

ROYAL  
PHARMACEUTICAL  
SOCIETY

**The RPS  
Foundation Pharmacist  
Framework  
2019**





---

# Preface

Patients and the public in general expect high quality care from health professionals. They expect professionals to work together and to identify where improvements to outcomes and quality of care can be made, and to address those deficiencies effectively and efficiently. They also expect professionals to utilise public resources well and to maximise value obtained from those resources. A competent workforce is an essential pre-requisite for all health care professions.

Public and professional expectations of pharmacists are increasing, and training standards, curricula and assessments must keep pace with this. The capacity to improve therapeutic outcomes, patients' quality of life, scientific advancement and enhancement of our public health imperatives are dependent on a foundation of competence and continued development of practice. This revised version of the RPS Foundation Pharmacist Framework reflects the views of over 900 members of the public and profession to guide the development of newly registered pharmacists both now and over the next 5 years. It has been developed in partnership with stakeholders across all of the UK and is fully supported by the Pharmacy Education Governance Oversight Board.

The framework describes a Foundation Pharmacist upon successful completion of training. It will in turn inform a national syllabus, curricula and assessments. It is an important step in the path to developing UK wide Foundation Pharmacist training that is accessible to all new registrants and equips them with the necessary capabilities to practise confidently and competently across a range of clinical settings.



**PETER KOPELMAN**

Chair of Pharmacy Education  
Governance Oversight Board  
Chair of RPS Faculty and Education Board



**GAIL FLEMING**

RPS Director of Education  
and Professional Development

---

# 1 Introduction

This document sets out how the RPS Foundation Pharmacist Framework has been developed, how it can be used and by whom and how it fits into a broader career pathway developing from the point of registration through to advanced and consultant/ leadership roles.

---

## WHAT IS THE RPS FOUNDATION PHARMACIST FRAMEWORK?

The RPS Foundation Pharmacist Framework has been produced from a study of the current and future roles (next 5 years) of foundation pharmacists across the United Kingdom. The outputs of this role analysis project have informed the creation of a RPS Foundation Pharmacist Framework which describes the desired outcome product of foundation pharmacist training. This is intended to underpin the development of future curriculum, syllabus and assessment for foundation pharmacists across the UK.

---

## WHAT IS FOUNDATION PHARMACIST TRAINING?

Foundation training supports the early career pharmacist by adopting a structured work-based approach to embed the knowledge, skills, abilities, values, attitudes and beliefs in their practice that leads to early, effective and persistent behavioural change. Such practitioners are more confident in adopting extended clinical roles and more adaptable in working across sectors.

While foundation training for early career pharmacists is not new, its availability across the UK has been very limited. As the demand for pharmacists with enhanced clinical skills has increased, there is a need to provide consistent and improved access to foundation training as an efficient and effective means of up-skilling the pharmacy workforce, particularly early career pharmacists.

Foundation Pharmacist training describes a structured approach to the training of pharmacists within their early period of registration, generally the first 2 years. The duration is not fixed and will vary depending on the individual and their circumstances. It is designed to support newly registered pharmacists who fulfil the regulatory initial education and training standards for practice and develop their capability to provide more complex care as part of a multi-professional team. The key components of a foundation training programme are:

- Nationally defined standards and curriculum;
- It is work based;
- Evidence-based entry criteria onto the programme;
- Appropriate educational governance including quality management and assurance;
- A teaching and learning strategy that includes:
  - Induction,
  - High quality clinical and educational supervision,
  - Appropriate IT and learning resources,
  - Access to training materials and teaching,
  - Appropriate work place experience ideally in a range of settings;
- An assessment strategy that assures the public that standards have been achieved and includes national standardised assessments;
- Flexibility to support those working across a range of sectors or with a portfolio of roles;
- It supports a step off/ step on approach e.g. for pharmacists taking parental leave or focusing on full time research for a period of time.

