ROYAL PHARMACEUTICAL SOCIETY

Core Advanced Pharmacist Credentialing

Collaborator Guidance

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Section 1 – Introduction

Who is this document designed for?

This document is aimed at **collaborators** supporting candidates undertaking RPS advanced pharmacist credentialing.

Collaborators are individuals who support candidates to record their learning by undertaking supervised learning events (SLEs) e.g., a member of the team who contributes to a 360-review, a patient who completes a survey or a colleague who observers a candidate carrying out a practical procedure on a patient etc. It is recommended that all collaborators, excluding patients, read this guidance in full prior to undertaking an SLE as part of the advanced pharmacist credentialing assessment programme.

What is the purpose of the document?

This guidance document is intended to be used as a supporting document to highlight key information from the RPS Core Advanced pharmacist curriculum and provide guidance on the credentialing assessment process. Advanced pharmacist credentialing is available to all pharmacists practising in patient-focussed roles i.e., pharmacists whose roles have a direct influence on the care of individual patients and/or patient populations. It is applicable to pharmacists working in England, Scotland, Wales and Northern Ireland.

Collaborators can be any individual in an appropriate position to make a judgment on the pharmacist's performance. They may be another healthcare professional, a non-clinical colleague or a patient. Collaborators do not need to be other pharmacists and do not need to be a member of the RPS to support the pharmacist to undertake SLEs. Some collaborators may carry out a SLE whilst others may undertake multiple SLEs over a period of time. Other collaborators may have more formal roles supporting the pharmacist to reflect on their progress through the curriculum.

What is the RPS advanced pharmacist curriculum?
Based on the RPS Advanced Pharmacy Framework, and the RPS Core Advanced pharmacist curriculum it articulates the entry-level knowledge, skills, behaviours and levels of performance expected of advanced pharmacists. The curriculum outcomes in turn form the basis of a robust programme of assessment against which individuals will be credentialed.

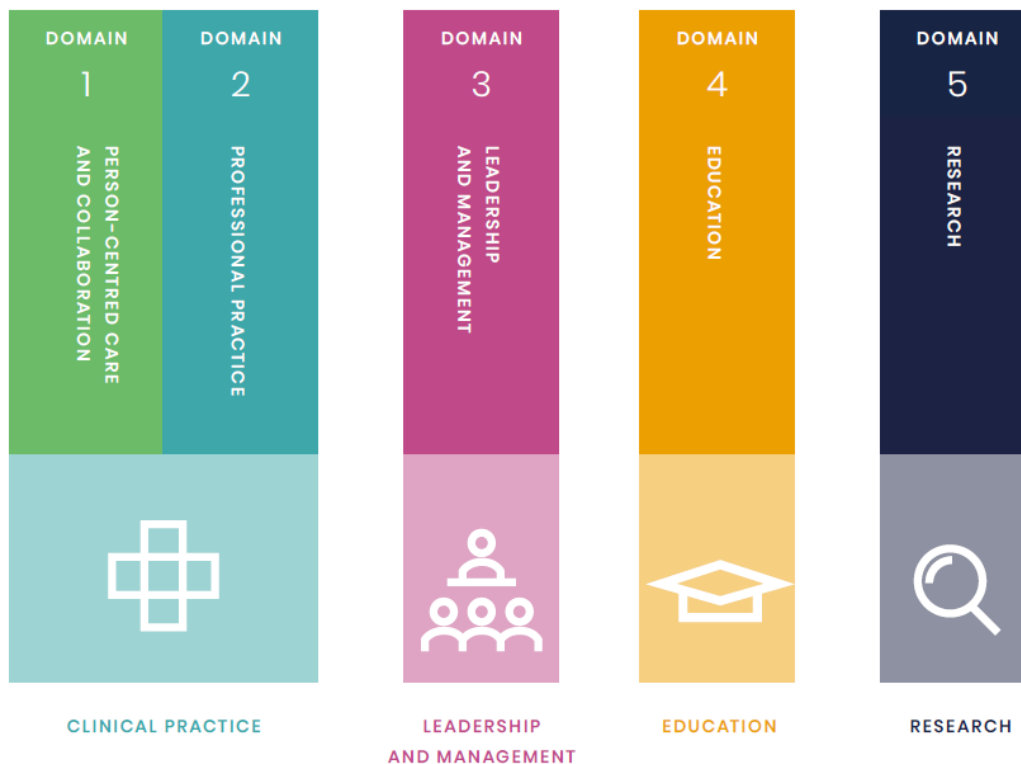The outcomes-based curriculum is comprised of five domains:

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

The curriculum has been developed in line with the RPS Curriculum Development Quality Framework which defines the standards to be met by any RPS post-registration pharmacy curriculum.

Section 2 – Curriculum content

The advanced pharmacist curriculum is made up of **five** domains, each made up of a set of capabilities, learning outcomes and descriptors aligned closely to the four pillars of advanced practice.

The four pillars of advanced practice

DOMAIN 1	DOMAIN 2	DOMAIN 3	DOMAIN 4	DOMAIN 5
PERSON-CENTRED CARE AND COLLABORATION	PROFESSIONAL PRACTICE	LEADERSHIP AND MANAGEMENT	EDUCATION	RESEARCH
CLINICAL PRACTICE		LEADERSHIP AND MANAGEMENT	EDUCATION	RESEARCH

Key curriculum definitions

Domains are collections of commonly themed capabilities and learning outcomes. There are **five** domains in the advanced pharmacist programme of learning.

Capabilities are high-level, complex professional capabilities which are flexible and adaptive in a wide range of contexts; they require the complex synthesis of multiple outcomes in a domain which is required to manage real-life clinical scenarios. Each of the domains in this programme of learning is made up of between **one to three** capabilities and there are **twelve** capabilities in total in the programme of learning.

