

Core Advanced Pharmacist Curriculum consultation form

We are keen to receive as much feedback as possible, so please comment on as many or as few questions as you like.

1. Are you responding on behalf of an organisation / group or as an individual?
 - Organisation
 - Individual

2. If you are responding on behalf of an organisation / group, please enter the name of the organisation / group
 - CCA

3. Please enter your name
 - Emily James

4. We are interested to capture feedback from all key stakeholders. Please tick which of the following apply to you (you can tick more than one box) :
 - Education commissioner or provider
 - Higher Education Institution
 - Professional body
 - Regulator
 - Affiliate
 - Faculty member
 - Community pharmacy
 - Hospital pharmacy
 - Primary care
 - CPO / DoP / Chief Pharmacist
 - Potential candidate
 - Supervisor / tutor
 - Lay person
 - Inclusion and diversity group
 - Other – please specify below:
.....

5. Please select the country you are based in for work purposes
 - England
 - Northern Ireland
 - Scotland
 - Wales
 - Other – please specify below
.....

Curriculum document

Purpose statement

6. Is the purpose statement fit for purpose i.e. does it describe the driving forces for developing and assuring advanced pharmacists (p13-15)?
Yes No Unsure

The purpose statement suitably describes the driving force for the development of advanced practice pharmacists.

Whilst we agree with the principles of upskilling the pharmacy profession, through this or other frameworks, it is our firm belief that enhanced skills must sit alongside enhanced opportunities to use these skills.

If yes, move to question 7.

7. Does the purpose statement define how the curriculum and associated assurance of advanced pharmacist practice will improve patient outcomes (p13-14)?

Yes No Unsure

8. Does the scope of practice describe the correct level of performance for an entry-level advanced pharmacist (p14-15)?

Yes No Unsure

Whilst most of the scope of practice describes the correct level of performance for an entry level pharmacist, we are concerned that some candidates may be more limited by the setting they currently practice in.

- The documents notes that individuals will “*Manage highly complex clinical cases in collaboration with multidisciplinary colleagues by applying clinical reasoning and decision making to manage uncertainty and clinical risk*”. The RPS should give due consideration to community pharmacy settings where the opportunities to work with multi-disciplinary colleagues are generally more limited.
- The consultation document states “*For pharmacists working at an advanced level, this may include being responsible and accountable for an episode of care, as the only practitioner providing care to the person who needs it.*”. We recommend the RPS reflect on how this could be achieved by Community Pharmacists without IP qualifications.
- Where the document refers to “*Effectively manage a service or team*”, consideration should be given to what this looks like in community settings. We recommend some broad example are provided. Whilst we recognise that this is open to interpretation, some example would support potential applicants to understand what would be considered suitable.
- The document also states individual will “*Conduct research and disseminate findings, adding to the evidence base*”. It should also be noted that opportunities associated with research may also be more limited in a community setting. The provision of examples related to research would be beneficial.

9. Are the overlap and the difference between advanced pharmacists and advanced clinical practitioners clearly described?

Yes No Unsure

This section could be streamlined.

While roles are clearly defined within the Venn diagram, we would also expect advanced pharmacists to draw on professional expertise.

This section also states: “*This credentialing is undertaken by the RPS and ensures a solid [sic] grounding for developing towards consultant-level pharmacist practice.*” We support the principle of a spiral curriculum which builds on previous learning. Having said this, we do not think that consultation level practice will be the aim for all pharmacists. Furthermore, there are limited opportunities for community pharmacists to engage with or benefit from consultant level practice.

These points may disenfranchise engagement with the advanced curriculum. We recommend that the merits of this, as a standalone programme, are not overlooked!

Programme of learning

10. Would a pharmacist achieving the curriculum capabilities and outcomes be able to safely and competently deliver the services and scope of practice in the purpose statement (p22-33)?

Yes No Unsure

11. Are the curriculum outcomes and descriptors specific enough to avoid ambiguity but flexible enough to be applied to different areas of patient-focussed practice and geographies (p23-33)?

Yes No Unsure

The CCA provided detailed feedback to the iterative consultation for domains 3,4 and 5 outlining which outcomes and descriptors may be more difficult to achieve in community settings. We have re-stated these points below.