---

#### THE NEW RPS FOUNDATION PHARMACIST FRAMEWORK SUPPORTS A UK-RECOGNISED TRAINING PROGRAMME THAT:

- **Meets service demand and improves patient care;**
- **Has nationally agreed standards and outcomes to assure patient safety;**
- **Provides the key features of high-quality training for all;**
- **Produces pharmacists fit for future practice:** pharmacists are now practising very differently to traditional roles. They need additional skills such as enhanced consultation, diagnostic, clinical examination and digital literacy skills. They need to be adept at acquiring new knowledge underpinned by science and use that knowledge in a logical manner, including the ability to assess data in a reliable manner and use it to enhance the delivery of care;
- **Creates pharmacists with the knowledge, skills and behaviours to work flexibly across sectors:** pharmacists are currently siloed into singular sectors of practice; the profession needs more agile and flexible practitioners;
- **Trains sufficient numbers of pharmacists;** ideally a proactive rather than reactive training model;
- **Adequately resources training for significant numbers of pharmacists;**
- **Facilitates multidisciplinary learning and training;**
- **Deploys appropriate quality control, quality management and quality assurance.**

## 2 Development of the Framework

A multi-method role analysis was carried out to identify the attributes associated with the successful performance of a foundation pharmacist. This consisted of a desk top review, interviews and focus groups with relevant stakeholders and a validation questionnaire that asked respondents to rate the importance of the attributes identified. Overall, approximately 900 individuals participated in the role analysis, providing a wide range of perspectives (e.g. senior stakeholders, foundation pharmacists and employers).

Through analysis of the data, **nine attributes were identified**, each represented by a number of behavioural descriptors. Following the subsequent phases of the methodology and stakeholder consultation, the nine attributes are; Applying Clinical Knowledge & Skills,

Professional Accountability, Evidenced-Informed Decision Making, Person-Centred Care, Communication & Consultation Skills, Collaborative Working, Leadership and Management, Education, Research and Evaluation and Resilience and Adaptability.

A mapping exercise compared the attributes identified within the framework with the attributes and characteristics identified and documented within existing materials (e.g. Advanced Pharmacy Framework). **The results of the mapping showed good level of alignment with the existing materials.** This suggests that the foundation pharmacist attributes framework is inclusive of previously defined characteristics and in some instances adds further depth and description by presenting the information with a greater degree of granularity.

The framework has been designed to dovetail with the Advanced Pharmacy Framework; this supports seamless career development through foundation to advanced and consultant practice.



# 1

## Applying clinical knowledge and skills

**Applies clinical knowledge and skills within their role and seeks to develop clinical skills across multiple sectors. Uses knowledge to support the multi-disciplinary team, individual and population, in relation to medicines usage and management.**

- 1.1 Applies evidence-based clinical knowledge to make suitable recommendations or take appropriate actions.
- 1.2 Provides the multidisciplinary team with information and education, for example, on clinical, legal and governance aspects of medicines.
- 1.3 Has an awareness of the range of clinical, medicines-related and public health activities offered by a pharmacist across all sectors; seeks out opportunities to deliver different services in practice.
- 1.4 Proficient in conducting patient clinical examinations and assessments, gathering information and history taking; seeks to develop own diagnostic skills.
- 1.5 Demonstrates the capabilities to become an independent prescriber; identifies the knowledge and skills required to achieve this.
- 1.6 Uses own pharmaceutical knowledge to positively impact the usage and stewardship of medicines at an individual and population level.
- 1.7 Undertakes a holistic clinical review of a person's medicines to ensure they are appropriate.

# 2

## Person-centred care

**Keeps the individual who is receiving care at the centre of everything they do. Demonstrates empathy and views each person as an individual.**

- 2.1 Keeps the individual at the centre of their approach to care at all times.
- 2.2 Works in partnership with individuals; viewing each individual receiving care as unique, seeking to understand the physical, psychological and social aspects for that person.
- 2.3 Demonstrates empathy; seeking to understand a situation from the perspective of each individual.
- 2.4 Engages on an individual basis with the person receiving care, remains open to what an individual might share.
- 2.5 Supports and facilitates the seamless continuity of care for each individual.

# 3

## Evidence-informed decision-making

**Draws upon and critically appraises the appropriate information to inform decision-making, managing any uncertainty or risk appropriately. Understands the value that data can have, drawing upon this where necessary to drive care and improve outcomes.**

- 3.1 Draws upon own knowledge and up-to-date guidance to effectively make decisions appropriately and with confidence.
- 3.2 Critically appraises appropriate information to make a decision in an efficient and systematic manner; adopts evidence-informed solutions.
- 3.3 Demonstrates awareness of where to seek appropriate information to solve problems and make decisions.
- 3.4 Asks the appropriate questions when engaging with other healthcare professionals to support own decision-making process.
- 3.5 Manages uncertainty and possible risk appropriately, while ensuring high attention to detail is maintained when making decisions regarding the individual receiving care.
- 3.6 Demonstrates an understanding that data can support improving care; values the importance of the skills required for the interpretation, analysis and the effective use of data within clinical practice; considers how to use data to improve the outcomes for individuals.
- 3.7 Takes the cost-effectiveness of a decision into account where necessary, working to the appropriate formulary.