Outcomes describe what needs to be demonstrated by pharmacists by the end of the programme; these describe the knowledge, skills, behaviours and experience of entry-level consultant practice. Candidates will be assessed against these outcomes in the programme of assessment. The programme is made up of **twenty four** learning outcomes.

Descriptors detail the level and depth of performance required to demonstrate satisfactory achievement of the curriculum outcomes. They provide greater detail for pharmacists undertaking the programme on what is expected of them in practice to reach the required standard.

Domains, capabilities, outcomes, and descriptors

The final column indicates mapping of the outcomes in this curriculum to the outcomes in the RPS Advanced Pharmacy Framework (2013)

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**	**APF**
Communicates effectively when dealing with challenging situations, placing the person at the centre of any interaction.	1.1 Communicates complex, sensitive and/or contentious information effectively with people receiving care and senior decision makers.	Critically appraises complex information from a range of sources and communicates this clearly and confidently and in a format suitable for the intended audience, including senior stakeholders. Appropriately and effectively utilises different communication media, including face to face, telephone, written, video, social media and digital, to effectively engage with the intended audience (including patients, carers and senior stakeholders) within and beyond their care setting. Collects all pertinent information through active listening skills, effective questioning, and recognising and responding to verbal and nonverbal cues; ensures the individual feels valued and listened to. Anticipates and identifies barriers to effective communication, adapts verbal and non-verbal communication style and deploys techniques to improve communication in a way that is responsive to the person'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). Effectively adapts verbal and non-verbal communication in challenging situations demonstrating empathy and valuing the other person's point of view to achieve a suitable outcome. This includes managing hostility and significant conflict, overcoming resistance or hesitancy, the delivery of distressing or upsetting information, and/or engaging appropriately with people who are distressed, suffering from acute severe physical (e.g., pain), mental, emotional illness or trauma. Employs and adapts appropriate communication techniques based on consultation models or frameworks to robustly explore the person's ideas, concerns, and expectations. Communicates information about complex treatment regimens, including no treatment, and can clearly describe the risks and benefits of their use in terms which can be understood by the person (patient/ carer/ relative/ healthcare professional) including where decision aids are lacking, or evidence is ambiguous. Presents sensitive and/ or contentious information clearly and confidently to a broad range of stakeholders, including senior stakeholders, appropriately managing any arising conflict.	2.1

				N/A
N/A	1.2	Demonstrates cultural effectiveness through action; values and respects others, creating an inclusive environment in the delivery of care and with colleagues.	Is aware of prejudices faced by different groups both in the workplace and when accessing healthcare and takes steps to negate the influence of these in their own practice and the practice of others, considering the impact of intersectionality. Creates a culture in the pharmacy and multidisciplinary team that is inclusive and respectful of people's and colleagues' religious, cultural and ethical beliefs, and their ideas and feelings. Proactively demonstrates equity and fairness in all aspects of day-to-day practice and promotes this in the wider team. Ensures they meet all their responsibilities under equality and human rights legislation and holds others to account. Challenges inappropriate behaviour and attitudes which are discriminatory, dealing with or escalating issues as appropriate. Gives positive practical support to people (colleagues or those accessing care) who may have learning support needs, be neurodiverse, feel vulnerable, victimised or unfairly treated. Is aware of unconscious bias and takes steps to minimise this through education, inclusive practice and representation.	N/A
Delivers person-centred care for individuals with complex needs.	1.3	Always keeps the person at the centre of their approach to care when managing challenging situations; empowers individuals and, where necessary, appropriately advocates for those who are unable to effectively advocate for themselves.	Places the highest priority on the needs (health, social, emotional, cultural) of individuals receiving care and effectively balances this with competing priorities. Discusses and collaboratively agrees goals of treatment with individuals receiving care. Respects the autonomy of individuals to make decisions about their own care, even when this differs to their own professional opinion. Assesses the capacity of individuals to make decisions with respect to the care being delivered by the pharmacist and effectively manages situations where capacity is lacking, following best practice in applying relevant legislation. Recognises people who may need support in articulating their healthcare needs and takes steps to enable this. Advocates for individuals who are unable to advocate for themselves.	N/A

Collaborates with stakeholders in the wider pharmacy and multidisciplinary team to promote a collaborative approach across their team and/or organisation.	1.4	Builds strong relationships with colleagues working as part of multidisciplinary teams influencing the delivery of positive healthcare outcomes at a team and/or organisational level.	Is sought by colleagues in the wider pharmacy and multidisciplinary team to collaborate in the delivery of care for people with complex needs and/or the development or delivery of services for groups of patients. Has excellent working relationships with senior multidisciplinary colleagues, working in partnership to ensure safe and effective patient care, including challenging the status quo when needed. Fosters effective team working through collaboration and creates a team dynamic and culture where all team members are encouraged to collaborate. Develops networks that extend beyond their care setting, organisation and/or area of clinical practice. Works collaboratively across their organisation to develop, promote, and implement guidelines, policies, and strategies to influence change within their organisation.	2.2
2.1	1.5	Gains co-operation from senior stakeholders through effective influencing, persuasion and negotiation.	Clearly articulates recommendations as reasoned arguments for senior stakeholders in a range of settings to deliver improved outcomes for individuals and/or groups of service users. Respectfully, but assertively, presents opinions and recommendations that may be different to existing strategies, positively influencing the outcomes with their expertise.	2.1
2.2	1.6	Recognises, and respects, the role of others in the wider pharmacy and multidisciplinary team; optimises the care delivered for individuals and groups through appropriate delegation and referral.	Is sought as a reliable source of expertise, for complex cases, by a range of established and advanced clinicians from within the pharmacy and wider multidisciplinary team. Seeks advice from and/or uses appropriate onward referral mechanisms to enable patients to access care from the most appropriate clinician or care provider within primary or secondary care. Delegates work appropriately to members of the pharmacy team or wider multidisciplinary team to deliver high standards of care, maximising the potential of the team. Develops and implements ways of working that recognises contributions and maximises the output of the team.	2.2

