ROYAL PHARMACEUTICAL SOCIETY

Portfolio development and support

In Section 3 '*How does the RPS support your continuous professional development'*, *we describe* a typical professional journey for a pharmacist from being a student, through pre-registration year, Foundation practice years and various stages of advanced practice.

This section explains how to build a Foundation or a Faculty portfolio, the frameworks underpinning these, practical guidance on portfolio data entry and how to monitor your progress.

Your Foundation Portfolio

What is a Foundation Portfolio?

A Foundation portfolio is an electronic platform for Foundation Pharmacists and Foundation Tutors to collate and share evidence to demonstrate knowledge, skills and behaviours as defined in the Foundation Pharmacy Framework.

For more information on how to use the e-portfolio, see our video guide *'Getting Started with the Foundation Portfolio'* on our Foundation resources webpage: http://www.rpharms.com/foundation-practice/foundation-resources.asp

What is the Foundation Pharmacy Framework (FPF)?

The FPF is a developmental tool which describes the knowledge, skills, behaviours and experiences that are essential for safe and effective pharmacy practice. This framework provides a structure for development during your Foundation years and beyond.

The framework provides structure and rigor to four key areas in your development:

Cluster 1: Patient and Pharmaceutical Care – focuses on the patient and medicines.

Cluster 2: Professional Practice – identifies available support, practice guidance and professional support tools.

Cluster 3: Personal Practice – relates to development, and developing one's own practice.

Cluster 4: Management and Organisation – relates to leadership and service delivery.

The FPF allows you to self-assess and identify learning gaps in your current practice across the four cluster areas. The FPF is designed to be used as a complete document together with the RPS Foundation Pharmacy Handbook; however each section can also be used as a stand-alone mini resource - it is possible to print out sections that are most relevant and helpful. This will be an evolving resource and will continue to be updated as necessary to ensure continuity with the development of the Foundation Programme.

The knowledge, skills, experiences and behaviours that are developed over the course of Foundation Training will prepare you for advanced practice and the *RPS Faculty*. You will notice some overlap between the FPF and the Advanced Pharmacy Framework, for example in competencies relating to leadership, management and research. This encourages a seamless progression from Foundation to Faculty.

For more information about how to use the FPF, please see our Foundation resources webpage: http://www.rpharms.com/foundation-practice/foundation-resources.asp
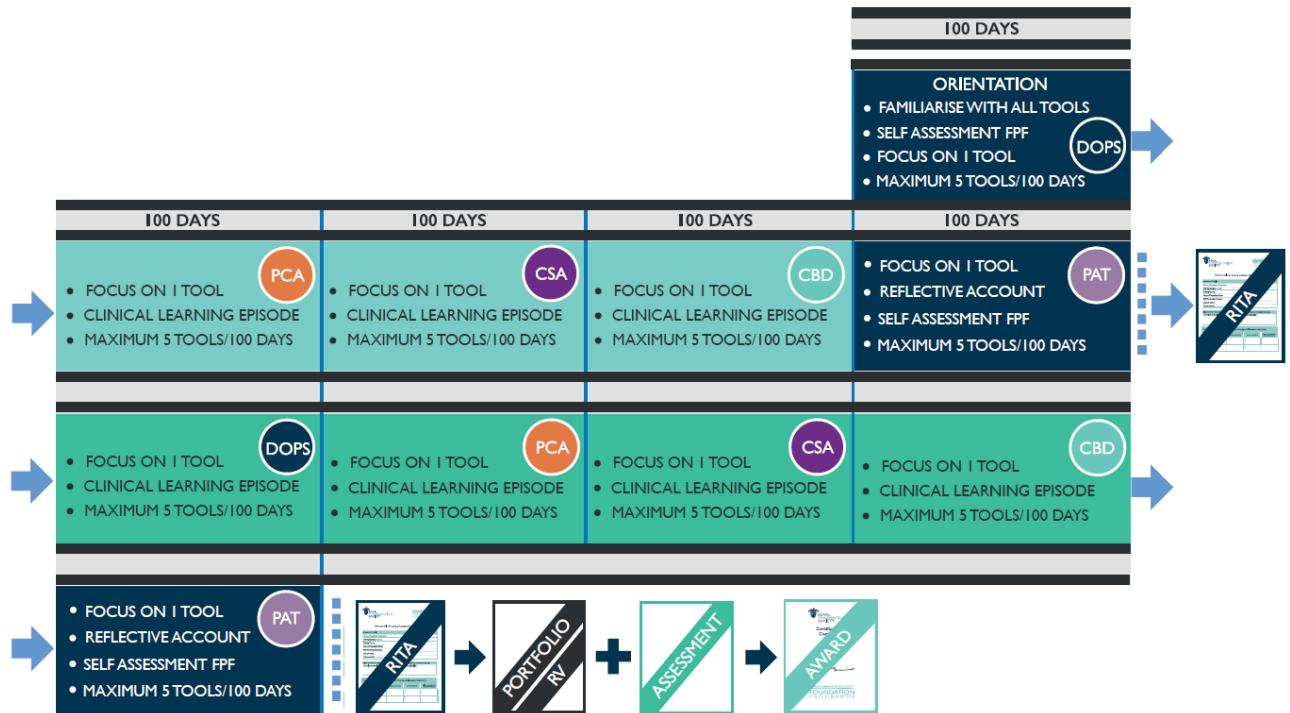
What evidence goes into my Foundation Portfolio?

