ROYAL
PHARMACEUTICAL
SOCIETY

Faculty Review Report 2019

Executive Summary

Background
RPS Professional Development Programmes have supported the development of a competent, flexible and adaptable workforce. Since 2013, RPS Faculty has been available as a professional development programme for advanced pharmacy practice. However, the numbers of pharmacists completing a faculty assessment has been declining and less than 2% of RPS members have been recognised across the three levels of advanced practice since 2013. This percentage would equate to an even smaller number if you considered all registered pharmacists that might be eligible for recognition.

Traditional models of pharmacy service delivery are changing and there is an increased focus on how pharmacists can support the delivery of patient care. The pharmacy professionals of the three nations in Great Britain are likely to see a significant change in roles and responsibilities in the coming years. It is now important for RPS to consider how it supports pharmacists' education and professional development in this new world and maximising the number who can reach the required standard for advanced practice.

Findings
The overall aim of the Faculty Review project was to define a Faculty service that is modern, accessible and recognised, by reviewing RPS Faculty processes and member requirements. A task & finish group and wider reference group made recommendations for how this could be achieved across the following areas:

Primary Purpose
Findings from the recent project seeking views on an Annual Support and Submission Model for Faculty from existing Faculty members and members of the consultant pharmacist network indicated that the purpose of Faculty needed clarifying. An options appraisal was conducted which described a new RPS credentialing service to support advanced pharmacist practitioners as an area of focus.

Underpinning principles/process
An initial set of key principles and process that would underpin a credentialing service for advanced practice were identified by the task & finish group. These covered the following key areas.

- Access to RPS support for advanced practice;
- Credentialing advanced pharmacist practitioners (working at an advanced core level);
- Credentialing of advanced pharmacist practitioners (working at an advanced core and specialist level).

We also identified other wider factors for consideration (these are described in the main report):

- General support for advanced practice;
- Alignment with Revalidation;
- Career Development Pathway;
- Recognition and Advocacy.

Assessment
Recommendations on principles that would underpin assessment have been agreed to ensure they meet the highest quality standards, remain in line with best practice, and are designed in the best interests of practitioners and patients.

We believe the RPS credentialing service for advanced practice should be the sole model for pharmacy. However, it is recognised that collaboration with other professions, education commissioners, schools of pharmacy and others is needed to achieve an understanding of what advanced practice means across all the healthcare professions.

Evidence from practitioners and employers about what approach the RPS should take to advanced practice has been discussed and laid out in recommendations. The delivery of these recommendations, the operational factors to consider for a credentialing service will now need implementing pending approval within RPS governance processes.

Key Recommendations:

1. New prospective assessment service to credential advanced pharmacy practice in patient-facing roles:

- A prospective assessment service is established that assesses the skills, knowledge and behaviours of patient-facing pharmacists to ensure they are at the requisite level to practise at an advanced level

- The service will separately credential core advanced practice (the generic core advanced skills of any advanced pharmacist practitioner) and the specialist knowledge, skills and behaviours required for practice in a particular area (including specialisms in aspects of community, primary and secondary care)

- An underpinning advanced core curriculum and national assessment will be developed and credentialing of this will be owned by RPS

- Underlying specialist advanced curricula will be developed in collaboration with specialist affiliate groups. Specialist advanced assessments will be developed collaboratively with specialist affiliate groups to ensure consistency of standard between specialisms.

- The RPS will maintain a directory of practitioners who have been credentialed at advanced core and advanced specialist levels of practice.

- The service will be open to all pharmacists with RPS members being offered distinct member benefits to support them through the assessment journey and incentivise membership.

- The standard of the assessment will be simplified to Advanced Pharmacy Framework (APF) Stage II; APF Stage I will be removed as a summative assessment outcome and may form the basis of a formative assessment stage for RPS members.

- We will align the service to broader multi-professional frameworks (e.g. Health Education England's Advanced Clinical Practitioner framework and NHS Education for Scotland's Advanced Practitioner Programme) across the UK to ensure advanced

practitioner pharmacists are recognised by other healthcare professionals in the multi-disciplinary team.

- The service will support existing patient-facing roles but also be targeted at new expanding pharmacist roles, such as pharmacists working as part of PCNs and in GP practices.
- The service will clarify the skills, knowledge and behaviours of advanced pharmacists to increase understanding of non-pharmacist employers.
- For pharmacists coming through the new system, advanced practice credentialing would assume and require the satisfactory completion of Foundation training.
- This service will comply with the principles and key tenets defined in Section 1 of the paper.
- There will be no annual maintenance fee
- Maintenance of competence will be ensured via GPhC revalidation

2. Retain and simplify current Faculty service to only recognise mastery in advanced practice (fellowship)

We recognise that the advanced credentialing service above is targeted at pharmacists in patient-facing roles. Given the feedback that the current Faculty model is too broad, we believe it prudent to target resources to hone the service to the largest potential audience in the initial phase of work.

However, we acknowledge that the needs of pharmacists in non-patient facing roles may initially not be met by the credentialing service. We therefore propose maintaining a simplified version of the current Faculty service.

Recommendations:

- A simplified version of the current Faculty assessment will continue as a **retrospective assessment of impact** of individual pharmacists on the profession as judged against the APF.
- The assessment will be simplified to only award Faculty fellowship status (i.e. Mastery) – Advanced Stage I and Advanced Stage II will no longer be summative assessment outcomes.
- Candidates will self-nominate for this assessment and the submission process will be simplified
- Candidates will continue to collate a portfolio of evidence of the impact of their practice using the legacy e-portfolio
- The assessment process will be simplified to recognise the lower stakes status of this assessment

- Successful candidates will continue to have access to Faculty fellowship post-nominals

- There would be no requirement for resubmission as there is no maintenance of competence to verify – this is a snapshot assessment of impact

- Current maintenance fees will be reviewed

- A directory of RPS Faculty members would continue to be maintained by the RPS

Status of existing Faculty members

- Existing Faculty members will continue to be able to use their Faculty post nominals as long as they wish but the current assessment will only be open for those wishing to apply for Faculty fellowship.

- Those previously assessed as working at ASII and/or Mastery and in-patient facing roles will be invited to credential as advanced pharmacist practitioners using the new credentialing service. We will explore how we could incentivise this to current Faculty members e.g. reduced rate, pilot scheme and what Accreditation of Prior Learning arrangements could be put in place to avoid duplication of assessment.

- Those who were previously assessed at ASII would be eligible to retain their Faculty portfolio and use it as evidence towards a resubmission for Faculty fellowship via this new service.

- Those currently building their portfolio would be allowed to either complete it and be assessed using the previous model up to a given deadline to be determined when the assessment of ASI and ASII would be stopped.

Contents

1. Foreword

The delivery of healthcare needs to respond to a number of challenges which include both the need to support a more elderly population with greater multimorbidity, as well as support a more specialist service deliver new therapeutic agents. The model that best supports the delivery of this healthcare is when different professions work together in multi-professional teams delivering care around a patient. Pharmacists are uniquely placed to support better delivery of care for patient populations as part of these multi-professional teams. Pharmacists are increasingly working at advanced levels of practice to support these new models of care.

The RPS needs to support the pharmacy profession by aligning to this model of modern healthcare delivery which facilitates the ability of pharmacists to support patient care in an advanced practice setting. As the Faculty Review Task & Finish Group we have focused on advanced level practice and aimed to clearly define the RPS's purpose in supporting this, to smooth out the journey and navigate the dictionary of terms and jargon that has arisen in this area.

We have held in mind people accessing pharmacy services and wanted to look to the future so we are ready for the generations of pharmacy professionals who will eventually enter advanced practice. We were sighted on our challenge of working in a complex world with multiple stakeholders, interfaces and sectors and we were clear that one model may not fit all. In looking to the future we understand that we will need to manage the legacy of the existing Faculty and our members who worked hard to achieve recognition of their practice.

Our recommendations apply to Great Britain. We felt this was important as RPS is a GB-wide organisation. We recognise that the three governments this geography covers are taking forward advanced practice in different ways but some approaches are best delivered together – particularly assessing and credentialing advanced practice.

Dr Andrew Frankel
Chair of the Faculty Review Task & Finish Group

2. Introduction

Background

2.1 RPS Professional Development Programmes have supported the development of a competent, flexible and adaptable workforce. Since 2013, RPS Faculty has been available as a professional development programme for advanced pharmacy practice. It is aimed at RPS members who have completed a minimum of two years post-registration experience, once early or foundation years have been completed. It enables pharmacists to demonstrate advanced knowledge, skills and behaviours across all sectors and settings, so that they are better equipped to deliver an advanced level of pharmaceutical care in a rapidly evolving and increasingly complex healthcare environment, through the use of:

- RPS Advanced Pharmacy Framework[1]
- Knowledge Interface Tool (to identify core and specialist advanced stage knowledge items)
- Advanced practice e-portfolio (APP) and a suite of assessment tools
- RPS resources, support and guidance
- RPS networks and mentors

2.2 To gain Faculty recognition, pharmacists are assessed against the Advanced Pharmacy Framework (APF) by submitting for Faculty assessment using the principle of peer assessment. This is completed through submission of a curriculum vitae, the APP, peer testimonials and Record of Expert Professional Practice (a summative assessment of a number of formative assessments). This results in the award of Faculty membership or fellowship on three stages of advanced practice:

- Advanced Stage One (ASI) – members, usually in their second 1000 days of practice, or established members returning to work after a career break or changing their scope or sector of practice, who have either completed Foundation Training or demonstrated competency at Foundation level.

- Advanced Stage Two (ASII) – members who are established in their careers or aiming to achieve excellence in their roles, beyond their second 1,000 days

- Mastery – members who are practicing at an exceptional level, in highly complex environments and in very senior roles in the profession locally, regionally and nationally

2.3 Less than 2% of current RPS members have been recognised across the three levels of advanced practice since 2013. Of the total number of Faculty members nearly half are in hospital practice. During 2018, 28 assessment outcomes (stage one, stage two and mastery) were awarded.

[1] Royal Pharmaceutical Society. Advanced Pharmacy Framework. Royal Pharmaceutical Society: London; 2013

2.4 At the November 2018 Assembly, the Directorate of Education and Professional Development objectives were agreed for 2019. This included a review of Faculty processes and member requirements.

What is advanced practice?

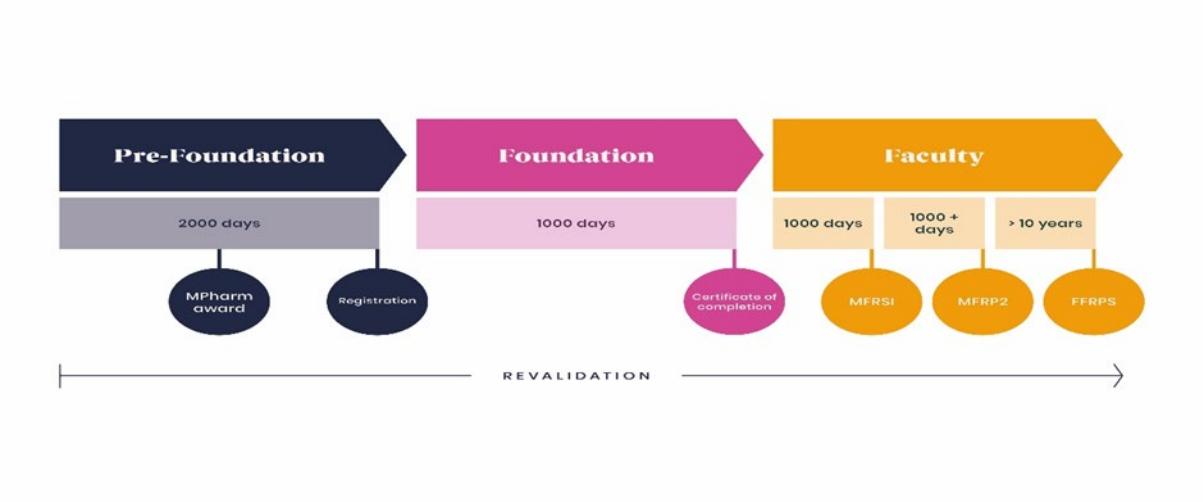
2.5 **Previously the RPS has defined advanced pharmacy practice** as a stage of established professional practice that builds upon foundation pharmacy practice, usually at least two years post registration as a pharmacist. Advanced practitioners work at a higher level of practice, as generalists and/or specialists, and demonstrate advanced knowledge, skills, experience, behaviours and values that include clinical acumen, professional and clinical leadership, and management of complexity. There is variance in the definition and interpretation of advanced practice within the pharmacy profession and across other healthcare professions. For the purposes of this document, advanced pharmacy practice is defined by the competencies described in the APF.

2.6 For some, advancement and specialisation are terms that are used synonymously and this can result in confusion. Specialisation can be taken to relate to a higher, but narrow focus on practice. Advanced practice could be intended to relate to a higher, but broader scope of practice. In reality, both terms relate to practice that is beyond foundation practice or training and both generally relate to practice beyond three years post-registration

2.7 Professional practice is a continuum (see figure 1) where a practitioner moves from registration to advanced practice by acquiring knowledge, skills, behaviours and experience. Progression along the continuum, with the right education and training (where appropriate), supervision and assessment (formative and summative) will enable development of advanced level practice. The Australian Pharmacy Council credentials advanced practice in Australia and it is described as 'leading, shaping and influencing'[2]. The stages of practice prior to that start with the practitioner being more self-focused on professional activities (a transition level equivalent to post- Foundation level practice in the UK) and this shifts to a greater emphasis on working with peers and colleagues – particularly in the multidisciplinary team (a consolidation level equivalent to Faculty Stage I) prior to becoming an advanced level practitioner.

[2] Pharmaceutical Society of Australia. National Competency Standards for Pharmacists in Australia. Pharmaceutical Society of Australia: Canberra; 2016

Figure 1 – Professional Development Roadmap to Advanced Practice



2.8 Pharmacists employed in the NHS in England are able to complete training as Advanced Clinical Practitioners (ACPs)[3]. Some pharmacists in Wales have also gained this qualification. Advanced clinical practice is defined as 'delivered by experienced, registered health and care practitioners. It is a level of practice characterised by a high degree of autonomy and advanced decision making. This is underpinned by a Masters' level award or equivalent that encompasses the four pillars of clinical practice, leadership & management and education & research with demonstration of core capabilities and area specific clinical competence'[6].

2.9 NHS Education for Scotland launched their Advanced Practice Framework in 2016 based on the RPS APF detailed above. This followed their work started in 2014 with various Specialist Interest Groups (cancer, rheumatology, clinical trials, infection and antimicrobial stewardship, pharmaceutical care of older people and public health), to develop Expert Professional Practice modules as well as supporting learning resources in line with the RPS Advanced Practice Framework. A cohort of pharmacists following an advanced practice learning pathway, supported by an ePortfolio, were assessed (using portfolio and OSCE assessments) in early 2019. This is considered a route to Advanced Practitioner status as a generalist with the potential to also be recognised as a specialist through credentialing of expert professional practice.

[3] Health Education England. Multi-professional Framework for Advanced Clinical Practice in England. London: Health Education England; 2017.

3. Drivers for change

Summary of key drivers

- A higher proportion of older people in the population, with multiple-morbidities and complex medicine regimens;
- Securing a greater proportion of 'advanced generalists' (in relation to 'advanced specialists') is a key workforce goal to manage patient demand;
- Traditional models of pharmacy service delivery are changing and there is an increased focus on how pharmacists deliver care;
- The pharmacy professionals of the three nations in Great Britain face considerable change in roles and responsibilities in the coming years;
- Approaches are needed that offer staff career progression that encourages them to continue working within the healthcare system and enables them to develop advanced professional practice and to meet patients' needs of the future;
- Advanced practitioners will be further integrated into the multidisciplinary team and supported to perform to their full potential.

