ROYAL
PHARMACEUTICAL
SOCIETY

2024

RPS annual credentialing report

1 Introduction

1.1 What is the purpose of this document?

The purpose of this document is to share high-stakes RPS credentialing assessment data with the profession and public to:

- Demonstrate our commitment to transparency in line with our RPS assessment principles
- Help inform future development and training of the pharmacist workforce
- Inform UK pharmacy workforce strategies, including any identified development and training needs
- Identify performance trends, including any differential attainment from candidate groups, to help inform the creation of collaborative mitigation plans and interventions with key educational partners.

1.2 How can different stakeholders use this document?

Pharmacists working towards credentialing can see key performance trends across the different curriculum domains and use the qualitative feedback from the competence committee chairs and assessors to inform the development of their own portfolios.

Supervisors, expert mentors, and professional coaches can see key performance trends across the different curriculum domains and use the qualitative feedback from the competence committee chairs to help support candidates to develop high quality portfolios.

Training providers can use the data and qualitative feedback to design learning which targets areas of need and which optimises candidates' success in credentialing assessments.

Employers can use the data and qualitative feedback to inform the design of professional and personal development plans and support structures for employees undertaking credentialing pathways.

Service planners and commissioners can use the data and qualitative feedback to understand performance across the curriculum domains to inform commissioned support and learning for the pharmacist workforce. These data also provide insight into the number of credentialed individuals across the devolved nations and their areas of practice.

Patients and the public can see how many pharmacists are being credentialed at the three diffirent levels and where they currently practise.

1.3 What are the limitations of the data and narratives in this document?

The number of data points comprising this data set is still relatively low and, therefore, it is difficult to draw hard and fast conclusions, although emerging trends may be discernable. As the number of candidates undertaking credentialing at all levels of post-registration practice increases, we will be able to draw out definite performance trends with more certainty.

We have taken steps within the document to try to protect individuals' data and mitigate the drawing of potentially incorrect conclusions. These include:

- Where possible, we have grouped categories with only one candidate together to mitigate identification of individuals
- We have not provided percentage pass rates for categories where n < 10
- Some domains may not be assessed for some candidates as they have been met as part of a prior submission/attempt
- If a domain has been exempted through APCL, this has been recorded as 'standard met' for Core Advanced and Consultant data.

1.4 What is the scope of this document?

This document contains assessment data for RPS high stakes credentialing assessments for individual pharmacists. In 2024, the following met this definition:

RPS post-registration foundation pharmacist credentialing

The RPS credentials pharmacists as having demonstrated the end-point standard of the post-registration foundation period. This includes becoming a qualified prescriber and developing the foundational capabilities across the non-clinical domains, supporting progression towards advanced level practice.

Candidates are required to compile an e-portfolio of supervised learning events (SLEs) and other evidence against the RPS Post-registration foundation outcomes using a programmatic approach to assessment. For the summative assessment, the e-portfolio is assessed by a Post-registration Foundation Pharmacist Competency Committee (FPCC), comprised of a diverse range of expert assessors representing different perspectives.

RPS core advanced pharmacist credentialing

The RPS credentials pharmacists as having demonstrated the entry-level advanced pharmacist standard. Candidates are required to compile an e-portfolio of supervised learning events (SLEs) and other evidence against the RPS Core Advanced curriculum outcomes using a programmatic approach to assessment. For the summative assessment, the e-portfolio is assessed by an Advanced Pharmacist Competency Committee (APCC), comprised of a diverse range of expert assessors representing different perspectives.

RPS consultant pharmacist credentialing

In line with the NHS Consultant Pharmacist Guidance, the RPS is a delegated assessment body tasked with credentialing individuals as having demonstrated the entry-level consultant pharmacist standard. Candidates are required to compile an e-portfolio of supervised learning events (SLEs) and other evidence against the RPS Consultant curriculum outcomes using a programmatic approach to assessment. For the summative assessment, the e-portfolio is assessed by a Consultant Pharmacist Competency Committee (CPCC), comprised of a diverse range of expert assessors representing different perspectives. Candidates' level of practice is credentialled and not their specialist area of practice.

For all levels of practice, although assessors may include an individual from the same sector and/or area of practice, the candidate is not formally credentialed in a specific sector and/or area of specialist clinical practice; credentialing is an assurance of a pharmacist's level of practice.