There are a number of **Foundation assessment tools** available which can be used to self-assess your practice, and develop your practice, develop knowledge and understanding of foundation practice. These are also known as **'workplace-based assessment tools' (WPBA)** – i.e. assessment of you either in your workplace setting, or discussing practice from your workplace.

The RPS Foundation assessment tools include:

- Pharmaceutical Care Assessment (PCA)
- Case-based Discussion (CbD)
- Direct Observation of Practical Skills (DOPS)
- Consultation Skills Assessment (CSA)
- Peer Assessment Tool (PAT)
- Record of In-Training Assessment (RITA)
- Reflective Account Tool (RA)

These tools also allow you to gather evidence of knowledge, skills, behaviours and experiences across a range of activities. You can find some filmed examples of how these tools can be used in the workplace here. Please also see below an infographic showing a typical Foundation Journey, and what assessments are undertaken along the way.

Training Timeline

100 DAYS

ORIENTATION
- FAMILIARISE WITH ALL TOOLS
- SELF ASSESSMENT FPF
- FOCUS ON 1 TOOL
- MAXIMUM 5 TOOLS/100 DAYS

(DOPS) →

100 DAYS	100 DAYS	100 DAYS	100 DAYS
• FOCUS ON 1 TOOL (PCA) • CLINICAL LEARNING EPISODE • MAXIMUM 5 TOOLS/100 DAYS	• FOCUS ON 1 TOOL (CSA) • CLINICAL LEARNING EPISODE • MAXIMUM 5 TOOLS/100 DAYS	• FOCUS ON 1 TOOL (CBD) • CLINICAL LEARNING EPISODE • MAXIMUM 5 TOOLS/100 DAYS	• FOCUS ON 1 TOOL (PAT) • REFLECTIVE ACCOUNT • SELF ASSESSMENT FPF • MAXIMUM 5 TOOLS/100 DAYS → RITA
• FOCUS ON 1 TOOL (DOPS) • CLINICAL LEARNING EPISODE • MAXIMUM 5 TOOLS/100 DAYS	• FOCUS ON 1 TOOL (PCA) • CLINICAL LEARNING EPISODE • MAXIMUM 5 TOOLS/100 DAYS	• FOCUS ON 1 TOOL (CSA) • CLINICAL LEARNING EPISODE • MAXIMUM 5 TOOLS/100 DAYS	• FOCUS ON 1 TOOL (CBD) • CLINICAL LEARNING EPISODE • MAXIMUM 5 TOOLS/100 DAYS →

- FOCUS ON 1 TOOL (PAT)
- REFLECTIVE ACCOUNT
- SELF ASSESSMENT FPF
- MAXIMUM 5 TOOLS/100 DAYS

RITA → PORTFOLIO RV + ASSESSMENT → AWARD

DOPS — **Direct Observation of Practical Skills Assessment**

The Direct Observation of Practical Skills (DOPS) assessment is useful for demonstrating competence in a range of practical activities.

PCA — **Pharmaceutical Care Assessment**

This tool is useful for assessing skills, attitudes and behaviours essential to the provision of high quality care in particular helping you to show competency in two clusters of the FPF: Patient and Pharmaceutical Care and Personal Practice.

CSA — **Consultation Skills Assessment**

This tool is also known as a Medication Related Consultation Framework (MRCF). This tool can be used to demonstrate your consultation behaviours and skills, and particularly helps to demonstrate competencies in cluster 1 of the FPF – Patient and Pharmaceutical Care. This assessment can take between 10-30 minutes (this will depend on the patient in question).

CBD — **Case Based Discussion Assessment**

This tool is designed to assess clinical decision-making and the application or use of pharmaceutical knowledge in the care of the your own patients. It is a retrospective evaluation of your input into patient care. This should take approximately 25-30 minutes to complete (this includes time to complete the form and give feedback).

PAT — **Foundation Peer Assessment**

The Foundation Peer Assessment Tool (PAT) enables you to collate feedback on your practice from a number of peers, colleagues, managers, patients and your tutor. You will also be able to complete a self-assessment of your practice and compare your ratings to those from your peers.

RITA — **Record of In-Training Assessment**

A record of in-training assessment (RITA) is an appraisal process where you and your tutor review your portfolio of practice, and agree an action plan for your further development. You will undertake a RITA with your tutor at the end of Foundation.

Foundation Framework Assessment

The Foundation Framework Assessment allows you to reflect on your recent experiences, indicate how often you demonstrate each competency, and provide examples of how you have demonstrated each competency in line with the Foundation Pharmacy Framework (FPF); a review of the whole FPF.

