ROYAL PHARMACEUTICAL SOCIETY

Post-registration Foundation Pharmacist Curriculum

Contents

FOREWORD 4

FOREWORD (CONT.) 5

ACKNOWLEDGMENTS 6

KEY CURRICULUM DEFINITIONS 7

1. INTRODUCTION 9

1.1 How can different stakeholders use this document? 11

1.2 What are the proposed roles and responsibilities of different stakeholders in this curriculum? 11

1.3 How was this curriculum developed and how will it be governed? 12

2. CURRICULUM PURPOSE 13

2.1 How is the curriculum aligned to services and patient need? 13

2.2 What is the scope of practice of a pharmacist who completes this curriculum? 13

2.3 How does this curriculum fit in with the wider education and professional development pathway for pharmacists? 15

3. THE PROGRAMME OF LEARNING 17

3.1 Capabilities, outcomes and descriptors 19

3.2 How does the curriculum support safe prescribing practice? 37

3.3 What core clinical assessment skills are included? 37

3.4 How will we ensure the curriculum learning content is inclusive? 38

4. EDUCATION & TRAINING PROVISION 39

4.1 How can training against the curriculum be delivered? 39

4.2 What types of experience should any training include? 41

4.3 What supervision and support structures should be in place to support learning? 42

4.3.1 Educational supervisors 44

4.3.2 Designated prescribing practitioners 45

4.3.3 Practice supervisors 46

4.4 What types of learning should training programmes include? 46

4.4.1 Work-based learning 46

4.4.2 Self-directed learning 47

4.4.3 Learning with others 47

4.4.4 Formal learning 47

Contents (Cont.)

5. THE PROGRAMME OF ASSESSMENT 48

5.1 What is the purpose of the programme of assessment? 48

5.2 How will the model for delivering training influence final assessment? 48

5.3 What is programmatic assessment? 50

5.4 What is a supervised learning event? 51

5.5 What supervised learning event tools need to be available to assess learners in practice on the e-portfolio? 52

5.6 What other evidence types can be used in addition to supervised learning events? 53

5.7 What are the evidence requirements for the final RPS assessment? 53

5.8 Is there a requirement for reflective practice? 54

5.9 What are the outcome stakes ratings and what do these mean in terms of evidence requirements? 54

5.10 What does an e-portfolio solution need to include? 54

5.11 What is the process for deciding an individual has met the curriculum requirements? 55

5.12 Assessment blueprint 56

5.13 How should pharmacists receive high quality feedback during programmes? 61

5.14 How does the final credentialing assessment work? 63

5.15 How is the final credentialing assessment to be quality assured? 65

5.16 How do we ensure the final credentialing assessment will be inclusive and any potential bias will be mitigated? 66

6. APPENDICES 67

6.1 Learners requiring additional support 67

7. BIBLIOGRAPHY 69

Foreword

Pharmacy practice has continued to evolve in recent years and the development of clinical healthcare services to patients in the UK has created additional and higher expectations of pharmacy professionals. This has become even clearer during the covid-19 pandemic in which pharmacy has played a major role in meeting service and patient needs.

This curriculum has been designed to support early post-registration pharmacists to grow from meeting the initial standards of education and training through to being confident practitioners who can provide increasingly complex care. It represents a pharmacist's first step in their post-registration professional development journey; it has been structured to provide a spiral post-registration continuum, developing pharmacists to move seamlessly to advanced and consultant levels of practice. The core clinical and non-clinical capabilities have been designed to engender a more flexible and portable pharmacy workforce and align to those used in other professions.

The curriculum outcomes have been drawn from the attributes that the wider profession has previously told us that pharmacists of the future will need.

We recognise that the profession is in a period of transition as the GPhC Initial Education and Training Standards are introduced. By 2025/6 all new registrants will be independent prescribers and this curriculum will need to evolve and change again to keep pace with that. We see this curriculum as being a bridge that will support new registrants, employers and training providers to plan early post registration development programmes over the next five years.

I would like to take this opportunity to thank the large numbers of people from across and beyond the profession who have contributed to the production of this curriculum. I would also like to thank members of the RPS Action in Belonging, Culture and Diversity (ABCD) group for their input into our Equality Impact Assessment to ensure that this curriculum is relevant and accessible to all. Together we are pharmacy.

Gail Fleming
Director of Education and Professional Development
Royal Pharmaceutical Society

Foreword (Cont.)

A rapidly changing landscape of healthcare practice increasingly spotlights the professional expertise of pharmacists at the forefront of patient care. 'How' pharmacy colleagues deliver care continues to evolve, reflected in the expansion of an increasing use of technology to enable independent prescribing, frontline consultations and assessment of patients' needs and enhanced scopes of practice through to Consultant level. 'Where' that care is delivered is equally complex and challenging, spanning community, primary care and secondary hospital care. 'Who' that care is delivered to reflects not just the expectations of patients but the recognition of pharmacists as key, expert colleagues by other health professionals, critical to the function of multiprofessional health care teams.

With an exciting vision for pharmacy education and professional practice, it is timely that the RPS has undertaken an ambitious, forward thinking review of both curriculum and assessment standards. Ensuring that the assessment of competence keeps pace with current (and future) healthcare and education practice has been our cornerstone, focusing on achieving excellence in pharmacy education that is linked to high quality impacts for learners, practitioners, regulators and most importantly, patients. Central to this has been a spotlight on authenticity, ensuring that assessment meets the needs of learners and supervisors, reflecting everyday practice across a range of environments and the core knowledge, skills and behaviours needed to achieve this.

The complexity of professional pharmacy practice (the 'how, where and who') has demanded an approach that recognises the different routes of training and sectors that post-registration pharmacists work in. To this end, drawing on the principles of programmatic assessment has enabled a highly flexible route to assessment, with a focus not on individual 'assessment tools' but on the value of collecting evidence alongside day-day practice, receiving and acting on high quality feedback and an overall assessment decision based on a review of this evidence against clearly defined outcomes. An exciting future beckons in 'assessing assessment' and sharing research findings, lessons, outcomes and expertise from this new approach with the wider Health Professions Education community.

Whilst educational 'principles and processes' have been critical to the RPS programme of assessment, the heart of the review has been its 'people'. Developing and signposting an assessment culture that recognises and advances high quality, post registration pharmacy practice was a challenging ambition, and the scale of stakeholders across wider healthcare was equally complex. However, the wealth of talent in pharmacy practice and education (from all four nations, sectors of practice and regulatory bodies) who contributed to this review has been a group I have been proud and privileged to work with. A hallmark has been very much the vision and philosophy of community, creativity and collegiality in educational development. My final note of appreciation rests with those who will be critical to the success of this programme - junior pharmacy colleague representatives who have contributed so much to the design of this RPS programme of assessment.

Professor Richard Fuller
Deputy Dean; Professor of Medical Education;
Honorary Consultant Stroke Physician
School of Medicine, University of Liverpool

Acknowledgments

The Royal Pharmaceutical Society would like to thank our Royal College partners for sharing their learning and reflections on best practice in clinical curriculum development, with

special thanks to:

- The Royal College of General Practitioners
- The Royal College of Paediatrics and Child Health
- The Joint Royal Colleges of Physicians Training Board

We would also like to recognise the significant input from the RPS post-registration foundation curriculum, assessment and prescribing groups who have provided input and expertise, and helped shape this curriculum:

- Simon Badcott
- Darrel Baker
- Heather Bell
- Juliette Becuwe
- Ian Cubbin
- Damian Day
- Kelsey Drummond
- David Evans
- Richard Fuller
- David Gibson
- Kat Hall
- Lloyd Hambridge
- Kath Hodgson
- Parbir Jagpal
- Cecilia Livermore
- Emma Llewellyn
- Helga Mangion
- Ricarda Micallef
- Fiona McMillan
- Gareth Nickless
- Laura O'Loan
- Katie Reygate
- Debra Roberts
- Susan Roberts
- Gordon Rushworth
- Jennifer Silverthorne
- Roberta Tasker
- Hannah White
- Daniel Young

Key curriculum definitions

ADVANCED PHARMACY FRAMEWORK (APF)
The RPS framework used for identifying progressively more advanced stages of pharmacy practice.

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

ASSESSMENT
All activity aimed at judging a learner's attainment of the curriculum's learning outcomes, whether for summative (determining satisfactory progression in or completion of training), or formative (developmental) purposes. An outcome can be defined as a level of performance or behaviour that a trainee is expected to achieve as part of their development according to their stage of training within the curriculum.

BLUEPRINT
A matrix used to define the content of an assessment. This ensures the assessment programme covers all the outcomes defined by the curriculum.

BOUNDARIES
Traditional boundaries in the healthcare system between different professions, areas of clinical practice, and/or geographies.

CAPABILITIES
High-level, complex professional capabilities are flexible and adaptive in a wide range of contexts and synthesise the knowledge, skills, behaviours and experience pharmacists need to manage real-life patient scenarios.

COLLABORATOR
Any individual supporting pharmacists undertaking this programme to record their learning e.g. a member of the team who contributes to multi-source feedback, a person who completes a patient/carer feedback or a senior who undertakes a supervised learning event.

CRITICAL PROGRESSION POINT
A point in a curriculum where a learner transitions to a higher level of professional responsibility or enters a new or more specialist area of practice. These gateways represent an increased level of risk to patients so transition through these points must be robustly managed, usually by summative assessment hurdles.

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

CURRICULUM
A statement of the intended aims and objectives, content, experiences, learning outcomes and processes of a programme, including a description of the structure and expected methods of learning, teaching, assessment, feedback and supervision.

DESCRIPTOR
A clarifying statement or example of the expected level and breadth of performance required to achieve the curriculum outcomes.

DOMAIN
A collection of commonly-themed capabilities and outcomes.

EDUCATION AND STANDARDS COMMITTEE
The committee responsible for the overarching quality assurance of all RPS assessment and credentialing activity.

EXPERIENCE (BREADTH OF)
When a pharmacist has had enough experience to be able to practise safely and competently at the expected level of performance. This is not linked to a quantitative measure rather when the pharmacist has acquired and consolidated the learning outcomes.

FOUNDATION PHARMACIST FRAMEWORK (FPF)

The RPS framework used for identifying foundation level pharmacy practice.

INTERMEDIATE PROGRESS REVIEWS

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

FINAL DECISIONS

Higher stakes critical progression points based on numerous data points reviewed holistically by a competency committee. The outcome of this decision will inform whether an individual has satisfactorily met the curriculum outcomes and can be credentialed.

OUTCOMES

Describe what is to be achieved by pharmacists undertaking the programme; these describe the knowledge, skills, behaviours and experience of those who successfully complete the programme of assessment.

PATIENT-FOCUSSED ROLES

Roles that have a direct impact on individual patients and/or patient populations although this may not involve regular direct patient-facing contact.

PERSON

The curriculum includes the term person-centred and refers to person/people throughout. This means 'the person receiving care'. The term may also apply to the person's carers, family or representatives depending on the situation.

POST-REGISTRATION FOUNDATION ASSESSMENT PANEL

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

POST-REGISTRATION FOUNDATION COMPETENCY COMMITTEE

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

PROGRAMME OF ASSESSMENT

The set of individual assessments planned to assess the curriculum outcomes. The synthesis of these individual assessments into a programme allows for integrated judgments on an individual's performance.

PROGRAMME OF LEARNING

A matrix of the capabilities, learning outcomes and descriptors determined as necessary to deliver the services defined by the curriculum purpose.

QUALITY ASSURANCE

The standards, systems and processes in place to maintain and enhance quality to assure patients and the public that pharmacists meet the required standards.

QUALITY CONTROL

RPS has a role in quality control in terms of ensuring national curricula and assessments are consistently developed and delivered in line with the quality standards.

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

1 Introduction

Pharmacists are experts in medicines and their use. They support the health of the population and manage people with acute and long term conditions across all sectors of healthcare. Pharmacists work closely with people, carers/families, and the multidisciplinary health and social care team to deliver safe, effective, and holistic person-centred pharmaceutical care through a wide range of services. This curriculum defines the purpose, content of learning and the programme of assessment for post-registration foundation pharmacists ensuring that the person, medicines optimisation and service delivery is at the heart of the pharmacist's role.

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

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

There are different approaches to delivering post-registration education and training and the RPS post-registration foundation curriculum can be used to develop training programmes underpinned

by the RPS Foundation Pharmacist Framework (2019)[1]. The RPS curriculum sets out the expected outcomes of the non-mandated post-registration foundation period, details the recommended supervision and support structures, and is supported by an assessment blueprint. Successful completion of the curriculum's programme of assessment leads to the award of an RPS credential demonstrating achievement of the outcomes.

Training providers have the flexibility to choose how they deliver teaching and learning to meet the curriculum outcomes. To support the transition to the revised GPhC standards for the initial education and training of pharmacists, the programme of learning and assessment have been designed to output independent prescribers as well develop fundamental capabilities in non-clinical domains essential for progression to more advanced levels of practice. For this reason, any training programme aligned to this curriculum will include delivery of the independent prescribing element (+/- non-clinical elements) by a higher education institution.

The post-registration foundation curriculum will support those qualifying between now and the implementation of the reforms to become independent prescribers via a structured pathway early in their career, thereby acting as a bridging programme as the reforms are phased in.

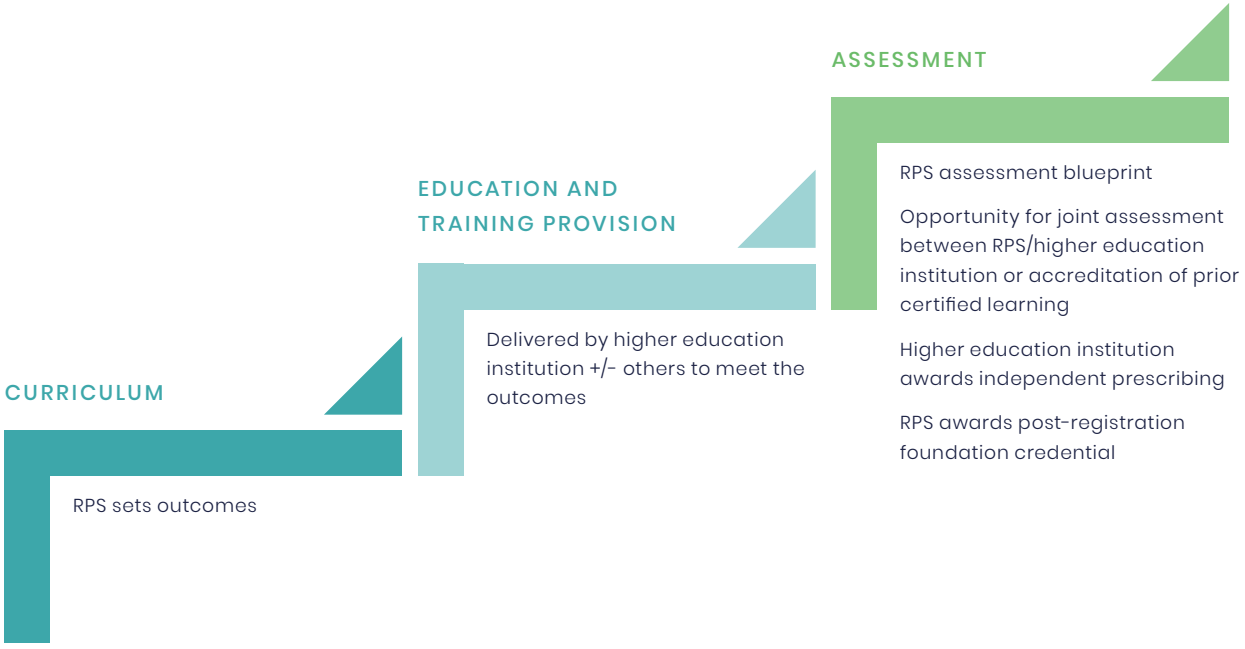
As the initial education and training reforms progress, some of the clinical content of this curriculum, relating particularly to prescribing, will be phased into the initial education and training period. The clinical component of this curriculum will therefore evolve to support new prescribers develop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

Completing the post-registration foundation curriculum is not a prerequisite for starting the RPS advanced credentialing pathway, but it allows pharmacists to develop the clinical and non-clinical skills and behaviours to lay the bedrock for advanced practice.

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

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

Figure 1.
Overview of training programme delivery aligned to the RPS post-registration foundation curriculum.



1.1 How can different stakeholders use this document?

Pharmacists undertaking a programme aligned to this curriculum can monitor their progress towards achieving the outcomes, ensuring they are gaining the appropriate learning, training and experience. This will contribute to appraisal, self-assessment, self-directed learning, and formative and summative assessment against the outcomes.