# 4

## Leadership and management

**Is enthusiastic and acts as a role model within the profession, seeking to promote pharmacy services. Recognises opportunities for change and innovation within the pharmacy profession, seeking to promote these and improve working practices.**

- 4.1 Acts as a role model, mentoring and leading others within the multidisciplinary team, where appropriate.
- 4.2 Communicates vision and goals to the broader team to support with achieving group tasks.
- 4.3 Approaches the role with enthusiasm, seeks to demonstrate and promote the value of pharmacy across other healthcare professionals; educates the public about the role of the pharmacy team within individual healthcare management.
- 4.4 Is open to new approaches and ways of completing work tasks; shares own innovative ideas to improve working practices, both internally and externally.
- 4.5 Appropriately challenges others to consider new ideas and approaches to improve the quality of care, doing so in a confident manner.
- 4.6 Critically analyses business needs; is mindful of commercial aspects within the pharmacy context; seeks to promote new pharmacy services.
- 4.7 Draws upon own networks to understand how the pharmacy profession operates among different sectors and across the care pathway.
- 4.8 Recognises the changes to and the opportunities within the future role of pharmacists, modifying own approach when required.

# 5

## Collaborative working

**Values and supports others across the multi-disciplinary team to promote positive patient outcomes. Uses own expertise to support the team while drawing on the expertise and knowledge of others where appropriate.**

- 5.1 Builds strong relationships across the multidisciplinary team; works in partnership to promote positive outcomes.
- 5.2 Seeks feedback from colleagues where appropriate; is receptive to information or advice given to them by others.
- 5.3 Recognises the value of members of the multidisciplinary team across the whole care pathway, drawing on those both present and virtually, to develop breadth of skills and support own practice.
- 5.4 Works with other members of the multidisciplinary team to support them in the safe use of medicines and to meet the individual needs of those receiving care; effectively influences the decision-making process across the team regarding medicines, where appropriate.
- 5.5 Delegates and refers appropriately to members of the multidisciplinary team, demonstrating an awareness of and using the expertise and knowledge of others.
- 5.6 Effectively uses own expertise to provide guidance, support or supervision for less experienced members of the multidisciplinary team.

# 6

## Communication and consultation skills

**Uses appropriate interpersonal skills to build relationships and influence others. Assimilates and communicates information effectively through different mediums. Uses language to create environments to promote positive healthcare outcomes.**

- 6.1 Demonstrates confidence in speaking to healthcare professionals across the multidisciplinary team; seeking to use appropriate language to influence others.
- 6.2 Assimilates and communicates information clearly and calmly through different mediums, including face to face, written and virtual; tailors messages depending on the audience; is able to respond appropriately to questions.
- 6.3 Builds rapport with colleagues and individuals receiving care.
- 6.4 Demonstrates active listening skills, identifies non-verbal cues in others.
- 6.5 Uses effective questioning when working with individuals receiving care or other healthcare professionals.
- 6.6 Consults with individuals through open conversation; creates an environment to support shared-decision making around personal healthcare outcomes.
- 6.7 Uses appropriate language to engage with the individual; empowers the individual through communication and consultation skills, supporting them in making changes to their health behaviour.
- 6.8 Adapts language to provide support in challenging situations.

# 7

## Professional accountability

**Is open and honest in relation to their own actions and those of others. Seeks to ensure the safe use of medicines. Recognises and works within their own boundaries of competence. Ensures everyone is treated with dignity and respect.**

- 7.1 Actively practises honesty and integrity in all that they do; upholds a duty of candour.
- 7.2 Is accountable and responsible for own decisions and actions, understanding the potential consequences of these decisions across the whole care pathway.
- 7.3 Effectively identifies and raises concerns regarding patient safety and risk management.
- 7.4 Proactively recognises and corrects the overuse of medicines.
- 7.5 Works safely within own level of competence, understanding the importance of working within this; knows when it is appropriate to escalate a situation.
- 7.6 Treats others as equals, with dignity and respect, supporting them regardless of individual circumstance or background; seeks to promote this.
- 7.7 Values the quality and safety of the use of medicines as of the utmost importance; seeks to improve this routinely.
- 7.8 Works within ethical guidelines and legal frameworks, including consent and confidentiality; seeks to gain permission from the individual before accessing confidential records where necessary.