Clinical Learning Episode

This is any episode of learning, such as a e-module, event or study day, that helps you to develop your clinical knowledge across a therapeutic area, as identified in the Foundation curriculum guide.

Reflective Account

This tool can be used to record reflections on your practice; where you consider the impact your training is having on your development.

Why do we recommend the use of Foundation Assessments?

Foundation assessment tools help to:

- identify areas of good practice
- identify development needs
- articulate a plan for how these needs will be met
- provide feedback on progress overall
- develop reflective practice

Don't be daunted by the large number of different tools available – this is intentional, as certain tools are more useful for capturing different aspects of your practice than others. You do not need to use all of the tools in order to demonstrate your competence against the FPF. We want you to have access to all the tools available.

Peer assessment is useful for obtaining feedback and perspectives on your day-to-day practice from a variety of sources. In particular, it is useful for demonstrating attitudes and behaviours. As part of peer assessment, we recommend that you undertake a self-assessment. You may be surprised by what others identify as your strengths or areas for development. We often see that people undersell themselves!

A goal of Foundation Training is to develop reflective practice, as this is an essential component of the learning cycle. We therefore recommend that you complete a reflective account of your training over Foundation Stage 1 and Foundation Stage II, identifying the impact that your training is having on your development.

It is essential that you build on the clinical knowledge acquired throughout your undergraduate and pre-registration training. We recommend that you focus on the development of clinical knowledge across a range of therapeutic areas, by identifying learning mapped to the *RPS Curricula*. Our affiliated partners have developed a number of learning events such as e-learning modules and study days, which can be useful when developing your clinical knowledge. See our *affiliated partners* webpage for further details: http://www.rpharms.com/faculty-resources/expert-practice-curricula.asp

Upon completion of a clinical learning episode, you may wish to complete a reflective account tool if you have identified areas for further development.

A Record of In-training Assessment (RITA) is a term widely used workplace training and development to record a practitioner's progress through their training programme, usually annually.

In the context of the RPS Foundation Programme, we use the term RITA to describe a formal appraisal process that will allow you and your Tutor to gain an overview of your progress against the competencies described in the Foundation Pharmacy Framework.

We recommend that a review is conducted at the end of Foundation Stage 1 (FS1) and Foundation Stage II (FSII). This is to provide you with points in time during your first 1000 days, where you can be assured that a Tutor will review your portfolio as a whole, confirm that you are progressing in line with what is 'expected' for a pharmacist with your amount of post-registration experience.

The RITA provides you with an opportunity to showcase your work, discuss any gaps in your development that you have highlighted when completing an FPF self-assessment, discuss any difficulties in your workplace, as well as opportunities for further development.

For more information about the RITA, and final assessment process seen in the infographic above, see *Foundation Assessments* section in *Essential Guide 5: Assessments.*

Other types of assessment

Some RPS Foundation Training Providers and RPS Pharmacy Foundation Schools may utilise other forms of assessment tools such as OSCEs, written assessments and multiple choice examinations in addition to workplace based assessments. These can also be included for review as part of your Foundation Portfolio, however we believe the practice assessments are the most valuable for your professional development.

How many assessments should I complete?

A typical Foundation portfolio will include the assessments described above. Whilst we understand that assessments can seem daunting at the start, with the support of a Tutor and the self-assessment process underway, a breadth of assessments can provide you with the best professional development (with outcomes and impact) in your first 1,000 days of registration.

Over your first **1000 days in practice**, we suggest that you complete the following:

Foundation Stage 1 (FS1)	Foundation Stage 2* (FSII)
FPF self-assessment x 2 (at the start of Foundation and after about a year in practice)	FPF self-assessment (at the end of FSII)
5-15 Workplace-based assessments (WPBA)	5-15 Workplace-based assessments (WPBA)
Peer Assessment (included in 5-15 WPBA)	Peer Assessment (included in 5-15 WPBA)
Reflective account	Reflective account
3-6 Clinical learning episodes	3-6 Clinical learning episodes
Portfolio Review (Record of In-Training Assessment) – max 25 pieces of evidence	Portfolio Review (Record of In-Training Assessment) – max 25 pieces of evidence

We believe that competence across the 4 clusters of the FPF can be demonstrated by completing **between 5 and 15 Foundation assessments (median = 10)** during both Foundation Stage 1 and Foundation Stage II. This specific number of assessments can be determined by you and your tutor, depending on your experiences and progress.

These assessments can be conducted either in your workplace, as part of a peer session, or some can be used to discuss a retrospective case with your tutor - the main point here is that you focus on actual examples of your practice from the workplace, as this promotes deep learning.

It is important that RPS Foundation tutors, or workplace facilitators conducting these assessments with you are aware of and understand the Foundation Programme. If your tutor has any questions, they can find information and support on our Tutor web page: http://www.rpharms.com/development/tutors.asp

How do I map my evidence to the Foundation Pharmacy Framework?