2 Competence committee feedback

2.1 Generic feedback across Post-registration Foundation, Core Advanced & Consultant credentialing

The strongest portfolios clearly and consistently triangulate **outputs**, **reflection** and **corroboration** in line with RPS guidance on balancing the portfolio. Candidates are reminded of the following generic guidance relevant for all levels of RPS credentialing:

	SUCCESSFUL CANDIDATES TEND TO…	UNSUCCESSFUL CANDIDATES TEND TO…
OUTPUTS	Use a broad range of supervised learning events (SLEs) and other evidence types, including direct observation, to evidence their practice.	Provide one or two SLEs in their portfolio to evidence their practice. Have limited evidence of direct observation of practice.
	Map tangible outputs of their practice which clearly demonstrate the outcomes at 'does' level.	Map outputs which are not clearly relevant to the outcome and/or which are incomplete and do not show the outcome has been fully realised.
	Explain why the outputs they include are good evidence of the specific learning outcome to which they are mapped. Do not aim to have numerous outputs but focus on the quality of the outputs.	Upload lots of different things to the portfolio but do not explain why they evidence the outcomes to which they are mapped.
	Think carefully about the outputs they choose to map / upload to their portfolio to best showcase their learning, development and achievement of the outcomes.	Take a scattergun approach and include large amounts of evidence, some of which may be less relevant or convincing.
REFLECTION	Use domain narratives to make it clear how, at a domain level, their evidence meets the curriculum outcomes.	Do not clearly articulate how the evidence they are presenting in their portfolio explicitly demonstrates the curriculum outcomes.
	Provide tangible evidence (through outputs and reflection) of how their practice has had a demonstrable positive impact on patients and service development.	Do not clearly articulate and/or evidence how their practice has impacted positively on patient care.
	Use reflection to "tell the evidence's story" and explicitly describe how it meets the curriculum outcomes.	Do not use reflection effectively making it unclear how the evidence demonstrates the curriculum outcome(s) to which it is mapped.
	Use reflection to describe their individual role in delivering the outputs evidenced in their portfolio.	Do not use reflection to describe their precise role in developing the evidence presented (especially for collaborative projects or research activities), meaning it is unclear to assessors what the candidate did as an individual.

REFLECTION	Reflect on feedback they have received from collaborators and provide evidence of how they have acted on that feedback to improve their practice.	Provide feedback in their portfolio from collaborators that suggest areas for development but show no further reflection or action on how they acted on this to improve their practice.
	Go beyond descriptive narratives and reflect on their learning journey and how this will impact their future practice e.g. when something didn't go well or frustrated them and how they worked through the problem.	Include very descriptive accounts of clinical decisions without critically analysing the thought processes behind them.
CORROBORATION	Include feedback and observations from a wide range of collaborators from both within, and outside of, pharmacy.	Only have direct observations from one or two individuals from the pharmacy team and limited corroboration from the wider MDT e.g. medical, nursing, commissioners etc, limiting their demonstration of collaborative work across the domains.
	Engage with collaborators so that they feel confident which curriculum outcomes the candidate is demonstrating and how to provide rich and meaningful feedback.	Include poor or very limited feedback from collaborators that does not explicitly describe the complexity of the situation or directly reference the curriculum outcomes they are trying to demonstrate.
	Have support from expert mentors, education supervisor and professional coach (consultant level) who provide impactful reports on their progress and act as a critical friend on the quality of their evidence and portfolio.	Build their portfolio in isolation without the support and constructive criticism of expert mentors, education supervisor, a professional coach (consultant level) or similar.
PORTFOLIO	Balance their portfolios by including evidence of outputs, reflection and third-party corroboration in line with RPS guidance.	Do not balance their portfolio appropriately and omit evidence of outputs, reflection and/or third-party corroboration.
	Map carefully and sparingly, making sure they only map curriculum outcomes that are strongly demonstrated by the evidence.	Map all evidence to multiple curriculum outcomes when it is only marginally relevant – this makes it less clear that the candidate is operating at the required level.
	Curate their evidence to clearly demonstrate the depth and breadth of their practice.	Upload a very large quantity of evidence that is similar, or which does not meet the standard, or does not clearly identify or differentiate how the evidence meets the mapped outcomes.
	Include more pieces of evidence for high stakes outcomes versus lower stakes outcomes.	Do not differentiate the evidence they upload based on the stakes ratings of the curriculum outcomes.
	Use SLE tools that reflect the mandatory evidence requirements as detailed in the assessment blueprint.	SLE do not reflect the mandatory evidence requirements as detailed in the assessment blueprint.
	Show progression in their portfolio over a period of time.	Leaves gathering evidence to the last minute before submission.
	Use tools such as critical narrative of projects to link together multiple related pieces of evidence.	Do not use tools such as critical narrative of projects to link together related pieces of evidence.

