Guidance to RPS Faculty for Community Pharmacy
Dear Colleague,

This is an extremely exciting time to be President of the RPS as we move even further towards establishing ourselves as a Royal College. The Faculty is the backbone of this move, as professional recognition and showcasing of best possible professional practice is the basis of Royal College activity. In these early days, we have established a solid, quality assured process of professional recognition. It is one that unites the profession across all sectors and one that will assure the GPhC of the members’ commitment to continue their development and advancement and, most importantly an assurance for patients and the public that, through self and peer assessment, we are all pushing the boundaries and delivering the best care we can. Simply put, being the best we can be.

Later this year, we are bringing online a Faculty development service, to support all faculty members and fellows to keep their portfolios up to date with a minimum of 6 entries per year. They will have access to a RPS recognised mentor. We will ensure this counts as their CPD when the GPhC launches CFtP. The maintenance and development of their portfolio will address any development needs highlighted in the PDP, keep them up to date with their personal developments within each year and ensure they are ready for their next submission in 5 years’ time. It is envisaged that these entries will provide the evidence of “CPD”, true continuing professional development”, required for continuously demonstrating a commitment to your professional life.

On a personal note, having completed the process myself, I cannot stress the benefits I have realised through using a developmental framework to reflect on my achievements and plan my future development. The testimonials I received from colleagues were hugely humbling, showing me how much my service and activity is valued by those I work with. The Professional Development Plan was a real eye opener for me. I received feedback from peers in the profession who do different roles to me in other areas of the country. They had looked at my evidence in detail and were able to provide valuable feedback on what I’ve done as well as interesting suggestions for where I can take things next; things I hadn’t necessarily considered. This type of feedback is essential to expanding your horizons and realising untapped potential and opportunities in a rapidly changing pharmacy and healthcare environment.

I really hope this guide helps you get started on your Faculty journey and of course the team are here to support you as well as colleagues like me who have been through the experience and are more than happy to support you through your submission.

Ash Soni OBE FFRPS FRPharmS
RPS President

Acknowledgements

Many thanks to the following people for their contribution to this document:

Salim Jetha, Avicenna
Brij Valla, Avicenna
Krish Patel, Avicenna
The RPS Professional Development and Support Team
ProPharmace Design Team
Dear Colleague,

When the RPS launched the Faculty programme, I struggled to understand what value it would add to my professional development against a backdrop of being heavily stressed out with endless regulations.

Curiosity led to further probing, and I realised that it actually offered some fantastic merits, namely

- It helps drive up standards for the profession by giving us a balanced healthcare skill set
- It helps businesses if their employee pharmacists are geared to achieve these rounded skills
- It will allow employers to assess the skills and experience of their staff and locums
- It helps build employees’ CVs to secure jobs
- It supports pharmacists to meet the GPhC Continuing Fitness to Practice requirements (CFtP, also known as revalidation)
- It can help commissioners identify the progressive pharmacists
- Broadening pharmacists’ skill set will deliver better healthcare outcomes for the public

The next task was obviously to go through the assessment process. That proved to be a real challenge as I didn't know anyone who had done it before and relied entirely on the RPS website. I found it was full of jargon and biased towards academics and the hospital sector. It took me longer than anticipated however by using this handbook it will support your progress for the faculty, in a clearer manner.

Was it worth it? Absolutely; I have no regrets. It challenged me to find evidence in various categories and justify the impact I had made on patient care and to review my professional standing. Unlike CPD, it's actually accessed by fellow professionals. I had to provide various testimonials from colleagues and peers (some really surprised me when I read how others valued my contribution) and write my CV (the last one I wrote was over 40 years ago during my pre-reg days!).

My experience has taught me that although I feel the Faculty programme is within the grasp of most community pharmacists it needs a simplified version with a navigation toolkit. For that reason, Avicenna, in collaboration with the RPS, have produced this guide to help contractors within the community demystify some of the challenges I faced.

Good Luck

Salim Jetha FFRPS FRPharmS
CEO
Avicenna
1 Introduction

All pharmacists possess a wealth of knowledge from clinical skills, professional behaviours to management skills which results in effective patient-centered care and medicines expertise.

In community pharmacy the role is extremely varied and challenging (professionally and commercially) so it is important the depth and breadth of all this knowledge and skills is recognised by the pharmacy professional body, The Royal Pharmaceutical Society through The RPS Faculty.

1.1 What is the RPS Faculty?

The RPS Faculty is the first professional recognition programme for pharmacists across all sectors of practice. It is available to RPS members who have completed their first two to three years of practice. It can also support you throughout the whole of your career as an advanced practitioner.

The RPS Faculty is a robust yet simple professional recognition programme, helps pharmacists identify what you need to be able to know and do at different levels of practice; where you can access the knowledge, skills and support from experts, specialists and experienced practitioners.

1.2 What does the Faculty mean for a community pharmacist?

We know that some pharmacists working in community pharmacy sometimes feel isolated, without support from peers or easy access to professional development support resources that help professional advancement. Being a Faculty member can bridge this gap. Having access to practical support tools, specialist networks and mentors can help you identify what stage you are at in your practice irrespective of how far you are along your professional career.