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

Training providers will be able to design structured learning programmes and ensure local teaching maps to the curriculum.

Employers will be able to use the curriculum to support professional and personal development plans for employees' development as well as to understand the scope of practice for post-registration foundation pharmacists.

Service planners and commissioners can refer to the curriculum to understand the capabilities of the post-registration foundation pharmacist workforce when developing and commissioning services.

Patients and lay people will be able to see the standard required for a pharmacist to practise at post-registration foundation level.

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

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

The GPhC

Sets the standards for pharmacy professionals

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

The four UK governments and their related organisations

- Identify and prioritise strategic, system, service or workforce needs including, through their respective educational organisations, the funding, planning, commissioning and quality management of training programmes

The RPS

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

Statutory education bodies (if commissioning)

Commission and/or provide elements of or complete training programmes to meet the curriculum learning outcomes

- Quality assure the provision of commissioned training programmes
- Quality manage supervision

Higher education institutions

- Provide elements of or complete training programmes to meet the curriculum learning outcomes (including any independent prescribing training)

- Quality assure designated prescribing practitioners. May also be involved in quality management of supervision
- Ensure independent prescribing standards are met in the provision of independent prescribing training
- Award Practice Certificate in Independent Prescribing
- Deliver commissioned training
- Implement elements of learning at a local level
- Supervise learners in practice
- Undertake supervised learning events in the workplace
- Provide quality control and participate in quality management of education and training

1.3 How was this curriculum developed and how will it be governed?

The capabilities and outcomes in this curriculum are based on the RPS Foundation Pharmacist Framework (2019) which was the output of a multi-method role analysis to identify the attributes required at the end of post-registration foundation pharmacist training within current and future (next five years) roles. Approximately 900 individuals participated in the role analysis, providing a wide range of perspectives (e.g. senior stakeholders, foundation pharmacists and employers).

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

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

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

- Post-registration foundation curriculum group
- Post-registration foundation assessment group

Both groups were comprised of a wide range of stakeholders to ensure the programme of learning and assessment are inclusive to different sectors and geographies, including:

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

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

2 Curriculum purpose

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

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

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

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

- Allow the development of more standardised work-based training models for all post-registration foundation pharmacists across the UK
- Develop the capabilities required to meet the current and future NHS service needs and deliver improved patient care
- Develop early careers pharmacists who have the capabilities to work across a range of sectors/ settings including areas such as urgent care and care homes
- Develop the enhanced knowledge, clinical skills and critical decision making that are required to become an independent prescriber
- Provide opportunities for post-registration foundation pharmacists to develop themselves and others, build their leadership and management skills and participate in research[2]
- Through a standardised national assessment, provide quality assurance and patient/public reassurance that early careers pharmacists in the UK have the requisite knowledge, skills and behaviour to deliver safe and effective holistic person-centred pharmaceutical care to an increasingly complex patient population

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

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

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

- Communicate effectively, placing the person at the centre of any interaction
- Deliver holistic person-centred care
- Collaborate with the wider pharmacy and multidisciplinary team
- Apply clinical knowledge and skills in practice

2. The attempt to derive generalisable of transferable new knowledge to answer or refine relevant questions with scientifically sound methods. It excludes audits and service evaluations. As defined in the UK Policy Framework for Health and Social Care Research.

Also see the HRA Decision tool and the HRA Defining Research table

- Draw upon and critically evaluate appropriate information to inform decision making, and manage uncertainty and clinical risk
- Use data and digital technology to enhance patient care and improve outcomes
- Promote pharmacy services and develop the profession
- Recognise opportunities for change, innovation and quality improvement
- Demonstrate self-awareness, resilience and adaptability
- Support the education and development of colleagues
- Participate in research

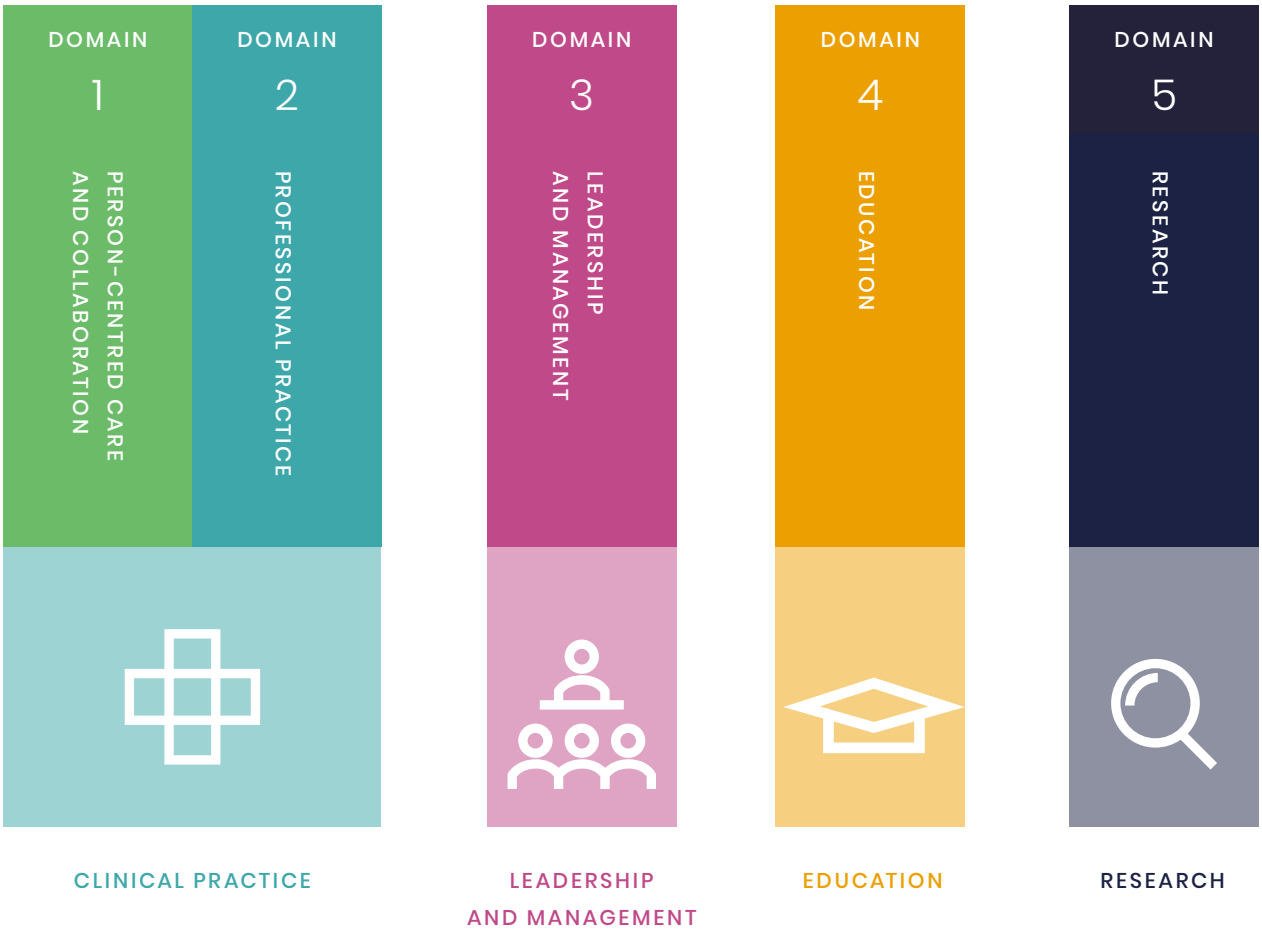
Individuals with these capabilities will deliver the following scope of practice:

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

2.3 How does this curriculum fit in with the wider education and professional development pathway for pharmacists?

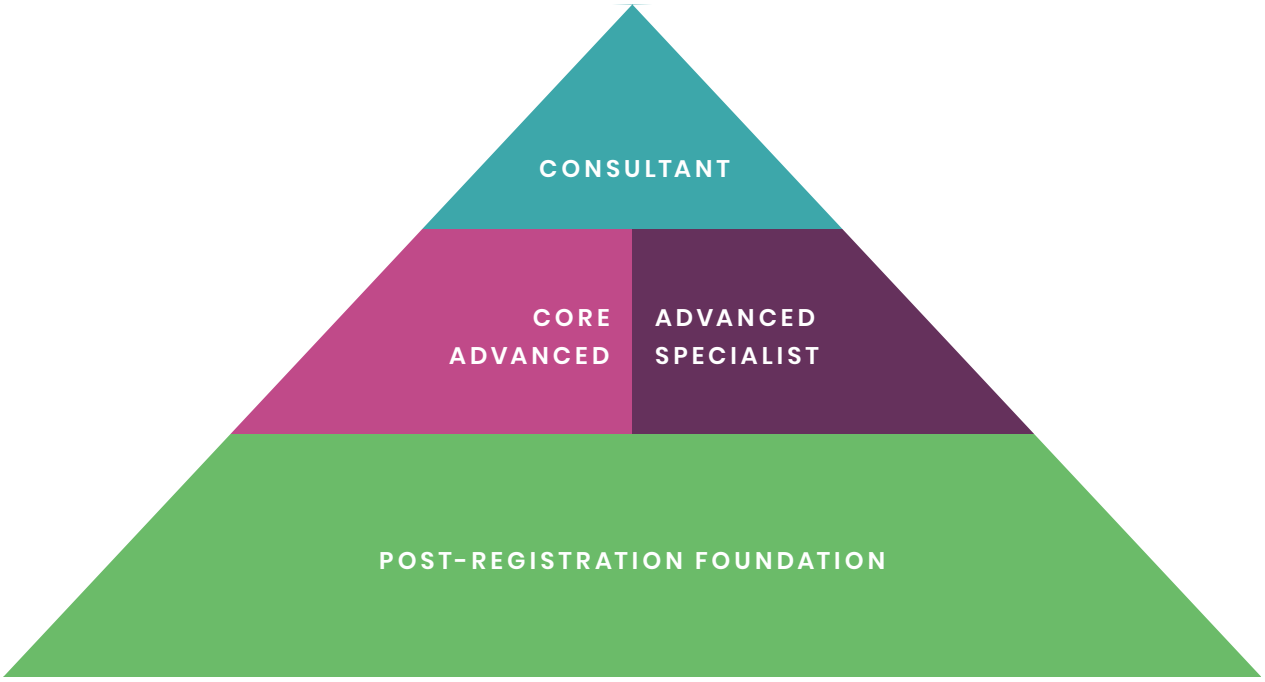
The domain headings in the GPhC Standards for initial education and training of pharmacists and all RPS post-registration curricula are aligned providing a clear continuum of professional learning and development from the point of entering the MPharm degree through to consultant practice. The domains closely mirror the four pillars of advanced practice[3] recognised across healthcare professionals: clinical practice, leadership and management, education and research.

Figure 2.
The four pillars of advanced practice



3. Manley, K. (1997) A conceptual framework for advanced practice: an action research project operationalising an advanced practitioner/ nurse consultant role, Journal of Clinical Nursing, 6(3), pp.179-190

Figure 3.
RPS Post-registration credentialing model



3
The programme of learning

The curriculum consists of 13 **capabilities** which describe the key clinical and professional aspects of post-registration foundation pharmacist practice. Each capability is a synthesis of **outcomes** which describe the knowledge, skills and behaviours that should be demonstrated by a post-registration foundation pharmacist on completion of training. Each outcome is supported by a set of **descriptors** which clarify the expected level and breadth of performance required to demonstrate the outcome. The learner does not need to provide evidence for every descriptor but should ensure their evidence reflects the breadth and depth described. The example descriptors are not exhaustive and alternative supporting evidence may be used when deciding how to demonstrate achievement of the outcomes. The capabilities and associated outcomes have been grouped together into five broad domains; these **domains** are mirrored through all RPS post-registration curricula supporting the continuum of practice from post-registration foundation to advanced and consultant practice.

- Person-centred care and collaboration
- Professional practice
- Leadership and management
- Education
- Research

Figure 4. Programme of learning hierarchy

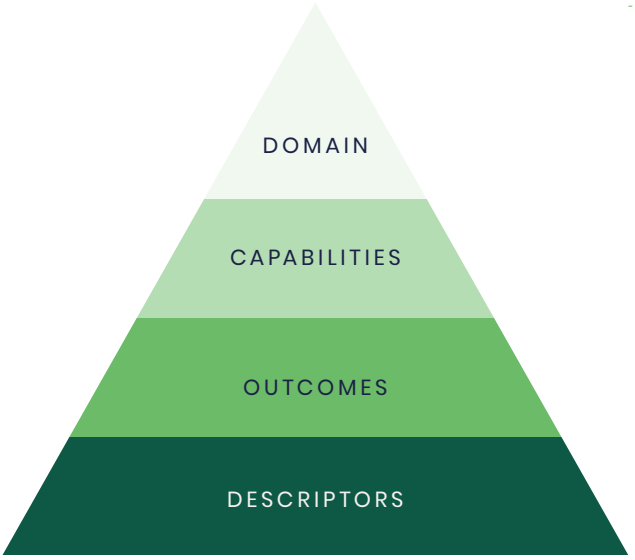


Figure 5. Overview of domains and capabilities

1 PERSON-CENTRED CARE AND COLLABORATION

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

2 PROFESSIONAL PRACTICE

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

3 LEADERSHIP AND MANAGEMENT

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

4 EDUCATION

Develops personally and supports the education and development of others

5 RESEARCH

Participates in research

3.1 Capabilities, outcomes and descriptors

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

FPF	RPS Foundation Pharmacist Framework 2019
RPS IP	RPS Competency Framework for all Prescribers 2016
GPhC IP	GPhC Standards for the education and training of pharmacist independent prescribers 2019

Please remember that the descriptors are to guide individuals and supervisors to the level of performance and breadth of evidence required. Individuals are not required to include evidence in their e-portfolio for every descriptor

Domain 1:
Person-Centered Care And Collaboration

CAPABILITIES		OUTCOMES	DESCRIPTORS	FPF	RPS IP	GPHC IP
COMMUNICATES EFFECTIVELY, PLACING THE PERSON AT THE CENTRE OF ANY INTERACTION	1.1	Communicates effectively with people receiving care and colleagues	Assimilates and communicates information clearly and confidently, employs a full range of media including face to face, telephone, written, video, social media and digital, and takes into consideration the needs of the recipient(s). Considers the advantages, limitations and how to reduce the risks associated with different formats of communication, including non-face to face methods. Uses a range of question types and active listening skills, including recognising and responding to verbal and nonverbal cues, to engage people, ensure they feel valued and gather information effectively to support shared decision making Identifies barriers to effective communication and adapts verbal and non-verbal communication styles in a way that is responsive to the person/carer/family's communication and language needs, preferences and abilities (e.g. speech and hearing problems, and different languages, cultures and levels of health and IT literacy) Ensures appropriate access to information by making reasonable adjustments and/or using interpreters Enhances health literacy in people from a range of backgrounds, by providing tailored information, signposting to relevant information sources, facilitating communication, and checking understanding as appropriate Manages challenging communication situations where it is difficult to communicate effectively (e.g. noisy or distressing environments, when using PPE, conflicting situations or with people who are anxious, angry or confused) Communicates information about medicines and their use with people/carers and the multidisciplinary team to ensure they are used safely and effectively	6.2 6.8 3.4 6.4 6.5	3.3 4.13 5.1 5.2 5.3 7.3 10.1	2