2.2 Domain-specific feedback

SUCCESSFUL CANDIDATES TEND TO…				
	GENERIC	POST-REG FOUNDATION	CORE ADVANCED	CONSULTANT
DOMAIN 1 PERSON-CENTRED CARE AND COLLABORATION	• Demonstrate through their evidence how a person-centred approach is central to all their activities, including for those who may be unable to effectively advocate for themselves • Use a range of clinical SLEs, including direct observation, to evidence person-centred care • Provide evidence of the tangible outputs that have resulted from their collaborative approach, using both reflection and objective evidence to demonstrate its impact on patients • Get direct observation feedback from a wide range of collaborators, including patients, family & carers via surveys • Use authentic reflection to articulate how a situation was hostile/challenging, how they managed it, and what they learned for their future practice • Use direct observation SLEs to evidence effective communication with patients/ service users and senior stakeholders.	• All candidates assessed in 2024 were exempted from this domain through APCL awarded for presentation of an Independent Prescriber qualification.	• Demonstrate effective communication of complex, contentious and/or sensitive information through direct observation, reflection and corroboration • Demonstrate effective collaboration, using MSFs, across the multidisciplinary team, service and/or organisation, showing how this results in high quality patient care • Provide evidence of critical decision-making underpinned by clear rationale, linking to patient outcomes and demonstrating adaptability in complex or challenging scenarios • Include examples of managing conflicting clinical priorities, with reflections on the decisions made and the lessons learned.	• Demonstrate collaboration in highly hostile/challenging situations • Demonstrate collaboration across boundaries beyond their organisation, using tools such as DONCs and MSFs to evidence their collaborative approach • Use patient-centred encounters effectively, with meaningful reflection about the complexity of the situation • Demonstrate collaboration with pharmacists and multi-professional teams at regional, national or possibly international level.

DOMAIN 2 PROFESSIONAL PRACTICE	• Use direct observation SLEs to provide a wide range of clinical scenarios evidencing their breadth of practice • Use the case summaries and optional reflection boxes in the SLEs to clearly articulate their clinical reasoning in the most complex cases, including how they have critically analysed the evidence base to inform their approach • Include examples of managing conflicting clinical priorities, with reflections on the decisions made and the lessons learned.	• All candidates assessed in 2024 were exempted from this domain through APCL awarded for presentation of an Independent Prescriber qualification. **Clinical assessment skills** • Have a range of collaborators and patients • Demonstrate applying clinical assessment skills in practice over a longer period • Include reflection as part of the DOPs about the use of these clinical skills in their practice • Link findings to clinical decision making where possible (although some patients are simulated) • Have helpful and detailed observer feedback.	• Include a wide range of complex patient episodes, including where evidence is limited or ambiguous • Use reflection to articulate their clinical reasoning when managing risk in areas of 'grey' • Demonstrate professional practice in a range of settings, articulating why each was highly complex.	• Use a wide range of evidence to demonstrate how they shape and implement regional and national policy and strategy, using reflection to provide a narrative of their involvement for assessors • Describe how a strategy they have implemented has had a tangible effect on patient care beyond their organisations • Provide a clear story for assessors as to how they have translated policy and strategy into their practice • Provide evidence via MSFs about their experience and level of practice in managing the most complex patients and/or populations.
DOMAIN 3 LEADERSHIP AND MANAGEMENT	• Use specific and detailed reflection, supported by corroboration and supporting outputs, to describe their specific contribution to strategic planning at their sphere of influence i.e. at team, service, organisational or beyond depending on the level • Describe their (contribution to) strategic vision using reflection and clearly evidence how this has been implemented, using outputs and corroboration to validate its successful impact on patients and the service • Include direct feedback from those with whom they work, including those who they manage, lead and/or support	• Reflect on own emotional intelligence, personal resilience and vulnerabilities in the face of workplace stressors and/ or challenging situations • Provide corroborated evidence of leading a project or initiative within a team or actively contributing to a project or initiative beyond their immediate team • Include patient feedback on service provision • Include pieces of evidence that show progression over time • Provide current evidence of leadership in different contexts and/or with different teams in both ad hoc and planned situations (e.g. medicines shortage, illness cover, etc).	• Provide clear evidence of contributing to the strategic vision of a team and/ or service, using reflection to provide a clear narrative and story for assessors • Provide authentic evidence, supported by high-quality reflection, of managing challenging and/or complex situations • Provide detailed evidence of proactive strategic thinking, demonstrating their ability to anticipate service needs and initiate projects that align with wider organisational goals • Demonstrate proactivity in identifying and leading in projects, for example, aspects of service development, clearly articulating their role.	• Consistently demonstrate across their evidence a scope of influence and leadership beyond their organisation and across boundaries • Demonstrate their leadership of service improvement and innovation across boundaries • Articulate their influence outside of pharmacy and impact at a system level • Demonstrate system-level financial awareness and how funding works within the system • Demonstrate their strategic role and innovative approach in service development and improvement • Evidence engagement with external networks, such as professional bodies and associations, to show wider influence beyond their immediate teams or services.

DOMAIN 3 **LEADERSHIP AND MANAGEMENT**	• Provide tangible evidence of how audit and quality improvement initiatives they have led have resulted in improved outcomes for patients and/or patient populations • Clearly demonstrate the positive impact of their leadership and management on patients • Use reflection to clearly demonstrate their discrete role and input into collaborative leadership/ strategic projects, meaning assessors are clear as to what to attribute to the individual being assessed • Provide evidence of financial understanding e.g. examples of business cases, making it clear what their individual role was in their development and implementation.			