3.1 The ability of the NHS services (NHS organisations and contractors) to respond to the challenge of increasing demand, a higher proportion of older people within the population, with multiple-morbidities and complex medicine regimens has been affected by increasing financial constraints, growing workforce capacity issues and changes to working patterns. In addition, there have been significant concerns about the quality, safety and delivery of care in some settings[4]. Providers of healthcare services have developed advanced clinical practice and (non-medical) consultant roles in response to some of these workforce and patient safety issues. These roles possess advanced capabilities across a wide range of long-term conditions and are often described as advanced generalists, the creation of which, secures a flexible and adaptable workforce.

3.2 Traditional models of pharmacy service delivery are changing and there is an increased focus on how pharmacists deliver care. The pharmacy professionals of the three nations in Great Britain face considerable change in roles and responsibilities in the coming years. It is now important for RPS to consider how it supports pharmacists' education and professional development in this new world so they can reach the required standard for advanced practice. This will enable pharmacists to develop advanced levels of professional practice and to meet patients' needs of the future. In addition, there is a need to consider what the RPS's role will be in recognising this education and professional development through credentialing in the context of patient need (an increasing proportion of older people and people with multiple long-term conditions). The approach should deliver a flexible and adaptable workforce;

3.3 A lack of development and career progression opportunities is cited as one of the main reasons for staff leaving the NHS[5]. Therefore, approaches are needed that offer staff career progression that encourages them to continue working within the NHS and enables them to develop advanced professional practice and to meet patients' needs of the future.

[4] Francis R (2013) Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. London: The Stationery Office.

[5] NHS England. The NHS Long Term Plan. London: NHS England; 2019

3.4 The Interim People Plan[6] outlines the need to enhance the skill mix of the NHS workforce by developing and implementing new roles and new models of advanced clinical practice, alongside providing clear career pathways that enable people to continue developing to realise their maximum potential. As well as developing advanced clinical roles, the approach is to define sets of skills-based competencies that can apply across the professions to give employers more flexibility with their workforce. Developing nationally accredited education and training standards for advanced clinical practice programmes for HEIs is part of the future remit of HEE's Academy of Advancing Practice. Advanced practitioners will be further integrated into the multidisciplinary team and supported to perform to their full potential. It is also intended that multi-professional credentials will be developed and the NHS Electronic Staff Record is updated to reflect advanced roles.

3.5 The future of pharmaceutical services in Scotland was set out in Achieving Excellence in Pharmaceutical Care[7]. The strategy aimed to transform the role of pharmacy across all areas of pharmacy practice. For advanced practice this included developing advanced clinical skills for pharmacists employed in GP practices and roles in hospitals underpinned by advanced practice frameworks. The NES Advanced Expert Professional Practice Vocational Training Programme has been developed as part of this strategy thereby supporting the development of advanced practice careers.

3.6 Pharmacy: Delivering a Healthier Wales[8] has set out a vision for developing career pathways through to advanced practice: members of the pharmacy team will constantly develop and advance their practice and by 2030 all pharmacists are expected to be 'on a recognised professional practice journey in order to evidence their level of practice'. Hospitals are also expected to ensure advanced practitioners are available to provide a specialist service and link with community pharmacy, primary and social care.

3.7 The RPS has recently responded to NHS Education for Scotland's **Pharmacist Postgraduate Career Framework Review 2018: Report of the Review Advisory Group consultation.** Specific recommendations were made for the NES Advanced Practitioner Programme including:

- Advanced practitioner status should be open to all pharmacists demonstrating the specified competence.
- The Advanced practitioner programme should include the following features:
    - The Scottish Advanced Practice Framework should remain in alignment with the RPS Faculty Advanced Practice Framework.
    - The advanced practice pathway should be broad based requiring the attainment of 'generalist' Expert Professional Practice (EPP) modules with potential credentials for `specialist` EPP modules. Rules of combination may be required

[6] NHS Improvement. Interim NHS People Plan. London: NHS Improvement; 2019
[7] Scottish Government. Achieving excellence in pharmaceutical care: a strategy for Scotland. Edinburgh: Scottish Government; 2017
[8] Welsh Pharmaceutical Committee. Pharmacy: Delivering a Healthier Wales. Cardiff: Royal Pharmaceutical Society Wales; 2019

to ensure the coherence, equivalence and relevance of routes to Advanced Practitioner status.
    - Common key competencies in non-clinical areas such as Collaborative Working Relationships, Research & Development, Leadership, Management and Education, Training & Development (ET&D) should be considered.
    - Within agreed rules of combination, Advanced practice pathways should be sufficiently flexible to enable sector specific customisation;
    - As with Foundation Training, a supportive infrastructure is required for Advanced Practice learning.

3.8 Although increased investment in the NHS has been announced in England, the healthcare system still operates under considerable resource pressures. Indeed, the models of care and funding mechanisms differ across England, Scotland and Wales. However, the professional standards must remain equivalent. The infrastructure to support advanced practice in pharmacy also differs across the three nations with differing levels of resource available. The profession, public, employers and others will need to be reassured that the required structure to support advanced practice is robust and sustainable – and that roles and responsibilities of individuals, employers, educators and RPS are clearly defined.

3.9 There is emerging clarity about pharmacy careers and new career pathways have developed in patient facing roles with an extended or advanced scope of practice. The General Pharmaceutical Council (GPhC) regulates education up to the point of registration for pharmacists and the education and training of pharmacist independent prescribers. The GPhC also ensures that pharmacists remain fit to practice through its revalidation framework. It does not currently regulate advanced practice.

3.10 Findings from our 2018 project seeking views on an annual support and submission model for Faculty from existing Faculty members and members of the consultant pharmacist network indicated:

- There was strong support for the principles of Faculty – it has had positive impact on professional development;
- The process needed work to make it accessible and easier to complete;
- Some questioned why they should resubmit;
- There needs to be an incentive to complete the Faculty – recognition by employers and other Healthcare Professionals;
- Even though professionals want recognition they were not driven by the post nominals;
- Mixed opinions on resubmitting a Faculty portfolio once Mastery has been achieved;
- An annual resubmission model was preferred to a 5 year resubmission model;
- General support for aligning Faculty and revalidation.

4. Aim of review

4.1 The overall aim was to define a Faculty service that is modern, accessible and recognised by reviewing RPS Faculty processes and member requirements including consideration of the following:

1) What is the purpose and/or function of Faculty for RPS members and more widely pharmacists and pharmaceutical scientists?
2) What are the existing processes? Can professional development, credentialing and recognition of advanced practice be done differently including:
    (a) alternative options including examination;
    (b) dual credentialing with other pharmacy education providers;
    (c) dual credentialing with other Royal Colleges and Societies;
    (d) review the costing model;
    (e) respond to and define portfolio requirements.
3) What approach should be taken regarding the renewal of Faculty status?

5. Our approach

5.1 To constitute a Task & Finish Group composed of members who would approach the review objectively, with an awareness of national drivers and looking to the future of the profession. See appendix for Terms of Reference.

5.2 To constitute a Wider Reference Group composed of existing Faculty members/fellows and other interested individuals or organisations across all pharmacy sectors. The Wider Reference Group were updated with the outputs of each Task & Finish Group meeting. A web page was also created on the RPS website which was also updated after each Task & Finish Group meeting.

5.3 To consider the findings of the 2018 project seeking views on an annual support and submission model for Faculty. These findings and other sources of evidence were discussed by the Faculty Review Task and Finish Group who made recommendations which were tested on the Faculty Review Wider Reference Group, RPS national board members and focus groups held with employers.

5.4 The work plan for the task and finish group covered:

- **primary purpose,**
- **underpinning principles/process**
- **assessment of advanced practice.**

6. We have conducted

6.1 Six task and finish group meetings were conducted alternating between face-to-face and webinars. Webinars were delivered for the Faculty Review Wider Reference Group and for RPS national board members expressing an interest in the project.

6.2 Workshops were held with employers at the RPS Hospital Expert Advisory Group, the Community Pharmacy Workforce Development Group, networks of senior NHS pharmacy managers in London and the East Midlands and with a large employer within pharmaceutical industry. We also held discussions with individual pharmacists in sectors not covered by the workshops.

7. Discussion of findings: primary purpose

Primary purpose: findings

7.1 Findings from the recent project seeking views on an annual support and submission model for Faculty from existing Faculty members and members of the consultant pharmacist network indicated that the purpose of Faculty needs clarifying. The purpose was described as credentialing or recognition or a development tool that provides a 'snapshot' of the practitioner's level of practice. For pharmacists later in their careers the purpose of Faculty was perceived as formal recognition of their achievements and a form of role modelling for the profession. Pharmacists earlier in their careers expressed their reasons for accessing Faculty as more for professional development purposes – highlighting an individual's areas for improving their practice that might be required within a sector or if changing sector. Other findings questioned the value of Faculty and its lack of recognition by employers and other professions. For many, the purpose of Faculty was thought to be so broad that it lacked meaning and depth. Others were motivated to complete Faculty to provide assurance (to patients, public, the profession and other healthcare professionals) via the peer review process. It was cited that it favoured advanced generalists rather than advanced specialists who might not work across all the clusters contained in the APF.

7.2 The primary purpose of an organisation (or part of it e.g. a service such as Faculty) is what it must perform if it is to continue to survive and thrive. For example, the activities of a hospital must do more than demonstrate a hope of healing patients: they must be seen to heal an acceptable proportion of its patients, if it is to continue to be supported. Therefore this is the purpose that should unite people in that organisation or service. Those organisations/services with more than one primary purpose (e.g. prisons confine, punish and rehabilitate) find it challenging to be effective in all. It has been reported that the Faculty Service currently has more than one primary purpose – professional development for those in their early careers and recognition of mastery for those later in their careers.

7.3 The identification of the primary purpose of a service has been the starting point when seeking to reform a service's design and hence improve its effectiveness in the light of its purpose. The Faculty Review Task and Finish Group was tasked with defining the primary purpose of Faculty. Consideration was also given to the primary purpose of similar services offered by other Royal Colleges and organisations. This supports formulating options for defining the purpose of Faculty. Options were scored against success criteria which were weighted in order of importance.

Options for defining the purpose of Faculty

7.4 Success criteria and individual weightings of their relative importance (table 1) were developed by the Faculty Review Task & Finish Group for assessing the options (see table 4):

Table 1 – Success criteria and weightings

Success criterion	Weighting
Flexible across sectors of practice	2
Easily accessible by the profession	2
Maintains standards of advanced practice	1
Value for money – costs manageable and affordable	2
Supports the development of high quality advanced level pharmacists who have a positive impact on patient care and safety	3
Sustainability	1

Meets policy drivers (new models of care and new roles)	1
Perceived as valuable by pharmacists and employers – delivers added value	3

7.5 The weightings are explained in table 2:

Table 2 - Weightings

Weighting score	Explanation
3	Most important to consider
2	Medium importance to consider
1	Lower importance to consider

7.6 Scores to measure each option against the criteria are described in table 3.

Table 3 – Scores

Score	Explanation
5	Almost certain to meet criterion
4	Likely to meet criterion
3	Possibly meet criterion
2	Unlikely to meet criterion
1	Will not achieve criterion

7.7 Each option was scored against each of the 8 criteria. The score was multiplied by the weighting for each criterion and added together to achieve a score for each option.

7.8 Options were identified by reviewing the services of other Royal Colleges/membership organisations and adapting them for a pharmacy context.

Table 4 – Purpose of services similar to Faculty at other Royal Colleges/organisations

Higher Education Academy Fellowship.
Purpose: Supporting individual professional development. Recognition of practice, impact and leadership of teaching and learning
Benefits: • Consolidates personal development and evidence of professional practice in their career • Demonstrates commitment to teaching, learning and the student experience, through engagement in a practical process that encourages research, reflection and development; • For individuals, to identify their expertise with the entitlement to use post-nominal letters; • Provides a valuable measure of success and is increasingly recognised by international institutions; • Fellowship is increasingly sought by employers across the education sector as a condition of appointment and promotion; • Provides institutional assurance that Fellowships are an important indicator that your institution is aligned with the UK Professional Standards Framework (UKPSF) practice and a badge of assured quality throughout your institution.
Comments: Fellowships are not mandatory but appear to be recognised by individuals and employers as important. This is more an individual recognition rather than a professional one. Important part of regulation of the Higher Education Sector – though

not mandatory it is a marker of valuing teaching in the Teaching Excellence and Student Outcomes Framework. Employers view this as mandatory (or a teaching qualification).

Royal College of General Practitioners membership (Membership by Assessment of Performance (MAP))

Purpose:

MAP is a portfolio-based assessment. Successful completion of MAP results in MRCGP. Candidates complete a comprehensive portfolio of 13 criteria, using templates provided, covering all aspects of their practice.

MAP has been designed for established GPs with a licence to practice and working in the United Kingdom who wish to attain MRCGP. MAP is the only route to membership for established GPs.

Benefits:

- MAP is the only route to MRCGP for established GPs.
- MAP will help with Revalidation. Five of the MAP criteria are required for Revalidation: quality improvement programmes, significant event audit, complaints and compliments, colleague feedback and patient feedback.
- MAP candidates receive discounted associate RCGP membership for the period they are MAP candidates (maximum of five years), which brings with it benefits including publications and bulletins; The Online Learning Environment (OLE); courses and careers information; and networking opportunities, including the annual National Conference. For more details contact RCGP Membership at membership@rcgp.org.uk
- MAP encourages you to take a step back from your day to day practice and reflect on what you are doing. Most candidates have found the whole process, not just the result of obtaining MRCGP, to be beneficial to their work

Comments: Other route to MRCGP is the membership examinations. Does not look like it is part of a career journey – more a one off assessment.

Royal College of Physicians membership (MRCP(UK))

Purpose:

MRCP(UK) develops and delivers postgraduate medical examinations around the world on behalf of the three Royal Colleges of Physicians of the UK.

Successful completion of the entire three-part examination is required before you can start specialist internal medicine training in the UK. Internationally, the MRCP(UK) Diploma is also a valued professional distinction

All the MRCP(UK) and Specialty Certificate Examinations are approved by the General Medical Council (GMC) as part of the UK postgraduate medical training programme and follow the UK curricula and guidelines.

To help understand about the examinations, when to take them, what to expect on the day and how to prepare read our prospectus – it will guide you through the examinations.

Benefits:

- an essential component of training for physicians in the UK
- mapped to the UK curriculum
- approved by the General Medical Council (GMC) as meeting the required standards
- recognised as a requirement for entry to specialist training and independent practice
- responsive to changes in UK training
- evidence based and informed by the latest research.

Comments: Mandatory for career progression. Focus is qualification and emphasis on knowledge and examination – more akin to the pharmacy foundation training model. Very detailed and large curriculum.

Royal College of Emergency Medicine – Associate Membership (ACP and RHP) –

Purpose:

Associate Membership (ACP) – Advanced Care Practitioners working or in training, in Emergency Medicine. UK and ROI only
Associate Membership (RHP) – Registered Healthcare Practitioners – Registered nurses, paramedics, physiotherapists, operating department practitioners, radiographers or pharmacists. UK and ROI only.

Benefits:

- RCEM has led the way with our credentialing program for Advanced Clinical Practitioners.
- ACP emergency care credentialing process.
- Curriculum.
- ePortfolio.
- Training opportunities.

Comments: There has been some small uptake from ACPs who are pharmacists with the Associate Membership category. Possibility of dual recognition with RPS which would maintain professional identity and offer opportunities for support for revalidation. Some practitioners may feel a stronger affinity to their specialism rather than their profession e.g. an emergency department pharmacist might feel a greater affinity to RCEM. Employer may need assurance that they were meeting emergency care standards and professional standards (some roles report to a non-pharmacy professional but are professionally accountable to the chief pharmacist. If employed as an Advanced Clinical Practitioner they are perhaps more likely to be orientated towards RCEM.

Royal College of Nursing – Credentialing Service

Purpose:
Recognising advanced level practice in nursing.
Credentialing supports you to continue your personal and professional development and enhance your career prospects.