CAPABILITIES		OUTCOMES	DESCRIPTORS	FPF	RPS IP	GPHC IP
COMMUNICATES EFFECTIVELY, PLACING THE PERSON AT THE CENTRE OF ANY INTERACTION	1.2	Treats others as equals and with dignity and respect, supporting them regardless of individual circumstances or background; actively promotes this in their practice	Demonstrates cultural competence. Respects peoples and colleagues' religious, cultural and ethical beliefs, and their ideas and feelings without judgement, understanding the impact these have on health. Aware of own intrinsic cultural bias and how this could inadvertently discourage equality and diversity. Adapts their practice to work effectively, sensitively, and respectfully with others Proactively demonstrates equity and fairness in all aspects of day to day practice; meets the legal responsibilities under equality and human rights legislation Challenges inappropriate behaviour and attitudes which are discriminatory, and reflects on how their own values, attitudes and ethics might influence professional behaviour Gives positive practical support to people and/or colleagues who may have learning support needs, feel vulnerable, victimised, or unfairly treated	7.6	3.1 3.2	2
DELIVERS PERSON– CENTRED CARE	1.3	Consults with people through open conversation; explores physical, psychological and social aspects for that person, remaining open to what a person might share; empowers the person creating an environment to support shared decision making around personal healthcare outcomes and changes to health behaviour	Develops a consultation style and structure informed by recognised consultation models and frameworks, that explores the person's ideas, concerns and expectations, and can be adapted to suit the person's needs Employs a variety of methods for consulting, appropriate to the person's need e.g. face to face, phone, video, email and newer technologies. Tailors the style, amount, frequency, and content of information to the person to support informed decision making and self-care Consults effectively to build rapport, develop a partnership approach, and empower the person. Takes a holistic view and wherever possible, develops personalised management plans that respect the person's autonomy and incorporate their perspective, health beliefs and preferences Elicits physical, psychological, and social information to place the person's problem(s) in context and responds appropriately Supports and motivates people's self-care by helping them to recognise the benefits of a healthy lifestyle and motivating behaviour change to improve health Explores the person's/carer's understanding of the consultation and checks they are satisfied with what has been agreed/recommended Uses a structured approach to accurately document the outcomes of consultations in the appropriate format and location, including in the digital environment. Maintains records sufficiently to enable optimal patient care	2.2 2.4 6.3 6.6 6.7	2.5 3.1 3.2 3.3 3.5 3.6 4.12 5.5 6.1 7.3	1 4 6 20 30 31
	1.4	Demonstrates empathy; seeking to understand a situation from the perspective of each person	Listens attentively to the person's/carer's experience and considers their perspective to develop an understanding of their needs; demonstrates respect, empathy, responsiveness, compassion, honesty and concern for their problems and personal characteristics	2.3	3.1 3.2	

CAPABILITIES		OUTCOMES	DESCRIPTORS	FPF	RPS IP	GPHC IP
DELIVERS PERSON- CENTRED CARE	1.5	Always keeps the person at the centre of their approach to care	Works in partnership with the person/carer negotiating a mutually acceptable personalised management plan that respects their values, beliefs, culture, ethnicity, preferences, health literacy and experiences. Uses patient decision aids, where appropriate, to support shared decision making and ensures people/ carers have appropriate information about their medicines and management plan Recognises the physical and psychological impact of the health problem(s) and prescribing decisions on the person and where applicable, their carer/family Recognises that the decisions of a person with capacity are paramount. Where unsure about a person's capacity to be involved in shared decision making, seeks advice from other healthcare professionals and takes appropriate steps to manage treatment decisions in those lacking capacity Makes prescribing decisions based on the needs of the person and not the prescriber's personal considerations	2.1	2.5 3.1 3.2 4.13 5.2 5.3 6.1 8.4	2 3 5 6
	1.6	Supports and facilitates the seamless continuity of care for each person	Provides comprehensive continuity of care, taking into account all of the person's problems and their social situation, and potential emerging issues with appropriate action and contingency plan Agrees with the person and/or health and social care colleagues a variety of monitoring and follow-up arrangements that are safe and appropriate, whilst also enhancing patient autonomy Ensures the person/carer knows what to do if they have any concerns about the management of their condition, if their condition deteriorates, if they experience adverse effects from treatment, or if there is no improvement within an agreed timeframe Ensures prompt, accurate and complete information sharing and collaboration with the relevant health and social care teams to ensure an effective transition between settings Manages situations where care is needed out of hours* and enables the necessary arrangements * examples include, but are not limited to, when the GP practice is closed, an on-call service, palliative care service	2.5	3.1 3.3 4.2 4.12 4.13 5.2 5.4 6.1 6.2 6.3 10.1	24
COLLABORATES WITH THE WIDER PHARMACY AND MULTIDISCIPLINARY TEAM	1.7	Builds strong relationships across the multidisciplinary team; works in partnership to promote positive outcomes	Works with colleagues in multidisciplinary teams and looks for opportunities to collaborate with others to ensure consistency, continuity, and a holistic approach to patient care Establishes good working relationships with multidisciplinary colleagues within and across sectors by offering advice, assistance, being transparent, and working in partnership to ensure safe and effective prescribing and patient care Reflects on positive and negative aspects of team working, collaborating with others to share good practice, and improve teamwork and team performance	5.1	4.13 10.1 10.2	7 27

CAPABILITIES		OUTCOMES	DESCRIPTORS	FPF	RPS IP	GPHC IP
COLLABORATES WITH THE WIDER PHARMACY AND MULTIDISCIPLINARY TEAM	1.8	Demonstrates confidence in speaking to healthcare professionals across the multidisciplinary team; seeking to use appropriate language to influence others	Presents information, knowledge, and recommendations effectively and assertively to a wide range of team members in different settings to negotiate safe and effective prescribing and medicines use, and optimise patient care Challenges members of the multidisciplinary team constructively, when considered necessary for the benefit of patient care	6.1	10.1 10.2	27
	1.9	Recognises the value of members of the pharmacy and multidisciplinary team across the whole care pathway, drawing on those both present and virtually, to develop breadth of skills and support own practice; delegates and refers appropriately, using the expertise and knowledge of others	Respects and is receptive to the views of other pharmacy and healthcare professionals, and recognises and values diversity within the pharmacy and multidisciplinary team Seeks advice from, and provides advice to, other professionals and pharmacy team members according to their roles and expertise Refers appropriately to members of the pharmacy and multidisciplinary team and services across the care pathway; recognises wider primary, community and secondary care, and voluntary services Organises and delegates tasks appropriately to optimise effectiveness within the pharmacy and wider team	5.3 5.5	1.8 7.1 10.1 10.2	7 27 29 32
	1.10	Supports members of the multidisciplinary team in the safe use of medicines and to meet the individual needs of those receiving care; effectively influences the decision-making process across the team regarding medicines, where appropriate	Proactively works within and across teams to improve patient safety and delivery of care, utilises their own clinical knowledge of the safe use of medicines to influence, negotiate, assess prioritises and effectively manage complex situations Anticipates and identifies issues that may arise with people or medicine supply, proactively collaborating with others across the wider healthcare system to resolve and ensure seamless patient care	5.4	9.2 10.1 10.2 10.4	15 27

Domain 2:
Professional Practice

CAPABILITIES		OUTCOMES	DESCRIPTORS	FPF	RPS IP	GPHC IP
APPLIES CLINICAL KNOWLEDGE AND SKILLS IN PRACTICE	2.1	Applies evidence based clinical knowledge and up to date guidance to make suitable recommendations or take appropriate actions with confidence	Applies clinical knowledge and skills to identify, prioritise and optimise pharmacological and non-pharmacological management of: • common clinical conditions • acute and long term conditions • illness prevention and health promotion Demonstrates critical thinking by analysing and applying information from multiple sources including the evidence base, local/regional/national guidelines, policies, and formularies to manage people who have a combination of acute and long term conditions Applies expertise and decision making in complex situations of multi-morbidity, frailty, polypharmacy and/or unlicensed medicine use; considers the mode of action and pharmacokinetics of medicines and how these may be altered (e.g. by genetics, age, renal impairment, pregnancy) Considers the condition(s) being treated in term of natural progression, severity, deterioration, and anticipated response to treatment Considers any relevant patient factors (e.g. breastfeeding, ability to swallow, religion, ethnicity, social support) and the potential impact on the choice, route of administration, formulation of medicines and adherence Considers the application of innovative healthcare technologies including genomic medicine, artificial intelligence, and advanced therapeutic medicinal products to promote the effective use of medicines and to improve patient care	1.1 3.1	1.6 2.1 2.3 -2.9 3.1 3.2 3.4 4.1 4.3 4.5 4.11	11 16 18 26

CAPABILITIES		OUTCOMES	DESCRIPTORS	FPF	RPS IP	GPHC IP
APPLIES CLINICAL KNOWLEDGE AND SKILLS IN PRACTICE	2.2	Undertakes a holistic clinical review of a person and their medicines to ensure they are appropriate	Prioritises people/groups for clinical review according to need and local priorities Undertakes clinical reviews in people with complex problems in a variety of settings (including remotely), ensuring a multidisciplinary approach; communicates and documents decisions and recommendations appropriately Works in partnership with the person, taking a pragmatic approach in the context of their beliefs, culture and preferences, and leads to the expectation that a prescription is not always required. Considers any factors which may lead to health inequalities. Encourages self-care where appropriate and considers mental health and physical health equally in a holistic approach to each person's i ndividual needs Obtains accurate medication history including allergy, self-medication, use of complementary healthcare products, and previous allergic/adverse reactions Performs medicines reconciliation. Considers ongoing need for medicines, response to treatment, medication adherence, evidence-based prescribing, adverse effects, cost-effectiveness and up to date information about medicines (e.g. availability, pack sizes, storage conditions, excipients, costs). Also considers wider determinants of health e.g. social care, domestic situation and environmental factors Considers the environmental impact of prescribing recommendations and reaches a shared decision with the person if this is important to them (e.g. the carbon footprint of inhalers) Formulates management plan which includes clear benefit-risk assessment and monitoring parameters, frequency and timescale as appropriate. Modifies/adapts plan in response to ongoing monitoring and review of the person's condition and preferences; checks the person's/carer's understanding and that they are satisfied with the management plan Recommends prescribing interventions (adding, stopping, stepping up/down and/or optimising medication) where appropriate. Includes areas of uncertainty where evidence is lacking/conflicting. Accurately completes and routinely checks calculations relevant to prescribing and practical dosing Utilises the systems and technologies required to prescribe medicines safely and effectively Uses a structured approach to accurately document the management plan and prescribing decisions in the appropriate format and location, including the digital environment. Maintains records sufficiently to enable optimal patient care	1.7	1.1 1.2 1.7 2.2-2.5 2.9 3.1 3.2 3.4-3.6 4.2 4.6 4.8 4.9 4.10 4.12 4.13 5.1 5.2 5.4 5.5 6.1-6.4 7.3	2 4 6 16 17 20 22 23 24 30

CAPABILITIES		OUTCOMES	DESCRIPTORS	FPF	RPS IP	GPHC IP
APPLIES CLINICAL KNOWLEDGE AND SKILLS IN PRACTICE	2.3	Gathers information and takes histories proficiently; conducts clinical examinations and assessments; develops diagnostic skills	Undertakes a person centred consultation and/or clinical assessment in an appropriate setting taking account of confidentiality, consent, dignity and respect Obtains valid consent to proceed with the clinical examination and/or assessment. Understands the issues that may arise when people lack capacity and across the different protected characteristics. Knows where to seek advice, if necessary Systematically obtains a structured history, including mental health and collateral history, in sometimes difficult or challenging conditions (e.g. unreliable or incomplete sources of information); including but not limited to patient symptoms, concerns, priorities and preferences. Utilises all relevant sources of information including carers/family Demonstrates clinical reasoning by gathering focused information relevant to the person's care and according to the presenting situation Accesses and interprets all available and relevant patient records to ensure knowledge of the person's management to date Systematically performs physical and non-physical clinical examinations and assessments (defined in skills guide) and is able to interpret physical signs accurately Requests and interprets relevant examinations and investigations to support assessment, diagnosis, monitoring and management in a systematic and efficient manner Understands the significance of the findings and results and acts on these as appropriate and in a timely manner Applies clinical decision making tools appropriately e.g. algorithms and risk calculators Formulates appropriate differential diagnoses and applies clinical judgement to arrive at a working diagnosis. Uses a structured approach to accurately document the outcomes of in the clinical assessment in the appropriate format and location, including the digital environment. Maintains records sufficiently to enable optimal patient care	1.4	1.1-1.5 1.8 2.5 2.7 3.1 3.2 4.6 6.2	5 19 20 21 24
DRAWS UPON AND CRITICALLY EVALUATE APPROPRIATE INFORMATION TO INFORM DECISION MAKING; MANAGES UNCERTAINTY AND RISK APPROPRIATELY	2.4	Accesses and critically evaluate appropriate information to make evidence-based decisions in an efficient and systematic manner; ensures high attention to detail is maintained when making decisions regarding the person receiving care	Uses critical appraisal skills to interpret the evidence base and consider its validity and usefulness in a particular context; uses clinical reasoning and professional judgement to decide when to apply the evidence base to clinical decision making and when to challenge its use Recognises which statistical tests are appropriate when critically evaluating studies to judge the weight of evidence including validity, reliability and relevance Receives and answers a variety of medicine-related and clinical enquires from people, carers and healthcare professionals Uses appropriate information sources to answer medicine-related and clinical enquires across all healthcare sectors Communicates accurate, appropriate, and structured medicines information according to the needs of the patient and/or health and social care professionals, signposting as required	3.2 3.3 3.5	2.4 2.7 2.8 5.2	16

CAPABILITIES		OUTCOMES	DESCRIPTORS	FPF	RPS IP	GPHC IP
DRAWS UPON AND CRITICALLY EVALUATE APPROPRIATE INFORMATION TO INFORM DECISION MAKING; MANAGES UNCERTAINTY AND RISK APPROPRIATELY	2.5	Manages uncertainty and risk appropriately	Manages clinical uncertainty by critically appraising the evidence-base, applying clinical reasoning and professional judgment to clinical situations, to make safe and logical decisions which optimise the balance of benefit to harm for the person Determines the patient's attitude to risk and discusses risks and benefits at the appropriate level, as part of shared decision making process Uses safety netting to ensure systems are in place to provide safe monitoring and follow up; provides and documents the specific advice given to the person. Considers written information to reinforce verbal advice. Considers use of unlicensed, off-label of medicines outside standard practice only when satisfied that an alternative licensed medicine would not meet the person's needs Uses processes that support safe prescribing in areas of high risk (e.g. transfer of information about medicines, prescribing of high risk medicines, transfer of care)	3.5	2.3 2.5 2.8 3.1-3.3 4.11 7.4	16 17
	2.6	Takes the cost-effectiveness of a decision into account where necessary, working to the appropriate formulary	Outlines how published evidence for new medicines is evaluated, applied by NHS prescribing committees and considered for local/regional/national formularies Considers the cost implications of treatment options in terms of money, equipment and human resources (e.g. generic prescribing, IV v oral antibiotics) in clinical decisions, adhering to local/national formularies/ formulary management processes where appropriate	3.7	2.7 2.8 4.3 4.4 4.5 4.8	13
	2.7	Proactively recognises and corrects the overuse of medicines; positively impacts on the usage and stewardship of medicines at an individual and population level	Implements strategies, participates in prescribing projects, and undertakes medication reviews to improve safe and cost-effective prescribing, improve antimicrobial stewardship, support substance misuse services, and reduce polypharmacy and medicines waste Considers the impact of local demographics, ethnic and cultural diversity when tailoring holistic person-centred pharmaceutical care needs to individuals and the local population. Takes steps to address health inequalities. Incorporates the population based impacts of antimicrobial resistance and other communicable diseases on decisions about prescribing antimicrobials; ensures treatment and prevention measure decisions are aligned to relevant local and national guidance Complies with, and promotes local and national medicines management policies, guidelines, strategies, and campaigns to positively impact on medicine use (e.g. unlicensed medicines, high risk medicines, public/population health, antimicrobial stewardship, infection control, shared-care, prescribing efficiency projects)	7.4 1.6	2.9 2.10 4.3 4.5 4.7 4.11 7.4 2.7	2 11 13 26

CAPABILITIES		OUTCOMES	DESCRIPTORS	FPF	RPS IP	GPHC IP
UNDERSTANDS THE VALUE THAT DATA AND DIGITAL TECHNOLOGY CAN HAVE, DRAWING UPON THESE WHERE NECESSARY TO DRIVE CARE AND IMPROVE OUTCOMES	2.8	Analyses and uses data and digital technologies to inform clinical decision making, and improve clinical outcomes and patient safety	Uses devices, applications, software and systems relevant to different tasks and to support delivery of care; understands the functionality, benefits and limitations and how these impact on care Demonstrates shared decision making and co-ordination of care within the multidisciplinary team in the context of the electronic health record Applies health informatic standards for the recording of health data to increase the interoperability of systems; recognises the issues with non-adherence and the impact this has on the delivery of integrated care Describes the key attributes of data and information including quality, integrity, accuracy, timeliness and appropriateness, and can discuss their limitations within the context of intended use Uses a wide range of digital devices, technologies, software and applications in order to create, access, edit, monitor, store and share information, data and content Interprets data by running queries, reports and using appropriate analytical methods and descriptive statistics to discover patterns and knowledge Uses data to support clinical decision making and understand variation in care and health outcomes, highlight opportunities to reduce health inequalities and evaluate the impact of interventions Uses digital technologies to support diagnosis, self-care, shared decision making and monitoring people's responses to medicines e.g. sensors, wearables and smartphone apps; educates people/carers on their use and signposts to resources Utilises data-driven approaches to facilitate and enable quality improvement, change management and prioritisation of issues at an individual, population and service level; produces data visualisation to communicate findings effectively within the healthcare team Describes the ethical, governance and patient safety considerations of using data and digital technologies and conveys these to people/carers Adheres to information governance, digital copyright, intellectual property and privacy rules and regulations	3.6	5.5 6.2 7.3 9.3 10.1	20 21 22 24 30
PRACTISES PROFESSIONALLY	2.9	Actively practises honesty and integrity in all that they do; upholds a duty of candour	Acts in an open, honest and transparent way with people, carers, families and members of the health and social care team, when safety has (or potentially has) been compromised Apologises for errors and takes steps to minimise impact and prevent further incidents, reporting incidents/near misses as per organisation's policy Undertakes a reflective process and discusses incidents/near misses with senior colleague(s) to improve practice in the future	7.1	8.2	