DOMAIN 4
EDUCATION
	• Demonstrate a thoughtful and intentional approach to educational design; provide evidence of their pedagogical approach to:
	  • session planning
	  • identification of learner needs
	  • shaping teaching and learning interventions to meet these needs
	  • evaluation of the success of their educational practice through feedback and observation
	• Provide tangible examples of educational resources they have developed and describe their pedagogical approach using effective reflection
		• Show how they have prepared for an educational session or intervention by providing a plan; reflects on the learning needs of their audience and shows how this has shaped their educational approach.
		• Include evidence of training plans, presentations and session evaluations / analysis of feedback of educational sessions delivered
		• Provide a range of teaching observations and reflect on the feedback received and how this will inform their future educational practice
		• Reflect on own learning and clearly show how they have applied this to their future practice
			• Demonstrate their broad range of educational roles, including mentorship, supervision (including acting as a DPP) and provision of more formal learning and training
			• Demonstrate educational engagement with a wide range of healthcare professionals from across the MDT as well as with patients
			• Educational theory is mentioned and explored appropriately.
				• Have explicit evidence of how they have educated patients, and/or the public and other healthcare professionals, with feedback provided from those they have educated
				• Evidence engagement with local and national educational providers e.g. HEIs, statutory education bodies
				• Provide evidence of leading on educational activities across professions, geographic boundaries, and academic levels (e.g. undergraduate, postgraduate)
				• Provide evidence of shaping educational provision (e.g. development of curricula) and involvement in strategic workforce planning

DOMAIN 4 EDUCATION	• Have direct feedback from those individuals for whom they have provided professional development support and mentorship and reflect on how this will inform on their learning and future approach.	• Include pieces of evidence that show progression over time • Ensure education collaborators are appropriate (i.e. not peers).		• Demonstrate reflection on their educational approach and how they adapt this according to different needs.
DOMAIN 5 RESEARCH	• Use reflection to clearly describe how they have critically evaluated the evidence base to inform their practice • Clearly articulate how they have identified a gap in the evidence base, designed a basic protocol to address this, undertaken activities to produce evidence based on this, and shared their findings, evidencing how this has ultimately led to demonstrable improvements in patient care.	• Understand what constitutes acceptable evidence at this level of practice – note that audit and quality improvement are relevant to Domain 3 and not Domain 5 at this level • Demonstrate they understand the difference between clinical audit, quality improvement and research • Demonstrate engagement with research activities such as through participating in journal clubs, undertaking critical analysis or a role within a research project led by others • Include pieces of evidence that show progression over time.	• Understand the difference between clinical audit, quality improvement and research and ensure they only provide evidence of quality improvement and/or research activities to meet the requirements of this domain at an advanced level • Demonstrate involvement in a range of quality improvement projects which clearly show the full quality improvement PDSA cycle. Use tools – CASP checklist, fishbone diagram, etc • Demonstrate how they have shared findings at a local level to influence patient care • Understand what critical appraisal is. Look 'deeper' than NICE guidelines. Apply local population priorities to practice.	• Ensure activities mapped to this domain are examples of research and are not examples of clinical audit or quality improvement - note that audit and quality improvement are relevant to Domain 3 and not Domain 5 at this level • Provide evidence of a range of outputs, including posters, conference presentations and peer-reviewed papers, that demonstrate the sharing of findings beyond their organisation and reflect what the candidate has gained from such experiences • Evidence supporting others with undertaking research i.e. research supervision, such as undergraduate or postgraduate students and any research outputs gained as a result • Demonstrate working with researchers from the wider MDT and academic partners on collaborative research projects/activities.

Candidates who have successful portfolio resubmissions (following an initial unsuccessful outcome) tend to:

- Use feedback from previous submissions and expert mentor reports to create a SMART action plan to inform future personal development
- Include this SMART action plan in their resubmission and demonstrate how the new evidence they have added to the portfolio is aligned to this action plan
- Review any unsuccessful domains **as a whole** and reassess the quality of the evidence across the domain in line with the advice contained in this report.

3 Credentialing assessment data: 2024

3.1 Post-registration Foundation candidate performance data (2024)

- Since launching the post-registration foundation credentialing process in 2024, the RPS has received **64** submissions (this includes resubmissions).
- The first-time pass rate is **47%**
- There have been double the number of female candidates than male candidates (42 females vs 21 males)
- The pass rate for males is approximately 12% higher than females
- All candidates practise in either Scotland or Wales
- The most represented ethnicity for candidates is White - English / Welsh / Scottish / Northern Irish / British ethnicity (66%)
- Assessment of domains 1 & 2 (Person-centred care & collaboration, Professional practice) is exempted through presentation of an independent prescribing certificate for the cohorts in this report.
- Domain 5 (Research) demonstrates the highest pass rate (67%) from direct assessment
- Domain 3 (Leadership and Management) has the lowest pass rate (55%) from direct assessment
- The majority of candidates practise in either a community (44%) or secondary & specialist care (41%) setting.