Benefits:

- Credentialing is the process of assessing the background and legitimacy of nurses to practice at an advanced level through assessing their qualifications, experience and competence.
- Credentialing allows nurses to gain formal recognition of their level of expertise and skill in their clinical practice, their leadership, their education and their research in a way that is recognisable to colleagues, employers, patients and the public.
- Credentialing is open to nurses who can demonstrate that they are working at an advanced level, practise in the NHS or independent sector and are either members or non-members of the RCN.
- Nurses will require a relevant master's qualification, non-medical prescribing rights and an active membership of the NMC to credential.
- Nurses who successfully achieve the full master's qualification, including non-medical prescribing, from an RCN accredited university will have the credential awarded, at no cost, for the first three years. You can view a full list of RCN accredited programmes here.
- Transitional arrangements will be in place until December 2020 for nurses who do not have a full master's but are currently working at an advanced level. Once a nurse has gained the credential through these arrangements RCN does not expect them to complete a full master's in the future to retain the award.

Comments: Not mandatory but employers expect all ACPs to go through this process. Academy of Advancing Practice (see below) intends to cover non-medical professions outside nursing so there is some consistency with recognising advanced level practice.

Health Education England Academy of Advancing Practice

Purpose:
The Academy for Advancing Practice (the Academy) offers recognition to registered health and care practitioners who demonstrate complete fulfilment of the capabilities set

out in the Advanced Clinical Practice (ACP) Framework, or the Consultant Practitioner Framework
Benefits: • Enhance patient care and service delivery through strengthened transparency, governance and accountability arrangements for advanced clinical and consultant level practice • Strengthen support for workforce development, mobility and progression that is responsive to changing population, patient, service delivery and workforce needs • Achieve greater consistency in the education and professional development that supports ACP- and Consultant-level practice • Recognise ACP- and consultant-level capabilities within the registered health and care professions, so that these can more strongly be drawn upon in models of care, service delivery and skill mix across multi-disciplinary teams.
Comments: This approach was recently out to consultation. There are two routes to gaining Academy recognition: • Through the successful completion of an education programme accredited by the Academy, on the basis that the programme fully maps either to the ACP or Consultant Framework capabilities and demonstrates fulfilment of the Academy's Standards of Education & Training (SET) • Through an individual practitioner submitting an evidence profile that directly and fully maps to the ACP or Consultant Framework capabilities for consideration via the Academy's Equivalence Route (ER) and through which they are deemed to have met the requirements for Academy recognition. Potential to credential through the Academy and a Royal College e.g. RPS. Appears heavily focused on clinical practice and qualifications orientated.

Identifying a preferred option for defining the purpose of Faculty

7.9 Table 4 summarises the scores for each option.

Table 4 – Options 1-6 Scores

Option	Description of purpose	Score
Option 4 Credentialing service (c.f. RCN credentialing service)	Recognise advanced level practice in pharmacy. Set standards and assess against them.	**448**
Option 5 Collaborate with HEE Academy of Advancing Practice and equivalents in Scotland and Wales)	In collaboration with the AoAP (and equivalents in Scotland and Wales) recognise registered pharmacists who demonstrate complete fulfilment of the capabilities set out in the Advanced Clinical Practice (ACP) Framework, or the Consultant Practitioner Framework and/or the Advanced Pharmacy Framework (this will depend on the pharmacist's role).	**419**
Option 2 Assessment of practice service (c.f. RCGP MAP)	Portfolio assessment of members against the Advanced Pharmacy Framework and recognition in a post-nominal as an Advanced Generalist:	**363**
Option 1 No change (c.f. Academy of Higher Education Fellowship)	To ensure our members are supported, developed and recognised during every stage of their career, from day one to career end, across all sectors, areas of	**336**

	practice, both specialist and generalist, in order to improve the quality of patient care and public health	
Option 3 Assessment of advanced practice by examination (cf MRCP (UK) and RCEM)	Assessment of Advanced Practice by examination and submission of a portfolio of advanced practice.	**333**
Option 6 Decommission current Faculty service	None	**140**

Discussion

7.10 As the lowest scored option, decommissioning the current Faculty service (**option 6**) was not thought to be viable and a missed opportunity for the profession to 'own' credentialing. It was perceived as a retrograde step that would undermine the profession, professionals and practice.

7.11 **Option 3** (assessment of advanced practice by examination) was the next lowest score. Examination/assessment at Foundation level would seem to be important as a standard of practice that needs to be achieved – trainees are developed to reach the same level of knowledge, skills and attributes. As advanced practice occurs in different areas and at different levels, it would be more challenging to examine and there would need to be an underpinning curriculum. This approach potentially focuses more on knowledge and is unlikely to cover all the pillars of the Advanced Pharmacy Framework or the pillars of the Advanced Clinical Practice Framework so the skills and attributes would need to be assessed in another way. Fear of exams may inhibit engagement and different sectors would need a different examination. Costs were thought to be potentially prohibitive though logistics could be worked out (set exam days that people would travel to). This option was believed not to support a developmental journey and its strong clinical focus could disengage pharmacists in more non-clinical roles.

7.12 Although the purpose could remain as it is now i.e. **Option 1** (status quo), with refinements and tailoring of the process taking place when needed. However, it was argued this may not adequately address value to employers or recognition from other professions. There has also been a lack of engagement with Faculty assessments year on year and a cumbersome associated process was considered the reason behind this. The Higher Education Academy appears to have strong levels of engagement and has a similar purpose to Faculty but it is underpinned by a clear career structure in the Higher Education Sector and this is not the case across all sectors of pharmacy.

7.13 **Option 2**, an assessment of practice service, was described as potentially levelling out the profession – there is no distinction between different levels of practice (knowledge, skills and experience) and this was cited as important. As the focus would be evidencing practice as an advanced generalist (core advanced practice), a risk of disengaging advanced specialists was expressed. In addition, it was questioned whether this purpose would be valued by colleagues in secondary care (apart from generalist areas e.g. acute medicine). On the other hand, some believed it could be used to demonstrate a minimum standard of advanced generalist practice though links would need to be made between the advanced generalist role and the service provided. It was felt that advanced generalist was a term that was often misunderstood and not clearly defined. This approach was considered useful in that it could recognise the importance of generalist transferable skills. However, these should become a core part of initial/foundation education and training).

7.14 Collaborating with the HEE Academy of Advancing Practice (and equivalents in Scotland and Wales) was perceived as resulting in a loss of control for the pharmacy profession under **option 5**. Further concerns included that it may prevent further development of the Advanced Pharmacy Framework and that advanced practice was not always interchangeable across professions (it means different things to different professions). There was also felt to be risks of loss of identity for pharmacists/the profession, obsolescence of RPS Faculty service (if the Academy of Advancing Practice was cheaper or free of charge) and possible duplication of functions which could lead to a more onerous process.

7.15 There are also no current equivalents of the Academy in Scotland or Wales. This option was believed well placed to achieve multi-professional recognition (though it may be challenging accommodating all areas of pharmacy practice). A greater focus on qualifications and on recognising the advanced practice role rather than the profession were also highlighted. It is clear that some form of collaboration will be needed if an RPS service about advanced practice is to be valued by other professions. Other collaborations were also thought to be useful to consider.

Preferred option – credentialing service

7.16 Option 4 was the highest scoring. It was thought most likely to be valued by employers and members of the profession. Furthermore, it was described as being able to support a work-based advanced practice portfolio linked to shorter training programmes (aimed at addressing individuals' skills gaps). Levels of advanced practice based on a robust assessment process was believed to be a useful delivery model. Other possible benefits were listed:

- A clearly defined credentialing route linked to job roles and recognising practice;
- Opportunity to recognise individuals, promote performance and development of the profession.
- Opportunity to credential Primary Care Network pharmacists;
- Opportunity to achieve cross recognition with others.

Consideration of credentialing service purpose

7.17 The RPS will set the required professional standards for advanced level of practice and defining the credentials that will assure the profession, employers and public that such standards have been met.

> *Credentialing is the process of prospectively assessing the background and legitimacy of an individual to practice at an advanced level through assessing their qualifications, experience and competence. It allows the formal recognition of the level of expertise and skill in clinical practice, leadership, education and research in a way that is recognisable to colleagues, employers, patients and public.*

7.18 The aims of the credentialing service would be to support:

- enhanced patient care and service delivery through greater transparency, clear governance and consistency in recognising advanced pharmacist practitioners;
- workforce development, mobility and progression to respond to changing population, patient, service delivery and healthcare system needs;

- Recognise advanced pharmacist practitioners' capabilities such that they can be utilised more effectively for service delivery and skill mix across multi-disciplinary teams.

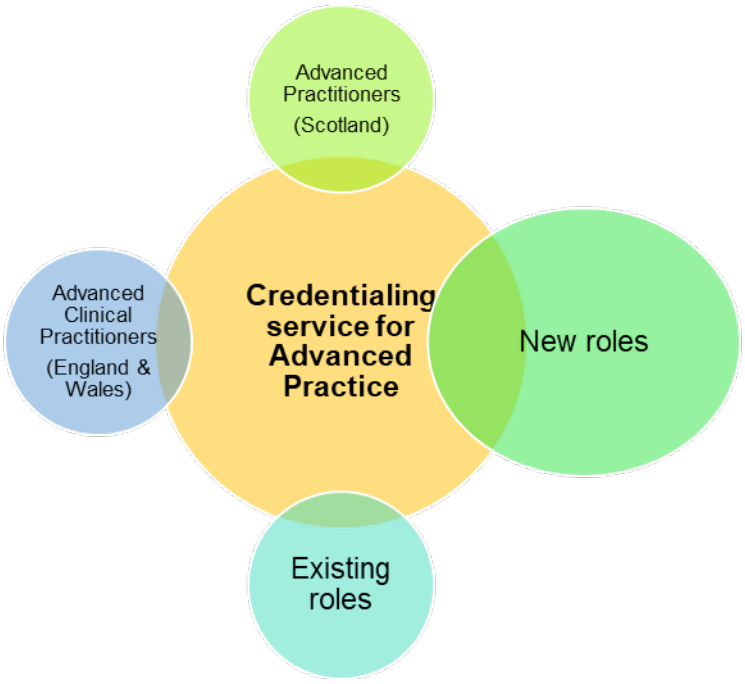
Table 5 lists possible benefits and risks of a credentialing service.

Table 5 – Benefits and risks of a credentialing service

Benefits	Risks
Clearer purpose focused on credentialing	Standards, assessment and process would need defining
Formal recognition of level of expertise and skill in practice by assessment against the Advanced Pharmacy Framework	Disengagement of sections of workforce
Could be open to members and non-members	Costs and resources unclear
Potentially more robust process	Pharmacists could follow other credentialing routes
Easier recognition from employers and other professions	Criteria needed to achieve advanced practice may not be pitched correctly
Opportunity to develop an RPS directory of Advanced Practitioners and Consultant pharmacists	Qualifications linked to advanced practice may not have been applied in the workplace and therefore not a reliable indicator

7.19 Recommendation: Provide an RPS credentialing service that recognises advanced level practice of pharmacists. Standards will be set and assessed against.to assure patients, employers and the profession. Credentialing supports pharmacists to continue their personal and professional development and enhance their career prospects. This is a new service that will be targeted at new roles but also support existing roles.

Summary



7.20 Retention and simplification of the current Faculty service to only recognise mastery in advanced practice (fellowship). As the proposed credentialing service for advanced practice is a new service consideration needs to be given about the approach taken with the current Faculty service. A transitionary period would be useful in this instance. It would not always be easy or appropriate to grandparent existing Faculty members and fellows across into advanced practitioner status within the new credentialing service. Initially, work needs to be undertaken to establish the assessment process and then the assessment could be piloted on existing Faculty members who have been awarded Advanced Stage II. The assessment pilot could also include current practitioners who were awarded Advanced Stage I (if they are ready to undertake assessment) and any practitioners who have not previously engaged with Faculty who feel they are practising at an advanced level.

7.21 We recognise that the advanced credentialing service above is targeted at pharmacists in patient-facing roles. Given the feedback that the current Faculty model is thought to be too broad, we believe it prudent to target resources to hone the service to the largest potential audience in the initial phase of work.

7.22 However, we acknowledge that the needs of pharmacists in non-patient facing roles may initially not be met by the credentialing service. We therefore propose maintaining a simplified version of the current Faculty service.

7.23 Recommendations:

- A simplified version of the current Faculty assessment will continue as a **retrospective assessment of impact** of individual pharmacists on the profession as judged against the APF;

- The assessment will be simplified to only award Faculty fellowship status (i.e. Mastery) – Advanced Stage I and Advanced Stage II will no longer be summative assessment outcomes;

- Candidates will self-nominate for this assessment and the submission process will be simplified;

- Candidates will continue to collate a portfolio of evidence of the impact of their practice using the legacy e-portfolio;

- The assessment process will be simplified to recognise the lower stakes status of this assessment;

- Successful candidates will continue to have access to Faculty fellowship post-nominals;

- There would be no requirement for resubmission as there is no maintenance of competence to verify – this is a snapshot assessment of impact;

- Current maintenance fees will be reviewed;

- A directory of RPS Faculty members would continue to be maintained by the RPS.

7.24 Status of existing Faculty members:

- Existing Faculty members will continue to be able to use their Faculty post nominals as long as they wish but the current assessment will only be open for those wishing to apply for Faculty fellowship.
- Those previously assessed as working at ASII or Mastery and in-patient facing roles will be invited to credential as advanced pharmacist practitioners using the new credentialing service. We will explore how we could incentivise this to current Faculty members e.g. reduced rate, pilot scheme and what Accreditation of Prior Learning arrangements could be put in place to avoid duplication of assessment.
- Those who were previously assessed at ASII would be eligible to retain their Faculty portfolio and use it as evidence towards a resubmission for Faculty fellowship via this new service.
- Those currently building their portfolio would be allowed to either complete it and be assessed using the previous model up to a given deadline to be determined when the assessment of ASI and ASII would be stopped.

8. Discussion of findings: underpinning principles and process

Introduction

8.1 An initial set of key principles and process that would underpin a credentialing service for advanced practice were identified by the task & finish group. These covered the following key areas.

- Access to RPS support for advanced practice;
- Credentialing advanced pharmacist practitioners;
- Progression to advanced specialists.

We also identified other wider factors and made recommendations about:

- General support for advanced practice;
- Alignment with Revalidation;
- Career Development Pathway;
- Recognition and Advocacy.

Key principles

Access to RPS support for advanced practice

Findings

8.2 Discussions in 2018 at the RPS-hosted task and finish group on Career Frameworks and Continuing Education stated that advanced practice acknowledged the progression of a pharmacist from a predominantly developmental to a more experiential stage of practice. It was also stated that advanced practice promotes the safe and effective use of medicines in independent practice. Pharmacists would therefore be required to have passed a final assessment of foundation practice to ensure that they have achieved the required standards of professional practice prior to entry to advanced practice. For those already beyond foundation practice this would mean demonstrating equivalence that this had been achieved.

8.3 Completion of RPS Faculty assessments has been low, with less than 2% of RPS members recognised across the three levels of advanced practice since 2013. The 2018 RPS project: Annual Submission and Review Model for Faculty identified that motivations for individuals undergoing and completing Faculty varied depending on the stage of their career they were in. Pharmacists who have been registered longer and who were more experienced viewed Faculty as a process of recognising their achievements in their career. Pharmacists earlier on their career used Faculty as a self-development tool. This is borne out by RPS data: 44% of RPS members who completed their Faculty Assessment were at Mastery level (later career) and 44% at Advanced Stage II and 12% at Advanced Stage I (earlier in their career)

8.4 The results of qualitative interviews exploring engagement and motivation of pharmacists undergoing professional development with the (RPS) Faculty Programme as part of a current PhD undertaken by a member of the Faculty Review Task & Finish Group was considered. Participants expressed ambition for a Royal College – this would raise the profile of the profession but recognised that personal ‘brand’ often outweighs this at an

individual level. Practitioners are rightly more focused on their knowledge and skills and what this brings to their pharmacy or multi-professional team. Participants also stated that Royal Colleges offer more than post-nominals. Faculty was seen as an alternative to formal qualifications with accreditation and recognition of practice viewed as transferable, encouraging development and new ways of collaborative working.