DOMAIN 2: PROFESSIONAL PRACTICE			
CAPABILITIES	**OUTCOMES**	**DESCRIPTORS**	**APF**
Applies advanced clinical knowledge and skills in the delivery of care for individuals or groups with complex needs.	2.1 Delivers care using advanced pharmaceutical knowledge and skills for individuals and/or groups with highly complex needs, including where evidence is limited or ambiguous.	Applies clinical knowledge and skills to autonomously identify, prioritise and optimise medicines and other treatments in the management of people with complex medical, psychological and/or social needs. Recognises the psychological, social and physical impact of complex health/mental health problems on the person and takes appropriate action to support them to manage their conditions and medicines. Provides expert advice and clinical input to other senior and specialist clinicians in the delivery of holistic person-centred care, including pharmaceutical care, where evidence is limited or ambiguous. Anticipates pharmaceutical and clinical issues in individuals or groups with complex needs and acts appropriately and proportionately to minimise their impact. Enables the application of innovative healthcare technologies e.g., genomic medicine, digital health solutions, artificial intelligence and advanced therapeutic medicinal products. Collaborates with the multidisciplinary team in the care of complex patients and/or patient populations based on the evidence-base and/or best practice.	1.1 1.3
	2.2 Undertakes a holistic clinical review of individuals with complex needs, using a range of assessment methods, appropriately adapting assessments and communication style based on the individual.	Undertakes a person-centred consultation and/or clinical assessment* for people with complex medical, psychological and/or social needs in an appropriate setting taking account of confidentiality, consent, dignity and respect. Systematically performs physical and non-physical clinical examinations and assessments and is able to interpret physical signs accurately, adapting the process based on the needs of the individual (including cultural, physical and psychosocial needs). Autonomously requests and interprets relevant examinations and investigations to support assessment, diagnosis, monitoring and management of people with complex needs in a systematic and efficient manner. Makes appropriate clinical decisions in line with clinical decision-making tools, recognising the potential limitations of the tools employed and when alternative approaches should be employed. Formulates appropriate differential diagnoses and applies clinical judgement to people with complex needs to arrive at a working diagnosis. Appropriately triages and prioritises people for review or intervention. Uses clinical reasoning to appropriately prioritise interventions for individuals as part of a treatment plan, while employing a collaborative and shared decision-making approach.	N/A

			*Clinical assessment includes history-taking; identifying risk factors; mental health assessments; requesting, undertaking and/or interpreting diagnostic tests; and conducting health needs assessments.	
	2.3	Demonstrates effective clinical reasoning skills, making autonomous, evidence informed, person-centred decisions about treatment for individuals or groups with complex clinical needs, managing risk in the presence of significant uncertainty.	Autonomously makes appropriate clinical decisions and prescribing interventions (adding, stopping, stepping down and/or optimising medication) for people with complex needs, ensuring the treatment plan is documented clearly and communicated to all relevant clinicians involved in the patients care. Receives and appropriately answers a variety of medicine related and clinical enquires from senior and specialist clinicians and individuals and carers with complex needs. Manages clinical uncertainty by critically appraising existing evidence, which may be limited or ambiguous and best practice guidance and applying it to individuals with complex needs.	1.3
	2.4	Acts to improve the health of the population and reduce health inequalities.	Accesses local and national data and resources to identify relevant local population health priorities and drivers for inequality. Identifies and implements population health interventions to improve the overall health of individuals and groups for whom they provide care and to reduce health inequalities. Utilises appropriate techniques (e.g., behaviour change techniques) to meaningfully engage and motivate people to improve their health, including those with complex healthcare, social and psychological needs or have previously been unable to successfully engage with self-care interventions. Takes action to improve accessibility to care for those from communities which may find it more challenging. Acts to improve the health literacy of people to improve their access to care. Acts to manage the complexity of intersecting factors that contribute to health inequality e.g., language barriers, neurodiversity, socio-economic factors, cultural factors.	N/A
Assures the professional practice of self and supports effective performance of others.	2.5	Makes, and is accountable for, own decisions and takes responsibility for performance at a team and/or service level.	Demonstrates a critical understanding of their broadened level of responsibility and autonomy. Is accountable for clinical decisions and treatment plans developed for patients with complex medical, psychological and social needs. Proactively seeks feedback from a range of sources, including those for whom they provide care, using appropriate methods. Uses data e.g., key performance indicators, audit, and/or quality improvement methodologies, to monitor their own practice and the performance of the service and/or team.	1.2 4.3

				APF
	2.6	Defines and articulates own advanced scope of practice to others; uses professional judgement to appropriately seek help when needed for complex and/or high-stakes decisions.	Can define and articulate the limits of own competence and professional scope of practice. Seeks advice or uses appropriate onward referral mechanisms to enable patients to access care from the most appropriate clinician or care provider within primary or secondary care. Appropriately identifies and mitigates the potential risks of their actions or inaction in care delivery. Demonstrates professional judgement in appropriately seeking help for activities that are beyond their scope or level of practice. Reviews the impact of their practice as part of the service to identify learning and/or alter their scope of practice.	1.4