ASSESSMENT DIET	NO. SUBMISSIONS
2024/A1	4
2024/A2	7
2024/A3	21
2024/A4	12
2024/A5	20

	SUBMISSIONS	STANDARD MET	STANDARD NOT MET	PASS RATE*
First attempt	57	27	30	47%
Second attempt	7	4	3	
Third attempt				
BY SEX (FOR ALL ATTEMPTS)				
Female	42	19	23	45%
Male	21	12	9	57%
Not declared	1	0	1	

	SUBMISSIONS	STANDARD MET	STANDARD NOT MET	PASS RATE*
BY ETHNICITY (FOR ALL ATTEMPTS)				
Any other Asian background	2	1	1	
Asian / Asian British - Chinese	4	1	3	
Asian / Asian British - Pakistani	2	1	1	
Other ethnic group - Arab	3	0	3	
White - English / Welsh / Scottish / Northern Irish / British	42	24	18	57%
Prefer not to say	6	2	4	
Not disclosed	1	0	1	
Ethnicities represented by one candidate#	4	2	2	
BY DISABLED STATUS (FOR ALL ATTEMPTS)				
No disability declared	61	29	32	48%
Physical disability declared	N/A	N/A	N/A	
Specific learning disability declared	2	2	0	
Not disclosed	1	0	1	

	SUBMISSIONS	STANDARD MET	STANDARD NOT MET	PASS RATE*
BY COUNTRY OF PRACTICE (FOR ALL ATTEMPTS)				
England	0	N/A	N/A	
Northern Ireland	0	N/A	N/A	
Scotland	35	20	15	57%
Wales	29	11	18	38%
Non-UK	0	N/A	N/A	
BY SECTOR (FOR ALL ATTEMPTS)				
Community	28	12	16	43%
Primary care	10	3	7	30%
Secondary & Specialist care	26	16	10	62%
Multi-sector	0	N/A	N/A	
BY RPS MEMBERSHIP STATUS (FOR ALL ATTEMPTS)				
Member	27	19	8	70%
Non-member	37	12	25	32%

OUTCOME BY DOMAIN (FOR ALL ATTEMPTS)				
DOMAIN	NO OF ASSESSMENT EVENTS	STANDARD MET	STANDARD NOT MET - INSUFFICIENT EVIDENCE	STANDARD NOT MET
Person-centred care and collaboration	Exempted through APCL			
Professional practice				
Leadership and management	62	34 (55%)	3 (5%)	25 (40%)
Education	63	39 (62%)	4 (6%)	20 (32%)
Research	58	39 (67%)	4 (7%)	15 (26%)

3.2 Core Advanced candidate performance data (2024)

- The RPS received **121** advanced pharmacist credentialing submissions in 2024 (this includes resubmissions)
- The first-time pass rate is **52%** with the second attempt pass rate being **82%**
- There have been approximately three times as many female candidates than male candidates (93 females vs 28 males)
- The pass rate for females is higher than the pass rate for males (+18%)
- The vast majority of candidates (91%) practise in England
- The most represented ethnicity for candidates is White - English / Welsh / Scottish / Northern Irish / British ethnicity (50%)
- Domain 1 (Person-centred care & collaboration) have the highest pass rate (84%)
- Domain 4 (Education) & Domain 5 (Research) have the lowest pass rates (68% & 69% respectively)
- The vast majority of candidates (77%) practise in a primary care setting.

ASSESSMENT DIET	NO. SUBMISSIONS
2024/A1	1
2024/A2	7
2024/A3	17
2024/A4	16
2024/A5	15
2024/A6	29
2024/A7	36

	SUBMISSIONS	STANDARD MET	STANDARD NOT MET	PASS RATE*
First attempt	99	51	48	52%
Second attempt	22	18	4	82%
Third attempt				
BY SEX (FOR ALL ATTEMPTS)				
Female	93	57	36	61%
Male	28	12	16	43%
Not declared	0	N/A	N/A	

	SUBMISSIONS	STANDARD MET	STANDARD NOT MET	PASS RATE*
BY ETHNICITY (FOR ALL ATTEMPTS)				
Any other Asian background	4	3	1	
Any other Mixed / Multiple ethnic background	2	2	0	
Any other White background	7	5	2	
Asian / Asian British - Chinese	3	2	1	
Asian / Asian British - Indian	16	11	5	69%
Asian / Asian British - Pakistani	7	3	4	
Black / Black British - African	10	5	5	50%
Other ethnic group - Arab	5	2	3	
White - English / Welsh / Scottish / Northern Irish / British	60	35	25	58%
White - Irish	3	1	2	
Not disclosed	2	0	2	
Ethnicities represented by one candidate#	2	0	2	

	SUBMISSIONS	STANDARD MET	STANDARD NOT MET	PASS RATE*
BY DISABLED STATUS (FOR ALL ATTEMPTS)				
No disability declared	119	69	50	58%
Physical disability declared	0	N/A	N/A	
Specific learning disability declared	1	0	1	
Not disclosed	1	0	1	
BY COUNTRY OF PRACTICE (FOR ALL ATTEMPTS)				
England	110	62	48	56%
Northern Ireland	0	N/A	N/A	
Scotland	11	7	4	64%
Wales	0	N/A	N/A	
Non-UK	0	N/A	N/A	
BY SECTOR (FOR ALL ATTEMPTS)				
Community	3	1	2	
Primary care	93	51	42	55%
Secondary & Specialist care	24	16	8	67%
Multi-sector	1	1	0	