# 8

## Education, research and evaluation

**Seeks to develop personally through proactively identifying learning opportunities, including research and medicines innovations. Demonstrates self-awareness, while seeking and taking on board feedback from others to set own objectives.**

- 8.1 Demonstrates a positive attitude to development within the role; has a desire and motivation to try new things.
- 8.2 Proactively seeks to find learning opportunities within the day-to-day role; asks to take part in learning activities.
- 8.3 Uses learning experiences to support own practice.
- 8.4 Seeks to be involved in research activities; actively disseminates outcomes to appropriate audiences.
- 8.5 Sets personal objectives, developing own plan for achieving these in order to maintain knowledge base and identify potential innovations in medicine and practice development; evaluates own success in achieving these objectives.
- 8.6 Demonstrates a commitment to the importance of self-development throughout own career; undertaking personal reflection regularly to consider personal strengths, areas for development and potential barriers to achieving these.
- 8.7 Seeks and is open to receiving feedback, taking this on board to make changes to own practice.

# 9

## Resilience and adaptability

**Demonstrates flexibility and perseverance by effectively managing challenging or unfamiliar situations; is open to seeking support from others. Is aware of the impact that a situation may have on themselves and others.**

- 9.1 Develops and draws upon support network to provide resources to deal with challenging situations; is open to seeking support.
- 9.2 Demonstrates self-awareness and emotional intelligence within the role, reflects on and understands the impact a situation may have on one's own resources.
- 9.3 Remains composed in situations involving the individual receiving care, or involving colleagues, even in challenging or high-pressured situations.
- 9.4 Effectively and efficiently manages multiple priorities; manages own time and workload calmly, demonstrating resilience.
- 9.5 Maintains accuracy when in a challenging situation, completing tasks in an efficient and safe way.
- 9.6 Works flexibly within unfamiliar environments; is able to adapt and work effectively across different sectors within the pharmacy profession by applying previous learning to new settings.

---

## 3 Application of the framework

The RPS Foundation Pharmacist Framework will be used as the focus for development of a UK foundation pharmacist curriculum. The curriculum will place patient safety at its heart and define the expected knowledge, levels of performance as well as breadth of experience required to meet the learning outcomes for Foundation Training. The curriculum will be designed for training providers to develop the knowledge, skills and behaviours for pharmacists, so they demonstrate the attributes defined in the RPS Foundation Pharmacist Framework. This will be assessed via a national assessment methodology. A UK team will work together to utilise existing curricula and to identify existing good practice in curriculum development. A new UK curriculum will inform the design and delivery of future foundation programmes across the UK.

The RPS Foundation Pharmacist Framework can be used by education and training providers, employers and commissioners as well as individual practitioners.

### **It supports individual practitioners by:**

- Facilitating continuing professional development—seamless transition to the Advanced Pharmacy Framework;
- Helping identify gaps in knowledge and skills and identify training and development needs;
- Demonstrating requirements for service delivery.

### **It supports employers by:**

- Acting as an aid for appraisals and setting personal development plans;
- Providing opportunities for individual employers in a geographical area to work collaboratively to deliver training for their staff;
- Providing support for the recruitment and induction process.

### **It supports education and training providers in:**

- Providing training linked to service provision;
- Providing the link between training and practice;
- Underpinning competency led postgraduate training modules or content.

Each of the 4 UK nations will have its own plans for the provision of Foundation Pharmacist training. However, the value of a UK approach is recognised and there will be collaborative working to ensure alignment. The planning and delivery of a UK approach is supported by all 4 UK Chief Pharmaceutical Officers and will be overseen and steered by the Pharmacy Education Governance Oversight Board (EGOB).

---

## 4 Using the Framework to inform selection as well as training

As part of the role analysis project, respondents were asked about the importance of each attribute at the point of entry to foundation training as well as during training. This can help to determine the relative focus on each attribute at the point of entry versus during training. The responses suggest that there should be a focus on the Professional Accountability indicator at the point of entry to training although further development in this area must continue to be supported throughout the foundation training pathway.