DOMAIN 3: LEADERSHIP AND MANAGEMENT				
CAPABILITIES		**OUTCOMES**	**DESCRIPTORS**	**APF**
Enhances the delivery of local pharmacy healthcare services through leadership; manages change effectively to deliver demonstrable improvements to care.	3.1	Pro-actively contributes to defining a strategic vision for their team and/or service in collaboration with other senior stakeholders; engages others to support the delivery of the strategic vision.	Collaborates with senior decision makers, providing input into defining a strategic vision for their team and/or service, ensuring alignment with existing and emerging organisational and national policies. Engages appropriate stakeholders from within and beyond their immediate care setting in developing strategy or vision at a team and/or service level. Supports team members to set objectives that are aligned to the organisational strategy and vision. Communicates purpose and vision clearly, influencing individuals from across teams and/or professional groups to work together to achieve a common goal. Actively seeks contributions of ideas and solutions from across the team to improve services including amplifying the voices of those who may feel marginalised or disenfranchised. Makes, and effectively communicates, decisions at a team and/or service level to achieve organisational goals. Demonstrates authenticity, integrity, and role-modelling, leading by example at a team and/or service level. Takes appropriate steps to mitigate barriers to achieving a strategic vision at a team, service and/or organisational level.	3.3 4.8
	3.2	Motivates and supports individuals and/or teams to improve performance.	Communicates strategic vision effectively with individuals and/or teams, breaking it down into discrete operational deliverables; ensures individuals and/or teams understand how they contribute to achieving the vision. Sets appropriate goals and objectives for individuals and/or teams which align to organisational strategies; helps to motivate individuals to achieve these. Provides effective feedback to individuals/teams that recognises good performance and identifies areas for improvement, engaging meaningfully in providing support in areas for improvement.	4.5 5.1

			Responds to poor performance effectively and supports access to development opportunities. Appropriately escalates ongoing concerns in line with organisational performance management policies whilst recognising and considering systemic issues that may exist within performance management and complaints procedures.	
			Acts as a role model to colleagues by demonstrating high levels of professionalism; treating all involved with dignity and respect.	
			Recognises the differences in the people they work with, including the barriers or systemic limitations that they may have had to face and takes appropriate supportive actions.	
			Acts as a role model supporting the pharmacy team and other healthcare professionals with issues relating to professional practice.	
3.6 4.7	3.3	Demonstrates team leadership, resilience and determination, managing situations that are unfamiliar, complex and/or unpredictable to deliver positive outcomes at a team and/or service level.	Manages competing priorities at a team and/or service level, balancing risk and delivering positive outcomes.	3.6 4.7
			Creates a culture within the team which promotes and encourages innovation and/or improvement to services.	
			Creates a team culture that normalises learning from errors; supports others to learn from incidents/near misses to improve practice.	
			Directs and manages a diverse team workload effectively whilst maintaining quality and consideration for individuals receiving care and team members.	
			Supports and monitors a team's ability to achieve deadlines for day to day and longer-term tasks through effective management, prioritisation, delegation and facilitation.	
			Takes ownership of significant and serious problems, including resolving errors or incidents that have occurred.	
			Identifies issues which impact on safe and effective delivery of services and identifies appropriate solutions and/or escalates appropriately.	
			Recognises the difference between system issues impacting on individual and/or team performance as opposed to individual performance/resilience and acts accordingly.	
			Recognises the link between effective team working and safe service delivery and acts accordingly.	
Uses evidence, policies, resources and data as part of quality improvement to shape local service delivery to provide high standards of care and improve outcomes.	3.4	Critically analyses data as part of quality improvement and/or innovation in the development and delivery of services, the identification and mitigation of medicines-related risks, and the management of resources.	Interprets, adapts and applies current and emerging local and national medicines related guidelines and policies in the development and delivery of pathways and services at a local level.	3.1 3.4 3.5 4.2 4.6
			Places service users at the centre of any service change, engaging them in identifying and co-producing solutions.	
			Considers the impact of changes to services on inequalities e.g., impact on access, disproportionate impact on people with certain protected characteristics.	
			Employs quality improvement methodologies in the development and monitoring of improvements to services.	
			Analyses local and national data, including service user feedback and data relating to inequalities, in the delivery, development and improvement of clinical and pharmaceutical services.	

			Contributes to developing and implementing new working practices to demonstrably improve outcomes from medicines and care, including for people disproportionately disadvantaged by the current service. Utilises data-driven approaches to deliver quality improvement, change management and prioritisation of issues at an individual, population, service and/or organisational level that positively impacts on the safe and effective use of medicines. Is responsible for the appropriate utilisation of resources (financial and/or staffing); uses robust data to monitor and/or allocate resource. Contributes to business cases to support further resource and/or reconfigure current resource.	
	3.5	Works collaboratively with multi-disciplinary resources across care settings to develop and implement strategies to manage risk and improve safety and outcomes from medicines and care delivery.	Collaborates with the pharmacy and multi-disciplinary teams within and beyond their own care setting in the development and delivery of, and management of risks associated with, pharmaceutical and clinical services. Contributes to the clinical governance agenda in their area of clinical practice, providing medicines related expertise to the multi-disciplinary team. Takes responsibility at a team and/or service level for contributing to national/global priorities or initiatives to improve safe and effective use of medicines e.g., reducing antimicrobial resistance, reducing harm from medicines, reducing inappropriate polypharmacy. Shares work with the wider pharmacy/healthcare team, across healthcare organisations and/or settings to ensure innovation is shared and adopted. Leads and manages the implementation of complex projects and programmes at a team and/or service level. Works with the pharmacy and multidisciplinary team to investigate errors, near misses and critical incidents, using appropriate tools e.g., significant event analysis, human factors and/or root cause analysis. Identifies trends/patterns in medicines related errors and coherently articulates identified risks to appropriate senior stakeholders, working with them to develop and introduce mitigations, monitoring the impact of any changes on patient safety. Adheres to and promotes appropriate governance and equality principles in delivery of services (e.g., information governance, financial regulations, safeguarding, EQIAs etc.).	3.2 4.1 4.4 4.9
Demonstrates resilience in effectively managing challenging, high-pressured situations.	3.6	Demonstrates emotional intelligence when managing challenging and complex situations; remains composed and de-escalates potential and actual conflict situations.	Is receptive to challenge and prepared and able to challenge others constructively and sensitively. Identifies own feelings, cognitive biases, emotions and prejudices; understands how these can affect their own behaviour and decision making, and how these can impact on working relationships (cultural competence), and delivery of care. Recognises the factors that increase the pressure faced at work and takes steps to mitigate and manage these to continue delivering care appropriately.	N/A

		Identifies factors that can enhance or negatively impact on team dynamics; anticipates potential challenges within the team and takes action to minimise these.	
		Demonstrates compassionate leadership, displaying empathy when managing challenging situations, recognising the factors that may contribute to a negative response from team members and/or service users.	
		Employs strategies to avoid and de-escalate conflict while allowing for robust conversation where there are differences of opinion.	
		Provides support to colleagues when managing challenging and/or high-pressure situations, appropriately stepping in and/or escalating if necessary.	
		Reflects on challenging situations and supports team members to debrief and reflect.	