CAPABILITIES		OUTCOMES	DESCRIPTORS	FPF	RPS IP	GPHC IP
PRACTISES PROFESSIONALLY	2.1	Is accountable and responsible for own decisions and actions, understanding the potential consequences of these decisions across the whole care pathway	Considers the risks and consequences of decisions which may impact on the immediate or follow-up care of a person or group of people across the patient journey Takes ownership of problems and proactively seeks to resolve them and challenge poor practice Justifies and documents deviation from guidelines and policy as appropriate	7.2	2.3 4.11 4.13 8.2 8.3	8 14 17
	2.11	Works within ethical guidelines and legal frameworks, including consent and confidentiality; seeks to gain permission from the person before accessing confidential records where necessary	Effectively manages situations which are challenging in terms of ethics, consent, differential communication needs or capacity issues, and seeks advice when unsure Encourages scrutiny of professional behaviour, is open to feedback and demonstrates a willingness to change. Recognises and deals with factors that might unduly influence prescribing (e.g. pharmaceutical industry, media, people and colleagues) Works within NHS/organisational/regulatory and other codes of conduct when interacting with the pharmaceutical industry	7.8	1.8 4.3 4.9 4.12 8.2-8.6 9.1	9 10 11 14
	2.12	Recognises and works safely within own level of competence, understanding the importance of working within this; knows when it is appropriate to escalate a situation or refer	Has a critical understanding of the limits of own competence and professional scope of practice Demonstrates knowledge of when and how to use local escalation policies; calls for senior help and advice in a timely manner or refers to more appropriate colleague(s) Demonstrates awareness of own limitations and conscious competency; assesses risk against their own professional limitations	7.5	1.8 7.1 8.2	29 32

Domain 3:
Leadership And Management

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

CAPABILITIES		OUTCOMES	DESCRIPTORS	FPF	RPS IP	GPHC IP
RECOGNISES OPPORTUNITIES FOR CHANGE, INNOVATION AND QUALITY IMPROVEMENT	3.3	Critically analyses business needs; is mindful of commercial aspects within the pharmacy context; recognises the changes to and the opportunities within the future role of pharmacists; seeks out opportunities to modify own approach and deliver/promote new pharmacy services	Understands business needs within the pharmacy context (e.g. ensuring value for money, reducing waste, procurement, reviewing existing/introducing new services) and analyses available data both from within and outside of the organisation, including through obtaining feedback from service users Uses available information to inform change ideas to improve existing or develop new services Adopts a critical, analytical and reflective stance towards professional and business practice Understands local commissioning process for new and existing services Contributes to developing new services in response to local and national strategy, changing population health needs, organisational objectives and future direction, placing patient safety and optimal use of medicines at the centre of any changes	4.6		
	3.4	Draws upon networks to understand the range of clinical, medicines-related and public health activities offered by pharmacy across sectors and the care pathway	Builds multi-professional networks, across the interfaces of health and social care (e.g. through participating in communities of practice), promoting the exchange of knowledge, skills and resources to improve working relations and patient care Appropriately refers people and colleagues to pharmacy services and support/resources across all sectors of practice	1.3 4.7 4.8	2.9	26 29
	3.5	Is open to new approaches and ways of completing work tasks and appropriately challenges others to consider change to improve the quality of care; shares own innovative ideas to improve working practices, both internally and externally	Uses evidence and knowledge to actively facilitate change that will improve services, and applies effective change management skills to contribute to implementing and evaluating changes Uses audit and quality improvement methodologies to improve working practices and reduce variation in care and service delivery Demonstrates initiative to develop alternative solutions to working practices and participates constructively in tests of change within organisation through collaborative working Shares work through local networks and the wider pharmacy/healthcare system to ensure innovation is shared and adopted	4.4 4.5		

CAPABILITIES		OUTCOMES	DESCRIPTORS	FPF	RPS IP	GPHC IP
RECOGNISES OPPORTUNITIES FOR CHANGE, INNOVATION AND QUALITY IMPROVEMENT	3.6	Effectively identifies and raises concerns regarding patient safety; applies principles of risk management; seeks to improve the quality and safe use of medicines routinely	Raises and escalates concerns, and is confident to constructively challenge others (including more senior healthcare professionals) where there is an issue with patient safety and/or quality of care Actively seeks to review processes, systems and practice to improve standards of patient safety, support safe prescribing, and minimise risk Reports prescribing errors, near misses and critical incidents and uses tools such as significant event analysis, human factors and/or root cause analysis to investigate them; develops and implements strategies to avoid and reduce recurrence of medication errors, and monitors the impact of any changes on patient safety Undertakes self-audit related to professional and prescribing practices Supports consistent, constructive and fair evaluation of the actions of staff involved in patient safety incidents Uses mechanisms to reflect on and learn from service user feedback and complaints in order to improve patient care Proactively involved in patient safety activities e.g. responding to safety alerts, reporting adverse events (i.e. Yellow Card reporting) Implements national/global priorities or initiatives to improve safe and effective use of medicines e.g. reducing antimicrobial resistance Applies infection prevention, control measures and management measures in populations, environments and people Contributes* to audit and quality improvement (using quality improvement methodology) projects to improve the vulnerable and effective use of medicines * 'Contributes' involves more than collecting data. The individual is not required to take the lead but should contribute to various aspects including the design, data collection, analysis, implementing and evaluating changes, and sharing learning Recognises and takes responsibility for safeguarding children, young people and adults, using appropriate systems for identifying, raising concerns, obtaining advice and taking action	7.3 7.7	2.9 2.10 4.2 6.3 7.2–7.6 9.1–9.3	15 25 28

CAPABILITIES		OUTCOMES	DESCRIPTORS	FPF	RPS IP	GPHC IP
DEMONSTRATES SELF-AWARENESS, RESILIENCE AND ADAPTABILITY	3.7	Demonstrates self-awareness and emotional intelligence within the role, reflects on and understands the impact a situation may have on one's own health and wellbeing	Identifies own feelings, cognitive biases, emotions and prejudices, and understands how these can affect their own behaviour and decision making, and can impact on working relationships and delivery of care Identifies own personality type and adapts communication/ways of working when interacting with people with different personality types and in different situations Anticipates and manages the factors in work, home and the wider environment that influence day to day performance and wellbeing (personal or of others), including ability to perform under pressure; takes actions to minimise the impact, along with awareness of sources of support; accesses support if own behaviours risk impacting on patient safety and delivery of care Recognises and articulates own values and principles, understanding how they may differ to those of other people and groups, ensuring equality, diversity and inclusion at all times Demonstrates empathy to manage interactions successfully Contributes to a workplace culture which values and supports the wellbeing of its staff; seeks support appropriately regarding health or emotional concerns that might impact personal professional practice	9.2		2
	3.8	Remains composed even in challenging or high-pressured situations; develops and draws upon support network in challenging situations	Acknowledges conditions of uncertainty or unpredictability; remains productive by actively adapting plans or developing systems and processes to support decision making in complex situations; responds in a logical and calm manner Employs strategies to manage conflict and differences of opinion Uses multidisciplinary peer network and experienced colleagues for support when dealing with challenging situations; reflects and learns from the experience	9.1 9.3		
	3.9	Effectively, efficiently and safely manages multiple priorities; maintains accuracy when in a challenging situation; manages own time and workload calmly, demonstrating resilience	Manages a diverse workload effectively whilst maintaining quality and consideration for individuals receiving care; demonstrates awareness of other people's workload, within pharmacy and the multidisciplinary team; assists appropriately and within limits of current capabilities Achieves deadlines for day to day and longer term tasks through effective time management, hand-over, prioritisation and delegation skills; adapts approach in response to demand and capacity Uses personal strategies such as reflection, debriefing, handing over to another colleague, peer support, and asking for help, to deal with and recover from challenges and setbacks; maintains a positive outlook learning from success as well as setbacks	9.4 9.5		

CAPABILITIES		OUTCOMES	DESCRIPTORS	FPF	RPS IP	GPHC IP
DEMONSTRATES SELF-AWARENESS, RESILIENCE AND ADAPTABILITY	3.10	Adapts and works effectively in different environments within pharmacy by applying previous learning to new settings	Responds flexibly to working in different environments and helps others to do so; develops a structured approach to understanding the environment, activities and resource available to inform working practices, collaboration and decision making Can change pace and direction of work to accommodate and deal with unforeseen events, in day to day practice and with longer term goals	9.6		

Domain 4: Education

CAPABILITIES		OUTCOMES	DESCRIPTORS	FPF	RPS IP	GPHC IP
DEVELOPS PERSONALLY THROUGH PROACTIVELY IDENTIFYING LEARNING OPPORTUNITIES AND REFLECTING ON FEEDBACK	4.1	Demonstrates a positive attitude to self-development throughout current and towards future career; proactively seeks learning experiences to support own practice, and has a desire and motivation to try new things	Proactively seeks and engages in learning and professional development opportunities within day to day practice and beyond, to keep abreast of evolving practice, emerging safety concerns related to prescribing, and advance their knowledge and skill set Actively participates in peer review and interprofessional learning activities Contributes to developing a culture of organisational learning to inspire future and existing staff; proactively responds to feedback to shape development activities	8.1 8.2 8.3	2.8 7.5 9.1	12
	4.2	Develops a personal development plan that reflects the breadth of ongoing professional development and includes potential innovations in medicine and practice development	Regularly reflects on performance to identify personal strengths, areas for development and potential barriers to achieving these Develops a personal development plan with specific objectives to address identified learning and development needs and maintain competency across all domains; specifically includes objectives to develop prescribing practice and maintain competence; evaluates success in achieving objectives and modifies accordingly Demonstrates how elements of personal development impact upon career planning, the needs of the organisation, and facilitate moving from being a competent to proficient pharmacist Keeps up to date with innovative healthcare technologies, medicines and practice development; recognises how they can augment clinical practice and improve patient outcomes	8.5 8.6	2.8 8.1 9.1 9.3	12

CAPABILITIES		OUTCOMES	DESCRIPTORS	FPF	RPS IP	GPHC IP
DEVELOPS PERSONALLY THROUGH PROACTIVELY IDENTIFYING LEARNING OPPORTUNITIES AND REFLECTING ON FEEDBACK	4.3	Seeks feedback and support from colleagues and service users where appropriate; is receptive to information or advice given to them by others to make changes to own practice	Actively seeks and is open to receiving feedback, both positive and negative, from people, service users and colleagues Demonstrates change and improvement in practice as a result of reflecting on multi-source feedback and feedback from supervised learning events/other sources	5.2 8.7	9.1 9.3	12
SUPPORTS THE EDUCATION AND DEVELOPMENT OF COLLEAGUES	4.4	Acts as a positive role model and mentor within the pharmacy and multidisciplinary team, where appropriate	Acts as a positive role model and mentor, and supports less experienced colleagues and students to develop personal and professional values and behaviours through encouragement, motivation and support Contributes to creating a diverse and inclusive workplace culture where everyone feels respected and valued Contributes to creating an environment that promotes good physical and mental health and provides pastoral support/signposting for people with mental health problems	4.1		
	4.5	Effectively uses own expertise to provide the pharmacy and multidisciplinary team with education and training; supports and supervises less experienced members of the team	Actively seeks to share best practice, knowledge and skills with other members of the team, services users and people e.g. through educational sessions, informal discussion and feedback Plans and delivers educational activities for individuals and groups, from pharmacy, the wider multidisciplinary team, service users and individuals receiving care; develops training plans, relevant supporting material, uses teaching methods appropriate to the educational activity and considers the learners' needs Evaluates and reflects on the effectiveness of their educational activities; collates data and uses feedback to adapt approach when necessary Provides effective, timely and constructive feedback, informed by feedback models, to support the development of others Provides effective supervision for students and less experienced colleagues, identifying learning and development needs and raising concerns through appropriate channels when necessary	1.2 5.6	9.2	

Domain 5: Research

The RPS Education & Standards committee (ESC) recognises the need for greater clarity as to what constitutes the acceptable standard relating to research across the RPS post-registration curricula. During its discussion, the committee referred to the standardised definitions in the HRA Defining Research table. In this vein, the committee decided to provide greater guidance clarification as the standard as per below:

- **RPS post-registration foundation:** Acceptable activities to meet the outcome can include evidence of research and/or service evaluation using research principles. For PRF, this update to the research definition should allow candidates to learn how to undertake high quality research and service evaluation without seeking full ethics review which the committee acknowledged can create barriers. The activity at this level does not need to be solo research project nor does the research need to have been fully completed; it is about participation and exposure, not leading or demonstrating research impact on patients, at this level.

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

3.2 How does the curriculum support safe prescribing practice?

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

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

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

3.3 What core clinical assessment skills are included?

The **topic guide** includes the core set of clinical assessment skills in which post-registration foundation pharmacists must become competent by the end of their training. The list has been informed by a scoping exercise to determine the clinical assessment skills used most frequently by pharmacists in clinical practice and support identifying an acutely unwell or deteriorating person[4,5,6,7] including a core set of clinical assessment skills supports portability of the workforce and helps manage expectations amongst the wider multidisciplinary team.

The clinical assessment skills required by pharmacists are likely to evolve as new services are commissioned and the topic guide will be updated accordingly. Post-registration foundation pharmacists must be able to outline the indications for these assessments, demonstrate the correct technique, follow the appropriate procedures for gaining valid consent, and perform the assessments in an appropriate setting taking account of confidentiality, consent, dignity and respect.

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

4. Girvin, B., Akpan, U., Hampson, N., Middleton, H., Sims, L., & Barry, H. (2020). Establishing the roles undertaken and clinical skills needed by general practice-based pharmacists: a web-based survey. Pharmacy Education, 20(1): 253 https://doi.org/10.46542/pe.2020.201.249264
5. NHS Health Education England. Pre-registration Pharmacist in General Practice Handbook 2020/2021
6. Robert Gordon University Aberdeen and NHS Highland. Clinical skills and procedures logbook. Master of Pharmacy, Pharmacy Longitudinal Clerkship 2019/2020
7. Hasan Ibrahim A, Barry H, Girvin B, Hughes C. (2021) Development of a core set of clinical skills for pharmacist prescribers working in general practice: A Delphi study. *Unpublished*

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

As a minimum, individuals must be able to perform each clinical assessment skill with limited supervision/assistance to be credentialed at the end of the programme.

3.4 How will we ensure the curriculum learning content is inclusive?

The RPS is committed to celebrating the diversity of the pharmacy profession and ensuring its curricula, are inclusive and accessible to all. To ensure this, we have undertaken a full equality impact assessment of the curriculum; we encourage training programmes to review the report and consider the points raised and mitigating factors and actions.

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

- Pharmacists from different ethnicities.
- Pharmacists with disabilities.
- Pharmacists from across the spectrum of sexual orientation.
- Pharmacists from across the spectrum of gender.
- Pharmacists who work less than full-time.
- Pharmacists who have taken a break from training e.g. those taking or who have taken family-friendly leave.

4
Education & training provision

4.1 How can training against the curriculum be delivered?

To be able to successfully demonstrate the outcomes of the programme of learning, experience of working in a patient-focussed role in at least one sector of pharmacy practice is essential.

The curriculum has been designed to offer significant flexibility to employers, statutory education bodies, higher education institutions and other training providers in how learning and training is delivered. Importantly, training programmes will always need to include a GPhC-accredited higher education institution to deliver the independent prescribing training elements. Examples of how the curriculum could be delivered include, but are not limited to:

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

to be able to achieve the non-independent prescribing outcomes e.g. through experiential learning and/or formal training.