	SUBMISSIONS	STANDARD MET	STANDARD NOT MET	PASS RATE*
BY RPS MEMBERSHIP STATUS (FOR ALL ATTEMPTS)				
Member	58	34	24	59%
Non-member	63	35	28	56%

OUTCOME BY DOMAIN (FOR ALL ATTEMPTS)				
DOMAIN	**NO OF ASSESSMENT EVENTS**	**STANDARD MET**	**STANDARD NOT MET - INSUFFICIENT EVIDENCE**	**STANDARD NOT MET**
Person-centred care and collaboration	104	87 (84%)	5 (5%)	12 (12%)
Professional practice	106	78 (74%)	4 (4%)	24 (23%)
Leadership and management	107	79 (74%)	7 (7%)	21 (20%)
Education	108	73 (68%)	11 (10%)	24 (22%)
Research	118	81 (69%)	9 (8%)	28 (24%)

ACCREDITATION OF PRIOR CERTIFIED LEARNING (APCL) SUMMARY

CERTIFIED LEARNING	NUMBER OF CANDIDATE EXEMPTIONS AWARDED
Faculty	1
Academic qualification	28
Other certified learning	142

3.3 Consultant candidate performance data (2024)

- The RPS received **41** consultant pharmacist credentialing applications in 2024 (this includes resubmissions)
- The first-time pass rate is **43%**
- Candidate success rates have increased for portfolio resubmissions, suggesting the feedback received by candidates from their unsuccessful submission(s) was useful
- There have been approximately three times as many female candidates than male candidates
- The pass rate for females is higher than the pass rate for males. The number of male candidates is low (n=9)
- The majority of candidates (80%) practise in England.
- The most represented ethnicity for candidates is White - English / Welsh / Scottish / Northern Irish / British ethnicity (66%)
- Domains 1 & 4 (Person-centred care & collaboration & Education) have the highest pass rates (75% & 78% respectively)
- Domain 3 (Leadership & Management) has the lowest pass rate (59%)
- Antimicrobials/Infection, Mental health, Genomic medicine, Hepatology and Rheumatology were the most represented areas of clinical practice for successful candidates.

ASSESSMENT DIET	NO. SUBMISSIONS
2024/C1	7
2024/C2	17
2024/C3	17

	SUBMISSIONS	STANDARD MET	STANDARD NOT MET	PASS RATE*
First attempt	30	13	17	43%
Second attempt	10	8	2	80%
Third attempt	1	1	0	

	SUBMISSIONS	STANDARD MET	STANDARD NOT MET	PASS RATE*
BY SEX (FOR ALL ATTEMPTS)				
Female	31	19	12	61%
Male	9	3	6	
Not declared	1	0	1	
BY ETHNICITY (FOR ALL ATTEMPTS)				
Asian / Asian British - Indian	5	3	2	
Asian / Asian British - Pakistani	2	1	1	
Black / Black British - African	3	1	2	
Mixed / Multiple ethnic groups - White and Black Caribbean	2	1	1	
White - English / Welsh / Scottish / Northern Irish / British	27	15	12	56%
Ethnicities represented by one candidate#	2	1	1	
BY DISABLED STATUS (FOR ALL ATTEMPTS)				
No disability declared	40	21	19	53%
Physical disability declared	0	N/A	N/A	
Specific learning disability declared	1	1	0	

	SUBMISSIONS	STANDARD MET	STANDARD NOT MET	PASS RATE*
BY COUNTRY OF PRACTICE (FOR ALL ATTEMPTS)				
England	33	19	14	58%
Northern Ireland	4	1	3	
Scotland	1	1	0	
Wales	3	1	2	
Non-UK	0	N/A	N/A	
BY RPS MEMBERSHIP STATUS (FOR ALL ATTEMPTS)				
Member	34	17	17	50%
Non-member	7	5	2	

OUTCOME BY DOMAIN (FOR ALL ATTEMPTS)				
DOMAIN	**NO OF ASSESSMENT EVENTS**	**STANDARD MET**	**STANDARD NOT MET - INSUFFICIENT EVIDENCE**	**STANDARD NOT MET**
Person-centred care and collaboration	32	24 (75%)	4 (13%)	4 (13%)
Professional practice	32	22 (69%)	2 (6%)	8 (25%)
Leadership and management	37	22 (59%)	6 (16%)	9 (24%)
Education	32	25 (78%)	6 (19%)	1 (3%)
Research	36	24 (67%)	6 (17%)	6 (17%)

ACCREDITATION OF PRIOR CERTIFIED LEARNING (APCL) SUMMARY

CERTIFIED LEARNING	NUMBER OF CANDIDATE EXEMPTIONS AWARDED
Faculty	0
Academic qualification	3
Other certified learning	0

BROAD AREAS OF CLINICAL PRACTICE OF CREDENTIALED CANDIDATES[1]