Domain: 4 Education				
CAPABILITIES		**OUTCOMES**	**DESCRIPTORS**	**APF**
Develops themselves and others, by identifying learning needs and providing supervision, mentorship and support.	4.1	Reflects on practice to critically assess own learning needs and pro-actively engages in professional development.	Critically assesses and addresses own learning needs; develops an appropriate personal development plan to maximise clinical skills and knowledge as well as their own potential to lead and develop both care and services. Proactively seeks and engages in learning and professional development opportunities, in line with their personal development plan, staying up to date with evolving practice and implementing this at a team or service level. Instigates and participates in peer review and interprofessional learning activities. Demonstrates how their personal development reflects the needs of the people who access their services or for whom they provide care as well as the needs of their organisation and their own career aspirations. Proactively considers equality, diversity and inclusion as part of their personal development plan. Uses appropriate tools to actively seek feedback, both positive and negative, from individuals receiving care, service users and colleagues, mentees and learners; is open to and acts on the feedback received.	N/A
	4.2	Supervises others' performance and development; provides high quality feedback, mentorship, and support.	Supervises others in the workplace, taking responsibility for evaluating their performance against defined standards and/or agreed objectives, making formative and where appropriate summative judgements and/or assessments. Undertakes educational needs assessments with others to support their development. Helps others to develop by engaging, appraising and responding to their motivation, development stage and capacity, supporting them to produce an appropriate plan for their development with specific objectives to address identified learning needs. Acts as a positive role model and guides colleagues from across pharmacy and the wider team in developing professional values and through encouragement, motivation and support. Advocates for and actively contributes to a culture of organisational learning, that is inclusive, places a high value on education and promotes learning from errors, to inspire future and existing staff.	5.2 5.4

			Provides effective, timely, supportive and constructive feedback to support the development of others' clinical and non-clinical skills, employing appropriate assessment techniques and tools to support the process (e.g., SLEs). Uses appropriate techniques to mentor and develop others. Fosters autonomy and facilitates learning by encouraging critical thinking in those that they supervise and/or mentor. Identifies and supports learners experiencing difficulties, including liaising with relevant supervisor(s), interfacing with employment performance management procedures and ensuring agreed steps/actions are shared as appropriate. Articulates decision making processes and justifies the rationale for decisions when teaching or training others. Work in partnership with learners, other healthcare professionals providing supervision and/or programme providers to confirm the competence of the learner. Takes a person-centred approach to teaching and training in practice, including appropriate information sharing and consent processes.	
Develops and delivers high-quality educational interventions that demonstrate impact at a team and/or organisational level.	4.3	Designs and delivers educational interventions that impact at a team and/or organisational level, supporting members of the pharmacy team, wider multi-disciplinary team, and/or service users, to safely and effectively use medicines.	Applies best practice in clinical education, including the principles of delivering effective and inclusive learning, training and assessment to groups of learners. Develops educational interventions based on evidence of the learning need (e.g., through feedback, analysis of errors, etc.). Develops and delivers educational interventions e.g., training sessions, that are evidence-based. Supports the development of the pharmacy and wider team to build capacity and capability through work-based and interprofessional learning, and the application of learning to practice. Actively engages in contributing to the development of curricula, educational resources and/or assessments for pharmacy and/or multi-disciplinary learners. Considers the needs of the learner when planning and delivering educational interventions, planning and producing materials that meet those needs. Develops educational interventions (including materials) for people receiving care that support health literacy and empower individuals to participate in decisions about their care and to maximise their health and well-being. Collaborates with educational specialists within and/or external to their organisation to develop and deliver education provision. Evaluates the equity, effectiveness and impact of their education-related activities and outcomes; collates data and feedback, adapting their approach when necessary.	**5.3** **5.5** **5.6**

		Employs appropriate and inclusive teaching methods to facilitate learning in practice and adapts to individual learner needs.	