---

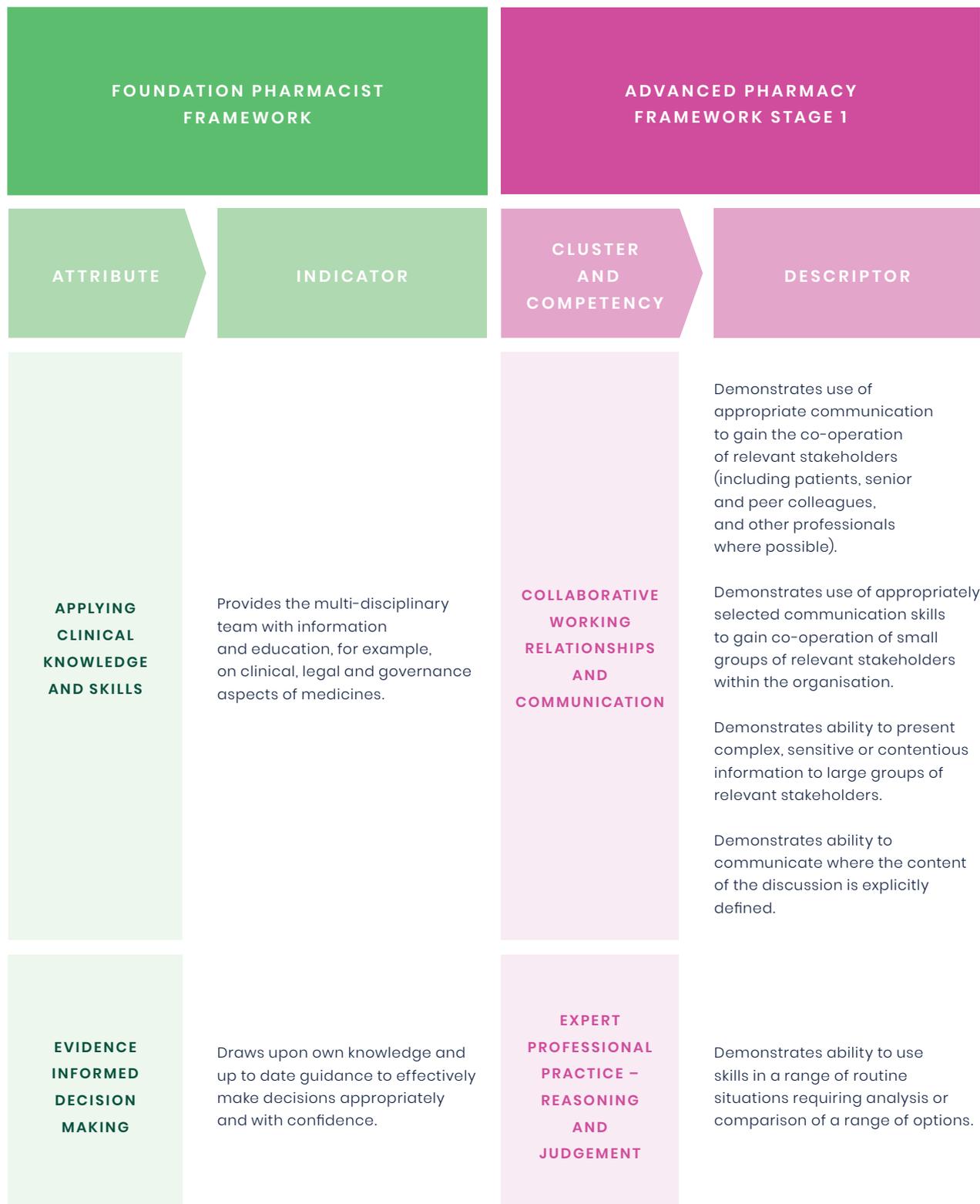
## 5 A continuum of development: the golden thread

The ambition is to have professional development frameworks that demonstrate how various capabilities should develop over the course of a pharmacist's career. Using common attribute headings but describing how these become increasingly complex at each stage will support pharmacists, their employers and educators to plan appropriate roles and development activities. The framework has also been mapped to the GPhC Professional Standards as an assurance that these are a baseline requirement for all pharmacists, but the context and application becomes more complex at different career stages.