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

- An **integrated** training programme: the prescribing and non-prescribing elements are integrated into a single programme aligned to the curriculum outcomes. The higher education institution delivering the prescribing (+/- non-prescribing) element and the RPS work collaboratively and undertake a joint end-of-programme portfolio assessment (subject to GPhC approval), simultaneously awarding independent prescribing certification and an end-of-programme credential.
- A **modular** training programme: the prescribing element is delivered through a discrete independent prescribing course offered by an accredited higher education institution provider, leading to independent prescribing certification by the higher education institution. The non-prescribing element is delivered through other formal and/or vocational learning experiences. RPS undertake an end-of-programme portfolio assessment and award end-of-programme credential; separate independent prescribing certification is recognised through accreditation of prior certified learning.

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

If pharmacists wish to move to a different area of practice and/or country during their training, this will depend on the format of their training programme and should be discussed with the programme lead at the statutory education body and/or higher education institution.

Figure 6.
Training programme models

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

The standardised curriculum will enable flexibility for pharmacists who wish to gain experience in different sectors and/or countries after completion of their training.

The duration of programmes is flexible and will vary depending on the model of delivery and whether the pharmacist in training is working full time or less than full time, has any breaks during their training and their individual circumstances. There will be no time limit imposed on programmes although some programmes may include a time limit for the formal prescribing element and/or their full training programme.

The curriculum includes the core knowledge, skills, behaviours and experience required to practise safely across all sectors and countries. Additional training required to deliver services specific to each sector and/or country is out with the scope of this curriculum.

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

4.2 What types of experience should any training include?

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

To develop prescribing capabilities, pharmacists will need exposure to a variety of learning experiences which allow them to spend time with other prescribers, act as part of the multidisciplinary team and develop their clinical, diagnostic and prescribing skills. The nature of the learning experiences will vary depending on the work setting and programme, and may include directed study, self-directed study, study days (virtual or face to face) and learning in practice.

Suggested learning experiences to support the prescribing period of learning in practice include, but are not limited to:

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

In addition, all post-registration foundation programmes must meet the minimum learning time requirements defined in the GPhC Standards for the education and training of pharmacist independent prescribers.

Pharmacists will also require exposure to a multitude of professional activities which are not patient-focussed but are important for the provision of safe professional care and continuing professional development. The majority of learning experiences should be available within the individual's own workplace and can be facilitated by remote technology, where required.

Pharmacists will need experience of actively participating in local risk management, quality improvement, clinical governance and service development activities to develop their leadership and management skills. Examples may include, but are not limited to:

- Investigating a prescribing or dispensing error and implementing change to reduce future errors.
- Implementing a new public health service or intervention.
- Undertaking a quality improvement project to reduce medicines wastage.

- Undertaking an audit of prescribing adherence to the local formulary or national guideline for a clinical condition.
- Undertakes a significant event analysis when something has gone wrong.

Pharmacists will also need to gain experience in supervising and mentoring others, and

developing and delivering education interventions to the pharmacy and multidisciplinary team. Examples may include, but are not limited to:

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

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

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

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

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

To ensure pharmacists undertaking a post-registration foundation programme are well supported throughout their training, they must have a named designated prescribing practitioner, and should receive support from a named educational supervisor, and practice supervisors. While the roles of the different supervisors are different and are described below, it is possible that in some work settings/smaller organisations that one person may take on two or even three of these roles. Training programmes should consider resource when deciding on supervision arrangements. We strongly recommend individuals have access to an educational supervisor to guide their personal and professional development and support them to achieve the curriculum requirements.

We have separated the supervisor roles to make it clear that the designated prescribing practitioner has responsibility for signing off the foundation pharmacist as competent to be a pharmacist independent prescriber. We expect that, in some programmes, the educational supervisor will also have a significant role in supporting the prescribing element and may take on the designated prescribing practitioner role too.

It is advised that the learner has **regular monthly** scheduled and documented meetings with their educational supervisor and/or designated prescribing practitioner. In the absence of more formal communication structures between the educational supervisor and designated prescribing practitioner, the learner will act as a link between their supervisors through effective communication.

All supervisors should:

- be appropriately trained for their roles and understand the programme of learning, the educational approach and the assessment processes of the post-registration foundation programme.
- be positive role models.
- demonstrate cultural awareness and take active steps to promote equality and diversity, address any issues which may lead to differential attainment, and promote an inclusive culture and learning environment for all.
- provide high quality, supportive and constructive feedback which is essential for the professional development of the pharmacist, and when combined with self-reflection, promotes deeper learning.

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

Figure 7.
Recommended support structure

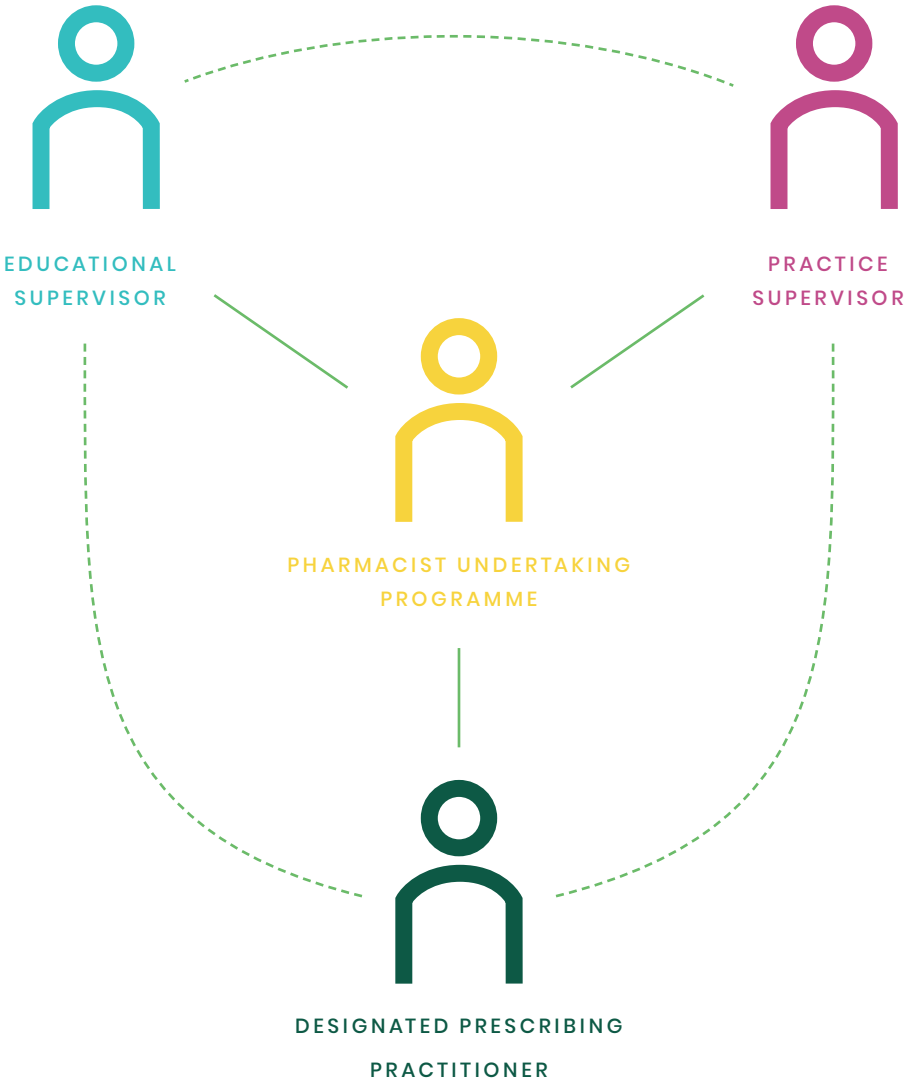
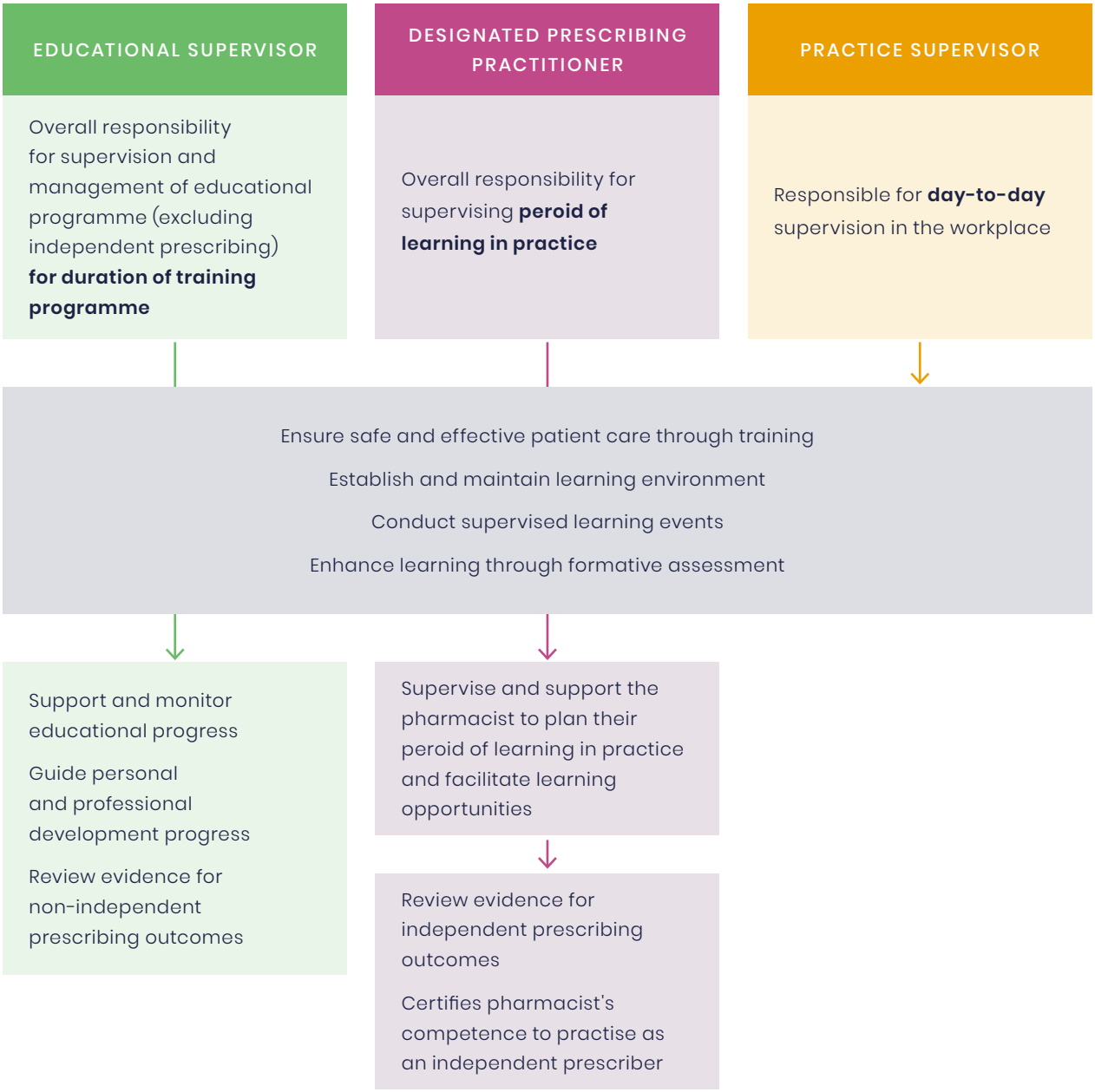


Figure 8.
Summary of supervision roles and responsibilities



4.3.1 Educational supervisors

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

The educational supervisor should:

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

4.3.2 Designated prescribing practitioners

Pharmacists must have a named designated prescribing practitioner during the formal period of learning in practice.

Designated prescribing practitioners must meet the regulatory requirements in the GPhC Standards for the education and training of pharmacist independent prescribers, and should be able to demonstrate the competencies in the RPS Competency Framework for Designated Prescribing Practitioners. They should have the capacity to adequately undertake the role and provide the required level of support and supervision to protect patient safety.

The designated prescribing practitioner will help guide the pharmacist with the professional development of their prescribing capabilities. They are expected to assess patient-facing clinical and diagnostic skills, monitor the quality of any evidence of learning submitted by the pharmacist, provide timely and effective feedback on their progress, and guide reflective practice. They have overall responsibility for confirming the pharmacist has met the independent prescribing outcomes of the programme and is competent to practise as a prescriber.

The designated prescribing practitioner is required to supervise the pharmacist during the period of learning in practice and during this time should:

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

4.3.3 Practice supervisors

Practice supervisors are responsible for day-to-day supervision in the workplace setting. This doesn't mean they need to physically work alongside the individual, but they should be available to support the learners and provide feedback to them on a frequent basis. Practice supervisors will integrate workplace learning with service provision by enabling the pharmacist to take responsibility for real-life patient management whilst managing risk to patient safety through effective clinical governance. They provide a safe and confidential environment for pharmacists to reflect on and discuss their work. Practice supervisors should be positive role models and should themselves have appropriate experience to effectively supervise the post-registration foundation pharmacist. To effectively deliver the curriculum, practice supervisors should be available to the pharmacist, provide teaching, learning and development opportunities based on the needs of the individual, provide regular and effective feedback, undertake supervised learning events, and be present to support the pharmacist when issues arise. Some elements of practice supervision may be delegated to suitably experienced members of the multidisciplinary team and practice supervision may be delivered remotely.

A practice supervisor should:

- understand how different post-registration foundation pharmacists learn best, the relevance of this to teaching and training, and is able to adapt their own style accordingly.
- understand how best to teach application of knowledge or a skill, and adapt according to the learning style of the post-registration foundation pharmacist.
- support a personalised and proactive approach to learning through learning needs analysis.
- use a variety of effective teaching methods delivered in a work-place setting.
- understand the importance of reflecting on and evaluating their own teaching/training.
- tailor and provide effective feedback to individual post-registration foundation pharmacists.
- use reflective discussion to support the learner to explore and manage challenges, complexity and other pressures in their roles.
- identify learners who are struggling, instigate initial steps in supporting trainees with difficulties, and ensure the educational supervisor and/or designated prescribing practitioner is aware of agreed steps/actions where appropriate.

There will be times when post-registration foundation pharmacists do not progress as expected and need additional support. This may result from poor performance in the workplace, extended absence from practice or other issues which prevent the learner experiencing sufficient learning and development opportunities. The practice supervisor, educational supervisor and/or designated prescribing practitioner are responsible for identifying when this is necessary and communicating with each other to enable the required support to be put in place as soon as possible. The pharmacist should always be encouraged to work with their supervisor(s) to resolve any issues affecting progress or performance and raise any concerns as part of their educational review meetings. Principles for supporting learners requiring additional support can be found in Appendix 6.1.

4.4 What types of learning should training programmes include?

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

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

4.4.1 Work-based learning

Work-based learning is a fundamental part of developing the knowledge, skills and behaviours required to meet the curriculum outcomes. Working closely with supervisors and other healthcare professionals, individuals undertaking this programme will be required to manage clinical and professional scenarios in real-life settings in order to develop the synthesis of knowledge, skills and behaviours implicit to the outcomes. This should

involve being observed, receiving feedback and reflecting on practice, all of which are fundamental to effective workplace-based learning. Remote technology can be used to help facilitate work-based learning opportunities for learners working in more isolated roles.

4.4.2 Self-directed learning

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

4.4.3 Learning with others

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

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

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

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

4.4.4 Formal learning

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

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

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

5
The programme of assessment

The programme of assessment outlines how pharmacists will be assessed against the curriculum outcomes and the tools available for formative and summative use.