DOMAIN 5: RESEARCH				
CAPABILITIES	**OUTCOMES**		**DESCRIPTORS**	**FPF**
Critically evaluates and applies the evidence base to inform practice.	5.1	Interprets and critically appraises the evidence base to inform practice and care delivery at a team and/or service level.	Identifies relevant published literature related to their practice; critically appraises literature with peers e.g., participation in journal clubs and/or peer review sessions. Critically appraises the outcomes of relevant research, evaluation, and audit to inform, develop, and improve their own practice and service delivery. Interprets and appropriately applies the evidence-base to care delivery and/or the development and revision of guidelines and pathways to improve local service delivery and outcomes for people receiving care.	6.1 6.5
Undertakes research and/or quality improvement, using appropriate methods, to improve healthcare outcomes at a team and/or service level.	5.2	Identifies gaps in the evidence base; uses appropriate methods for addressing the identified gap(s), generating new evidence.	Critically analyses evidence base; identifies gaps in evidence relevant to their area of clinical practice. Creates valid research questions to adequately address the service and/or patient need. Collaborates with others to develop research or quality improvement protocols, selecting appropriate method(s) to address the research question or service gap, and ensuring ethical approval where appropriate. Reviews the output of their research or quality improvement activity and considers the practical implications; identifies potential need for further activity to strengthen evidence for best practice. Develops, implements, and reviews a research and improvement strategy at the team or service level in line with organisational priorities.	6.2
	5.3	Implements changes at a team and/or service level based on the outputs of their research and/or quality improvement activity and disseminates findings.	Communicates their research findings and outputs with appropriate stakeholders within their organisation to influence changes to practice. Introduces new approaches to service delivery based on the outputs of their research and/or quality improvement activity to improve patient outcomes. Disseminates findings from research and/or quality improvement projects through appropriate media and forums (e.g., presentations, posters, peer-reviewed journals).	6.4
	5.4	Collaborates with others in undertaking research and supports others to engage with research and improvement activities.	Facilitates collaborative links between clinical practice and research through proactive engagement, networking with academic, clinical and other active researchers. Collaborates with researchers from across the multidisciplinary team. Optimises the use of medicines used in research and in collaboration with other researchers. Supports others to undertake research projects and quality improvement activities.	6.3 6.6 6.7

		Promotes research, innovation and continuous improvement through education and role modelling, identifying opportunities for research and/or quality improvement and/or seeking out and applying for research funding.	

Section 3 – Types of collaborators

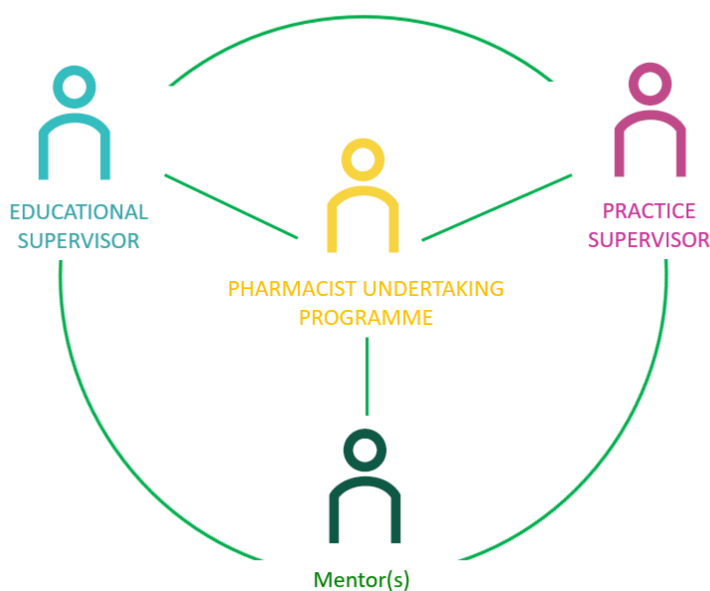There are three types of collaborators:

Type 1 – Educational supervisor

Type 2 – Practice supervisor

Type 3 – Expert mentor(s)

Individuals acting as collaborators who are undertaking support roles:

- May be based outside your organisation and meetings may be carried out remotely.
- Do not need to be pharmacists and may be drawn from other professions or areas of expertise.
- Do not need to be members of the RPS.
- May deliver more than one role depending on their experience e.g., one individual may act as a educational supervisor and a practice supervisor or mentor. If this is the case, however, it is important to clearly define the discrete roles and responsibilities for each role.
- Should demonstrate cultural effectiveness 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.
- Should 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.

Educational supervisors

Pharmacists working towards core advanced credentialing should have a named educational supervisor who is responsible for supporting them to manage their overall progress through the programme. This role can be delivered remotely. The educational supervisor should help guide the pharmacist with their personal and professional development; they should also understand best practice in educational theory and developing advanced level healthcare professionals. They are expected to support the pharmacist to review the overall quality of their evidence of learning and help the pharmacist reflect on their overall progress. They should help guide the pharmacist to identify areas for further development and support them in organising educational interventions or additional experience to address these, both within and outside of their organisation. The educational supervisor should be a positive role model, provide pastoral support and have an awareness of their responsibilities for promoting equality and diversity.

In summary, the educational supervisor has overall responsibility for holistically supporting the pharmacist undertaking this programme with their professional development.

The educational supervisor should:

- understand the range of learning, assessment and support opportunities for learning in the workplace to cover the curriculum.
- support the pharmacist to access appropriate support, training and teaching.
- foster the pharmacist's autonomy.
- support the pharmacist to review their learning and develop their reflective practice.
- have a good understanding of any supporting information technology (IT) tools e.g., e-portfolio and of what is considered acceptable progress.
- assess formal work-place evidence against the curriculum.
- undertake and record formal review meetings with the pharmacist to review progress through the curriculum.
- identify and support pharmacists experiencing difficulties, including liaising with relevant colleagues.

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 integrate workplace learning with service provision by enabling the pharmacist to extend their scope of practice 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 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 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 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 pharmacists.
- use reflective discussion to support the learner to explore and manage challenges, complexity and other pressures in their roles.
- identify and support pharmacists experiencing difficulties, including liaising with relevant colleagues.

Mentors

Mentors are responsible for providing targeted support in the workplace across the five curriculum domains; it is recognised that the nature of the support required for each of the domains will vary depending on each individual's needs and it is unlikely to be fulfilled in the workplace by a single person. Mentors share their expertise and support the pharmacist to identify solutions and approaches for managing challenging situations and support the pharmacist to identify their learning needs in their area of expertise. Mentors act as positive role models and demonstrate an awareness of their responsibilities for promoting equality and diversity. They should themselves have appropriate experience to effectively support the pharmacist in their area in which they are seeking mentorship. To effectively deliver the curriculum, mentors should be available to support people to identify learning and development opportunities based on the needs of the individual in their respective area(s) of expertise, provide regular and effective feedback and be present (either in person or virtually) to provide support when issues arise. Whilst local mentorship may increase the availability of the mentor for in person support, the use of a mentor from outside of the organisation, facilitated by virtual meetings, provides an opportunity for access to additional perspectives and steer. Mentors do not necessarily have to be drawn from the pharmacy team; indeed, suitably experienced members of the multidisciplinary team (MDT) may be more appropriate mentors for certain areas at this more advanced level of practice.