The Advanced Pharmacy Framework was produced in 2013 and the new RPS Foundation Pharmacist Framework aims to support the development of pharmacists for roles in 2023/24. As a result, we now see some indicators set out in Advanced Stage 1 that are reflected in the new RPS Foundation Pharmacist Framework. Examples are set out in the box below. This is entirely expected and reflects the increasing complexity of the pharmacist's role at all levels and a need to upskill and meet those service requirements as well as future developments.

This RPS Foundation Pharmacist Framework supports the early years of practice and offers a seamless interface with the Advanced Pharmacy Framework. As practice develops, we anticipate seeing further elements of current advanced practice becoming standard within the foundation years.

# Examples of overlap between the new RPS Foundation Pharmacist Framework and Advanced Pharmacy Framework Stage 1



# The Continuum of Practice

FOUNDATION	ADVANCED	CONSULTANT
APPLYING CLINICAL KNOWLEDGE AND SKILLS	EXPERT PROFESSIONAL PRACTICE	EXPERT PROFESSIONAL PRACTICE
PERSON CENTRED CARE		
EVIDENCE INFORMED DECISION MAKING		
COMMUNICATION AND CONSULTATION SKILLS	COLLABORATIVE WORKING RELATIONSHIPS	COLLABORATIVE WORKING RELATIONSHIPS
COLLABORATIVE WORKING		
LEADERSHIP AND MANAGEMENT	LEADERSHIP	LEADERSHIP
	MANAGEMENT	MANAGEMENT
EDUCATION, RESEARCH AND EVALUATION	EDUCATION, TRAINING AND DEVELOPMENT	EDUCATION, TRAINING AND DEVELOPMENT
	RESEARCH AND EVALUATION	RESEARCH AND EVALUATION
RESILIENCE AND ADAPTABILITY		
PROFESSIONAL ACCOUNTABILITY		
GPHC PROFESSIONAL STANDARDS		

---

## 6 Foundation pharmacist role analysis framework

### Glossary

**Care pathway:** In this foundation pharmacist role analysis framework this phrase has been used in a generic sense to refer to 'the route that a patient will take from their first contact with an NHS member of staff ...to the completion of their treatment'.<sup>1</sup>

**Cost-effectiveness:** 'Taking resources and value for money into account when making clinical decisions'.<sup>2</sup>

**Duty of candour** 'The legal duty to be open and honest when things go wrong'.<sup>3</sup>

**Emotional intelligence** 'The ability to understand the way people feel and react and to use this skill to make good judgments and to avoid or solve problems'.<sup>4</sup>

**Evidence-based** 'Evidence-based practice (EBP) requires that decisions about health care are based on the best available, current, valid and relevant evidence.'<sup>5</sup>

**Evidence-informed:** 'Evidence-informed is used often these days and is the "catch-phrase" of choice as it appears to provide more flexibility regarding the nature of the evidence and its use, i.e., it implies that many different levels of evidence and types of evidence [...] are needed and used to support decisions in clinical practice. Many people believe that "Evidence-informed practice extends beyond the early definitions of evidenced-based practice."<sup>6</sup>

**Governance:** 'Clinical governance is the system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which clinical excellence will flourish.'<sup>7</sup>

**Holistic clinical review:** A clinical review relating to the patient's 'physical, psychological, spiritual and social needs'.<sup>8</sup>

**Multidisciplinary team:** For the purposes of this foundation pharmacist role analysis framework the word 'multidisciplinary' has been used to refer to the wider pharmacy team, as well as to non-pharmacy healthcare professionals, for example, nursing, medical and other allied professions.

**Risk management:** 'Early identification of risks and potential issues is important, so they are recognised, acknowledged and mitigated where possible.'<sup>9</sup>

**Stewardship of medicines** "An organisational or healthcare-system-wide approach to promoting and monitoring judicious use of [medicines] to preserve their future effectiveness'.<sup>10</sup>