After you have completed a workplace-based assessment tool either as a self-assessment, or with your tutor, we recommend that you review the Foundation Pharmacy Framework and consider what competencies you have addressed through that assessment.

We are currently developing a simple process for recording this information on the bottom of each Foundation assessment tool. More information will become available over 2016 as this technology is developed. In the meantime, we recommend that you use the comments box below each section of the framework in the FPF self-assessment tool to record your progress to date.

Remember that the aim is to be able to demonstrate competency across all four clusters of the FPF.

Your Faculty Portfolio

How to build your Faculty portfolio

Step 1: Understand the APF
Understanding the Advanced Pharmacy Framework (APF) is key to building your portfolio as this is what the advanced practice portfolio (APP) is designed around. The portfolio allows you to gather evidence of your development, map it in respect of APF competencies and identify what stage you are currently practicing by self-assessing against the different competencies and stages. Building the portfolio will help you to identify areas that you might want to develop further.

The original Advanced to Consultant Level Framework (ACLF) was developed by the Competency Development and Evaluation Group (CoDEG) in 2004. Since then, the ACLF has been extensively validated across pharmacy, at all levels of practice, and principally in hospital, community and primary care sectors. The original ACLF underpinned the Department of Health (England) guidance for NHS Consultant pharmacists and those pharmacists with special interests. The APF will prove useful for advanced roles across pharmacy, across Great Britain and across healthcare. The APF has been developed to ensure applicability across sectors, specialities and for both patient facing and non-patient facing roles.

The APF will:
• Provide guidance on knowledge, skills, experiences and behaviours to help you advance your career
• Identify the stage you are practicing at currently across each of the different clusters
• Identify areas that you might want to develop further or where you have gaps in your practice
• Helps you build a portfolio that demonstrates advancement.

Start by reading the APF Guidance or a *sector specific handbook* (on the website) to get an understanding of the clusters, competencies and stages. This will give you more detail on the context of the competencies as well as well giving examples of evidence for each cluster.

The APF consists of 34 competencies, grouped into six clusters (see Figure 1), which describe the knowledge, skills, experience or behaviours required to demonstrate advanced practice. Each competency

is described in three stages of development (Advanced Stage I, Advanced Stage II and Mastery) that determines the level of advanced practice. Once you map your evidence against the competency and stage of development it will demonstrate the breadth of your practice.

You need to provide your best evidence of advanced practice and thereby showcase the depth of your practice. We recommend that you map at least one or two evidences against each of the 34 competencies. Over a 5 year period we believe you should be adding in around 60 entries. This fits well with maintaining the portfolio with an average of 6-12 entries per year.

It is still possible to obtain Advanced Stage I award if you have some of the competencies *empty* or *unmet-* for further information on the assessment principles for empty and unmet competencies see Section 5 *'RPS Assessments'*.

Across the Faculty and Foundation programmes we don't want to set limits but rather recommend what is expected to help support members in their journey to recognition. We recommend you aim to have *no fewer than 20 unique entries*. Ideally, the Assessors would like to see between **25 and 45 unique evidences** in a portfolio submission, with a move to between 45 and 60 over a 5 year period (average of 9-12 per year).

Note that should your application contain less than 20 unique entries it will be returned to you.

On the other hand, should your portfolio contain more than 50 unique entries the assessors will not take any entries past the limit into account and this may adversely affect your overall award.

Feedback from the current Faculty members and fellows is that it takes between **30 and 80 hours** to complete a portfolio with the average being **40 hours.**

Expert Professional Practice

Collaborative Working Relationships

Leadership

Management

Education, Training and Development

Research and Evaluation

Figure 1: The six clusters of Advanced Professional Practice (APF) cover the core pharmacy practice areas and are applicable to all sectors of practice.

> **Top Tip**
> Keep referring to the APF Guidance throughout building your portfolio and writing your entries.

Step 2: Identify, gather and sort your evidence

Choose one cluster: you might want to identify and gather evidence for one cluster at a time which you are comfortable with (e.g. Management or Leadership).

We recommend the Leadership Development Framework as a helpful document when you first start: http://www.rpharms.com/support-pdfs/rps---leadership-development-framework-january-2015.pdf. The framework is based on the NHS Leadership Academy's Healthcare Leadership Model to ensure the leadership development of pharmacists and pharmaceutical scientists is consistent with their healthcare professional peers and reflects the extensive research undertaken by the Academy into effective leadership behaviours from all sectors, including healthcare.

Identify your evidence: look at the examples in the **APF Guidance**. Jot down examples or ideas of your activities from the last five years. Think about a couple of examples that would broadly cover each of the six clusters. We recommend that you aim to include evidence from a range of situations such as; working with different groups, across professional boundaries and in different settings to demonstrate the breadth of your practice.

You may want to do this activity as part of a small cohort of candidates at a similar stage of their Faculty journey. Alternatively, you might benefit from having a mentor who can provide guidance and share their experience of their Faculty journey. In both cases, the Faculty team can help establish this link for you. And don't forget, we do have a Faculty Support Pharmacist who would only be too happy to help.