5.1 What is the purpose of the programme of assessment?

The purpose of the programme of assessment is to:

- Provide a comparable assessment process for all pharmacists from across different sectors and geographical settings.
- Assess individuals' actual performance in the workplace against the curriculum outcomes
- Enhance learning through a programme of assessment which involves multiple 'low stakes' assessment, enabling individuals to receive immediate feedback in order to understand their own performance and identify areas for development
- Drive the learning process by clarifying what is required of individuals undertaking the programme and motivating them to ensure they receive suitable training, supervision, and experience
- Demonstrate learners have acquired the knowledge, skills and behaviours required to meet the curriculum outcomes and provide safe and effective care to people at this level
- Demonstrate learners meet the requirements of the GPhC Standards for the education and training of pharmacist independent prescribers
- Demonstrate learners have had the appropriate experience to meet the curriculum outcomes

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

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

For **modular** training programmes with standalone independent prescribing and non-independent prescribing education and training provision, the following **only applies** to the 13 non-independent

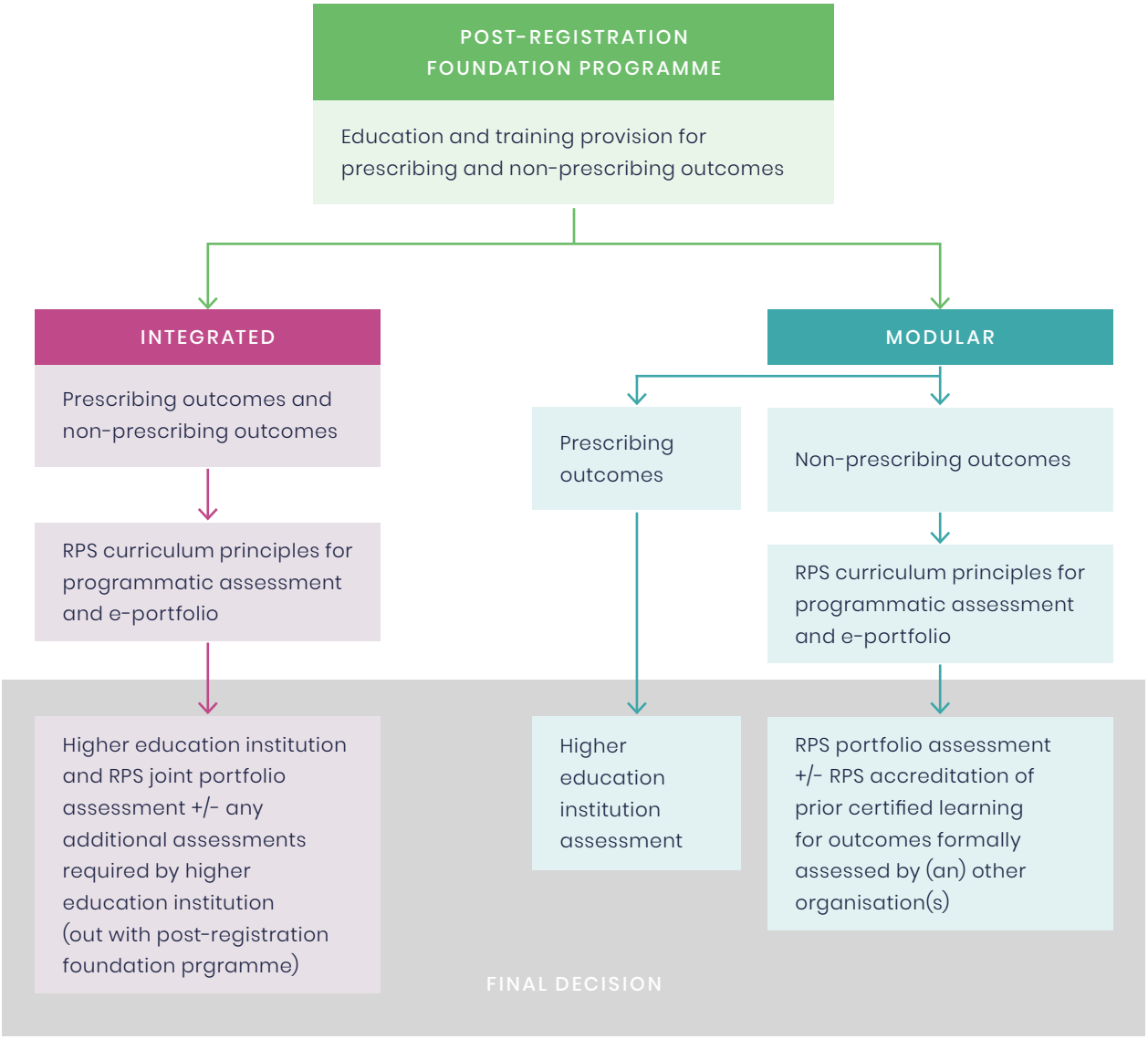
8. Some integrated programmes may require additional assessments to meet the higher education institution's academic requirements for independent prescribing. Where this is the case, these assessments will sit out with the RPS assessment programme.

prescribing outcomes assessed as part of the RPS final portfolio assessment. The learner will be automatically exempt from the assessment of the independent prescribing-related outcomes of the curriculum by uploading their Practice Certificate in Independent Prescribing. See the **assessment blueprint** in **section 5.12** for more information.

Principles for elements of the curriculum assessed with RPS involvement:

- The RPS will adopt a programmatic approach to assessment (see 5.3 for more detail).
- Learners will be required to compile an electronic portfolio (e-portfolio) evidencing their learning against the (relevant) curriculum outcomes.
- Learners will use a variety of supervised learning events to evidence their learning against the (relevant) outcomes, referring to the descriptors to help guide them on the level of performance required.

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



- The RPS has sought to ensure a flexible and authentic approach to assessment through guidance as to when and how to use each supervised learning event whilst allowing the learner and their supervisors the freedom to make an informed judgement as to which tool or combination of are most appropriate in any given learning situation.
- For some higher-stakes outcomes, mandated assessment guidance has been stated; this means that evidence mapped to these outcomes must include examples of these assessment types to be achieved. Further details on mandated assessment types can be found in the **assessment blueprint** in **section 5.12.**

5.3 What is programmatic assessment?

Programmatic assessment represents a shift away from a 'final exam to pass' to an approach which integrates lots of different tools evidencing learning throughout the programme; it is well established in other disciplines, particularly in postgraduate training. In this approach, any individual assessment represents only a single data point with limited utility, like a singular pixel not being truly representative of the full image. However, when multiple assessments are carried out over time, a clearer picture emerges of a learner's true ability.

This longitudinal approach to assessment complements the nature of the outcomes defined in this curriculum; these require the application and synthesis of knowledge, skills and behaviours to both clinical and non-clinical scenarios. Such capabilities are developed longitudinally over periods of time rather than after a discrete training course and need to be demonstrated as part of everyday performance. Assessing real life practice i.e. at the 'Does' level of Miller's pyramid will employ non-standardised methods, combine multiple assessment formats, and rely on professional judgement to make sure learners have met the outcomes and expected level of performance set out in the descriptors. Assessment needs to be authentic and any attempt to standardise it will reduce its value. This is where a programmatic approach provides a more effective way of assessing individuals rather than more traditional assessment approaches. Programmatic assessment aims to simultaneously optimise the decision making and learning function of assessment.

Programmatic assessment is based on the following principles which will form the basis of this programme of assessment:

1. **Each assessment represents a single data point which has inherent flaws** – any judgment made through a single assessment instrument involves a compromise of some kind and doesn't establish change or growth. This programme of assessment will therefore use meaningful triangulation where all domains are informed by information about the learner's strengths and weakness from multiple assessment instruments and methods.
2. **Each assessment event must be optimised for learning** – assessment drives learning; the assessment programme dictates what and how the learner will learn with the learner always trying to maximise strategies for success in the final assessment. Therefore, each assessment event must be designed to promote the types of learning conducive to developing the capabilities required at this level of practice.
3. **Quality feedback is essential** – each learning event should be formative and produce meaningful feedback for the learner. The recommended support offered by supervisors, mentors, peers, patients and colleagues should promote self-directed learning and progress. Creating trusting relationships with individuals with whom all assessment and feedback information is shared and discussed is educationally very effective.
4. **There are no 'bad' assessment types** – the choice of a particular assessment instrument or method depends entirely on the educational justification of this method at that given moment. Any assessment instrument is valid as long as it serves its intended purpose, the users take time to give/reflect on feedback, and a narrative is documented.
5. **Professional judgment is indispensable** – to assess the capabilities described in this curriculum, judgments from as wide a range of people as possible, including patients, peers, colleagues and other healthcare professionals, are fundamental to effectively measuring performance. The use of professional judgments should be weaved throughout this programme of assessment and will form the basis of the high-stakes final progression decision.

6. **Low stakes assessments can be aggregated to make high stakes decisions** – in programmatic assessment, pass/fail decisions are removed from any single assessment event, making all assessment events (e.g. supervised learning events) "lower stakes" assessment; this is, however, not to be confused with 'no stakes'. The final summative assessment is a high stakes decision and will be based on interpreting the combination of results from a variety of assessment methods, undertaken longitudinally, such as whether an individual is ready to prescribe.

7. **Stakes and number of assessment events are related** – the higher the stakes in terms of risk to patient safety, the more robust the information needs to be to inform decisions around performance of an individual against the programme of learning. Therefore, as detailed in the assessment blueprint below, outcomes most directly linked to patient safety are considered high stakes and require many more data points (individual assessments or pieces of evidence) to make a decision on an individual's competence than outcomes which are medium or low stakes. In this programme of assessment, this data will inform two types of decisions:

    - **Intermediate progress reviews** – formative checkpoints involving the learner and supervisory team to review progress and may result in further supportive actions put in place to ensure continued progress.

    - **Final summative decision** – the high stakes critical progression point, based on numerous data points, reviewed holistically by a competency committee. The outcome of this decision will inform whether an individual has satisfactorily met the curriculum requirements to be credentialed.

8. **Effective quality assurance and robust procedures add to the trustworthiness of high-stakes decision making** – stakeholders must have confidence in the high-stakes decision as to whether an individual demonstrates the capabilities to be a safe prescriber. This decision will be supported by quantitative and qualitative data and aggregation of information requires credible and trustworthy professional judgment. An independent competency committee will be appointed to review the portfolio of learning and assessment data, weighing up the information and deliberating to arrive at a mutually informed decision. Making progression decisions by committee helps mitigate the inherent bias from singular subjective judgements. Further details on the competency committee can be found in **section 5.13.**

5.4 What is a supervised learning event?

Supervised learning events provide an important opportunity for authentic learning and development in the workplace and are used successfully within other healthcare disciplines. All supervised learning events undertaken as part of this programme should involve a formative aspect ensuring the pharmacist receives immediate high-quality feedback, allowing them to reflect on their own performance and identify areas for development against the outcomes. It is not possible to pass or fail a supervised learning event, but they will be reviewed as part of the final summative assessment to determine if the individual has met the curriculum outcomes. Most encounters experienced in day to day practice can provide an opportunity for reflection and/or feedback and this process should, as a rule of thumb, occur weekly. Learners will obtain most benefit from undertaking supervised learning events if they receive feedback from a variety of different people, including the multidisciplinary team.

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

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

5.5 What supervised learning event tools need to be available to assess learners in practice on the e-portfolio?

A range of supervised learning event tools should be included within the post-registration foundation e-portfolio that individuals undertaking the programme, as well as their supervisors and collaborators, can use to record learning and demonstrate progress towards the outcomes. All of the supervised learning event tools below have been selected to sample highly integrated skills and outcomes at the top of all learning taxonomies and provide feedback on the learner's performance in practice. Individuals are not expected to use all of the tools and we recognise some tools lend themselves better to particular working environments or using remote technology.

ASSESSMENT TOOL	DESCRIPTION
DIRECT OBSERVATION SUPERVISED LEARNING EVENTS	
Acute Care Assessment Tool (ACAT)	Evaluates the individual's clinical assessment and management, decision making, team working, time management, record keeping prioritisation and handover over a continuous period of time across multiple patients. Can be used in all sectors.
Case Presentation (CP)	Evaluates the individual's ability to orally present a case to colleagues.
Direct Observation of Non-Clinical Skills (DONCS)	Evaluates the individual's non-clinical skills.
Direct Observation of Practical Skills (DOPS)	Evaluates the individual's ability to undertake a practical procedure.
Journal Club Presentation (JCP)	Evaluates the individual's ability to deliver an effective learning experience to others.
Mini-Clinical Evaluation Exercise (mini-CEX)	Evaluates a global clinical encounter with a patient and assesses the synthesis of essential information for clinical care such as history taking, communication, examination and clinical reasoning.
Teaching Observation (TO)	Evaluates the individual's ability to deliver an effective learning experience to others.
INDIRECT OBSERVATION SUPERVISED LEARNING EVENTS	
Case Based Discussion (CbD)	Retrospectively evaluates the individual's input into patient care. A structured discussion is undertaken remotely from the patient and is used to explore clinical reasoning, decision making and application of clinical knowledge in practice
Leadership Assessment Skills (LEADER)	Evaluates the individual's leadership and teamworking capabilities
Quality Improvement Project Assessment Tool (QIPAT)	Evaluates the individual's ability to undertake a quality improvement project

OTHER TOOLS	
Multi-source Feedback (MSF)	Evaluates the individual's performance using feedback from colleagues
Patient/Carer Feedback (PCF)	Evaluates the individual's communication and consultation skills from the patient's perspective
Patient/Carer Feedback Reflection (PCFR)	Allows the individual to reflect on the feedback
Reflective Account (RA)	Flexible tool for individuals to document reflection and learning from a wide range of settings

Where the learner uses approved remote technology to record video or telephone consultations for the purpose of a supervised learning event, the recording should be stored out with the e-portfolio and the learner/supervisor should follow their programme guidance for gaining consent and managing the audio or visual recordings (e.g. security, confidentiality, storage, disposal).

5.6 What other evidence types can be used in addition to supervised learning events?

Evidence types additional to supervised learning events will also be required to demonstrate achievement of the curriculum outcomes. The individual undertaking this programme is free to upload any evidence type they feel demonstrates achievement of the curriculum outcomes. Examples could include, but are not limited to, the following:

- Published journal articles or research
- Conference abstract/poster
- Copies of anonymised written feedback from patients and colleagues
- Copies of anonymised documents evidencing active involvement in e.g. significant event analysis, risk management activities, service developments, formulary management
- Videos or recordings of presentations and/or meetings
- Development courses
- Learning logs
- Anonymised documented responses to clinical enquiries about medicines
- Personal development plans

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

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

For some of the outcomes, we consider it necessary for the learner to be directly observed in practice and in most cases, it would be acceptable to use remote technology to facilitate this. However, we have identified a small number of outcomes where we feel the learner should be observed face to face in real time to ensure behaviours such as body language and non-verbal cues can be fully observed to support their development and training needs. Any mandatory evidence requirements are detailed in the assessment blueprint below. Where demonstration of performance in practice is required, supervised learning events including multi-source feedback are likely to form the highest quality of evidence upon which an educational supervisor, designated prescribing practitioner or review panel can base their judgement.

In addition, we suggest a **minimum of three** pieces of discrete evidence mapped to each outcome. We understand that some individuals may prefer a prescriptive number of pieces of evidence needed per outcome; however, given the wide range of potential roles and evidence types available, it would be very difficult to set a meaningful maximum number relevant to all potential applicants. It is important to prioritise the generation of high-quality evidence across a breadth of clinical/other encounters rather than the quantity of assessments completed. The number of pieces of evidence mapped to an outcome will depend on the individual being assessed, their area of clinical practice, the stakes rating of the

outcome and the range and breadth of the evidence presented. We recommend that individuals review the outcome descriptors to ensure their evidence is relevant and in line with the level of performance described in these. It is also advised that supervisors and collaborators are familiar with the descriptors to ensure the narrative recorded on supervised learning events articulates if the learner has demonstrated the required level of performance.

The **assessment blueprint** shows the recommended assessment tools for each outcome; it is, however, at the individual's discretion as to which assessment tool they choose to evidence each outcome. It is not expected for the individual to use all the recommended potential tools below for each outcome – these are provided simply as guidance and the assessment tools used will depend on the nature of the learning and the educational context.

5.8 Is there a requirement for reflective practice?

Evidence of reflective practice should flow longitudinally through the evidence. Where possible, reflective accounts should be supplemented with other validating evidence supporting the reflections. It is recognised that it may not always be possible to undertake contemporaneous reflection if some time has elapsed since the learning event; if this is the case, examples of retrospective reflection are equally acceptable.

5.9 What are the outcome stakes ratings and what do these mean in terms of evidence requirements?

In line with the programmatic assessment approach, each outcome has been given a stakes rating of either **H**igh, **M**edium or **L**ow based on their potential risk to patient safety.

The number of assessment data points in the e-portfolio should be proportionate to its stakes to inform robust decisions involving patient safety i.e. the higher the stakes rating for an outcome, the more evidence of learning should be mapped to that outcome. Individuals are therefore advised to ensure those outcomes stated as high stakes are supported by as wide a range of robust evidence as possible.