- **Outcome 3.1:** Descriptor 1 within outcome 3.1 may be more difficult to achieve in community settings. We recommend it is changed from “Collaborates with senior decision makers...” to “Collaborates with internal or external colleagues...”
- **Outcome 3.2:** In our view descriptor 4 within outcome 3.2 relies on an HR element within the pharmacist’s role, which may not be apparent. We recommend “responds to poor performance effectively” is amended to “responds to poor practice effectively”. This changes the focus from HR responsibilities to clinical responsibilities and may be more achievable.
- **Outcome 3.3:** Some of the descriptors in outcome 3.3 rely on the assumption that all those training to be an advanced pharmacist will have direct line management responsibilities. In our view this may not be the case. We recommend the following amends:
 - ~~“Directs and manages~~ Supports a diverse team workload effectively whilst maintaining quality and consideration for individuals receiving care and team members.”

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- “Supports and monitors a team's ability to achieve deadlines for day to day and longer-term tasks. ~~through effective management, prioritisation, delegation and facilitation.~~”
- **Outcome 3.4:** Some of the descriptors within 3.4 may be difficult to achieve in the community setting. This includes:
 - “Is responsible for the appropriate utilisation of resources (financial and/or staffing); uses robust data to monitor and/or allocate resource.” In our view, this may be difficult to achieve in many multiplies where it may be difficult for one person to be entirely responsible, we recommend this amended to read “contributes to the appropriate utilisation...”
 - “Contributes to business cases to support further resource and/or reconfigure current resource.” In our view this would be difficult to achieve in many settings and we suggest it is removed.
- **Outcome 4.2:** As per outcome 3.3, we are concerned that outcome 4.2 relies on the assumption that all those in training to be an advanced pharmacist will have direct line management responsibilities. We recommend outcome 4.2, as well as some descriptors (e.g. those which refer to “appraisals”) are reworded, to include pharmacist without such responsibilities.
- **Outcome 5.3:** We recommend descriptor 3 within outcome 5.3 includes internal mechanisms, such as newsletters, as a means of dissemination as there are fewer opportunities for presentations, posters, peer-reviewed journals in the community settings, and as such may be difficult to achieve.

12. Do the descriptors help you understand the level of performance needed to demonstrate the outcomes (p23-33)?

Yes No Unsure

Whilst the descriptors support understanding of the level of performance needed to demonstrate the outcomes, at present the document is theoretical and we would welcome the inclusion of specific examples.

Whilst we understand the RPS does not wish to be prescriptive, the inclusion of examples would facilitate engagement with both pharmacists and employers, enabling them to better understand and envision how the programme could be undertaken.

13. Please specify the extent to which you agree with the statement below based on your understanding of the proposed curriculum

	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
The outcomes describe the knowledge, skills and behaviours required of advanced pharmacists to meet current and future NHS service needs and deliver improved patient care across a range of settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Support and learning

14. Do you think the suggested educational and vocational activities are appropriate to allow individuals to meet the curriculum outcomes (p33-35)?

Yes No Unsure

If no or unsure, please describe your reasons and provide any suggestions of how this could be improved.

As per the previous answer we would welcome the inclusion of specific examples.

These must be feasible in all settings and should be cognisant of limitations within community pharmacy settings, specifically the need for a responsible pharmacist to be on site and the need for backfill if the responsible pharmacist leaves the pharmacy.

We would encourage the RPS to be cognisant of workforce challenges when considering this.

If yes, move to question 15.

15. Do you think the roles of the educational supervisor, practice supervisor and mentor(s) as described will provide the level of support required by individuals to meet the curriculum outcomes (p35-39)?

Yes No Unsure

If no or unsure, please describe your reasons and provide any suggestions of how this could be improved.

Assessment programme

16. Do you think the programmatic assessment programme allows pharmacists to effectively demonstrate their ability to practise safely and effectively at this level (p40-42)?

Yes No Unsure

Yes. The RPS should also consider how that can support supervisors and colleagues to ensure they are fit for assessment. The format of the assessment differs from the processes many are familiar with and support will be necessary to ensure it well understood and implemented.