To help you identify suitable evidence to include in your portfolio you may consider the following suggestions:

- Use your CV or job description as a basis to identify your key achievements and use these as key evidence.
- Identify significant pieces of work such as major projects, committee roles, publications, presentations, policies and guidelines, contributions to service development, business and financial projects, staffing changes.
- Other examples could be an audit you have led, working with local GPs, LPC or other equivalent in different countries, documentation from queries, interventions or problems you have resolved, business plans or strategy documents.
- Look at your recent CPD entries or Performance Development Review from your line manager.
- Look at your Faculty portfolio and Assessment Report (if applicable)

- Look at your Foundation portfolio and RITA (if applicable)

Sort your evidence using the **APF Evidence Summary templates** for all six clusters in Appendix 2. You may find it easier to print off the templates and add to them as you think of potential evidence. Feedback from previous submissions is that some members kept the templates at work and added to them over time as they started to recognise things they were doing that would map well to the APF. Alternatively other members found it easier to collate their evidence using Word or Excel to type in outlines of evidence they could copy across to the electronic APP. How you collect your evidence is up to you but by always linking what you do to the APF and the templates will help to reduce the time it takes to collate your evidence.

The APF evidence summary templates will help you to:
- Organise your evidence into areas of practice
- Draft your evidence before entering it onto your electronic portfolio (APP)
- Identify where you have little or no evidence in certain competencies
- Link one piece of evidence to other clusters and competencies

Once you have sorted out your evidence and completed an evidence summary you can see if you have Evidence against **all competencies** in all the six clusters or **any gaps** in your portfolio

> **Top Tips**
> - Use the evidence summary templates to initially sort out your evidence and then map to the different clusters and competencies
> - It makes the process of mapping across several clusters easier

Step 3: Building your portfolio entries

To build your Advanced Practice Portfolio you need to enter your evidence in the online portfolio, use the 'entry detail' form to describe the event then map against the APF clusters and competencies.

How to add an entry: The entry form is accessed via your Dashboard by clicking on 'My Portfolio'. The portfolio has sections for you to record the details of the evidence you are entering such as a project or a task you have undertaken.

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A short title or description to help you identify your entry. The entry title must be at least 5 characters long and no longer than 80. (Character limit of 102)

Helps to identify the category of evidence this piece fits into. Select one line from the drop down list that best describes this entry. If you don't think your evidence fits choose "not applicable.

Provide a brief description of your evidence which can be up to 250 characters. This can include the aim of the piece of work and what you did to achieve it. It is also important to explain the impact of your evidence on your practice.

Give a start and a completion date to describe the period of time you were undertaking the work described. If the project is ongoing select a start date and check the 'ongoing' box.

If you have a web link (URL) relating to this entry cut and paste it here. If not leave blank.

Provide a detailed summary of the events undertaken. You can include what your aims are, what you did, whether you achieved and what further work this may lead to. If your evidence is a published article etc. you can cut and paste your abstract here.

This box is expandable: click and drag the grey triangle in the bottom right hand corner to make the field bigger.

A description of where the hard-copy or electronic copy is located. This can be "box under the bed" "office shelf", removable electronic storage device. Again this can be left blank.

You may already have a portfolio and therefore your own filing system to identify pieces of evidence and their location. Enter these codes here to help locate the item at a future date.

Note: **Storage location** and **personal code** can be left blank if not relevant

Top Tips

- Write as much as you need to in the **description** and **summary** sections so you can give an overview of the evidence and how it maps to the competencies. The word count is there as a guide only. You can use bullet points if you want to.
- Make sure you write clearly and concisely
- Avoid using acronyms and abbreviations as it may not be clear what they refer to which makes it hard for other reading you evidence to understand
- Clearly demonstrate to the assessors that you have achieved the stage of development you have mapped evidence to (this can be explained or reflected on in the **Impact** section).
- Remember to save your work!

Map your entry:
Once you've filled in all the fields on the Entry form, there are **two** ways you can map your entry to the framework, via the framework or via the entry. For guidance and support regarding the differences between stages for each cluster see the *table below.*

Table of Differences between stages of APF by cluster

*1= Expert Professional Practice,
2=Collaborative Working Relationships,
3= Leadership,
4= Management,
5= Education, Training and Development,
6= Research and Evaluation