The stakes rating does not relate to the importance of the outcome. **All of the curriculum outcomes should be considered as equally important in terms of demonstrating post-registration foundation level practice and all outcomes must be achieved in the programme of assessment to be credentialed.**

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

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

The RPS post-registration foundation e-portfolio is available to support training and has been specifically designed to meet the functionality requirements of this curriculum. If used, post-registration foundation programme partners, including higher education institutions and statutory education bodies, would be provided with access to reporting functions within the RPS e-portfolio; the RPS is happy to work with partners to facilitate any requests for additional requirements to meet their individual quality assurance and management needs.

However, we recognise that some statutory education bodies, training providers and/or employers may already have an existing online portfolio and wish to use it to record and compile evidence against the curriculum requirements. If this is the case, for any RPS assessed elements, the e-portfolio will need to meet the following principles:

- Each learner will engage with the curriculum by maintaining an up to date e-portfolio
- The e-portfolio will be used to record appraisal meetings, personal development plans, supervised learning events and any other content which provides evidence towards achievement of the (relevant) curriculum outcomes and clinical assessment skills
- The e-portfolio must contain the supervised learning event templates defined above and these should be consistent with the agreed format for consistency in assessment
- Supervisors will use e-portfolio evidence to sign off outcomes and inform intermediate progress reviews

- Anyone observing or providing feedback to learners (called **collaborators**), including any supervisors, will need access to the e-portfolio to undertake supervised learning events, record feedback and provide judgments and narrative against the outcomes.
- The e-portfolio should enable a quick overview of aggregated information to help identify learners who may require additional support
- Assessor interfaces for final assessment of the e-portfolio must be as similar as possible to ensure consistent assessor experience
- The e-portfolio content must comply with information governance principles and will not include any patient identifiable data or otherwise sensitive information

5.11 What is the process for deciding an individual has met the curriculum requirements?

Educational supervisors and designated prescribing practitioners are required to make professional judgements as to whether the evidence presented in the e-portfolio demonstrates achievement of the curriculum outcomes and other core curriculum requirements. The process depends on the training delivery model and is summarised below:

The designated prescribing practitioner must provide a formal confirmation once they are satisfied of the pharmacist's competence in prescribing. We recommend that there are agreed mechanisms, between those involved in the post-registration foundation programme, for coordinating supervision, oversight of progress and agreeing that the post-registration foundation pharmacist has met the curriculum requirements.

CURRICULUM REQUIREMENT	INTEGRATED	MODULAR
OUTCOMES	The evidence mapped to the outcomes will be reviewed by the individual's supervisor(s). It is likely the designated prescribing practitioner will review the independent prescribing outcomes and the educational supervisor will review the non-independent prescribing outcomes, but this may vary across training programmes depending on the supervision structure.	Uploading the independent prescribing certificate provides evidence that the outcomes annotated 'IP outcomes'[9] in the assessment blueprint have been met. This applies to all of the outcomes in domains 1&2 and outcomes 3.6, 4.2 and 4.3. No further evidence is required for these outcomes. The educational supervisor will review the evidence mapped to the non-independent prescribing outcomes to ensure they have been met
CLINICAL ASSESSMENT SKILLS	The individual must have three Direct Observation of Practical Skills (DOPS) for each clinical assessment skill. These should have been completed over the course of the training programme and not all at the end. The minimum level for each clinical assessment skill is: 'Able to perform the procedure with limited supervision/assistance'.	The learner is required to demonstrate they can competently perform each skill through certification of previous training. Any outstanding core clinical assessment skills should be assessed via Direct Observation of Practical Skills (DOPS), in line with the assessment blueprint

9. RPS post-registration foundation outcomes which map to the GPhC Standards for the education and training of pharmacist independent prescribers (2019) and the RPS Competency Framework for all Prescribers (2016)

5.12 Assessment blueprint

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

1. **Assessment tools**
   - The table shows the possible methods of assessment for each outcome. It is not expected that every assessment tool will be used will be used for each of the outcomes and additional evidence may be used.
2. **Integrated programmes**
   - the full assessment blueprint applies
3. **Modular programmes**
   - **curriculum outcomes** – the assessment blueprint is only applicable to the non-independent prescribing curriculum outcomes which will be assessed as part of the final RPS portfolio assessment. This is annotated in the blueprint.
   - **core clinical assessment skills** - any of the clinical assessment skills included in the topic guide that have not been assessed during the standalone independent prescribing course should be assessed as per the assessment blueprint.

	OUTCOMES	STAKES[1]	IP OUTCOME	ACAT	DOPS	MINI-CEX	CBD	RA	MSF	PCF	DONCS	CP	JCP	TO	QIPAT	LEADER	MANDATORY EVIDENCE REQUIREMENTS[2]
1.1	Communicates effectively with people receiving care and colleagues	H	×	×	×	×	×	×	×	×		×	×				Direct observation* Evidence of feedback from those being communicated to
1.2	Treats others as equals and with dignity and respect, supporting them regardless of individual circumstances or background; actively promotes this in their practice	H	×	×	×	×	×	×	×	×							Indirect observation
1.3	Consults with people through open conversation; explores physical, psychological and social aspects for that person, remaining open to what a person might share; empowers the person creating an environment to support shared decision making around personal healthcare outcomes and changes to health behaviour	H	×	×	×	×	×	×	×	×							Direct observation*

OUTCOMES		STAKES[1]	IP OUTCOME	ACAT	DOPS	MINI-CEX	CBD	RA	MSF	PS	DONCS	CP	JCP	TO	QIPAT	LEADER	MANDATORY EVIDENCE REQUIREMENTS[2]
1.4	Demonstrates empathy; seeking to understand a situation from the perspective of each person	M	×	×	×	×	×	×	×	×							Direct observation
1.5	Always keeps the person at the centre of their approach to care	H	×	×		×	×	×	×	×							Direct observation
1.6	Supports and facilitates the seamless continuity of care for each person	H	×	×		×	×	×	×	×							Indirect observation
1.7	Builds strong relationships across the multidisciplinary team; works in partnership to promote positive outcomes	H	×	×		×	×	×	×								Direct observation
1.8	Demonstrates confidence in speaking to healthcare professionals across the multidisciplinary team; seeking to use appropriate language to influence others	H	×	×		×		×	×								Direct observation
1.9	Recognises the value of members of the pharmacy and multidisciplinary team across the whole care pathway, drawing on those both present and virtually, to develop breadth of skills and support own practice; delegates and refers appropriately, using the expertise and knowledge of others	M	×	×		×	×	×	×								Direct observation
1.10	Supports members of the multidisciplinary team in the safe use of medicines and to meet the individual needs of those receiving care; effectively influences the decision-making process across the team regarding medicines, where appropriate	M	×	×		×	×	×	×								Direct observation
2.1	Applies evidence based clinical knowledge and up to date guidance to make suitable recommendations or take appropriate actions with confidence	H	×	×	×	×	×	×	×			×					Direct observation
2.2	Undertakes a holistic clinical review of a person and their medicines to ensure they are appropriate	H	×	×	×	×	×	×		×		×					Direct observation

	OUTCOMES	STAKES[1]	IP OUTCOME	ACAT	DOPS	MINI-CEX	CBD	RA	MSF	PS	DONCS	CP	JCP	TO	QIPAT	LEADER	MANDATORY EVIDENCE REQUIREMENTS[2]
2.3	Gathers information and takes histories proficiently; conducts clinical examinations and assessments; develops diagnostic skills	H	×	×	×	×	×	×		×							Direct observation*
2.4	Accesses and critically evaluates appropriate information to make evidence-based decisions in an efficient and systematic manner; ensures high attention to detail is maintained when making decisions regarding the person receiving care	H	×	×		×	×	×				×					Indirect observation
2.5	Manages uncertainty and risk appropriately	H	×	×		×	×	×				×					Direct observation
2.6	Takes the cost-effectiveness of a decision into account where necessary, working to the appropriate formulary	M	×	×		×	×	×									Indirect observation
2.7	Proactively recognises and corrects the overuse of medicines; positively impacts on the usage and stewardship of medicines at an individual and population level	H	×	×		×	×	×							×		Indirect observation
2.8	Analyses and uses data and digital technologies to inform clinical decision making, and improve clinical outcomes and patient safety	M	×				×	×				×				×	
2.9	Actively practises honesty and integrity in all that they do; upholds a duty of candour	H	×	×		×	×	×	×	×							Indirect observation
2.10	Is accountable and responsible for own decisions and actions, understanding the potential consequences of these decisions across the whole care pathway	H	×	×	×	×	×	×									Indirect observation
2.11	Works within ethical guidelines and legal frameworks, including consent and confidentiality; seeks to gain permission from the person before accessing confidential records where necessary	H	×	×	×	×	×	×	×								Indirect observation
2.12	Recognises and works safely within own level of competence, understanding the importance of working within this; knows when it is appropriate to escalate a situation or refer	H	×	×	×	×	×	×	×								Indirect observation

	OUTCOMES	STAKES[1]	IP OUTCOME	ACAT	DOPS	MINI-CEX	CBD	RA	MSF	PS	DONCS	CP	JCP	TO	QIPAT	LEADER	MANDATORY EVIDENCE REQUIREMENTS[2]
3.1	Proactively demonstrates and promotes the value of pharmacy to the public and other healthcare professionals	L						×	×		×	×				×	
3.2	Communicates vision and goals to the broader team to support with achieving group tasks	L						×	×		×					×	Direct observation
3.3	Critically analyses business needs; is mindful of commercial aspects within the pharmacy context; recognises the changes to and the opportunities within the future role of pharmacists; seeks out opportunities to modify own approach and deliver/ promote new pharmacy services	L						×			×	×			×	×	
3.4	Draws upon networks to understand the range of clinical, medicines-related and public health activities offered by pharmacy across sectors and the care pathway	M					×	×								×	
3.5	Is open to new approaches and ways of completing work tasks and appropriately challenges others to consider change to improve the quality of care; shares own innovative ideas to improve working practices, both internally and externally	M						×	×		×	×			×	×	
3.6	Effectively identifies and raises concerns regarding patient safety; applies principles of risk management; seeks to improve the quality and safety of the use of medicines routinely	H	×	×		×	×	×	×		×	×			×	×	
3.7	Demonstrates self-awareness and emotional intelligence within the role, reflects on and understands the impact a situation may have on one's own health and wellbeing	M						×	×							×	
3.8	Remains composed even in challenging or high-pressured situations; develops and draws upon support network in challenging situations	H					×	×	×		×					×	Indirect observation
3.9	Effectively, efficiently and safely manages multiple priorities; maintains accuracy when in a challenging situation; manages own time and workload calmly; demonstrating resilience	H						×	×		×					×	Indirect observation
3.10	Adapts and works effectively in different environments within pharmacy by applying previous learning to new settings	M						×	×		×					×	Indirect observation

	OUTCOMES	STAKES[1]	IP OUTCOME	ACAT	DOPS	MINI-CEX	CBD	RA	MSF	PS	DONCS	CP	JCP	TO	QIPAT	LEADER	MANDATORY EVIDENCE REQUIREMENTS[2]
4.1	Demonstrates a positive attitude to self-development throughout current and towards future career; proactively seeks learning experiences to support own practice, and has a desire and motivation to try new things	M						×			×						
4.2	Develops a personal development plan that reflects the breadth of ongoing professional development and includes potential innovations in medicine and practice development	M	×	×	×	×	×	×	×	×	×	×	×	×	×	×	
4.3	Seeks feedback and support from colleagues where appropriate; is receptive to information or advice given to them by others to make changes to own practice	M	×	×	×	×	×	×	×	×	×	×	×	×	×	×	
4.4	Acts as a positive role model and mentor within the pharmacy and multidisciplinary team, where appropriate	M						×	×							×	
4.5	Effectively uses own expertise to provide the pharmacy and multidisciplinary team with education and training; supports and supervises less experienced members of the team	M						×	×		×	×	×	×			Direct observation
5.1	Seeks to be involved in research activities; actively disseminates outcomes to appropriate audiences	L						×	×		×	×	×			×	
	CORE CLINICAL ASSESSMENT SKILLS																
	See topic guide for list of core clinical assessment skills	H			×												Direct observation*

Key

ACAT	Acute care assessment tool
CbD	Case based discussion
CP	Case presentation
DONCS	Direct observation non-clinical skills
DOPS	Direct observation of procedural skills
IP	Independent prescribing
JCP	Journal club presentation
LEADER	Clinical leadership assessment skills
Mini-CEX	Mini-clinical evaluation exercise
MSF	Multisource feedback
PCF	Patient/Carer Feedback
QIPAT	Quality improvement project assessment tool
RA	Reflective account
TO	Teaching observation

1. **H** = high stakes, **M** = medium stakes, **L** = low stakes
2. **Direct observation:** Learner must be observed undertaking activities. Can be done remotely and/or retrospectively (NB includes MSF and PS). *must be face to face

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

   Blank: No interaction required

5.13 How should pharmacists receive high quality feedback during programmes?

Assessment **for** learning (*formative* assessment) = **Supervised learning event**
Assessment **of** learning (*summative* assessment) = **Assessment of performance**

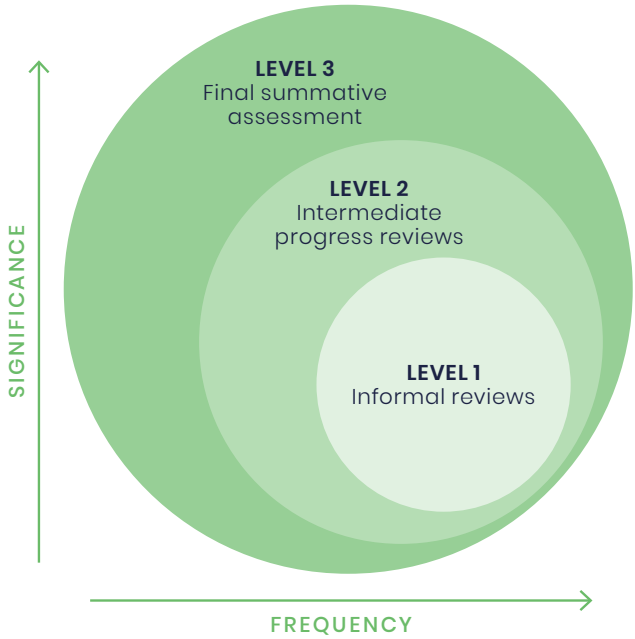
The provision of high-quality formative feedback to inform learning is essential to effective programmatic assessment. The individual undertaking the programme should receive regular formative feedback from a wide range of sources, including from, but not limited to, the following people:

- Collaborators observing the individual whilst undertaking supervised learning events.
- Colleagues from both within and outside of their organisation.
- Colleagues from the wider pharmacy team.
- Colleagues from the wider multidisciplinary team.
- Both peers and more senior individuals.
- Patients.

Formative assessment opportunities through the supervised learning events should encourage individuals working towards post-registration foundation level practice to reflect on their practice and learning needs. It is expected that the final portfolio will contain evidence of formative feedback from a range of sources with evidenced progression as a result of this feedback.

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

Figure 10.
Levels of review



Level 1: Informal reviews

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

LEVEL 2: INTERMEDIATE PROGRESS REVIEW

In addition to the monthly informal review meetings between the learner and their educational supervisor and/or designated prescribing practitioner, we strongly recommend including a more formal intermediate progress review at least every **six months**.

The purpose of the intermediate progress review is to:

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

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

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

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

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

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

Before the review:

- **the learner** should self-assess their progress by completing a learning needs analysis. This allows them to reflect on their progress and identify areas for development. They should also update their personal development plan and ensure their portfolio is up to date by mapping completed evidence to the curriculum outcomes
- **the supervisor** should select a sample of evidence (a minimum of five supervised learning events/ other evidence types) from different domains to inform a holistic discussion during the meeting. They should consider the quality and range of evidence, check supervised learning events have been undertaken with a variety of assessors, and ensure the learner has included meaningful reflection. The purpose of this is to ensure the evidence meets the required standard and allows any potential issues to be resolved in a timely manner, before the final summative assessment.

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

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

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

5.14 How does the final credentialing assessment work?

Depending on the training model, the process will be slightly different. Decisions to submit should be supported by the individual's supervisor(s) (if they have one).

INTEGRATED TRAINING PROGRAMME

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

- All of the curriculum outcomes and clinical assessment skills have been achieved
- Any additional summative assessments required by the higher education institution to meet their academic regulations have been completed

MODULAR TRAINING PROGRAMME

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

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

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

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

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

POST-REGISTRATION FOUNDATION COMPETENCY COMMITTEES

Post-registration foundation competency committees are based on the concept of clinical competency committees which are recognised in the literature as an effective approach to reaching final decisions on individuals' progression through a programmatic approach to learning and assessment.