Discussion

8.5 Advanced practice is not defined consistently across healthcare professions. In pharmacy it has been understood as pharmacists working at a higher level than foundation, with a higher set of competencies (in some cases these cover those traditionally held by other healthcare professionals), improving and safeguarding patient safety and more effectively managing complexity in several sectors of practice[9][10][11]. Competency frameworks such as the Advanced Pharmacy Framework are necessary to progress the level of practice within a role and the effective delivery of a service.

8.6 As of the end of 2018, 0.2% of all RPS members have been assessed as Faculty Stage I (13% of all Faculty members and fellows). This suggests that the current Faculty Programme was not being accessed in high enough numbers to progress to advanced practice and possible career enhancement. RPS members who achieved Mastery represented 0.7% of the total RPS membership (42% of all Faculty members and fellows) and this could mean that Faculty was seen as more about retrospective recognition of career achievements rather than a process that supports career progression. As pharmacists are increasingly undertaking roles requiring advanced level practice, access to professional development, assessment and credentialing will become more important. Currently there are opportunities across GB e.g. Faculty, Health Education England's Advanced Clinical Practitioner Framework and NHS Education for Scotland's Vocational Training in Advanced Expert Professional Practice.

8.7 It was not thought necessary to set a time limit for completion of Foundation training before entry to developing advanced practice. As long as prior experience/practice can be established it should be about entry to an advanced role or advanced practice within an existing role evidenced by training and appropriate experience. There will be a necessary lag time after completion of foundation training in which practitioners are compiling their portfolio to demonstrate their potential to practise at an advanced level.

Recommendation

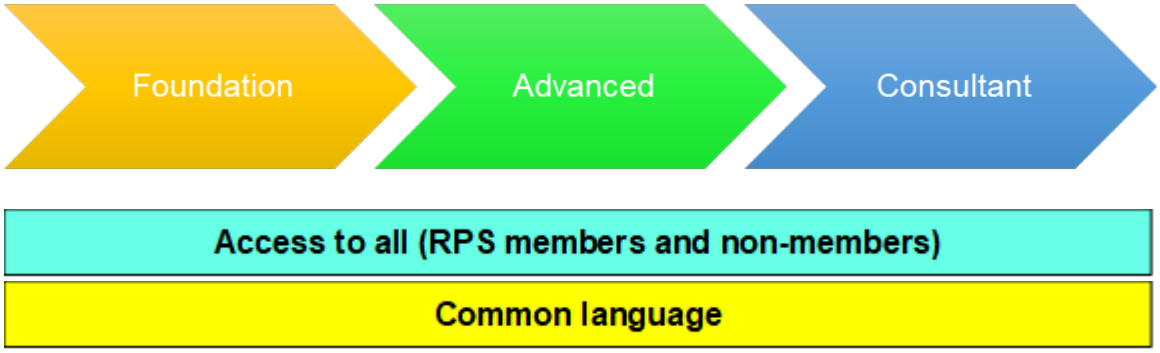
8.8 Access to advanced practice should be supported by:

I. Entry to advanced practice is after **completion of Foundation training** (or equivalent) and also include those experienced practitioners (registered for longer) who are already in an advanced role or interested in taking one on.
II. There should be a **common language** across all stages of practice from Foundation through to consultant level practice (using the competency framework's clusters/pillars e.g. APF as it is evidenced based).
III. **Access to all** - submission to be recognised as an advanced practitioner could be from RPS members or non-members i.e. open to all. It is a core role

[9] International Pharmaceutical Federation (FIP) Advanced Practice and Specialisation in Pharmacy: Global Report. The Hague. International Pharmaceutical Federation; 2015
[10] Royal Pharmaceutical Society. The RPS Roadmap to Advanced Practice. London: Royal Pharmaceutical Society; 2016
[11] Health Education England. Advancing pharmacy education and training: a review. London: Health Education England; 2019

of the RPS to be providing such a service and making it accessible to all pharmacists. Costs will be borne by those seeking assessment of their advanced practice and therefore an assessment charge will be necessary.

Summary



Credentialing advanced pharmacist practitioners

Findings

8.9 Faculty Members who took part in the Annual Submission and Review Model Project viewed progressing to a higher stage e.g. Advanced Stage I to Advanced Stage II as resubmission. Anxieties were expressed about the stage of advanced practice awarded and whether they had sufficient time to cover the whole APF. There was a view that the boundary between Advanced Stage I and Advanced Stage II was not clear. Also, a number of Faculty Fellows questioned the need to resubmit once Mastery (the highest level) had been achieved. Retired pharmacists asked whether they would need to resubmit even though they were not practising and were keen to keep their post-nominals.

8.10 Further evidence from the Annual Submission and Review Model Project Working advised RPS to work more closely with other royal colleges to help them recognise advanced level practice of pharmacists working in their areas of practice e.g. the Royal College of Medicine and pharmacists working in emergency departments.

8.11 Members of RPS staff visited the RCN to discuss their **Advanced Level Nursing Practice Credentialing Service**. This service acts as a quality mark for nurses and provides them with formal recognition of their ability to practise at an advanced level. This is achieved primarily via two assessment routes - either by completing an RCN-accredited course at a Higher Education Institute or by submitting a portfolio of evidence covering evidence of their qualifications, experience and competence as well as reflection which is assessed at master's level. Nurses who pass are added to the public-facing RCN Directory of Advanced Level Nurses. This service is currently open to members and non-members of the RCN. Members, however, receive further benefits including targeted communications around advanced practice relevant to their sphere of practice. The RCN are working with HEE's Academy of Advancing Practice to align credentialing of advanced practitioners.

Discussion

8.12 The perception of some current Faculty members that moving up a level in advanced practice was resubmission suggests a lack of clarity in the assessment process. It could be argued that if a practitioner is practising at a higher level within the stages of advanced practice that this requires a new submission, albeit one that shows how a practitioner has increased and improved their advanced practice. The lack of clarity between Advanced Stage I and Advanced Stage II (see figure 1 - Roadmap to Advanced Practice[2]) does not describe a defined role of an advanced practitioner. Nor is the interface with the credentialing of consultant level practice delineated.

8.13. The RPS has recently undertaken a mapping exercise between its APF and the ACP framework. It is important to note that *Advanced Clinical Practice* is one possible scope of *Advanced Practice* for a healthcare professional in England. The ACPF was established as a set of core standards to underpin the *multi-professional* advanced level of practice focused on 'clinical' scopes of practice only. Additionally, as it has not been established to describe the development of profession specific advanced practitioners, profession specific frameworks (such as the APF) and associated credentialing processes are required to ensure the development and recognition of pharmacists as advanced practitioners. In the case of a pharmacist working in a multi-professional ACP role, the evidence from this mapping exercise suggests that their portfolio of evidence demonstrating the knowledge, skills, behaviours and experiences described at Advanced Stage II of the APF would also demonstrate all competencies of the ACPF. The only areas of non-alignment between the ACPF and APF were that the latter contained the additional competencies of 'Educational Policy' and 'Supervises others undertaking research'.

8.14 Pharmacists employed in the NHS who have completed training as ACPs will, in some cases, be undertaking generic roles that do not require advanced pharmacy practice – they are utilising generic advanced skills common to other healthcare professionals. In other roles, acting as an ACP will utilise the unique knowledge and attributes of a pharmacist. It is the latter rather than the former that would benefit from mutual recognition of RPS as this is the function of a royal college. However, in the first instance, because of the RPS expertise in pharmacy practice it is better placed to credential ACPs who are practising as pharmacists and that they then receive mutual recognition from Health Education England's Academy of Advancing Practice.

8.15 Routes to advanced practice have therefore been defined by HEE, NES and the RCN. Individuals are increasingly recognised across the professions as advanced practitioners. This core advanced practitioner status is generally viewed as a generalist with the potential to also be recognised as a specialist through credentialing of expert professional practice. It would therefore seem sensible for RPS to align with these routes. Equally, ensuring a unified, consistent and standardised credentialing of advanced practice across Great Britain (and possibly the UK) will support a flexible and adaptable workforce.

8.16 Other organisations such as the Royal College of Emergency Medicine are considering credentialing pharmacists who work in emergency departments who have gained advanced skills. The College of Mental Health Pharmacy currently credentials pharmacists working in this area. Collaborative working between RPS and these specialist colleges could lead to a dual credentialing process for specialist advanced practice (see section 10).

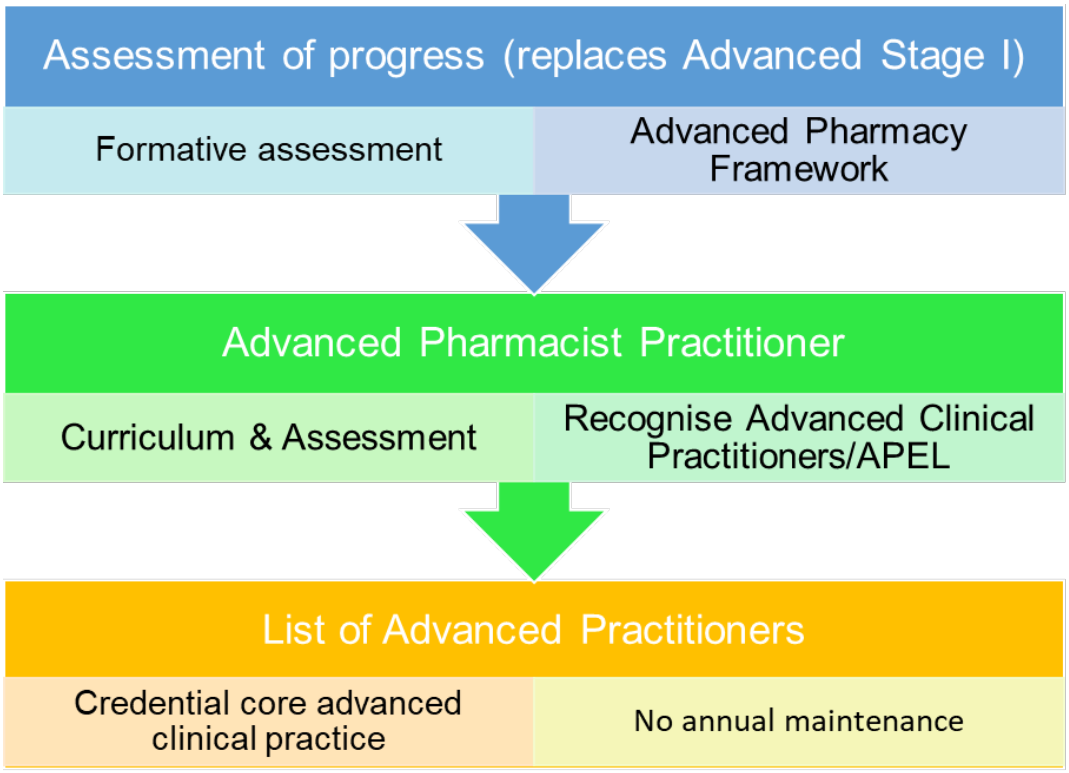
8.17 The purpose of the directory (such as the one RCN holds) is not about regulation (this is not an RPS role although the GPhC does not currently regulate advanced practice). However, it could take the form of a voluntary list that peers, patients and employers could access. This would be useful for peers as it supports identification of practitioners suitable for a peer discussion or wider professional support.

Recommendation

8.18 We will credential advanced pharmacist practitioners i.e. core advanced practice in patient facing roles and utilise:

I. The RPS's competency framework for advanced practice (**Advanced Pharmacy Framework (APF):** expert professional practice; collaborative working relationships; leadership; management; education, training & development; research, evaluation & innovation. The APF will be mapped to other advanced practice frameworks (such as the Advanced Clinical Practice Framework) to ensure alignment across the multi-disciplinary team.
II. Credentialing milestones that are delineated so they are clear and objective within the pharmacy career roadmap. **The current Faculty stage one should be removed.** However, a practitioner seeking credentialing as an advanced practitioner could formatively assess their progress against the APF (equivalent to Advanced Stage I) prior to a final (summative) assessment. Gaps will be identified so the individual can address these as part of the process of compiling their portfolio of evidence for assessment and what they need to complete to become an advanced practitioner;
III. **A core clinical curriculum**;
IV. An **accreditation of prior learning process and recognition of additional qualifications gained by practitioners e.g. in Advanced Practice/Advanced Clinical Skills** will be determined. Recognition of credentialing (where appropriate) – when a practitioner has been credentialed by another organisation and it directly maps to the APF this should be considered automatic equivalence (providing robust quality assurance is in place). In other cases, the RPS could credential core advanced practice and the other organisation e.g. another Royal College could credential more specialised areas of practice.
V. An RPS list of advanced pharmacist practitioners which credentialing will provide entry into. Annual maintenance submissions will not be required (see wider recommendation about revalidation).

Summary



Recommendation

8.19 Advanced pharmacist practitioners can also be credentialled as advanced specialists:

I. We will work with specialist groups to agree and recognise credentialing pathways in this area so there is national oversight and consistency;
II. A separate credentialing process will be available for consultant level practice.

Wider factors for consideration

General support for advanced practice

Findings

8.20 Participants in the 2018 project: Annual Submission and Review Model for Faculty suggested that the peer review assessment undertaken as part of their Faculty submission was a quality assurance process that provided a stamp of approval that practitioners were working at an advanced level. Some felt that the initial submission of evidence was labour intensive, time consuming and did not support their career development. Concerns were expressed that the process was inhibiting practitioners from accessing Faculty and submitting for assessment. Resubmitting evidence to demonstrate maintenance and continuing development of advanced practice was supported to some extent though clarity was requested about the amount of evidence and the frequency required.

8.21 Further findings from the Annual Submission and Review Model for Faculty Project indicated that employer support for practitioners undertaking the Faculty process was

variable and limited. We have also received evidence from Faculty Review workshops that employers felt they lacked capacity to support practitioners through the process. Some employers reported that they are using the APF to inform professional development within the appraisal process.

8.22 The value of the assessment fee was questioned by some RPS members taking part in the Annual Submission and Review Model Project. However, it was acknowledged that assessments require resource and that a fee would be necessary. The annual maintenance fees for Faculty were more widely questioned – members felt this lacked additional value apart from retention of post-nominals.

Discussion

8.23 Feedback from RPS members has indicated that not only lack of clarity about the purpose of Faculty but also a cumbersome process had potentially reduced the numbers progressing to submitting for assessment. The current process does not give an indication of what progress has been made towards achieving advanced practice and there are a number of parallel processes that rely on RPS members reading through lots of associated guidance in order to establish what is required. For instance, evidence is logged online on the RPS website but there are parallel processes of creating a Curriculum Vitae and undertaking workplace assessments (for those registered less than ten years). There are no prompts and formal measures (formative assessment) of progress.

8.24 RPS should support employers and line managers to encourage pharmacists at all levels to collect evidence to develop advanced practice for their annual appraisals. This could include information from formal CPD, supervision, audit results, service-user feedback and projects. Support could also be sought from peers or mentors who are undertaking collation of evidence of advanced practice or who have been credentialed. This is important for motivation and advice – this could also be provided by RPS matching practitioners to peers or mentors with the appropriate experience.

8.25 Maintenance of advanced practice and the requirements to demonstrate this are necessary but should not be burdensome. For this reason, strong links need to be made to appraisal and revalidation (see 9.27 – 9.29) so there is an avoidance duplication of effort. Registration as a pharmacist with the General Pharmaceutical Council would be a requirement for undertaking credentialing as an advanced pharmacist practitioner. This precludes retired pharmacists who should be recognised for their achievements and whose knowledge and experience will be essential for mentoring practitioners developing their career in advanced practice.

8.26 Time and experience have often been used as a proxy measure for competence. It is difficult to recommend a time period as practitioners learn in different ways and progress at different rates. It will also depend on whether someone is already practising in an advanced role and seeking recognition of equivalence or if they are on a journey to advanced practice.

