I, II and Mastery of the Faculty.</p>
V	<p>What knowledge and skills are required to demonstrate advanced practice?</p> <p>See section 3. These will be defined in the KIT. This is an ongoing project that depends on contributions from all sectors of the profession to ensure the KIT covers all areas of practice.</p>
VI	<p>What are the assessments required for advancement vs the assessment of sustained practice? (Including Transition and induction into new roles, specialisms, sectors)</p> <p>See section 3. We recommend that the described assessment schedules are adopted, alongside the recommendations for maintenance of practice. We also recommend the above descriptors in section 3 are adopted by training providers and that the RPS guides for sectors and new roles are used alongside the guidance for professional development.</p>
VII	<p>How can we recognise the clinical acumen of practitioners who have not been through Foundation Training, and support the transformation of the workforce to meet the needs of patients?</p> <p>See section 3. We recommend practitioners initially undertake the described process for self-assessment against the FPF and APF to identify their stage of practice. Learning needs can then be identified, including periods of focused development (and associated assessments) and longer term advancement along the Roadmap.</p>

	<p>What types of assessment provide stakeholder assurance (to patients, GPhC, employers, the profession), that practitioners are performing consistently well?</p>
VIII	<p>See section 3. We recommend that the concept of formative and summative assessment and the specific assessment tools as defined by the Foundation and Faculty programmes are adopted as the gold standard of assessment. These have been validated in practice, ensure consistency of assessment approach and standards across all areas of practice and across GB and are recognised across healthcare professions. In addition, we recommend that (by working with specialists and experts) we can develop any further assessments for areas of practice that pose specific, identifiable risks (e.g.: radiopharmacy)</p>
	<p>Who can assess? When and how can we assure consistency of the assessment process?</p>
IX	<p>See section 3. We recommend that the application of RPS assessment principles and processes are applied to those providing education, training and development, including the use of RPS assessment tools. We recommend that the RPS assessment guidance alongside training of RPS assessors is applied to all development and training programmes to ensure consistency in approach. Further work will be undertaken to determine who (other than pharmacists) would be appropriate to act as assessors, for example assessing pharmacists in General Practice.</p>
	<p>How do RPS development programmes align to GPhC standards (at consultation phase)?</p>
X	<p>See section 3. This work will be reviewed again upon publication of final GPhC standards of Conduct and requirements for Continuing Fitness to Practise</p>

Implementation plans are described in a separate document.

7. Glossary of terms

TERM	RPS DEFINITION
Foundation Tutor	A pharmacist who has completed Foundation training (or has minimum of 3 years post registration experience, and knowledge of the Foundation Programme) who actively supports pharmacists working through the Foundation Programme. Foundation Tutors should meet the requirements for Tutors set out by the RPS and the local Foundation School.
Workplace facilitator	<p>The workplace facilitator provides support to pharmacists at a local level. They may perform workplace-based assessments with pharmacists, for Foundation pharmacists in particular when they are working in a different location to where the Foundation Tutor is based, or if the Foundation pharmacist is outside their normal department, area, or site.</p> <p>In large organisations with of a number of sites, offices or stores, there will often be a number of workplace facilitators supporting Foundation pharmacists for short periods in their various rotations or work environments. Workplace facilitators should work closely with Foundation Tutors and where appropriate provide feedback about the performance of individual Foundation pharmacists.</p> <p>Workplace facilitators may also be able to perform workplace-based assessments with advanced practitioners, as evidence for the Record of Expert Professional Practice (REPP) meeting, or as part of a National Training Programme.</p> <p>The workplace facilitator may be any pharmacist who has knowledge of the relevant professional development programme, and workplace-based learning and assessment.</p>
Peers	<p>Peers are colleagues, and other healthcare professionals that work alongside the Foundation pharmacist. Peers can also include patients. They may not always be based in the same workplace. They may be called to provide feedback on performance of pharmacists. Peers support and development is hugely important and positive during Foundation practice (and beyond).</p>
Mentor	A mentor is someone who offers support and guidance to their mentee. This can be achieved through a variety of approaches, ranging from informal through to formal. A mentor is often a peer or senior colleague, however ideally not the mentee's line manager. Mentoring contributes to the professional development of both the mentor and mentee, and allows practitioners to demonstrate competencies of the Foundation and Advanced Pharmacy Frameworks.
RPS Assessor	<p>An RPS assessor is an umbrella term for practitioners who meet the RPS requirements to undertake assessments on behalf of the RPS.</p> <p>Assessor types include:</p> <ul style="list-style-type: none"> • RPS CPD Assessor • RPS Faculty Assessor • RPS Foundation Assessor • RPS REPP Assessor
RPS CPD Assessor	An RPS CPD assessor reviews and provides feedback on a pharmacist's annual 6-12 portfolio entries. RPS CPD Assessors must meet the relevant criteria, including being post Foundation stage of practice, and having undergone RPS CPD Assessor Training.

TERM	RPS DEFINITION
RPS Faculty Assessor	<p>RPS trained for assessing full Faculty submissions. Essential Criteria:</p> <ul style="list-style-type: none"> • Must be RPS Faculty members, i.e. have successfully undertaken a Faculty assessment • Minimum ten years post registration experience • Experience in teaching/training others; attending/delivering lectures, seminars, conferences, participating in local/national networks, as demonstrated by credentialing at Stage II for ETD cluster and competency 4.5, Managing Performance • Undertaken any relevant post-graduate qualifications, e.g. Clinical Diploma; MSc, etc. • IT literate and have access to the internet as most documents will be sent via email. RPS Faculty assessors may be asked to provide electronic responses • Annual RPS Faculty assessor training completed to keep up to date with assessments and developments across the Faculty
RPS Foundation Assessor	RPS trained for assessing final Foundation assessments: full portfolio review and conduct face-to-face assessment.
RPS REPP Assessor	RPS trained for assessing REPP. REPP Assessors must be Faculty members or Fellows.
Assessment - Formative	<p>The monitoring of learning to provide ongoing feedback that can be used by instructors to improve their teaching and by students to improve their learning. More specifically, formative assessments:</p> <ul style="list-style-type: none"> • help students identify their strengths and weaknesses and target areas that need work\ • help recognise where students are struggling and address problems immediately <p>Formative assessments are generally low stakes, which means that they have low or no point value. In healthcare these are usually workplace based and are used to inform summative assessment</p>
Assessment - Summative	<p>The evaluation of learning at the end of an instructional unit by comparing it against some standard or benchmark. This can be an oral exam (akin to a viva) using a range of previously conducted formative assessments.</p> <p>Summative assessments are often high stakes, which means that they have a high point value. a paper Information from summative assessments can be used formatively when students or faculty use it to guide their efforts and activities in subsequent courses.</p>
Competence	A principle of professional practice, identifying the ability of the provider to administer safe and reliable care on a consistent basis. Not to be confused with competency
Competency	A skill or ability



ROYAL
PHARMACEUTICAL
SOCIETY



The Royal Pharmaceutical Society (RPS) is the professional body for pharmacists in Great Britain.

www.rpharms.com  [@rpharms](https://twitter.com/rpharms)  [Royal Pharmaceutical Society](https://www.linkedin.com/company/royal-pharmaceutical-society)

 [Royalpharmsoc](https://www.facebook.com/Royalpharmsoc)  blog.rpharms.com

Copyright© The Royal Pharmaceutical Society 2016. All rights reserved. This publication may not be redistributed or reproduced in whole or in part without the permission of the copyright holder.