BROAD AREAS OF CLINICAL PRACTICE	NUMBER OF CREDENTIALED CANDIDATES
Antimicrobials/Infection	4
Mental health	3
Genomic medicine	2
Hepatology	2
Rheumatology	2
Advanced therapy medicinal products (ATMPs) / Genomics	1
Cardiology	1
Generalist	1
Haematology/Oncology/Cancer	1
Inherited metabolic diseases	1
Medicines information (Medicines in lactation advice)	1
Paediatrics	1
Palliative care	1
Respiratory	1

1. Individuals are not credentialed in a specific area of practice but at a level of practice.

4 Credentialing assessment data: Cumulative

4.1 Core Advanced candidate performance data (cumulative since inception)

- The RPS has received **160** core advanced pharmacist credentialing applications since inception of the advanced credentialing process in 2023 (this includes resubmissions)
- The first-time pass rate is **54%** compared to an overall pass rate of **58%**
- Candidate success rates tend to improve for portfolio resubmissions, suggesting the feedback received by unsuccessful candidates from their unsuccessful submission(s) is useful
- There have been approximately three times as many female candidates than male candidates (124 females vs 36 males)
- The pass rate for females is markedly higher than the pass rate for males (+24%)
- The vast majority of candidates (92%) practise in England
- The most represented ethnicity for candidates is White - English / Welsh / Scottish / Northern Irish / British ethnicity (47%)
- Domain 1 (Person-centred care & collaboration) has the highest pass rate (84%)
- Domain 5 (Research) has the lowest pass rate (66%)
- The vast majority of candidates (81%) practise in a primary care setting.

ASSESSMENT DIET	NO. SUBMISSIONS
2023/A1	11
2023/A2	10
2023/A3	18
2024/A1	1
2024/A2	7
2024/A3	17
2024/A4	16
2024/A5	15
2024/A6	29
2024/A7	36

	SUBMISSIONS	STANDARD MET	STANDARD NOT MET	PASS RATE*
Overall	160	92	68	58%
First attempt	138	74	64	54%
Second attempt	22	18	4	82%
Third attempt				
BY SEX (FOR ALL ATTEMPTS)				
Female	124	78	46	63%
Male	36	14	22	39%
Not declared	0	N/A	N/A	
BY ETHNICITY (FOR ALL ATTEMPTS)				
Any other Asian background	5	3	2	
Any other Mixed / Multiple ethnic background	2	2	0	
Any other White background	10	7	3	70%
Asian / Asian British - Chinese	6	4	2	
Asian / Asian British - Indian	21	13	8	62%
Asian / Asian British - Pakistani	13	6	7	46%
Black / Black British - African	12	6	6	50%
Other ethnic group - Arab	7	3	4	

	SUBMISSIONS	STANDARD MET	STANDARD NOT MET	PASS RATE*
BY ETHNICITY (FOR ALL ATTEMPTS)				
White - English / Welsh / Scottish / Northern Irish / British	75	45	30	60%
White - Irish	3	1	2	
Not disclosed	3	1	2	
Ethnicities represented by one candidate#	3	1	2	
BY DISABLED STATUS (FOR ALL ATTEMPTS)				
No disability declared	157	92	65	59%
Physical disability declared	0	N/A	N/A	
Specific learning disability declared	1	0	1	
Not disclosed	2	0	2	
BY COUNTRY OF PRACTICE (FOR ALL ATTEMPTS)				
England	147	83	64	56%
Northern Ireland	0	N/A	N/A	
Scotland	13	9	4	69%
Wales	0	N/A	N/A	
Non-UK	0	N/A	N/A	

	SUBMISSIONS	STANDARD MET	STANDARD NOT MET	PASS RATE*
BY SECTOR (FOR ALL ATTEMPTS)				
Community	3	1	2	
Primary care	129	74	55	57%
Secondary & Specialist care	26	16	10	62%
Multi-sector	2	1	1	
BY RPS MEMBERSHIP STATUS (FOR ALL ATTEMPTS)				
Member	78	48	30	62%
Non-member	82	44	38	54%

OUTCOME BY DOMAIN (FOR ALL ATTEMPTS)				
DOMAIN	NO OF ASSESSMENT EVENTS	STANDARD MET	STANDARD NOT MET - INSUFFICIENT EVIDENCE	STANDARD NOT MET
Person-centred care and collaboration	143	120 (84%)	6 (4%)	17 (12%)
Professional practice	145	110 (76%)	5 (3%)	30 (21%)
Leadership and management	146	110 (75%)	9 (6%)	27 (18%)
Education	147	104 (71%)	12 (8%)	31 (21%)
Research	157	104 (66%)	9 (6%)	44 (28%)

ACCREDITATION OF PRIOR CERTIFIED LEARNING (APCL) SUMMARY

CERTIFIED LEARNING	NUMBER OF CANDIDATE EXEMPTIONS AWARDED
Faculty	4
Academic qualification	41
Other certified learning	210