---

## 7 Reference

- 1 Department of Health. Patient pathways. [online] [https://webarchive.nationalarchives.gov.uk/+http://www.dh.gov.uk/en/Healthcare/Primarycare/Treatmentcentres/DH\\_4097263](https://webarchive.nationalarchives.gov.uk/+http://www.dh.gov.uk/en/Healthcare/Primarycare/Treatmentcentres/DH_4097263)
- 2 National Institute for Health and Care Excellence. The guidelines manual - assessing cost effectiveness [online] <https://www.nice.org.uk/process/pmg6/chapter/assessing-cost-effectiveness>
- 3 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20. <https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-20-duty-candour>
- 4 Cambridge Dictionary. <https://dictionary.cambridge.org/dictionary/english/emotional-intelligence>
- 5 Dawes M, Summerskill W, Glasziou P et al (2005). Sicily statement on evidence-based practice. BMC Medical Education 5(1) 1-7. <https://bmcmmededuc.biomedcentral.com/articles/10.1186/1472-6920-5-1>
- 6 LoBiondo-Wood G, Haber C, Cameron C, Singh M (2013). Nursing research in Canada: methods, critical appraisal, and utilization. 3rd ed. Toronto, ON; Elsevier, cited in: [https://www.researchgate.net/publication/260793333\\_Evidence-based\\_Practice\\_vs\\_Evidence-informed\\_Practice\\_What's\\_the\\_Difference](https://www.researchgate.net/publication/260793333_Evidence-based_Practice_vs_Evidence-informed_Practice_What's_the_Difference)
- 7 Gov.uk. Clinical governance. [online] <https://www.gov.uk/government/publications/newborn-hearing-screening-programme-nhsp-operational-guidance/4-clinical-governance>
- 8 Hull University Teaching Hospitals. What is a holistic needs assessment? [online] <https://www.hey.nhs.uk/patient-leaflet/holistic-needs-assessment/>
- 9 NHS Improvement. Issue and risk management. [online]. <https://improvement.nhs.uk/resources/issue-and-risk-management/>
- 10 National Institute for Health and Care Excellence. Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use. August 2015. <https://www.nice.org.uk/guidance/ng15/chapter/1-Recommendations>

*All web links accessed 12 July 2019.*

---

# Acknowledgements

We are grateful to Health Education England for funding the Foundation Pharmacist Role Analysis project which produced the evidence to underpin this framework. The Role Analysis project was undertaken by the Work Psychology Group. The project outputs were reviewed and supported by the Pharmacy Education Governance Oversight Board

## **Foundation Pharmacist Role Analysis Steering Group**

- Helen Chang, *Royal Pharmaceutical Society*
- Chris Cutts, *Health Education England*
- David Evans, *Association of Independent Multiple Pharmacy*
- Charlotte Flaxman, *Work Psychology Group*
- Gail Fleming, *Royal Pharmaceutical Society*
- Kath Hodgson, *Health Education and Improvement Wales*
- Sam Jee, *Health Education England*
- Fiona McMillan, *NHS Education for Scotland*
- Aamer Safdar, *Guys and St Thomas NHS Trust*
- Raminder Sihotra, *Boots UK*
- Graham Stretch, *Argyle Health*
- Emma-Louise Rowe, *Work Psychology Group*
- Anne Watson, *NHS Education for Scotland*

In addition to Steering Group members we would like to thank the following individuals for their input into the production of this document:

- Colin Adair, *Northern Ireland Centre for Pharmacy Learning and Development*
- Margaret Allan, *Health Education and Improvement Wales*
- Trevor Beswick, *Health Education England*
- Rosalynne Cheeseman, *Health Education England*
- Duncan Craig, *University College London / Pharmacy Schools Council*
- David Gibson, *Health Education England*
- Nick Haddington, *University of Bath/ Pharmacy Schools Council Postgraduate Task Group*
- Mike Hodgins, *Health Education England*
- Peter Kopelman, *Education Governance Oversight Board/ Royal Pharmaceutical Society*
- Aisha Majothi, *Health Education England*
- Lindsay Morgan, *University of East Anglia*
- Joseph Oakley, *Royal Pharmaceutical Society*
- Laura O'Loan, *Northern Ireland Centre for Pharmacy Learning and Development*
- Vicky Richmond, *South London and Maudsley NHS Foundation Trust*
- Matthew Shaw, *Centre for Postgraduate Pharmacy Education*
- Maria Staines, *Darent Valley Hospital*

And we would like to thank the 896 individuals representing the pharmacy profession, healthcare professionals and others that work with foundation pharmacists, policy makers and the public for their invaluable contribution to the role analysis without whom this framework could not have been produced.



**ROYAL  
PHARMACEUTICAL  
SOCIETY**