C	Advanced Stage I	Advanced Stage II	Mastery
1	"Doing good things" Routine issues General pharmaceutical knowledge and skills Accountability as an individual to individuals Ensuring practice adheres to national and local guidelines	Thorough knowledge or interpretation of the evidence behind the guidelines Complex situations In-depth pharmaceutical knowledge and skills Influencing local i.e. within team or service /regional/national practice in response to published guidelines Accountability for groups/teams	Advances pharmaceutical knowledge, leads and directs in-depth complex care Difficult and dynamic situations Producing the evidence behind those guidelines Writing those guidelines Accountability at national/strategic level
2.	Within department/organisation i.e. local Multidisciplinary within scope of practice Relied on for advice in routine situations Influences individuals	Still within organisation Multidisciplinary within organisation Sought after for advice for complex situations Influences groups	Multidisciplinary outside organisation National/International profile Cross-sector or cross speciality "Wicked" problems i.e. things for which there are no tried and tested answers Opinion leader
3.	Within department/organisation Multidisciplinary within scope of practice Relied on for advice Follows local policy, guidance, plans and vision Contributes to high standards Self motivated	Influences/creates local policy Develops standards Motivates others Within organisation/national Cross-sector or cross specialty Multidisciplinary within organisation Team or service level	Creates/shapes/leads on national policy Motivates others at higher level Multidisciplinary outside organisation International/national profile Highly antagonistic situations

4.	Ward/branch/team level management Local budgets/target management Understands and follows standards/guidance/policies/procedures	Budget setting Accountability for team performance Multidisciplinary change management Shapes, manages/develops standards/guidance/policies/procedures Effective change across sectors/specialties nationally	Organisation wide accountability for people or finance management Effective profession wide change nationally/across sectors Sets standards/guidance/policies/procedures
5.	Understands educational policies/processes Trains and assesses under supervision Ward/branch/team level teaching and training Knowledge of mentoring Participates in CPD	Mentoring within team/service Supports professional development and performance of others Development of formal courses in association with organisations/HEIs Multidisciplinary teaching or training, cross speciality	Developing national post-graduate courses for major organisations or HEIs Leading nationally Setting standards for professional development Mentoring outside of sector
6.	Evaluation within organisation Sharing at local level "Research aware"	Sharing at national level Multidisciplinary within organisation "Research active"	Multidisciplinary outside organisation International profile "Research leading"

Mapping your entry via the framework: which shows on the screen the clusters with the competencies at different stages (we recommended if you are not familiar with the APF to map using this option) and you select the competencies and stage you think your entry applies to.

Mapping your entry via the entry form directly (we recommended if you are very familiar with the clusters and competencies of the APF to use this option)
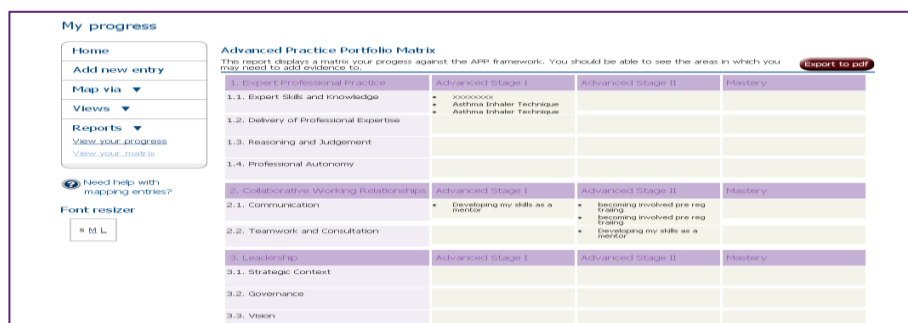
> **Top Tips**
>
> - Use the '**Need any help mapping your entry button?**' for further advice and guidance as this includes examples of evidence category so you can select the one that best applies to your entry
>
> - The Impact section: use this space to explain the impact of this evidence on your practice. It is important to link your evidence to the competency you are mapping against. If there is an outcome to your evidence e.g. change in practice, make sure you describe this clearly to support your impact statement.
>
> - Use the descriptors for each staging as a 'writing guide' in the 'Impact' statement
>
> - Remember: each entry usually reflects more than one cluster of the framework; it is a good idea to go through the whole framework and pick out all the supporting competencies when mapping an entry
>
> - Save your work!

Step 4: Assessing your progress

There are two reports that you can use (see below) to assess your progress and identify gaps in your evidence. You can use these reports to:

- See all your evidence and how it is mapped against the competencies
- Identify any competencies with NO evidence mapped (think about whether you can map an existing piece of evience or enter another evidence to support the competency)
- Identify any competencies with only one piece of evidence (think about whether you can map an existing piece of evience or enter another evidence to support the competency)
- Identify where you have too much evidence and therefore decide which of your best 1-2 pieces you should choose. If you have evience strongly supporting Advanced Stage II or Mastery you do not need to map evidence at lower stages, you should chose your strongest pieces to demonstrate your development.

View your Matrix **(see visual below)**– this report can be access under the reports option on the left hand menu This report gives an overview of all the six clusters and 34 competencies.

- View your progress **(see screenshot below)** – gives an overview of all the evidence you have written on the portfolio in the six clusters and 34 competencies.

Other elements of the RPS Faculty assessment

Curriculum vitae (CV)

Submitting your CV as part of your Faculty submission supports your evidence for progression through your career. For advice on what needs to be in your CV, you can use the following **CV template**.

Peer assessment tool (PAT)

Another element of Faculty submission is an assessment by your peers to verify your professional capacity as a pharmacist and support your evidence presented in your portfolio. The Faculty Peer Assessment Tool (PAT) is an online tool which collates this feedback in a standard format for the assessors to review.