4.2 Consultant candidate performance data (cumulative since inception)

- The RPS has received 138 consultant pharmacist credentialing applications since inception of the credentialing process in 2021 (this includes resubmissions)
- The first-time pass rate is 50% compared to an overall pass rate of 56%
- Candidate success rates tend to improve for portfolio resubmissions, suggesting the feedback received by unsuccessful candidates from their unsuccessful submission(s) is useful
- There have been approximately three times as many female candidates than male candidates
- The pass rate for females is higher than the pass rate for males (+14%).
- The majority of candidates (74%) practise in England
- The most represented ethnicity for candidates is White - English / Welsh / Scottish / Northern Irish / British ethnicity (74%)
- Domain 4 (Education) has the highest pass rate (77%), closely followed by Domain 1 (Person-centred care and collaboration) & Domain 2 (Professional practice) at 75%
- Domain 3 (Leadership & Management) and Domain 5 (Research) have the lowest pass rates (66% and 68% respectively)
- Antimicrobials/infection, Hematology/Oncology/ Cancer, Advanced Therapy Medicinal Products (ATMPs) / Genomics, Mental Health/Psychiatry, Cardiology and Paediatrics/Neonatology are the most represented areas of clinical practice for successful candidates.

ASSESSMENT DIET	NO. SUBMISSIONS
2021/C1	1
2021/C2	2
2021/C3	12
2022/C1	10
2022/C2	10
2022/C3	23
2023/C1	6
2023/C2	18
2023/C3	15
2024/C1	7
2024/C2	17
2024/C3	17

	SUBMISSIONS	STANDARD MET	STANDARD NOT MET	PASS RATE*
Overall	138	77	61	56%
First attempt	109	54	55	50%
Second attempt	26	20	6	77%
Third attempt	3	3	0	

	SUBMISSIONS	STANDARD MET	STANDARD NOT MET	PASS RATE*
BY SEX (FOR ALL ATTEMPTS)				
Female	106	63	43	59%
Male	31	14	17	45%
Not declared	1	0	1	
BY ETHNICITY (FOR ALL ATTEMPTS)				
Any other White background	7	4	3	
Asian / Asian British - Chinese	2	1	1	
Asian / Asian British - Indian	15	7	8	47%
Asian / Asian British - Pakistani	3	1	2	
Black / Black British - African	4	2	2	
Mixed / Multiple ethnic groups - White and Black Caribbean	2	1	1	
White - English / Welsh / Scottish / Northern Irish / British	102	60	42	59%
Ethnicities represented by one candidate#	3	1	2	

	SUBMISSIONS	STANDARD MET	STANDARD NOT MET	PASS RATE*
BY DISABILITY (FOR ALL ATTEMPTS)				
No disability declared	132	74	58	56%
Physical disability declared	1	1	0	
Specific learning disability declared	5	2	3	
BY COUNTRY OF PRACTICE (FOR ALL ATTEMPTS)				
England	102	54	48	53%
Northern Ireland	6	2	4	
Scotland	12	10	2	83%
Wales	16	9	7	56%
Non-UK	2	2	0	
BY MEMBERSHIP STATUS (FOR ALL ATTEMPTS)				
Member	122	68	54	56%
Non-member	16	9	7	56%

OUTCOME BY DOMAIN (FOR ALL ATTEMPTS)				
DOMAIN	NO OF ASSESSMENT EVENTS	STANDARD MET	STANDARD NOT MET - INSUFFICIENT EVIDENCE	STANDARD NOT MET
Person-centred care and collaboration	119	89 (75%)	15 (13%)	15 (13%)
Professional practice	118	89 (75%)	8 (7%)	21 (18%)
Leadership and management	128	85 (66%)	16 (13%)	27 (21%)
Education	119	92 (77%)	10 (8%)	17 (14%)
Research	126	86 (68%)	13 (10%)	27 (21%)

ACCREDITATION OF PRIOR CERTIFIED LEARNING (APCL) SUMMARY

CERTIFIED LEARNING	NUMBER OF CANDIDATE EXEMPTIONS AWARDED
Faculty	19
Academic qualification	19
Other certified learning	3

BROAD AREAS OF CLINICAL PRACTICE OF CREDENTIALED CANDIDATES (CUMULATIVE SINCE INCEPTION)

BROAD AREAS OF CLINICAL PRACTICE	NUMBER OF CREDENTIALED CANDIDATES
Antimicrobials/Infection	11
Haematology/Oncology/Cancer	10
Advanced Therapy Medicinal Products (ATMPs) / Genomics	7
Mental Health/Psychiatry	6
Cardiology	5
Paediatrics/Neonatology	5
Hepatology	4
Frailty/Care of the elderly	3
Palliative care	3
Rheumatology	3
Critical care	2
Gastroenterology / Nutrition support	2
General practice	2
Nephrology	2
Anticoagulation & thrombosis	1
Blood-borne viruses	1
Diabetes	1
Generalist	1
Immunology & allergy	1
Inherited metabolic diseases	1
Integrated care	1
Medicines information (Medicines in lactation advice)	1
Neurosciences	1
Pain Management	1
Public Health	1
Respiratory	1

ROYAL
PHARMACEUTICAL
SOCIETY