Post-registration foundation competency committee members will independently undertake a holistic review of the individual's portfolio content including, but not limited to, supervised learning event feedback, patient/carer feedback, multi-source feedback, other evidence formats, action plans, reflective accounts and the intermediate progress reviews. The post-registration foundation competency committee will then have a group discussion to agree if the curriculum requirements have been met.

Post-registration foundation competency committees will consist of at least three panel members; where this process also serves as the final summative assessment for independent prescribing (i.e. integrated training programmes), one panel member must be from the academic team at the learner's university. Additional members must represent the following roles:

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

Including educational and practice supervisors as panel members brings knowledge and expertise of post-registration foundation training to the panel and through exposure to the post-registration foundation competency committee process, reinforces the importance of these roles within post-registration foundation training.

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

Standard met – the individual has provided satisfactory evidence to demonstrate achievement of all the core post-registration foundation pharmacist curriculum outcomes under assessment.

Standard not met – the individual has not provided satisfactory evidence to demonstrate achievement of all the post-registration foundation pharmacist curriculum requirements under assessment. Clear feedback will be provided as to which outcomes have not been met and why and the individual will need to be reassessed in one or more domains of the curriculum. The individual will not be required to resubmit evidence for those domains where the FPCC agreed all the outcomes in that domain had been met.

Insufficient evidence – while some of the evidence provided indicated that the individual may be practicing at the expected level, the gaps in the evidence were such that the committee was unable to confidently conclude the outcome had been fully achieved. The individual will be required to resubmit for reassessment of the domain(s) where there was insufficient evidence provided. The individual will not be required to resubmit evidence for those domains where the FPCC agreed all the outcomes in that domain had been met.

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

All members of the foundation pharmacist competency committees pool undergo mandatory training delivered by the RPS prior to assessing live portfolios; this session includes mitigating bias. Any conflicts of interest must be declared by assessors prior to assessing portfolios to ensure independence in decision making. Assessment activity and application of the standard are also monitored as part of our ongoing quality control measures.

5.15 How is the final credentialing assessment to be quality assured?

Quality assurance mechanisms are in place to ensure the continued quality of the programme of assessment to ensure assessment outcomes are fair and valid. These include:

- The provision of detailed guidance for those undertaking the programme as well as other stakeholders involved in their learning to ensure transparency in the expected standard and assessment process.
- All those undertaking the programme, including those submitting for the assessment, will be invited to provide feedback on their experience to inform future improvement.
- Learner performance and assessment outcome data will be subjected to psychometric analysis which will be reviewed regularly by RPS Post-registration Foundation Pharmacist Assessment Panel and the RPS Education & Standards Committee. These governance structures are responsible for reviewing longitudinal performance trends.
- Guidance and training are provided to supervisors and collaborators to ensure they understand their roles and responsibilities and to improve the quality of the support and feedback provided during the programme.
- Robust operational processes are in place to ensure consistency and fairness in the running of the post-registration foundation competency committees.
- Members of the post-registration foundation competency committee pool will be subjected to mandatory training prior to reviewing live portfolios.
- Members of the post-registration foundation competency committee pool will be asked to declare any potential conflicts of interest with candidates to ensure an independent and fair assessment.
- The programme of assessment will be independently reviewed by an assessment expert after its first year to ensure it is valid and fit for purpose. The curriculum, including the programme of assessment, will also be subject to annual review by the subcommittee of Post-registration Foundation Assessment Panel to ensure it remains relevant to practice.
- A transparent appeals process will be available to individuals undergoing assessment if they believe their outcome has been affected by procedural or administrative irregularities.

5.16. How is prior certified learning recognised?

The RPS is committed to avoiding burdensome duplication of assessment but also recognises its duty to protect patients and the public by ensuring those credentialed through this programme have the requisite knowledge, skills, behaviours and experience to practise safely. We will achieve this through an accreditation of prior certified learning process; this will only be used to exempt learners from curriculum outcomes as part of the wider RPS post-registration foundation credential and will not be linked to any higher education institution award.

Accreditation of prior certified learning gives recognition to learning which has been formally assessed and for which a certificate has been awarded; this process avoids duplication of assessment for individuals undertaking this programme. The process of giving recognition is based on a comparison of any previously certified level of performance against the outcomes and descriptors defined in this curriculum's programme of learning.

The RPS will consider accreditation of prior certified learning applications by applying the following principles:

- accreditation of prior certified learning will only be awarded for high-stakes outcomes relating to prescribing (as per the assessment blueprint) if the individual has been awarded a Practice Certificate in Independent Prescribing for a course accredited by the GPhC (see below)
- accreditation of prior certified learning may be awarded to exempt individuals from being assessed against medium-stakes and low-stakes outcomes
- All accreditation of prior certified learning requests must be relevant, authentic and valid
- All accreditation of prior certified learning requests must be at the equivalent level of performance as described in this curriculum's programme of learning

- Patient safety must never be compromised

  If an individual has already been awarded a Practice Certificate in Independent Prescribing, their certificate should be uploaded to their e-portfolio and the following accreditation of prior certified learning applies:

- Curriculum outcomes annotated 'IP outcome' in assessment blueprint – exempt
- Core clinical assessment skills – the individual is required to demonstrate they can competently perform each skill through certification of previous training. Any outstanding core clinical assessment skills should be assessed via Direct Observation of Practical Skills (DOPS), in line with the assessment blueprint

  If an individual has achieved certified learning through other postgraduate institutions, e.g. Diploma/Master's qualification or other certified course, this may be able to exempt them from the assessment of relevant medium and/or low-stakes outcomes.

  In order to determine this, the individual will need to submit an accreditation of prior certified learning application for review by an RPS accreditation of prior certified learning assessor. The individual will need to provide a copy of the relevant certificate and/or transcript, information on the curriculum outcomes and/or assessment criteria and will need to undertake a mapping exercise to demonstrate which outcomes the certified learning meets.

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

5.16 How do we ensure the final credentialing assessment will be inclusive and any potential bias will be mitigated?

The RPS is committed to developing and delivering inclusive assessments which allow any individual to demonstrate the curriculum outcomes without bias.

In addition to the measures outlined in **section 3.5**, to ensure our programme of assessment specifically is fair for all, the RPS has a number of measures in place to mitigate bias and discrimination against learners with protected characteristics. These include:

- Promoting inclusivity and diversity in our assessment governance structures to ensure their membership mirrors the diversity of those undertaking the assessment programmes.
- Ensuring assessment panels have undertaken mandatory training, including around conscious and unconscious bias.
- Tasking our assessment panels and overarching quality governance board with monitoring and addressing differential attainment in our assessment programmes.
- Collating and transparently publishing equality and diversity data related to assessment performance.
- Providing clear reasonable adjustment processes for anyone undertaking the assessment who requires them on the grounds of a disability.

6 Appendices

6.1 Learners requiring additional support

Definition

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

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

- Capability
- Health/personal factors
- Conduct

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

PRINCIPLES FOR SUPPORTING LEARNERS REQUIRING ADDITIONAL SUPPORT

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

1. Patient safety should always be the primary consideration
2. Fair, consistent and transparent processes should be easily accessible by all parties
3. Early identification of learners requiring additional support and exploration of issues wherever possible to try and prevent issues from escalating
    - It is the responsibility of the practice supervisor(s) and other colleagues who the learner is working with to identify early warning signs and report these promptly to the educational supervisor (and designated prescribing practitioner if related to prescribing practice).
    - Establish and clarify the facts and circumstances by collating evidence from as many sources as possible to make an accurate assessment before meeting the learner.
    - Assessment data can also support identifying learners who are struggling, for example:

- lack of engagement – no supervised learning events completed in the last three months
- concerns about capability – previous five supervised learning events are below expected level of performance for that stage of the programme

- Explore underlying cause or causes
  - Clinical performance (knowledge, skills, communication)
  - Personality and behavioural issues (professionalism, motivation)
  - Sickness/ill health (personal/family stress, carer frustrations, financial)
  - Learning difference or physical disability (learning difference may by undiagnosed)
  - Environmental issues (organisational, workload, bullying, harassment)
  - Consider need for external advice (e.g. Human Resources) or referral (e.g. Occupational Health).
  - The escalation pathway will depend on the seriousness and persistence of the concerns and where considered necessary, the employer, education commissioning body and training provider will need to be informed.

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

7
Bibliography

Albritton TA, Fincher RM, Work JA (1996). Group evaluation of student performance in a clerkship. *Academic Medicine*, 71(5), pp 551– 552.

AoMRC (2015) Guidance for standard setting: A framework for high stakes postgraduate competency-based examinations, https://www.aomrc.org.uk/wp-content/uploads/2016/05/Standard_setting_framework_postgrad_exams_1015.pdf

British Pharmacological Society. Ten principles of good prescribing. Available at https://www.bps.ac.uk/education-engagement/teaching-pharmacology/ten-principles-of-good-prescribing (accessed 7th October)

Coderre S, Woloschuk W, McLaughlin K (2009) Twelve tips for blueprinting. *Medical Teacher,* 31(4), pp 322-324

Duitsamn M.E., Fluit C.R.M.G., van Alfen-van der Velden JAEM, de Visser M, ten Kate-Booij M, Dolmans D.H.J.M., et al (2019). Design and evaluation of a clinical competency committee. Perspectives on Medical Education 8(1) ; 1-8

Doll A, Wright D. (2017) Pharmacy Competency Panels and e-portfolio Discovery Phase: Final report. Health Education England.

Downing, SM (2003) Validity: on the meaningful interpretation of assessment data. Medical Education, 37(9), pp 830-837

General Medical Council (GMC) (2011) Assessment in undergraduate medical education Advice supplementary to Tomorrow's Doctors (2009), GMC, London, https://www.gmc-uk.org/-/media/documents/Assessment_in_undergraduate_medical_education___guidance_0815.pdf_56439668.pdf

General Medical Council (2017) Designing and maintaining postgraduate assessment programmes, https://www.gmc-uk.org/-/media/documents/designing-and-maintaining-postgraduate-assessment-programmes-0517_pdf-70434370.pdf

General Medical Council (2017) Excellence by design: standards for postgraduate curricula, https://www.gmc-uk.org/-/media/documents/excellence-by-design---standards-for-postgraduate-curricula-0517_pdf-70436125.pdf

General Pharmaceutical Council (2021) Standards for the initial education and training of pharmacists https://www.pharmacyregulation.org/sites/default/files/document/standards-for-the-initial-education-and-training-of-pharmacists-january-2021.pdf

General Pharmaceutical Council (2019) Standards for the education and training of pharmacist independent prescribers https://www.pharmacyregulation.org/sites/default/files/document/standards-for-the-education-and-training-of-pharmacist-independent-prescribers-january-19.pdf

Girvin, B., Akpan, U., Hampson, N., Middleton, H., Sims, L., & Barry, H. (2020). Establishing the roles undertaken and clinical skills needed by general practice-based pharmacists: a web-based survey. *Pharmacy Education*, *20*(1), pp 253-253

Harden, RM, Crosby, JR, Davis, MH (1999) 'An introduction to outcome-based education' in ed Lilley, P, Outcome-based education AMEE Medical Education Guide No 14

Health Professional Assessment Consultancy (HPAC) (2016) Final Report for the provision of identifying key principles for consistency and reliability in curricula and assessment frameworks

Hauer KE, Chesluk B, Lobst W, Holmboe E, Baron RB, Robert B, et al (2015). Reviewing residents' competence: a qualitative study of the role of clinical competency committees in performance assessment. *Academic Medicine*, 90 (8), pp 1084– 1092

Hauer KE, ten Cate O, Boscardin CK, Lobst W, Holmboe ES, Baron RB, et al (2016). Ensuring resident competence: a narrative review of the literature on group decisiojnj making to inform the work of clinical competency committee. ***Journal of Graduate Medical Education***, 8(2), pp 156-164

Kerr NL, Tindale RS (2004). Group performance and decision making. *Annual Review of Psychology*, 55 (1), pp 623– 655.

Kinnear B, Warm EJ, Hauer KE (2018): Twelve tips to maximize the value of a clinical competency committee in postgraduate medical education, *Medical Teacher,* DOI: 10.1080/0142159X.2018.1474191

Manley, K. (1997) A conceptual framework for advanced practice: an action research project operationalising an advanced practitioner/nurse consultant role, Journal of Clinical Nursing, 6 (3), pp.179-190

Michaelsen LK, Watson WE, Black RH. A realistic test of individual versus group consensus decision making. *Journal of Applied Psychology*. 1989; 74 (5), pp 834– 839.

Miller, G. (1990). The assessment of clinical skills/competence/performance. Academic Medicine, 65, S63-S67.

NHS Health Education England. Pre-registration Pharmacist in General Practice Handbook 2020/2021 https://www.hee.nhs.uk/sites/default/files/documents/Programme%20Handbook%20-%20July%2020_2.pdf

NHS Health Research Authority. UK Policy Framework for Health and Social Care Research https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/uk-policy-framework-health-social-care-research/uk-policy-framework-health-and-social-care-research/Last updated 6/05/2020, Accessed 4/01/2021

Pena A (2010) The Dreyfus model of clinical problem-solving skills acquisition: a critical perspective. Medical Education Online, 15: 4846 - DOI: 10.3402/meo.v15i0.4846 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2887319/pdf/MEO-15-4846.pdf

Regan de Bere, S, Suzanne Nunn, Mona Nasser (2015) Understanding differential attainment across medical training pathways: A rapid review of the literature Final report prepared for The General Medical Council, GMC commissioned literature review, www.gmcuk.org/GMC_Understanding_Differential_Attainment.pdf_63533431.pdf

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

Royal College of General Practitioners (2019) RCGP

Curriculum: Being a General Practitioner, https://www.rcgp.org.uk/-/media/Files/GP-training-and-exams/Curriculum-2019/RCGPJ7408-Being-A-GP-Curriculum-WEB-v21910.ashx?la=en

Royal College of Paediatrics and Child Health (2018) RCPCH Progress Paediatric curriculum for excellence, https://www.rcpch.ac.uk/sites/default/files/2018-10/RCPCH_Progress_CurriculumV1.pdf

Royal College of Physicians (2019) Curriculum for Internal Medicine Stage 1 Training, https://www.jrcptb.org.uk/sites/default/files/IM_Curriculum_Sept2519.pdf

Royal Pharmaceutical Society (2016) A Competency Framework for all Prescribers www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Prescribing%20competency%20framework/prescribing-competency-framework.pdf?ver=2019-02-13-163215-030

Royal Pharmaceutical Society (2019) A Competency Framework for Designated Prescribing Practitioners https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/DPP%20Framework/DPP%20competency%20framework%20Dec%202019.pdf?ver=2019-12-18-150746-160

Royal Pharmaceutical Society (2019) The RPS Foundation Pharmacist Framework https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Foundation/RPS%20Foundation%20Pharmacy%20Framework.pdf?ver=2019-11-13-134125-950

Schuwirth, L. W. T. and C. P. M. Van der Vleuten (2011). Programmatic assessment: From assessment of learning to assessment for learning. *Medical Teacher,* 33 (6), pp 478-485.

Schuwirth, L. W. T. and C. P. M. Van der Vleuten (2012). Programmatic assessment and Kane's validity perspective. Medical Education, 46 (1), pp 38-48.

Soleas, E., D. Dagnone, D. Stockley, K. Garton and R. van Wylick (2020). Developing Academic Advisors and Competence Committees members: A community approach to developing CBME faculty leaders. *Canadian medical education journal,* 11 (1), e46-e56.

Thoma, B., V. Bandi, R. Carey, D. Mondal, R. Woods, L. Martin and T. Chan (2020). Developing a dashboard to meet Competence Committee needs: a design-based research project. Canadian medical education journal ,11 (1), e16-e34.

Tochel, C., A. Haig, A. Hesketh, A. Cadzow, K. Beggs, I. Colthart and H. Peacock (2009). The effectiveness of portfolios for post-graduate assessment and education: BEME Guide No 12. *Medical Teacher,* 31 (4), 299-318.

Van Der Vleuten, C. P. M., L. W. T. Schuwirth, E. W. Driessen, M. J. B. Govaerts and S. Heeneman (2015). Twelve Tips for programmatic assessment. *Medical Teacher,* 37 (7), 641-646.

Woolf, C, Rich, A, Viney, R, Rigby, M, Needleman, S, Griffin, A (2016) Fair Training Pathways for All: Understanding Experiences of Progression Final Report, www.gmcuk.org/2016_04_28_FairPathwaysFinalReport.pdf_66939685.pdf

ROYAL
PHARMACEUTICAL
SOCIETY