You can approach as many colleagues as you want; we ask for a minimum of two, one of which must be a pharmacist, but the best submissions have four or five. Other peers or referees can support your portfolio with a reference, email or supporting letter which you can upload when submitting your portfolio for assessment.

To complete the PAT start by identifying and asking colleagues to act as your peer reviewer as soon as you start building your portfolio. It will save time later.

Examples of peers you can ask to complete the PAT would include:

- GPs, nurses, dentists and other health and social care professionals that you have working relationships with.
- Other pharmacists within and out with your organisation e.g. colleagues you have collaborated with in primary care, the Superintendent Pharmacist in your company, a colleague who works alongside you.
- Pharmacy Technicians and other pharmacy support staff you have worked alongside.

- Recently qualified pharmacists, pre-registration pharmacists and undergraduate MPharm students who you have tutored and/or supervised.
- Non-pharmacy colleagues within your organisation such your area manager, line manager, or team manager, who you work with.
- Mentees or your own mentor(s).

After you have identified peers to ask to complete the Faculty PAT we recommend that you ask them in person or send them an email personally asking them to complete the assessment. The PAT system will send out an automated email which your peers may delete if they are not expecting it or if they have not been asked beforehand.

Record of Expert Professional Practice (REPP)

This section describes the submission requirements for Pharmacists between 2-10 years post registration (post Foundation but not yet 10 years in practice) and for those Pharmacists who are resubmitting five years after their initial RPE award.

a) Pharmacists 2-10 years post registration (Post-Foundation)
Pharmacists who have been registered for between 2-10 years must provide a CV, peer testimonials and an Advanced Practice Portfolio (APP) of evidence. In addition, they must demonstrate their Expert Professional Practice (EPP - Cluster 1 of the Advanced Pharmacy Framework -APF) and Collaborative Working Relationships (CWR – Cluster 2 of the APF) via an oral peer assessment through their affiliated partner or an accredited Faculty training centre.

This oral assessment will be recorded on a *Record of Expert Professional Practice (REPP)* form.

The REPP is a retrospective review and discussion between the pharmacist and the REPP Assessor of between 5 and 15 practice based assessments that the pharmacist has completed in the workplace over a period of time (approximately over 5 years to show maintenance of practice; approximately over 12-18 months during a period of focussed development). These practice based assessments may be undertaken by pharmacists at UKCPA masterclasses, at their affiliated group / UKCPA conferences, in the workplace etc. as part of their continuing professional development. At least 2 of these practice based assessments must be Case Based Discussions (CbD). Examples of the range of practice based assessments that can be reviewed within a REPP can include any of the following (not an exhaustive list).

- Case based Discussion (CbD) (can be used for many different scenarios including discussion around posters / abstracts you may have submitted to conference or associated activities e.g. abstract marking, poster judging, being an 'expert' speaker etc.)

- Consultation Skills Assessment (also known as MRCF)

- Pharmaceutical Care Assessment (also known as mini-CEX)

- Direct Observation of Practical Skills

- Peer review/ assessment of work based activities

- Feedback/discussion on a Conference presentation or poster submission (see CbD)

- Reflective account

- Objective Structured Clinical Examination

- Other assessment considered appropriate and relevant by the affiliated partner or accredited training centre/provider relevant to your area of expert practice

The REPP allows members to fully demonstrate the depth of their knowledge, skills and values through a retrospective evaluation of their input into complex cases or interventions they have dealt with, allowing them to showcase consistency at an advanced stage of practice.

Affiliated partners, accredited training providers/centres including employers will provide guidance on the specific combination of type and number of practice based assessments required to demonstrate Advanced Practice for EPP and CWR in their area of practice. However, a maximum of 15 practice based assessments will be reviewed during the REPP by the REPP Assessors. The areas of practice can be clinical, managerial, educational, policy oriented, science related, regulatory or service related and therefore the REPP is relevant across all sectors and applicable to both generalist and specialist advanced practice.

b) Pharmacists resubmitting following an initial RPE submission

Before the 5-year renewal period:
Pharmacists who have made a prior submission for Faculty assessment under the Recognition of Prior Experience (RPE) route and who wish to resubmit prior to the expiry of the 5-year renewal period will not have to submit a REPP assessment in their resubmission.

A resubmission made within the 5-year renewal period does not extend the initial renewal period, which will expire 5 years from the initial submission. A REPP will be required for any resubmissions made following the expiry of the renewal period.

After the 5-year renewal period:
Pharmacists who have made a prior submission for Faculty assessment under the Recognition of Prior Experience (RPE) route, will also need to undertake and submit a REPP assessment for resubmission for Faculty assessment to renew their credentials, which needs to be done every 5 years.

During the 5 year renewal period, as with those qualified between 2-10 years, it is expected these members will also have undertaken a number of [peer assessed] practice based assessments in the workplace during this time period and can select examples from these in accordance with guidance from their affiliated group/accredited training provider; centre, employer) for the REPP when submitting for their next Faculty assessment.