17. Do you think the range of supervised learning events (SLEs) available, as well as the ability to provide any other supporting evidence of learning, is sufficient to allow individuals to demonstrate achievement of the curriculum outcomes (p42-45)?

Yes No Unsure

Yes. The RPS should also consider how that can support supervisors to ensure they fully understand requirements associated with SLEs.

18. Do you think the 'stakes' rating of each of the curriculum outcomes is appropriate (p45-50)?

Yes No Unsure

Do you think the use of an Advanced Pharmacist Competency Committee (APCC) is an appropriate mechanism to make the final summative assessment outcome decision for RPS assessed elements (p50-52)?

Yes No Unsure

In our view the proposed committee is an appropriate mechanism for assessment. Clear feedback should be provided (including timelines) as to the process for re-submitting evidence for those who do not meet the standards set out.

The RPS should also ensure all costs are transparent and are proportionate for the individual.

19. Do you think that the accreditation of prior certified learning (APCL) process is fair and an appropriate balance between protecting patient safety and avoiding assessment duplication (p52-53)?

Yes No Unsure

We welcome the proposal which, in our view, will avoid unnecessary duplication.

Inclusivity & flexibility

20. Do you think that the curriculum, including its programme of assessment, is inclusive to pharmacists working across all sectors of patient-focussed practice? Do the capabilities, outcomes and descriptors allow learners in all sectors/UK countries to demonstrate their abilities?

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Yes No Unsure

If no or unsure, please describe your reasons and provide any suggestions of how this could be improved.

We have some concerns about inclusivity of pharmacists working in the community setting.

In our views these relate most specifically to fewer opportunities to engage with multi-disciplinary teams, difficulties conducting research in a community setting, and the focus on HR within outcomes relating to management.

Community pharmacists have specific responsibilities and often work as solo practitioners. A number of the tasks will require backfill to ensure the pharmacy can continue to provide pharmaceutical services. This has associated costs.

21. We also want to understand if there are any parts of our curriculum which may impact – positively or negatively - on individuals or groups sharing any protected characteristics (including, but not limited to, age, disability, pregnancy and family-friendly leave, those working less than full time, race, religion or belief, sex, sexual orientation). If you think this might be the case, please describe the impact.

22. Do you think that the curriculum allows sufficient flexibility for employers, statutory education bodies, HEIs and other training providers in how they support pharmacists to develop towards and advanced level of practice?

Yes No Unsure

If no or unsure, please describe your reasons and provide any suggestions of how this could be improved.

Whilst the curriculum may offer flexibility, without specific examples it is difficult to understand how community pharmacy will be able to overcome the barriers that exist.

23. Do you think there will be any practical difficulties in supporting pharmacists to achieve the curriculum outcomes from an operational / logistical perspective?

Yes No Unsure

Whilst we welcome the vision set out by the RPS, there are some logistical and operational issues which may inhibit community pharmacy colleagues from engaging.

Pharmaceutical services are undertaken or closely supervised by a Responsible Pharmacist. This requires the pharmacist to be on site. Proposals which require a Responsible Pharmacist to leave the pharmacy are likely to inhibit engagement. This is relevant for pharmacists undergoing credentialing and educational supervisors/mentors. If a pharmacist is required to leave the pharmacy this will require backfill, which has associated costs.

It is also important to consider this in the context of current workforce challenges. As part of a broader understanding on the impact of employer, it will be necessary to understand any requirement of employers; including time and cost.

In addition the following will also need to be considered:

- Access to patient records
- Access to research opportunities
- Access to MDT – at present community pharmacists often work in relative isolation as such this is an important consideration.

24. Please use the space below to provide any comments you would like to make on the curriculum that have not been covered elsewhere.

The existing pharmacy workforce needs a programme of continuous education and development and we welcome the vision proposed by the RPS.

However, it is extremely important that efforts to enhance the skills of pharmacists are aligned with opportunities to use skills within the community sector.

Without such opportunities there is a risk that staff will be drawn to other sectors where they are able to make use of their enhanced skills.

The requirement of supervisors in supporting the delivery of the curriculum are significant. Consideration should be given to how supervisors will be trained and supported.

Thank you for taking the time to submit your feedback, it is greatly appreciated. All comments will be considered and any necessary changes implemented. Please send the completed form to education@rpharms.com.