Some individuals may be able to provide mentorship across a number of domains/areas of practice; this will depend on the nature and level of the support or supervision required as well as the prior experience of the individual undertaking the programme.

As well as having expertise in the area of practice for which they are providing mentorship, each mentor should:

- understand how different individuals learn best, the relevance of this to teaching and training, and how to adapt their own mentoring style accordingly.

- use a variety of effective mentoring methods delivered in person and/or remotely in a work-place setting.
- understand the importance of reflecting on and evaluating their own approach to mentoring.
- tailor and provide effective feedback to individuals.
- use reflective discussion to support individuals to explore and manage challenges, complexity and other pressures in their roles.
- undertake and record regular reviews with the pharmacist on their progress in their area(s) of expertise to inform intermediate decisions about progress.
- identify individuals who are struggling, instigate initial steps in supporting them, working closely with the individual's educational supervisor and other expert mentors/practice supervisors, where appropriate, so they are aware of any agreed steps/actions and their responsibilities with respect to these.

Section 4 – Supervised learning events

What are supervised learning events?

Supervised learning events (SLEs) are work-place observations of a candidate's performance. They are undertaken using set forms which are stored on the pharmacist's e-portfolio. The pharmacist will grant supervisors or other collaborators access to the form(s) to complete prior to the observation or learning event. The observer will then be asked to record their judgments and provide feedback to the pharmacist using the electronic form.

More information on how to technically complete the SLE forms can be found within the e-portfolio.

Do supervised learning events need to be undertaken in person?

SLEs do not necessarily need to take place in person and may be undertaken remotely using digital technologies if this is possible and appropriate.

What are the different SLEs for collaborators to complete?

There are a wide range of potential SLE templates for the candidate to use. They will choose the most appropriate ones depending on the educational context and on what they are trying to evidence. A summary table of all the supervised learning events can be found on the next page with an example of the educational context of each.

A copy of the SLE templates in word format can also be accessed on the RPS website.

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 present at a Journal Club.
Mini-Clinical Evaluation Exercise (mini-CEX)	Evaluates a global clinical encounter with a patient and assesses the synthesis of skills essential 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	
Educational Supervisor Report	Educational supervisor records a longitudinal, global report on an individuals' progress based on a range of assessments.
Mentor Report	Captures the views of the individual's mentor(s) based on observation of an individual's performance and evidence across the different domains of practice.
Multi-source Feedback (MSF)	Evaluates the individual's performance using feedback from colleagues.
Patient Survey (PS)	Evaluates the individual's communication and consultation skills from the patient's perspective.
Patient Survey Reflection (PSR)	Allows the individual to reflect on the feedback received through patient surveys.
Reflective Account (RA)	Flexible tool for individuals to document reflection and learning from a wide range of settings.

How do I make a fair and valid judgment of the candidate's performance?

Professional judgment is essential for assessing healthcare professionals, but we accept that judgments made in SLEs may be subjective. This is why we have asked candidates to present a broad range of different SLEs undertaken by a wide range of collaborators so we can gain a broad view of their ability. Lots of varied evidence will help mitigate any subjectivity.

To help ensure your judgment is valid and fair, we recommend that you:

- **Read the curriculum outcomes** - consider the outcome(s) being assessed by the SLE you are undertaking. You should discuss this with the candidate as they will need to map the evidence against the curriculum outcomes. Read the outcome(s) carefully as well as the descriptors which give greater detail about the level of performance expected of someone working at this level. Is the candidate meeting these?

- **Trust your professional 'gut'** - these authentic assessments are trying to capture your holistic professional judgment based on your experience so do not ignore this.

- **Be honest** - your judgment and feedback will help the candidate to identify areas of strength and development. It is essential you are honest with your judgments and feedback so that candidates understand how they can progress. In addition, patient safety must be paramount so, if a candidate is not yet reaching the required standard, you must record this.

How do I provide effective written feedback?

Collaborators are required to provide written formative feedback for candidates following each SLE.

Each SLE form will ask you to identify:

- Strengths
- Areas for development
- Mutually agreed action points

When providing feedback, try to:

- **Be direct** – make sure the message is clear and not lost in long rambling sentences.
- **Be specific** – if you can, link the feedback directly to the wording in the specific outcomes and descriptors you are assessing against.
- **Be bespoke** – avoid generic bland statements and tailor the feedback to the candidate in front of you and what you have observed.
- **Be objective** – do not use emotive language, keep it factual and based on what you observed.
- **Be honest** – these assessments are low stakes and honest feedback is needed to help inform the candidate's learning.

<u>Worked example</u>

A collaborator has just observed a candidate chairing a meeting with senior colleagues around the transformation of services in their area of clinical practice. The collaborator is using a DONCS form to record their judgments and feedback and the observation is designed to produce evidence for outcome 2.2.

Example 1 - Ineffective feedback

<u>Overall judgement</u>: 'Below standard expected' of an advanced-level pharmacist

<u>Feedback</u>: The candidate tried really hard and was clearly super nervous - well done for trying though! They did a really good job at explaining their strategy to the stakeholders but sometimes the non-pharmacists were a bit confused. Try next time to be clearer in your language if you can.

- **It is not direct** – the message is unclear.
- **It is not specific** – it does not refer back to the assessment criteria in the outcomes.
- **It is not bespoke** – the constructive feedback is generic & bland and does not reference the observed practice.
- **It is not objective** – some language is emotive e.g. "well done for trying though".
- **It is not honest** – the collaborator is clearly uncomfortable giving negative feedback, so the overall judgment and feedback do not really tally. This is confusing for the candidate.