Top Tips for REPP Assessments
1. The REPP is to assess the depth of knowledge, skills and values for the Expert Professional Practice (EPP) and Collaborative Working Relationships (CWR) clusters of the APF

2. You may have undertaken a number of practice based assessments in the workplace. Choose examples from your area of practice that map to the EPP and CWR clusters for the REPP

3. Your examples can map to other clusters or competencies of the APF but they must map to the EPP and CWR clusters as these are the focus for the REPP

4. Ensure you follow the guidance of any affiliated group that represents an area in which you wish to demonstrate your advanced practice on the specific combination of type and number of practice

based assessments required for demonstrating advanced practice and preparing for the REPP. Similarly, if you work or undertake professional development within an RPS accredited training provider/centre/employer, follow their guidance on the practice based assessment requirements

5. Assessors will determine whether the REPP reflects advanced practice or not and will not assess the stage of practice demonstrated

It is not appropriate for us to provide feedback to members specifically on the REPP as this will be submitted to the assessors alongside the three other elements.

However, members will receive feedback through their Assessment Report based upon a holistic assessment of all the components of their submission for Faculty assessment, including the REPP.

REPP Frequently Asked Questions (FAQs)

Who will carry out Practice based assessments?
Practice based assessments will be carried out on behalf of the RPS through your group, (as UKCPA is an affiliated partner), or members of other affiliated partners, or RPS accredited Training Providers. Practice based assessments may be conducted in the workplace, at UKCPA masterclasses, at your group / UKCPA conferences. Practice based assessors must:

- be RPS members (in order to access the assessment tools)

- be beyond their Foundation years (qualified and practising for more than 1000 days)

- have at least 3 years' experience in relevant area of practice

- have an understanding of the practice based assessment tools and processes (RPS guidance, support and training is provided)

- ideally be on their Faculty journey, or a Faculty member

What are the Benefits of Practice Based Assessments?
- Support to demonstrate Continuous Improvement of practice
- Opportunity to gain feedback on practice, in particular for:
  o Sole practitioners (community, primary care),
  o Those experiencing difficulty gaining support in the workplace,
  o Those thinking of changing area of expert practice but not having access to expertise in their own workplace
  o Practitioners returning to practice
  o Networking opportunities

Who will carry out the REPP?
It will be carried out on behalf of the RPS through your group, (as UKCPA is an affiliated partner) by one (sometimes two) trained RPS REPP Assessor(s). Ideally, the Assessor will be from the same or similar field or scope of practice as the member. RPS REPP Assessors must:

- be RPS members (in order to access the assessment tools)

- have an understanding of the practice based assessment tools and processes (RPS guidance, support and training is provided)

- be a Faculty member or fellow

Does the REPP need to be carried out face-to-face?
The REPP may be conducted via Skype, remote conferencing or face to face and should be mutually agreed between the applicant and the affiliated partner or accredited training centre.

What will happen to the REPP afterwards?
Completed REPPs will be forwarded to the RPS Faculty by the Assessors upon completion. The REPP will provide an additional piece of evidence alongside the C.V. peer testimonials and the Advanced Practice Portfolio to facilitate a holistic review of submissions for RPS Faculty Assessment.

REPPs, when completed, can be submitted as part of the full Faculty submission within one year of the date of the REPP.

What guidance is there to help members and assessors prepare for a CbD and other practice based assessments?
The RPS website hosts videos, podcasts and guidance for practice based tools. These tools are used as Foundation tools currently, however are being adapted for use as Faculty Practice Based Assessment tools.

An example of a video on the RPS website which demonstrates how you could conduct a CbD. is at
http://www.rpharms.com/foundation-assessment-tools/case-based-discussion.asp

How do assessors review my portfolio and determine my stage of practice?
The assessors will take a holistic approach when making the final decision about the overall award made and this will be based on: the accomplishments during your career (CV), how you are viewed in your practice by your peers (peer testimonials) and the collection of your evidence of advanced practice (portfolio). When reviewing your portfolio the key elements an assessor will be looking for are: accurate competency mapping based on the fine detail about how the competency has been demonstrated, what the impact to your practice is and how this relates to better and safer patient care. Regardless of the activity described and whether it was performed as a part of the team or not, it is important that you describe your specific contribution in the activity, the level of responsibility and activity and impact on your practice. It is essential that you separate yourself from the wider team in describing the impact of the entries. Cluster 2, Collaborative Working Relationships as well as your peer reviews and CV will provide assessors with information necessary to assess your effective teamwork

Useful links to the support that is available for building your Foundation and Faculty portfolios
- *Knowledge Interface Tool (KIT)*
- Online networks
- Events / LPFs
- Webinars
- Tools and resources for Faculty and the Foundation programme
- the CPD service
- Mentoring

In section 5, RPS Assessments: Principles and outcomes, you will find detail on the Foundation and Faculty assessment processes, in addition to detail around how the RPS ensures the quality and consistency of our assessment processes.