Recommendation

8.27 General support for advanced practice should include:

I. An intuitive **online portfolio** (outside of scope of this project but a simplified assessment process will support this;
II. A robust process from entry through to assessment considering **level of practice in the context of the working environment**;
III. RPS should support employers with incorporating an advanced practice element into the individual's **annual appraisal** to facilitate progress towards

advanced practice (and then maintenance). We acknowledge that this may not be possible in all sectors and organisational/departmental targets that do not directly relate to practice will be kept separate.

IV. Where links to an appraisal system are challenging, mentors and peers should facilitate progress towards or maintenance of advanced practice (the peer discussion, part of annual revalidation, could be used as evidence of maintenance of practice.)

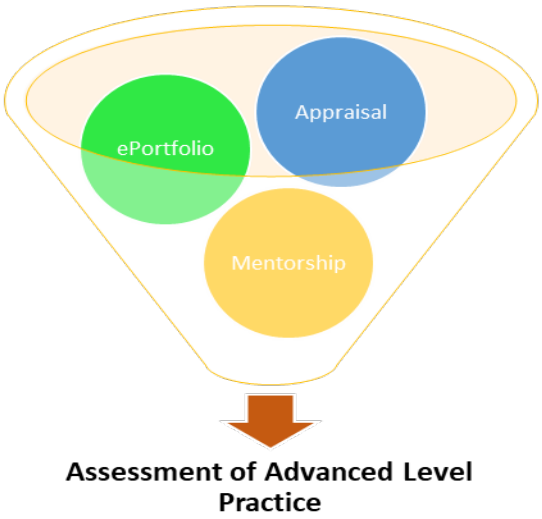
V. RPS should work with employers, peers and mentors to utilise the APF as a professional development tool which can be used in internal appraisals to inform professional development plans and eventually submission for assessment of advanced practice;

VI. The annual maintenance fee for Faculty Members and Fellows should be reviewed;

VII. A **professional network** created to support those intending to be assessed via the credentialing service;

VIII. A **balance between experience (time on register) and competence**. Assessment will take place once a practitioners' portfolio is completed.

Summary



Alignment with Revalidation

Findings

8.28 At the time Faculty was introduced in 2013 there was no formal revalidation requirements in place mandated by the GPhC to demonstrate advanced practice; Faculty was considered a suitable alternative to demonstrate ongoing practice at a level above the CPD requirements set out by the GPhC. Resubmitting Faculty every five years was considered a disincentive to completing Faculty, but if it was a one-off process or aligned to revalidation with an annual submission model it would be considered more attractive to undertake.

Discussion

8.29 Advanced practice in the non-medical professions is not regulated. The Care Quality Commission (CQC) in England in its monitoring, inspection and rating of health and care services do not currently specifically explore advanced practice as a key line of enquiry[12]. However, CQC inspectors do ask 'Are staff supported to keep their professional practice and knowledge updated in line with best practice?' Healthcare Improvement Scotland and Healthcare Inspectorate Wales operate in a similar way to the CQC[13]. It is important that pharmacists are recognised as members of the multidisciplinary team who contribute to high quality services achieving a good patient experience and patient safety key outcomes – supporting advanced level practice will further enable this.

8.30 The GPhC Revalidation Framework[14] was introduced in 2018. Pharmacists submitting their revalidation records must meet the GPhC's criteria for CPD entries, the reflective account and the peer discussion. These records must relate to activities that have been completed with examples of how they have benefited service users. The registrant is required to reflect on their practice, demonstrate evidence that they meet the GPhC's professional standards[15], and are maintaining or improving their practice. It is up to the pharmacist completing their annual revalidation submission what level of practice they submit and to define their scope of practice. For instance, in deciding on a CPD entry as part of revalidation, a pharmacist could choose to submit a record that all pharmacists could complete e.g. the recent introduction of General Data Protection Rules. Or they could choose an area of advanced practice instead. The GPhC does not and has no plans to 'excuse' current Faculty members from revalidation or credential advanced practice. However, Faculty records can be copied into a pharmacist's revalidation record held by the GPHC though it must meet their criteria.

Recommendation

8.31 Alignment with Revalidation should involve:

I. **Avoid duplication of evidence**. Entries should reflect the practitioners' level of practice. Revalidation should not be the lowest common denominator and entries should be reviewed in line with the competency standards defined in the APF i.e. **map across the pillars of APF** and demonstrate benefit/impact of advanced level practice to service users (a GPhC criteria which must be met);
II. As long as revalidation records have been submitted annually, reflect advanced level practice and that their role has not changed this should form the basis of maintaining credentials.

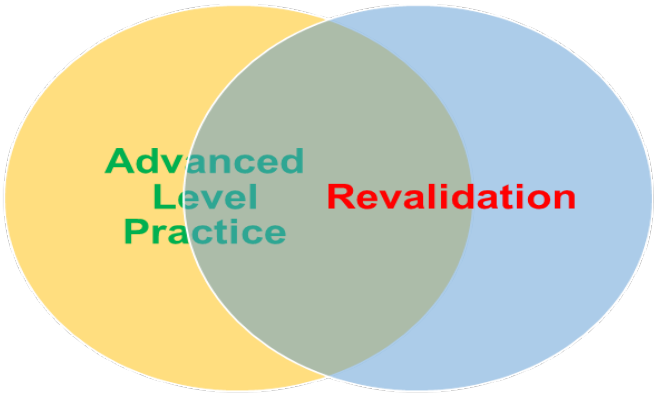
[12] Care Quality Commission. Key lines of enquiry, prompts and ratings characteristics for adult social care services. London: Care Quality Commission; 2017

[13] British Medical Association: The Regulatory Systems for Healthcare Quality across the United Kingdom. London: British Medical Association; 2016

[14] General Pharmaceutical Council. Revalidation Framework. London: General Pharmaceutical Council; 2018.

[15] General Pharmaceutical Council. Standards for Pharmacy Professionals. London: General Pharmaceutical Council; 2017.

Summary



Career Development Pathway

Findings

8.32 Participants involved in the Annual Submission and Review Model considered Faculty a stamp of approval for pharmacists across all stages of their career and which demonstrated that they were working at advanced levels of practice. However, as described previously, Faculty was not always thought to contribute to career development. In some areas credentialing is becoming essential for career progression e.g. consultant roles. Making completion of a Faculty assessment essential in job descriptions in order to recruit or promote staff may be challenging as employer focus groups held as part of the Faculty Review Project requested flexibility; citing vacancies and difficulties with recruitment in various posts. Feedback from a focus group suggested some non-pharmacy employers might value a credentialing service as they may not be as clear about a pharmacist's capabilities (e.g. primary care employers.)

8.33 Qualitative interviews exploring engagement and motivation of pharmacists undergoing professional development with the (RPS) Faculty Programme as part of a current PhD undertaken by a member of the Faculty Review Task & Finish Group reported participants describing a range of views in relation to role preferencing, role promotion and the essentialness or desirability of Faculty within a job description. Some employers have made RPS membership an 'essential' requirement of job role, others fund membership. Most agreed that Faculty was desirable but limited by the current levels of engagement. Participants also valued protected time for Faculty, which was easier in more senior roles and where it added value e.g. assurance. It could be viewed as a benchmark for workforce development.

8.34 Participants involved in the 2018 Annual Submission and Review Model also felt that Faculty was well recognised within the profession but less so outside of pharmacy amongst other professions, patients and some employers. They also thought that those who had achieved a level of advanced practice should be recognised beyond the awarded post-nominals e.g. representing RPS at events relating to their area of practice. Lack of

recognition of Faculty was expressed by a number of members who completed their assessments.

8.35 There was also a perception the Faculty stages were reflective of the number of years registered rather than the skills and competencies developed over an individual's career e.g. restricting the ability to achieve Mastery to pharmacists registered more than 10 years.

Discussion

8.36 A service that credentials advanced pharmacist practitioners would clearly link to roles that contain those words in their title and give assurance that the individual is practising at that level. However, advanced practitioner is not a protected title and there is no unifying definition. Some employers feel that through their local governance mechanisms they have a sense of the level of practice of their employees and may doubt the value of external credentialing service. Though it is possible that supporting employees through to advanced practice would help retain staff if the process was made manageable and the right levels of support provided from all involved.

8.37 Some employers have made Faculty an essential requirement in their job descriptions in order to engage their staff with developing their practice, but this has not translated into high numbers of pharmacists completing the Faculty assessment. The broad nature of the current Faculty process may lack enough depth for different sectors. As such one model may not fit all. A pragmatic approach would be to target those for credentialing those pharmacists employed by non-pharmacy employers (who may need support with assuring their advanced level workforce). Credentialing would be available for all sectors but with the understanding that patient demand and workplace pressure may mean that uptake increases slowly as more advanced roles come on stream. As a benchmark of workforce development a credentialing service could provide consistency and reduce variability of advanced practice across the pharmacy workforce.

8.38 There is an increasing need for pharmacists to practise at a higher level, core advanced practice (as an advanced generalist) would help meet demand from increasing numbers of patients who have multi-morbidities. As medicines experts, pharmacists practising at an advanced generalist level are well placed to support these patients. Therefore, advanced practice pharmacists should first be credentialed as generalists but may then also go on to undertake 'specialist' training which could then also be credentialed to deal with specific groups of patients. This should be based on the service delivered and be consistently recognised for pharmacists working across all sectors. The APF is flexible enough to allow advanced practitioners to move between specialist areas of practice. They should be able to attain credentials which can be defined to meet the current Expert Professional Practice (EPP) domain of the APF.

8.39 There is evidence from HEE[4] that access to multi-sector development as an ACP has been limited and variable across localities. National or regional training programmes are required which would mean releasing staff from the workplace.

8.40 Northern Ireland's Advanced AHP Practice Framework[16] has standardised use of titles, bands and competencies across the diverse range of AHPs will provide clarity for the public, service users, partner agencies and people working in health and social care. A similar approach would be welcome across the rest of the UK.

Recommendation

8.41 Career development pathways and advanced practice should:

I. **Be linked** and new links made to roles so that professionals and employers recognise the level of practice a pharmacist is working at. Across the career pathway, roles should be mapped to:
   - Certification of completion of Foundation level training;
   - Core advanced level practice (advanced practitioners will be credentialed in advanced clinical practitioner or equivalent roles)
   - Advanced specialist practice;
   - Consultant level practice (consultant practitioners in consultant roles).

II. Support for achieving credentials could be used as a **retention tool** for employers

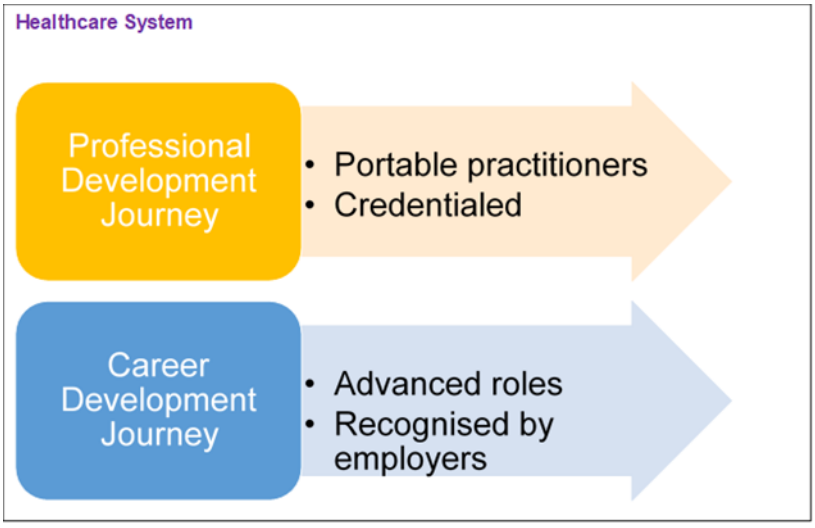
III. **Standardise titles/terminology** (advanced practice is not a protected title but it is used by other professional groups (this also aids patients understanding);

IV. **Be adaptable** across healthcare sectors so recognition of advanced practice is portable for future professionals and support portfolio working as some careers are becoming less about climbing ladders and more about being able to move between sectors/roles (scaffolding). If an advanced practitioner transitions between different sectors they should not have to submit their whole portfolio again. If they are an advanced specialist practitioner (see section 10) i.e. they are credentialed as core advanced pharmacist practitioner and specialist, then they would only need to seek credentialing for the new specialist area;

V. **Describe credentialing as an advanced pharmacist practitioner as essential in job descriptions** (in the medium to long-term) In the short-term staff could be working towards credentialing. Support for achieving credentials could be used as a retention tool for employers.

[16] Department of Health (Northern Ireland). Advanced AHP Practice Framework. Belfast: Department of Health; 2019

Summary


Healthcare System
Professional Development Journey
• Portable practitioners
• Credentialed
Career Development Journey
• Advanced roles
• Recognised by employers

9. Discussion of findings: assessment

Assessment: findings

9.1 The 2018 Annual Submission and Review Model Project raised concerns that the current assessment process was subjective and based on how good a practitioner was at writing evidence for a portfolio. Identified improvements for the assessment of advanced practice were:

- A need for more transparency;
- A reliable and robust assessment process;
- A clear marking scheme in addition to the APF;
- Consistency in assessing the portfolios;
- Development of a clearly defined appeals process;
- Lack of feedback throughout the journey; require a pre-assessment model and feedback;
- Curricula is key; use of specialist groups with curricula development for specialist roles;
- Value of elements being submitted – what is being demonstrated;
- Feedback should be of value and applicable to appraisals/PDRs and objectives

Discussion

9.2 The drive for pharmacists wanting to be credentialed by RPS should be that they can be referred to as an Advanced Pharmacist Practitioner. Findings from this project have suggested that post-nominals did not always motivate individuals to complete a Faculty assessment. A clear transactional driver should underpin demand for completing assessment of advanced practice. Few practitioners are likely to sit assessments for additional post-nominals anymore -there is an expectation of a concrete transactional benefit for undergoing assessment. This can include, but is not limited to, the following:

- Ability to practise
- Increased remuneration
- Promotion
- Provision of additional services

9.3 If the RPS is to expand its scope and remit in the assessment and credentialing space, and looks to introduce new and revised assessment programmes, it is prudent to define the key, underlying principles at the foundation of all assessments run by the organisation. **Table 6** details the nine principles, based on best practice in medical assessment, which should underlie the design, development and operational delivery of all RPS assessments including advanced practice. The Faculty Review Task & Finish Group reviewed the current Faculty assessment process against these principles (**see table 7**).

Table 6 – Principles of assessment

Principle		How do we achieve this?
Valid	RPS assessments must effectively assess what they are designed to assess.	We ensure effective alignment and mapping of our assessments with underlying curricula and syllabi.
Fair	RPS assessments are delivered in the same way, regardless of who or where the candidate is.	We use robust standard operating procedures for assessment delivery. We have robust governance structures in place to ensure the quality of our assessments. We have processes in place for candidates to challenge assessment outcomes where there has been a procedural or administrative error.
Reliable	RPS assessments are designed so the outcomes of assessments are repeatable and can be trusted.	We ensure our assessment criteria and definition of the standard are clearly defined and consistently applied. We train our Assessors so that they understand the standard and assessment criteria. We quality assure Assessors to ensure assessing remains in line with the standard and that they are correctly applying the assessment criteria.
Transparent	RPS assessments are not a mystery to candidates- they know what the assessment will be like and how they will be assessed.	We produce detailed candidate guidance documentation which includes exemplar assessment materials and the assessment criteria, so candidates know how they will be assessed. We are open with how we set the passing standard for our assessments.
Authentic	RPS assessments emulate real-life clinical practice.	We ensure assessment developers are trained to create realistic and authentic assessment materials based on their real-life practice.
Inclusive	RPS assessments are designed so any candidate, regardless of who they are, can demonstrate their competence.	We have guidance and processes in place so candidates with a disability can apply for reasonable adjustments to be made to their assessment.
Deliverable	RPS assessments are designed to be easily delivered.	We ensure that our assessments and processes are designed so candidate experience is optimised and assessments can be delivered easily to the required scale.
Multi-faceted	RPS assessment programmes use a range of assessment types	We design assessment programmes to incorporate a range of formative and summative assessment techniques to paint a broad assessment picture.
Evidence-based	RPS assessments are evidence-based	We ensure our assessments are in line with best practice for medical assessments. We review our assessments periodically to ensure they remain current.