Example 2 - Effective feedback

Overall judgement: Working towards 'expected' of an advanced-level pharmacist

Strengths:

- The candidate presented complex information about their area of clinical practice clearly by avoiding jargon for the non-clinical leaders in the room. They clearly articulated how the service transformation would translate into greater efficiencies and improved patient outcomes through the use of data.
- The candidate presented with confidence and used a PowerPoint presentation and graphics to bring their strategy to life visually.

Areas for development:

- The candidate had not pre-empted some of the barriers certain stakeholders would pose during the meeting. They had therefore not prepared for these and was not able to effectively bring some stakeholders on board with their vision. This led to some resistance. For example, you had not anticipated the issues raised by the Head of Finance in relation to your budgeted costs.

Agreed actions

- Prior to a meeting, analyse the stakeholders and try to pre-empt the potential barriers they may present to your strategic vision.
- Plan how you hope to mitigate these barriers both prior to, and during, the meeting to help achieve a collaborative way forward.
- Consider having pre-meetings with key stakeholders prior to the main meeting to ensure you understand their position.

- **It is direct** – the message is clear.
- **It is specific** – it refers directly to the language in the outcome descriptors.
- **It is bespoke** – it gives an example from the observation to put the feedback in context e.g., the Head of Finance.
- **It is objective** – the language is neutral and factual.
- **It is honest** – the feedback is constructive, and it is clear why the candidate does not yet meet the standard and what they need to do to meet it next time.

Who decides which SLE type is most appropriate to use?

We believe that **the candidate** is best placed to select the most appropriate SLE or supporting evidence to demonstrate they have met the curriculum outcomes and the evidence they submit of their learning will depend on their context and area of clinical practice.

There are some outcomes which have some mandatory evidence requirements and these are detailed in the assessment blueprint in the RPS core advanced curriculum.

In addition to these, we also recommend the candidate's portfolio includes:

- **Evidence of reflective practice**: Where possible, reflective accounts should be supplemented with other validating evidence supporting the reflections.

- **Expert mentor reports**: Candidates should aim to submit **at least one** expert mentor report (but preferably more) per domain which supports their achievement of all the outcomes in that domain.

How many pieces of evidence are needed against each outcome?

The number of pieces of evidence a candidate will need to include for each outcome will depend on two things:

1. **The stakes rating of the outcome**: each outcome has a rating based on its potential risk to patient harm. Higher stakes outcomes will need more evidence mapped against them than lower stakes outcomes. The stakes rating of each outcome can be found in the RPS core advanced curriculum.

2. **The nature and quality of the evidence and the candidate's individual circumstances:** the depth and breadth of the evidence the candidate presents for each outcome will dictate the number of pieces of evidence required. A smaller number of high-quality pieces of evidence, demonstrating different assessment instruments undertaken by a range of collaborators, which clearly align with the outcome descriptors is better than a larger number of lower quality repetitive evidence types.

The number of pieces of evidence mapped to an outcome will depend on who the candidate is, their area of clinical practice and the range and breadth of the evidence presented. As a rule of thumb, though, we would recommend **at least three pieces of high-quality evidence** presented as a minimum for lower stakes outcomes.

Section 5 – Review meetings

It is expected that candidates have regular one-to-one meetings with both their educational supervisor and expert mentors which focus on reviewing their progress and constructing an individualised training and development plan based on the curriculum outcomes. These meetings are important to track the progress of candidates, identify those who are struggling with meeting the curriculum outcomes, and highlighting the need for supportive measures to ensure continued progress. These meetings may be conducted remotely depending on the location of the educational supervisor and expert mentors.

These meetings should be recorded using the appropriate review forms:

- **Educational supervisor report (ESR)**: A form to record the discussion and action points following a review meeting about progress across multiple domains with the educational supervisor. There is an optional reflection section for the candidate to complete.
- **Expert mentor review (EMR):** A form to record the discussion and action points following a review meeting about progress against the outcomes in a particular domain(s) with one of the expert mentors. There is an optional reflection section for the candidate to complete.

The frequency of these meetings should be tailored to the learning needs of the individual but should be planned to ensure regular periodic review of their progress.

Section 6 – Final assessment

How will the final portfolio be assessed?

The candidate will decide when they believe they have collected sufficient evidence of learning to demonstrate all the curriculum outcomes.

Once submitted, the final portfolio will be assessed by an RPS advanced pharmacist competency Committees (APCC).

APCCs are based on the concept of clinical competency committees which are recognised in the literature as an effective approach to reaching high stakes decisions about portfolios at this senior level of practice. Group decision making involves expert individuals coming together and processing assessment information through the lens of their individual professional judgment to reach a collective decision.

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

The evidence will be assessed against the curriculum outcomes, using the descriptors to guide the assessment only. There will be no additional marking scheme or framework.

Advanced Pharmacist competency committees will consist of at least three panel members fulfilling the following roles:

• Two advanced pharmacists, at least one of whom will have expertise from the candidate's stated sector of practice.

• A pharmacist with appropriate research expertise.

• A pharmacist with appropriate educational expertise.

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 advanced pharmacist curriculum outcomes under assessment.

Standard not met – The individual has not provided satisfactory evidence to demonstrate achievement of all the advanced 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 APCC agreed all the outcomes in that domain had been met.

Insufficient evidence – While some of the evidence provided indicated that the individual may be practising 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 APCC 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 advanced 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.

Section 7 – Key supporting documents

RPS core advanced pharmacist curriculum

RPS core advanced curriculum summary

RPS Advanced Pharmacy Framework

RPS core advanced pharmacist credentialing e-portfolio submission form

RPS core advanced credentialing privacy notice