Table 7 – Current Faculty assessment process

Principle		Does the current Faculty process meet the principle?
Valid	RPS assessments must effectively assess what they are designed to assess.	**Not clear.** Assessors assess against the APF and evidence is mapped – assumes APF truly tests the knowledge, skills and behaviours we want to test
Fair	RPS assessments are delivered in the same way, regardless of who or where the candidate is.	**Not clear.** Allows cross-sector assessment in a standardised way but is the interpretation of the standard consistent and reliable across all candidates?
Reliable	RPS assessments are designed so the outcomes of assessments are repeatable and can be trusted.	**Not clear.** Assessment appears subjective although is moderated. No clear definition of acceptable standard of evidence.
Transparent	RPS assessments are not a mystery to candidates- they know what the assessment will be like and how they will be assessed.	**No.** A framework does not necessarily make an explicit assessment scheme. Unclear how assessors interpret the framework when translating it on to evidence.
Authentic	RPS assessments emulate real-life clinical practice.	**Not clear.** Tests real life practice of individual but only in a "tell how" way – no explicit, QA assessment of knowledge, skills and assessments.
Inclusive	RPS assessments are designed so any candidate, regardless of who they are, can demonstrate their competence.	**Not clear.** Numbers small. No analysis of outcomes by protected characteristics.
Deliverable	RPS assessments are designed to be easily delivered.	**No.** Resource intensive assessment method. Conversion from beginning a portfolio to submitting very small. Small candidate numbers.
Multi-faceted	RPS assessment programmes use a range of assessment types	**No**. Single assessment methodology with no real formative elements
Evidence-based	RPS assessments are evidence-based	**No.** Does not explicitly test higher level skills with the correct assessment tools

9.4 Assessment practice in the GPhC's standards for the initial education and training for pharmacists uses Miller's hierarchy[17] as its evidence base (figure 2). RPS assessment methodology should be in line with this across foundation and advanced level practice. As an assessment framework, Miller distinguishes between knowledge/cognition at the base levels and action/behaviour in the higher levels. RPS assessment programmes will follow this methodology ensuring a firm knowledge base prior to assessing the practical application and synthesis of this knowledge in-situ in authentic (clinical) settings. This approach assesses education by its outputs and not by its inputs; we are interested in what learners can do, which is not the same as what they have been taught. Assessing practitioners'

[17] Miller GE. The assessment of clinical skills/competence/performance. *Acad Med* 1990:S63-7.

attitudes, skills and knowledge against these domains as they progress up the levels of the pyramid ensures greater professional authenticity.

Figure 2 – Miller's hierarchy and methods of assessment.

9.5 Use of Miller's taxonomy enables the selection of appropriate assessment methods. **Table 8** describes the RPS assessment tools available when designing assessment methodologies, along with their respective advantages and disadvantages, mapped against the levels of Miller's hierarchy. Specific assessment tools used by the credentialing service will be determined following scoping and development of the underlying curriculum and selected from table 8.

Table 8 – RPS methods of assessment

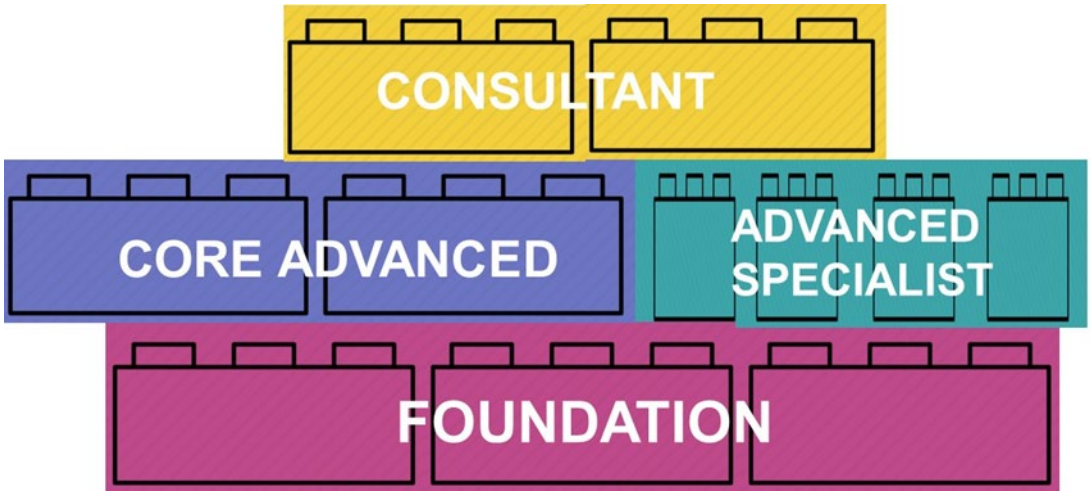
Shows how	Work-based assessment tool (WBA) - Mini-CEX	Supervised learning event (SLE) tool evaluating a clinical encounter with a verifier on skills essential for good clinical care such as history taking, examination and clinical reasoning.	• Authentic • Cheap to deliver	• Requires IT e-portfolio infrastructure • Quality control difficult – ratifying verifier decisions? • Experiences can be very varied
Shows how	Objective structured clinical examination (OSCE)	Summative carousel assessment to test and sample a wide range of clinical skill performance and competence across a framework	• Authentic • Test broad range of clinical skills in controlled end • Recognised tool for high stakes clinical assessments	• Very expensive to administer • Operationally challenging and resource intensive

Shows how/does	WBA - DOPS	Designed to evaluate the performance of a trainee in undertaking a practical procedure, against a structured checklist	• Authentic • Cheap to deliver	• Requires IT e-portfolio infrastructure • Quality control difficult – ratifying verifier decisions? • Experiences can be very varied
Shows how/does	WBA - Case based discussions	Method to document discussion and of real-life or simulated patient encounters	• Authentic • Cheap to deliver (if WBA)	• Requires IT e-portfolio infrastructure • Quality control difficult – ratifying verifier decisions? • Experiences can be very varied
Does	WBA – Patient survey	Provides objective systematic collection and feedback of performance data on a trainee, derived from patients	• Assess skills that are challenging to assess (e.g. professionalism) • Patient voice • Authentic	• Comments may not be valid – how do you quality control feedback? • Requires IT e-portfolio infrastructure
Does	WBA - Multiple source feedback tool	Provides objective systematic collection and feedback of performance data on a candidate, derived from colleagues	• Assess skills and attributes that are challenging to assess (e.g. professionalism) • Authentic	• Comments may not be valid – how do you quality control feedback? • Requires IT e-portfolio infrastructure
Does	WBA - Teaching observation	Provides structured, formative feedback to candidates on their competence at teaching.	• Assess skill which is difficult but important to assess as part of Education pillar	• Requires IT e-portfolio infrastructure • Quality control difficult – ratifying verifier decisions?

				• Experiences can be very varied

9.6 Links should be made to the professional development roadmap for pharmacy and ensure that assessments build on and reflect practice as it advances (see figure 3).

Figure 3 – the professional development building blocks that assessments should address.



9.7 For core advanced practice, assessment needs to consider overarching knowledge skills and behaviours relevant to core advanced practice in pharmacy – these are underpinned by the APF with mapping to multi-professional frameworks e.g. ACP framework. This is a necessary bedrock before moving onto the assessment of specialist advanced practice.

9.8 Assessment of specialist advanced practice would cover knowledge, skills and behaviours relevant to this area of practice in pharmacy – these are underpinned by the Expert Professional Practice cluster within the APF. Assessments for specialist advanced practice would be developed in partnership with specialist affiliate groups. Completion of the core advanced assessment would be required before undertaking assessment of specialist practice. Completion of advanced practice credentialing would act, in some cases, as a pre-cursor to Consultant credentialing.

Recommendations

9.9 RPS assessment of advanced practice should be built on the aforementioned principles of assessment, to ensure they meet the highest quality standards, remain in line with best practice, and are designed in the best interests of candidates and patients.

9.10 Assessment methods of advanced practice adopted by RPS should consider the 'does' (e.g. logbooks, testimonials, portfolios and reflective accounts) and 'shows how' (e.g. Work-based assessments) parts of Miller's hierarchy (see table 6). This will form a multifaceted assessment plan (as part of the operationalising of the recommendations from this report) and at the same time avoid assessment burden.

9.11 Accreditation of prior experiential learning will be taken into account and recognised when pharmacists possess qualifications related to advanced practice. Where these qualifications have not included a practice-based assessment, this will be needed to be credentialed.

9.12 Equality impact testing will be undertaken to ensure inclusivity.

9.13 Assessors should be appropriately trained, credentialed and experienced.

10. Governance

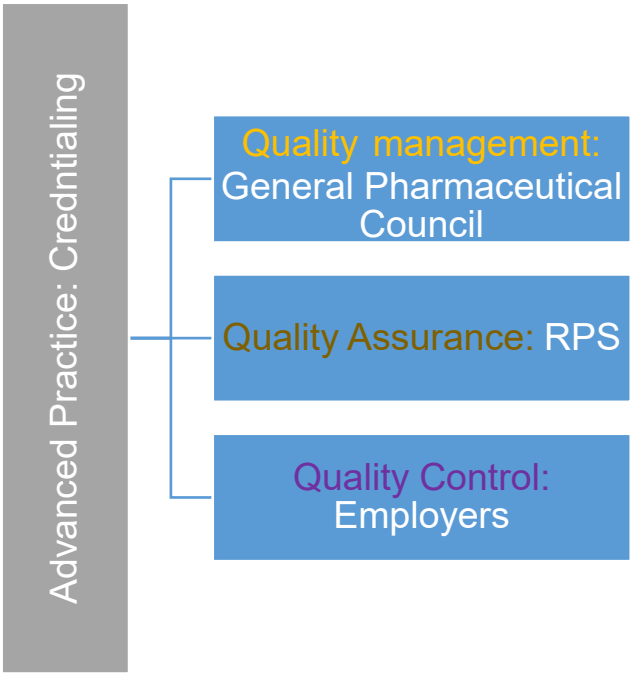
10.1 The UK Pharmacy Postgraduate Training Board (currently the Pharmacy Education Governance Oversight Board) will provide strategic leadership about the content, quality and outcome measures for postgraduate pharmacist education and training that relate to advanced practice. It will engage with and work in partnership with stakeholders, including the UK regulators, governments, NHS postgraduate pharmacist education and training structures, universities & Pharmacy Schools' Council, and the pharmacy profession

10.2 Defined boundaries, roles and responsibilities for organisations involved in advanced practice (such as HEE, HEIW, NES, employers, the GPhC and RPS) will be needed to avoid confusion and concern among patients and practitioners as to who is accountable for assessing a practitioner's competence, maintenance of competence and level of practice (within a scope of practice). We believe that RPS should be the overarching and sole credentialing body for advanced practice in the pharmacy profession. We are well placed to, and have significant experience of, developing and delivering programmes to accredit and credential pharmacists working at varying levels of advancement throughout their careers; we exist to support and recognise the professional development of our members and professions.

10.3 Non-pharmacy organisations such as HEE's Academy of Advancing Practice are well placed to recognise advanced practice in those professions who do not currently have systems in place. We see the Academy as a means of ensuring consistency across the professions and supporting collaborative working. We believe that the Academy (or equivalent organisations that may emerge) should accept the RPS credentialing service as the model for pharmacy and collaborate to achieve a wider understanding of what advanced practice means across all the healthcare professions. We support the multi-professional Advanced Clinical Practice Framework[4] and the creation of standards to both accredit education programmes that meet the framework and to recognise that practitioners have met these standards.

10.4 Creating parallel models of credentialing of core advanced practice e.g. offered by other pharmacy organisations risks fragmentation and inconsistent standards of advanced practice across the profession that may not meaningfully be understood by patients, the profession and other professions. One over-arching body such as RPS is best placed to ensure uniformity and consistency in quality and standards.

10.5 If there are performance concerns with a practitioner, we believe that governance in the work place are best handled by the employer. An individual's delivery of objectives as part of organisational targets are in most circumstances a separate issue from professional development and practice. Practitioners must operate within local governance policies and procedures and are accountable to their employer. Recognising advance practice is the remit of RPS and maintenance of practice is supported by the practitioner and the employer.


Advanced Practice: Crednitialing
Quality management: General Pharmaceutical Council
Quality Assurance: RPS
Quality Control: Employers

11. Conclusions

11.1 Evidence from practitioners and employers about the approach RPS should take with advanced practice has been discussed and laid out in recommendations. The delivery of these recommendations, if accepted, will require operationalising at RPS with consideration of:

- Estimated numbers of practitioners accessing the service;
- Scalability of the service if numbers grow;
- Resources needed (internal and external);
- A description of differences to consultant credentialing;

11.2 A service specification will be developed based on those recommendations that are accepted. This will include a financial model with costed examples.

11.3 We believe that implementation of these recommendations will deliver the right professional standards and system for credentialing and support clarity about advanced level roles in pharmacy, providing patients and the public with the assurance that staff in these roles will meet the highest standards of safety.

11.4 It has become clear that one model of supporting advanced practice does not fit all possible roles pharmacists undertake. The Faculty programme covered the breadth of the profession but in achieving breadth, some depth and meaning may have been lost (uptake has been low). The strategic and policy drivers for credentialing advanced practice are clear in the healthcare sector. Demand for a credentialing service in non-patient facing sectors of pharmacy is less obvious. We will establish with our members and stakeholders working in these areas what approach should be taken.

Acknowledgments

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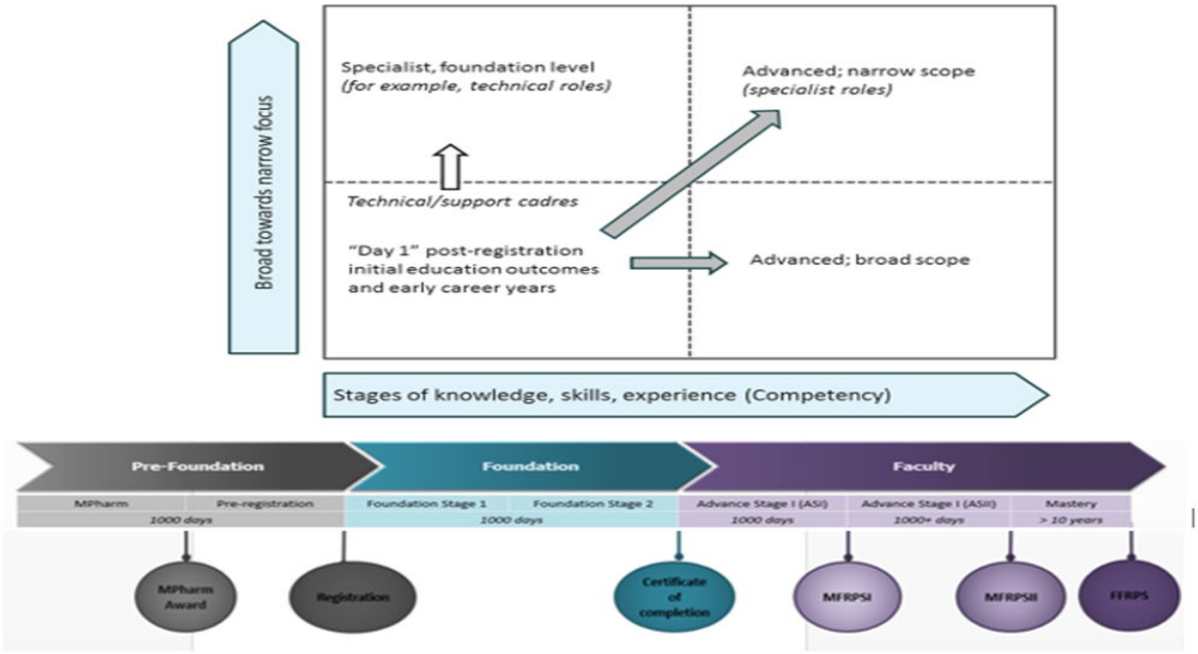
Appendix 1: Glossary of terms

Introduction

As the current UK health system and patient care continues to evolve in complexity and challenge, there is a greater demand for pharmacists to provide complex services and to take on roles which are extended, specialised and more advanced than the current scope of practice at the point of registration. To enable delivery of these services, pharmacists will need clear developmental pathways from foundation through to advanced practice.

For some, advancement and specialisation are terms that are used synonymously and this can result in confusion. Specialisation can be taken to relate to a higher, but narrow focus on practice. Advanced practice could be intended to relate to a higher, but broader scope of practice. In reality, both terms relate to practice that is beyond foundation practice or training and both generally relate to practice beyond three years post-registration. See figure 1 for a schematic of this concept.

Figure 1 Advanced and specialist – broad and narrow scope



Glossary of Terms

Term	RPS Definition	Alternative definition
Advanced Pharmacy Practice	Describes a stage of established professional practice that builds upon foundation pharmacy practice, usually at least two years post registration as a pharmacist. Advanced practitioners work at a higher level of practice, as generalists or specialists, and are able to demonstrate advanced knowledge, skills, experience, behaviours and values. Advanced pharmacy practice is defined by competencies that demonstrate clinical acumen, professional and clinical leadership, and management of complexity.	
Advanced Clinical Practice		The level of practice at which the Academy confers its first tier of recognition, with this matching the demands of Master's level learning (level 7) and with specific ACP capabilities set out in the HEE ACP capability framework (Academy of Advancing Practice – draft definition)
Competence	A principle of professional practice, identifying the ability of the provider to administer safe and reliable care on a consistent basis. Not to be confused with competency	**Competence:** A specific, demonstrable ability to do something (i.e. to perform a particular skill, intervention or task), underpinned by relevant knowledge, but without necessarily being accompanied by specific behaviours (as captured in capabilities) to determine and moderate whether and how something is done (Academy of Advancing Practice – draft definition)

Competency	A skill or ability	
Consultant level practice		**Consultant-level practice** – the level of practice at which the Academy of Advancing Practice confers its second tier of recognition, with this matching the demands of doctoral level learning (level 8) and with specific consultant capabilities set out in the HEE's consultant capability framework (once available) (Academy of Advancing Practice – draft definition)
Credentialing	-	Credentialing is a process that will recognise expertise and provide approved, regulated training programmes in areas of practice where: • there may be significant patient safety issues, or • training opportunities are insufficient or do not provide adequate flexibility to support effective service delivery. (GMC) Credentialing is the process of assessing the background and legitimacy of nurses to practice at an advanced level through assessing their qualifications, experience and competence. Credentialing allows nurses to gain formal recognition of their level of expertise and skill in their clinical practice, their leadership, their education and their research in a way that is recognisable to

		colleagues, employers, patients and the public. (RCN) **Credentialing** – the way in which recognition can be conferred on individuals to denote that they fulfil a defined set of requirements relating to a particular area of practice (Academy of Advancing Practice – draft definition)
Professional Development	Professional development refers to skills and knowledge attained for development and advancement in your career, role or professional duties. Continuing professional development (CPD) for pharmacists is a statutory process to demonstrate competence and safety to practice. The General Pharmaceutical Council's CPD framework is based on a cyclical process of reflection, planning, action and evaluation.	
Recognition		**Recognition** – the key focus of the Academy of Advancing Practice function, with Academy recognition of individual practitioners denoting that they fulfil either the ACP or Consultant capabilities and are eligible to appear on the Academy's Directory (Academy of Advancing Practice – draft definition)

Appendix 2: Options appraisal

Options for defining the purpose of Faculty

1. Introduction

1.1 Findings from the recent project seeking views on an annual support and submission model for Faculty from existing Faculty members and members of the consultant pharmacist network indicated that the purpose of Faculty needs clarifying.

1.2 The primary purpose of an organisation (or part of it e.g. a service such as Faculty) is what it must perform if it is to continue to survive and thrive. For example, the activities of a hospital must do more than demonstrate a hope of healing patients: they must be seen to heal an acceptable proportion of its patients, if it is to continue to be supported. Therefore this is the purpose that should unite people in that organisation or service. Those organisations/services with more than one primary purpose (e.g. prisons confine, punish and rehabilitate) find it challenging to be effective in all. It has been reported that the Faculty Service currently has more than one primary purpose – professional development for those in their early careers and recognition of mastery for those later in their careers.

1.3 The identification of the primary purpose of a service has been the starting point when seeking to reform a service's design and hence improve its effectiveness in the light of its purpose. At the first Faculty Review Task and Finish Group meeting work was begun on defining the primary purpose of Faculty (see figure 1). Consideration was also given to the primary purpose of similar services offered by other Royal Colleges and organisations (see table 1). This supports formulating options for defining the purpose of Faculty which are described in section 2. Options were scored against success criteria which were weighted in order of importance. The highest scored option is discussed further in section 3 as are options that were not rated so highly.

Figure 1. Faculty Primary Purpose (initial thoughts)

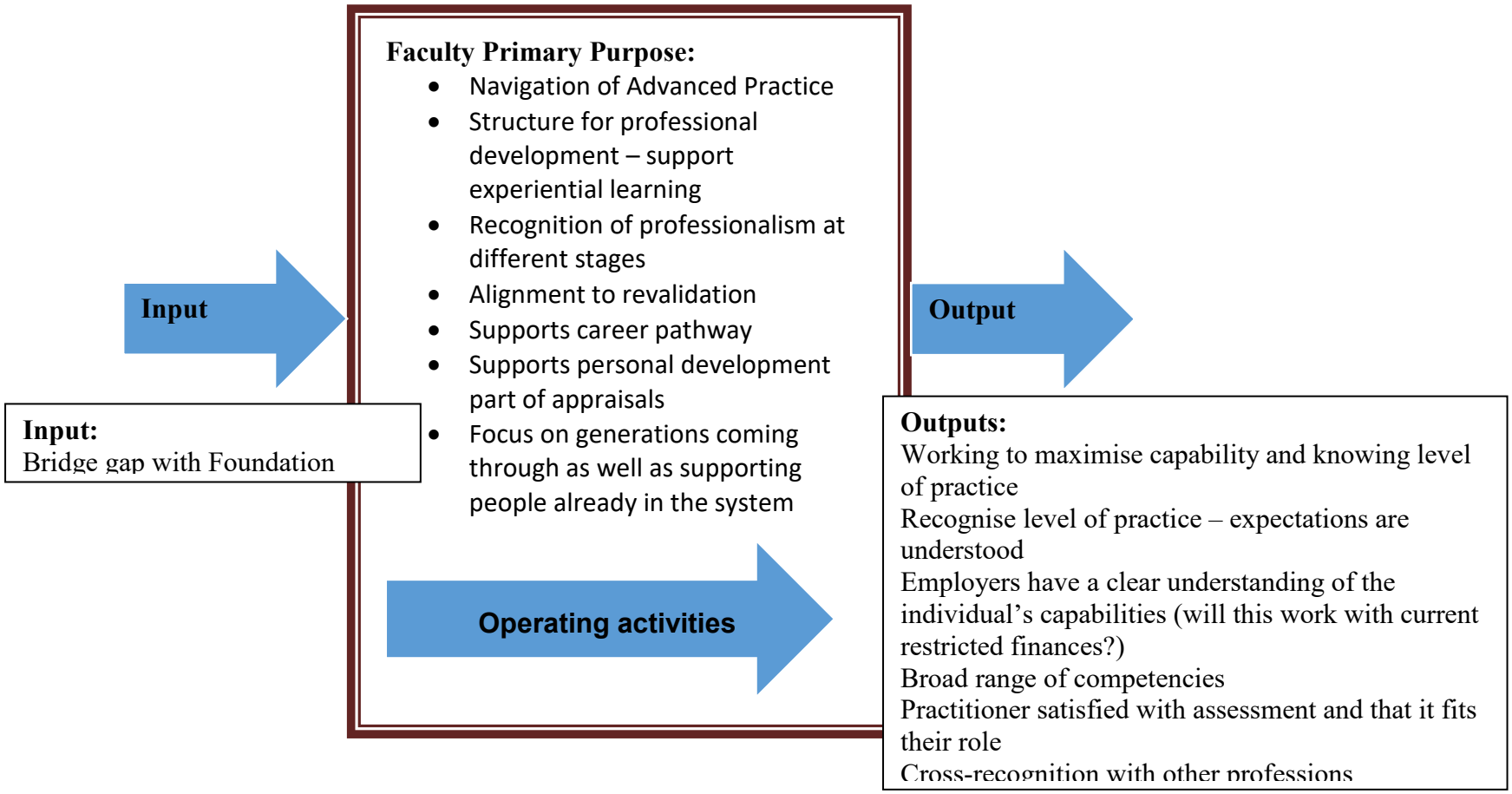


Table 1 – Purpose of services similar to Faculty at other Royal Colleges/organisations

Higher Education Academy Fellowship
Purpose: Supporting individual professional development. Recognition of practice, impact and leadership of teaching and learning
Benefits: • Consolidates personal development and evidence of professional practice in their career • Demonstrates commitment to teaching, learning and the student experience, through engagement in a practical process that encourages research, reflection and development; • For individuals, to identify their expertise with the entitlement to use post-nominal letters; • Provides a valuable measure of success and is increasingly recognised by international institutions; • Fellowship is increasingly sought by employers across the education sector as a condition of appointment and promotion; • Provides institutional assurance that Fellowships are an important indicator that your institution is aligned with the UK Professional Standards Framework (UKPSF) practice and a badge of assured quality throughout your institution.
Comments: Fellowships are not mandatory but appear to be recognised by individuals and employers as important. This is more an individual recognition rather than a professional one. Important part of regulation of the Higher Education Sector – though not mandatory it is a marker of valuing teaching in the Teaching Excellence and Student Outcomes Framework. Employers view this as mandatory (or a teaching qualification).
Royal College of General Practitioners membership (Membership by Assessment of Performance (MAP))
Purpose: MAP is a portfolio-based assessment. Successful completion of MAP results in MRCGP. Candidates complete a comprehensive portfolio of 13 criteria, using templates provided, covering all aspects of their practice. MAP has been designed for established GPs with a licence to practice and working in the United Kingdom who wish to attain MRCGP. MAP is the only route to membership for established GPs.
Benefits: • MAP is the only route to MRCGP for established GPs. • MAP will help with Revalidation. Five of the MAP criteria are required for Revalidation: quality improvement programmes, significant event audit, complaints and compliments, colleague feedback and patient feedback. • MAP candidates receive discounted associate RCGP membership for the period they are MAP candidates (maximum of five years), which brings with it benefits including publications and bulletins; The Online Learning Environment (OLE); courses and careers information; and networking opportunities, including the annual National Conference. For more details contact RCGP Membership at membership@rcgp.org.uk

- MAP encourages you to take a step back from your day to day practice and reflect on what you are doing. Most candidates have found the whole process, not just the result of obtaining MRCGP, to be beneficial to their work

Comments: Other route to MRCGP is the membership examinations. Does not look like it is part of a career journey – more a one off assessment.

Royal College of Physicians membership (MRCP(UK))

Purpose:

MRCP(UK) develops and delivers postgraduate medical examinations around the world on behalf of the three Royal Colleges of Physicians of the UK.

Successful completion of the entire three-part examination is required before you can start specialist internal medicine training in the UK. Internationally, the MRCP(UK) Diploma is also a valued professional distinction

All the MRCP(UK) and Specialty Certificate Examinations are approved by the General Medical Council (GMC) as part of the UK postgraduate medical training programme and follow the UK curricula and guidelines.

To help understand about the examinations, when to take them, what to expect on the day and how to prepare read our prospectus - it will guide you through the examinations.

Benefits:

- an essential component of training for physicians in the UK
- mapped to the UK curriculum
- approved by the General Medical Council (GMC) as meeting the required standards
- recognised as a requirement for entry to specialist training and independent practice
- responsive to changes in UK training
- evidence based and informed by the latest research.

Comments: Mandatory for career progression. Focus is qualification and emphasis on knowledge and examination – more akin to the pharmacy foundation training model. Very detailed and large curriculum.

Royal College of Emergency Medicine – Associate Membership (ACP and RHP)

Purpose:

Associate Membership (ACP) - Advanced Care Practitioners working or in training, in Emergency Medicine. UK and ROI only

Associate Membership (RHP) - Registered Healthcare Practitioners - Registered nurses, paramedics, physiotherapists, operating department practitioners, radiographers or pharmacists. UK and ROI only.

Benefits:

- RCEM has led the way with our credentialing program for Advanced Clinical Practitioners.
- ACP emergency care credentialing process.
- Curriculum.
- ePortfolio.
- Training opportunities.

Comments: There has been some small uptake from ACPs who are pharmacists with the Associate Membership category. Possibility of dual recognition with RPS which would maintain professional identity and offer opportunities for support for revalidation. Some practitioners may feel a stronger affinity to their specialism rather than their profession e.g. an emergency department pharmacist might feel a greater affinity to RCEM. Employer may need assurance that they were meeting emergency care standards and professional standards (some roles report to a non-pharmacy professional but are professionally accountable to the chief pharmacist. If employed as an Advanced Clinical Practitioner they are perhaps more likely to be orientated towards RCEM.

Royal College of Nursing – Credentialing Service

Purpose:
Recognising advanced level practice in nursing.
Credentialing supports you to continue your personal and professional development and enhance your career prospects.

Benefits:

- Credentialing is the process of assessing the background and legitimacy of nurses to practice at an advanced level through assessing their qualifications, experience and competence.
- Credentialing allows nurses to gain formal recognition of their level of expertise and skill in their clinical practice, their leadership, their education and their research in a way that is recognisable to colleagues, employers, patients and the public.
- Credentialing is open to nurses who can demonstrate that they are working at an advanced level, practise in the NHS or independent sector and are either members or non-members of the RCN.
- Nurses will require a relevant master's qualification, non-medical prescribing rights and an active membership of the NMC to credential.
- Nurses who successfully achieve the full master's qualification, including non-medical prescribing, from an RCN accredited university will have the credential awarded, at no cost, for the first three years. You can view a full list of RCN accredited programmes here.
- Transitional arrangements will be in place until December 2020 for nurses who do not have a full master's but are currently working at an advanced level. Once a nurse has gained the credential through these arrangements RCN does not expect them to complete a full master's in the future to retain the award.

Comments: Not mandatory but employers expect all ACPs to go through this process. Academy of Advancing Practice (see below) intends to cover non-medical professions outside nursing so there is some consistency with recognising advanced level practice.

Health Education England Academy of Advancing Practice

Purpose:
The Academy for Advancing Practice (the Academy) offers recognition to registered health and care practitioners who demonstrate complete fulfilment of the capabilities set out in the Advanced Clinical Practice (ACP) Framework, or the Consultant Practitioner Framework

Benefits:

- Enhance patient care and service delivery through strengthened transparency, governance and accountability arrangements for advanced clinical and consultant level practice

• Strengthen support for workforce development, mobility and progression that is responsive to changing population, patient, service delivery and workforce needs • Achieve greater consistency in the education and professional development that supports ACP- and Consultant-level practice • Recognise ACP- and consultant-level capabilities within the registered health and care professions, so that these can more strongly be drawn upon in models of care, service delivery and skill mix across multi-disciplinary teams.
Comments: This approach was recently out to consultation. There are two routes to gaining Academy recognition: • Through the successful completion of an education programme accredited by the Academy, on the basis that the programme fully maps either to the ACP or Consultant Framework capabilities and demonstrates fulfilment of the Academy's Standards of Education & Training (SET) • Through an individual practitioner submitting an evidence profile that directly and fully maps to the ACP or Consultant Framework capabilities for consideration via the Academy's Equivalence Route (ER) and through which they are deemed to have met the requirements for Academy recognition. Potential to credential through the Academy and a Royal College e.g. RPS. Appears heavily focused on clinical practice and qualifications orientated.

2. Options for defining the purpose of Faculty

2.1 Success criteria and individual weightings of their relative importance (table 2) were developed by the Faculty Review Task & Finish Group for assessing the options (see sections 2.6-2.11):

Table 2 – Success criteria and weightings

Success criterion	Weighting
Flexible across sectors of practice	2
Easily accessible by the profession	2
Maintains standards of advanced practice	1
Value for money – costs manageable and affordable	2
Supports the development of high quality advanced level pharmacists who have a positive impact on patient care and safety	3
Sustainability	1
Meets policy drivers (new models of care and new roles)	1

Perceived as valuable by pharmacists and employers – delivers added value	3

2.2 The weightings are explained in table 3:

Table 3 - Weightings

Weighting score	Explanation
3	Most important to consider
2	Medium importance to consider
1	Lower importance to consider

2.3 Scores to measure each option against the criteria are described in table 4.

Table 4 – Scores

Score	Explanation
5	Almost certain to meet criterion
4	Likely to meet criterion
3	Possibly meet criterion
2	Unlikely to meet criterion
1	Will not achieve criterion

2.4 Each option was scored against each of the 8 criteria. The score was multiplied by the weighting for each criterion and added together to achieve a score for each option.

2.5 Options were identified by reviewing the services described in table 1 and adapting them for a pharmacy context,

2.6 Option 1 No change (c.f. Academy of Higher Education Fellowship)

Purpose: To ensure our members are supported, developed and recognised during every stage of their career, from day one to career end, across all sectors, areas of practice, both specialist and generalist, in order to improve the quality of patient care and public health

Advantages:

- Continuity;
- Some support of the principles of Faculty;
- Achieves breadth of practice

- Established brand.

Disadvantages:

- Purpose not clear;
- Not easily accessed (numbers of pharmacists engaging with Faculty are not high);
- Perceived as time consuming and difficult;
- Difficult to do more than one purpose well e.g. support new generations and those already established;
- Anxiety about outcome of assessment (level assigned)
- Unsure of perceived benefits and return on the investment;
- Not universally recognised by employers;
- Cannot mandate RPS membership in order to complete Faculty;
- Requires ongoing development (has not reached business as usual).
- Lack of flexibility (there are differences in member needs);
- Not currently universally recognised by other professions;
- Mixed opinions on resubmission (every 5-years versus annually).

Table 5: Option 1 No change (c.f. Academy of Higher Education Fellowship) scores

Success criterion	Weighting	Score	Weighting x Score
Flexible across sectors of practice	2	28	56
Easily accessible by the profession	2	18	36
Maintains standards of advanced practice	1	28	28
Value for money – costs manageable and affordable	2	20	40
Supports the development of high quality advanced level pharmacists who have a positive impact on patient care and safety	3	29	87
Sustainability	1	20	20
Meets policy drivers (new models of care and new roles)	1	24	24

Perceived as valuable by pharmacists and employers – delivers added value	3	15	45
		TOTAL	**336**

2.7 Option 2 Assessment of practice service (c.f. RCGP MAP)

Purpose: Portfolio assessment of members against the Advanced Pharmacy Framework and recognition in a post-nominal as an Advanced Generalist:

Advantages:

- Clearer purpose focused on assessment
- Removes anxiety about outcome of assessment – recognition is of advanced generalism only
- Simpler to communicate;
- Could cover all sectors so would support flexibility;
- Could strengthen links to revalidation.

Disadvantages:

- Does not differentiate between advanced and consultant practice (generalist or specialist)
- Does not cover career stages (one-off submission);
- Potentially not of interest to specialist pharmacists;
- Benefits more difficult to articulate;
- Cost and resources unclear.

Table 6: Option 2 Assessment of practice service (c.f. RCGP MAP) scores			
Success criterion	Weighting	Score	Weighting x Score
Flexible across sectors of practice	2	23	46
Easily accessible by the profession	2	30	60
Maintains standards of advanced practice	1	25	25
Value for money – costs manageable and affordable	2	25	50
Supports the development of high quality advanced level pharmacists who have a positive impact on patient care and safety	3	25	75
Sustainability	1	29	29
Meets policy drivers (new models of care and new roles)	1	21	21
Perceived as valuable by pharmacists and employers – delivers added value	3	19	57
		TOTAL	**363**

2.8 Option 3 Assessment of advanced practice by examination (cf MRCP (UK) and RCEM)

Purpose: Assessment of Advanced Practice by examination and submission of a portfolio of advanced practice.

Advantages:

- Clearer purpose focused on assessment and credentialing
- Credentials could be defined as Member and then Fellow of Faculty;
- Easier recognition from employers and other professions such as medicine (as more closely aligned to other Royal Colleges).

Disadvantages:

- Likely to be resource heavy and costly;
- Knowledge rather than a skills-based assessment if examination only;
- Examination may put off experienced pharmacists from submitting;

- Anxiety about outcome of assessment;
- Does not cover career stages (one-off submission);
- Model very clinically focused e.g. does not cover leadership skills;
- Not supported by the same level of infrastructure and regulation that medicine has.

Table 7: Option 3 Assessment of advanced practice by examination (cf MRCP (UK) and RCEM) scores

Success criterion	Weighting	Score	Weighting x Score
Flexible across sectors of practice	2	21	42
Easily accessible by the profession	2	24	48
Maintains standards of advanced practice	1	24	24
Value for money – costs manageable and affordable	2	13	26
Supports the development of high quality advanced level pharmacists who have a positive impact on patient care and safety	3	28	84
Sustainability	1	22	22
Meets policy drivers (new models of care and new roles)	1	21	21
Perceived as valuable by pharmacists and employers – delivers added value	3	22	66
		TOTAL	**333**

2.9 Option 4 Credentialing service (c.f. RCN)

Purpose: Recognise advanced level practice in pharmacy. Set standards and assess against them.

Advantages:

- Clearer purpose focused on credentialing;
- Allows members to gain formal recognition of their level of expertise and skill in their practice by assessment against the Advanced Pharmacy Framework;

- Could be open to members and non-members who can demonstrate that they are working at an advanced or consultant level;
- Potentially easier recognition from employers and other professions such as nursing and medicine (as similar model);
- Directory element is potentially useful;
- Opportunity to develop an RPS directory of Advanced Practitioners and Consultant pharmacists.

Disadvantages:

- Advanced practice, standards and assessment would need defining (they will be different to nursing);
- Costs and resources unclear;
- Anxiety about outcome of assessment;
- A number of pharmacists are already qualified to Masters level and do not necessarily need to be an independent prescriber;
- Pharmacists who registered before the MPharm was introduced might be disadvantaged;
- Qualifications orientated – this does not necessarily translate into advanced practice;
- Potential duplication with role of Academy of Advancing Practice.

Table 8: Option 4 Credentialing service (c.f. RCN) scores

Success criterion	Weighting	Score	Weighting x Score
Flexible across sectors of practice	2	35	70
Easily accessible by the profession	2	31	62
Maintains standards of advanced practice	1	34	34
Value for money – costs manageable and affordable	2	23	46
Supports the development of high quality advanced level pharmacists who have a positive impact on patient care and safety	3	32	96
Sustainability	1	28	28
Meets policy drivers (new models of care and new roles)	1	28	28
Perceived as valuable by pharmacists and employers – delivers added value	3	28	84

TOTAL	**448**

2.10 Option 5 Collaborate with HEE Academy of Advancing Practice and equivalents in Scotland and Wales)

Purpose: In collaboration with the AoAP (and equivalents in Scotland and Wales) recognise registered pharmacists who demonstrate complete fulfilment of the capabilities set out in the Advanced Clinical Practice (ACP) Framework, or the Consultant Practitioner Framework and/or the Advanced Pharmacy Framework (this will depend on the pharmacist's role).

Advantages:

- Clearer purpose focused on recognition (Academy (or equivalent) recognises their core standards and RPS recognises pharmacy specific standards
- Allows members to gain formal recognition of their level of expertise and skills in their practice by assessment against the Academy's Standards of Education & Training and the Advanced Pharmacy Framework;
- Could be open to members and non-members who can demonstrate that they are working at an advanced or consultant level;
- Easier recognition from employers and other professions such as nursing and medicine;
- Academy would hold directory of Advanced Practitioners and Consultant pharmacists.

Disadvantages:

- Standards and assessment would need mapping;
- Not reflective of an individual's learning style;
- Potentially will not recognise advanced practice in non-clinical areas;
- Risk of duplication of submission to 2 organisations – could be bureaucratic;
- Difficult to market the benefits of completing both;
- Roles, responsibilities, costs and resources unclear;
- Multi-professional approach may prevent the pharmacy profession further developing its own Advanced Pharmacy Framework;
- Disjointed approach across Great Britain.

Table 9: Option 5 Collaborate with HEE Academy of Advancing Practice and equivalents in Scotland and Wales)			
Success criterion	Weighting	Score	Weighting x Score
Flexible across sectors of practice	2	31	62
Easily accessible by the profession	2	24	48
Maintains standards of advanced practice	1	33	33
Value for money – costs manageable and affordable	2	23	46
Supports the development of high quality advanced level pharmacists who have a positive impact on patient care and safety	3	31	93
Sustainability	1	28	28
Meets policy drivers (new models of care and new roles)	1	28	28
Perceived as valuable by pharmacists and employers – delivers added value	3	27	81
		TOTAL	**419**

2.11 Option 6 Decommission current Faculty service

Purpose: none

Advantages:

- Resources can be reallocated elsewhere
- Focus on education and professional development offer for pharmacists

Disadvantages:

- Not clear what would happen with existing Faculty members and fellows;
- Members have expressed support for the principles of Faculty;
- Loss of opportunity as the credentialing body for pharmacists;

- Would require decommissioning of the existing Faculty service;
- Loss of support for pharmacists to professionally develop throughout their career;
- Potential member benefit is lost – RPS offer to members is reduced;
- Potential loss of sense of professionalism
- Does not align with the approach of other Royal Colleges and organisations.

Table 10: Option 6 Decommission current Faculty service			
Success criterion	Weighting	Score	Weighting x Score
Flexible across sectors of practice	2	7	14
Easily accessible by the profession	2	6	12
Maintains standards of advanced practice	1	7	7
Value for money – costs manageable and affordable	2	25	40
Supports the development of high quality advanced level pharmacists who have a positive impact on patient care and safety	3	8	24
Sustainability	1	16	16
Meets policy drivers (new models of care and new roles)	1	6	6
Perceived as valuable by pharmacists and employers – delivers added value	3	7	21
		TOTAL	**140**

Table 11 summarises the scores for each option.

Table 11 – Options 1-6 Scores

Option	Description of purpose	Score
Option 1 No change (c.f. Academy of Higher Education Fellowship)	To ensure our members are supported, developed and recognised during every stage of their career, from day one to career end,	**336**

	across all sectors, areas of practice, both specialist and generalist, in order to improve the quality of patient care and public health	
Option 2 Assessment of practice service (c.f. RCGP MAP)	Portfolio assessment of members against the Advanced Pharmacy Framework and recognition in a post-nominal as an Advanced Generalist:	**363**
Option 3 Assessment of advanced practice by examination (cf MRCP (UK) and RCEM)	Assessment of Advanced Practice by examination and submission of a portfolio of advanced practice.	**333**
Option 4 Credentialing service (c.f. RCN)	Recognise advanced level practice in pharmacy. Set standards and assess against them.	**448**
Option 5 Collaborate with HEE Academy of Advancing Practice and equivalents in Scotland and Wales)	In collaboration with the AoAP (and equivalents in Scotland and Wales) recognise registered pharmacists who demonstrate complete fulfilment of the capabilities set out in the Advanced Clinical Practice (ACP) Framework, or the Consultant Practitioner Framework and/or the Advanced Pharmacy Framework (this will depend on the pharmacist's role).	**419**
Option 6 Decommission current Faculty service	None	**140**

3. Discussion

As the lowest scored option, decommissioning the current Faculty service (**option 6**) was not thought to be viable and a missed opportunity for the profession to 'own' credentialing. It was perceived as a retrograde step that would undermine the profession, professionals and practice.

Option 3 (assessment of advanced practice by examination) was the next lowest score. Examination/assessment at Foundation level would seem to be important as a standard of practice that needs to be achieved – trainees are developed to reach the same level of knowledge, skills and attributes. As advanced practice occurs in different areas and at different levels, it would be more challenging to examine and there would need to be an underpinning curriculum. This approach potentially focuses more on knowledge and is unlikely to cover all the pillars of the Advanced Pharmacy Framework or the pillars of the Advanced Clinical Practice Framework so the skills and attributes would need to be assessed in another way. Fear of exams may inhibit engagement and different sectors would need a different examination.
Costs were thought to be potentially prohibitive though logistics could be worked out (set exam days that people would travel to). This option was believed not to support a developmental journey and its strong clinical focus could disengage pharmacists in more non-clinical roles.

Although the purpose could remain as it is now i.e. **Option 1** (status quo), with refinements and tailoring of the process taking place when needed. However, it was argued this may not adequately address value to employers or recognition from other professions. There has also been a lack of engagement with Faculty assessments year on year and a cumbersome associated process was considered the reason behind this. The Higher Education Academy appears to have strong levels of engagement and has a similar purpose to Faculty but it is underpinned by a clear career structure in the Higher Education Sector and this is not the case across all sectors of pharmacy.

Option 2, an assessment of practice service, was described as potentially levelling out the profession – there is no distinction between different levels of practice (knowledge, skills and experience) and this was cited as important. As the focus would be evidencing practice as an advanced generalists, a risk of disengaging advanced specialists was expressed. In addition it was questioned whether this purpose would be valued by colleagues in secondary care (apart from generalist areas apart from acute medicine). On the other hand, some believed it could be used to demonstrate a minimum standard of advanced generalist practice though links would need to be made between the advanced generalist role and the service provided. It was felt that advanced generalist was an often misunderstood term that has not been clearly defined. This approach was considered useful in that it could recognise the importance of generalist transferable skills. However, these should become a core part of initial/foundation education and training).

Collaborating with the HEE Academy of Advancing Practice (and equivalents in Scotland and Wales) was perceived as a loss of control for the pharmacy profession under **option 5**. Further concerns included that it may prevent further development of the Advanced Pharmacy Framework and that advanced practice was not always interchangeable across professions (it means different things to different professions).
There was also felt to be risks of loss of identity for pharmacists/the profession, obsolescence of RPS Faculty service (if the Academy of Advancing Practice was cheaper or free of charge) and possible duplication of functions which could lead to a more onerous process.
There are also no current equivalents of the Academy in Scotland or Wales. This option was believed well placed to achieve multi-professional recognition (though it may be

challenging accommodating all areas of pharmacy practice). A greater focus on qualifications and on recognising the advanced practice role rather than the profession were also highlighted. It is clear that some form of collaboration will be needed if an RPS service about advanced practice is to be valued by other professions. Other collaborations were also thought to be useful to consider.

Preferred option – credentialing service
Option 4 was the highest scoring. It was thought most likely to be valued by employers and members of the profession. Furthermore it was described as being able to support a work-based advanced practice portfolio linked to shorter training programmes (aimed at addressing individuals' skills gaps). Levels of advanced practice based on a robust assessment process believed to be a useful delivery model. Other possible benefits were listed:

- A clearly defined credentialing route linked to job roles and recognising practice;
- Opportunity to recognise individuals, promote performance and development of the profession.
- Opportunity to credential Primary Care Network pharmacists;
- Opportunity to achieve cross recognition with others.

Possible risks were described:

- Affordability uncertain:
- Disengagement from non-advanced practice pharmacists;
- Pharmacists could follow other credentialing routes;
- Criteria needed to achieve advanced practice may not be pitched correctly;
- Qualifications linked to advanced practice may not have been applied in the workplace and therefore not a reliable indicator;
- Purpose of service is not clearly understood.

Conclusions
The scoring of the options by considering the purpose only proved challenging (process was in some cases difficult to avoid). However, holding in mind what the desired outputs of a Faculty-type service should be (and describing what purpose would achieve this) was helpful. Identifying and discussing important principles that would need to underpin the preferred option of a credentialing service will also useful to further clarify the purpose. Operational factors needing consideration were also listed.