<table>
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<th>Helps you “stand out” from the crowd</th>
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<tr>
<td>• Faculty post-nominal to differentiate yourself from colleagues</td>
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<td>• Benchmark yourself against colleagues within community pharmacy and across other sectors</td>
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<tr>
<th>Supports your business</th>
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<tr>
<td>The benefits of being a member of the Faculty can also be realised by your business by:</td>
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<tr>
<td>• Convincing commissioners that you are committed to professional development</td>
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<tr>
<td>• Supporting Royal College activity</td>
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<tr>
<td>• Indicating your advancement in practice and celebrate professional recognition, through active use of your Faculty post-nominal</td>
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<tr>
<th>Demonstrates an investment in your professional practice</th>
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<td>The Faculty provides evidence of your advanced practice and ability to deliver: It allows you to:</td>
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<tr>
<td>• Promote yourself as a trusted Healthcare Provider</td>
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<td>• Recognise yourself and be recognised as a key asset to your business</td>
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<tr>
<td>• Demonstrate to peers, patients and the public that you are committed to the delivery of professional patient-focused services</td>
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<tr>
<td>• Provide evidence that patient safety is at the heart of the service you deliver</td>
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<table>
<thead>
<tr>
<th>Investing in yourself and your business</th>
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<tr>
<td>Faculty membership demonstrates to others your stage of development and the quality of service you provide by:</td>
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<tr>
<td>• Reassuring patients, and inspiring colleagues and employers</td>
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<tr>
<td>• Asserting a sense of authority, personal responsibility and professional confidence beyond your job title</td>
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<tr>
<td>• Placing you in a better position for extended roles</td>
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<tr>
<td>• Encourages opportunities for enhanced and effective networking between peers</td>
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1.3 How the Faculty fits with Continuing Professional Development

The Faculty and CPD align very well with each other; any training, learning or development activities that are undertaken when preparing for the Faculty membership can be considered when recording any CPD. Conversely, any CPD record can be used for the Faculty portfolio and assessment.

1.3.1 Continuing Fitness to Practice

In the next few years the General Pharmaceutical Council (GPhC) will be changing the CPD review process. They will be introducing Continuing Fitness to Practice (CFtP) (previously referred to as revalidation) requirements which will require pharmacists to demonstrate how their CPD has changed their practice.

The CFtP framework is made up of three components:

- Peer review - A review of the pharmacist’s work will be conducted by a professional peer and will be based on the person’s scope of practice.
- CPD review - The GPhC is evaluating the current CPD process and the intention is that the new approach to CPD will focus on the relevance of CPD entries to a pharmacist’s scope of practice.
- External performance indicators - this process will involve a review of external performance measures, which will vary according to the scope of a pharmacist’s practice.

The RPS Faculty assessments and membership aligns well to the CFtP framework and we will ensure that Faculty tools, support and processes continue to align with CFtP plans and support community pharmacists in meeting the CFtP framework.

Further information and updates are available on the GPhC website (http://www.pharmacyregulation.org/education/revalidation).

2 Your Faculty Membership

2.1 What is involved?

Joining the Faculty involves undertaking an assessment that comprises of:

1. A review of Faculty practice based portfolio of evidence of your advanced practice - this portfolio allows you to gather evidence of your professional development and to identify what stage they are currently practicing at.
2. Peer assessments or testimonials
3. An assessment of expert practice through a CV (for Recognition of Prior Experience or RPS) and/or a case based discussion (for Faculty Practice Assessments or FPA).

<table>
<thead>
<tr>
<th>Recognition of Prior Experience (RPE) Assessment</th>
<th>Faculty Practice Assessment</th>
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<tbody>
<tr>
<td>Over 10 years post registration experience</td>
<td>2- 10 years post registration experience*</td>
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<tr>
<td>Assessment comprises the following three elements:</td>
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<tr>
<td>2. Peer Assessment or review using the Faculty Peer Testimonial Form</td>
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<tr>
<td>3. Expert Practice Assessment via a current professional/career-based CV</td>
<td>3. Expert Practice Assessment for example a Case-based Discussion (CbD).</td>
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</table>

Membership of the Faculty will be awarded on completion of a successful assessment by two independent Faculty assessors. As a marker of personalised stage of development, you will also be designated of one of the three stages of - Advanced Stage I, Advanced Stage II and Mastery (see below for further explanation of stages) within the Faculty.
2.2 Suggestions for your evidence

Evidence from your everyday practice could be included in your Faculty portfolio to demonstrate your professional development and here are some suggestions:

**GOVERNANCE**
- Community Pharmacy Assurance Framework (CPAF)
- Essential Services
- Advanced Services
- GPhC - IG

**SERVICES**
- Minor ailments
- EHC
- Smoking cessation
- Supervised consumption
- Vaccinations

**TRAINING**
- Mentoring a colleague
- Assessing performance and learning needs of your team
- Support training of other healthcare professionals
- Being an NVQ assessor

**MANAGEMENT**
- Implementing and reviewing SOPs
- Plan, design and manage travel clinic
- Completing performance reviews
- Resolving health and safety issues

2.3 The Advanced Pharmacy Framework

The Faculty practice based portfolio allows you to gather evidence of your professional development and to identify what stage you are currently practicing at by self-assessing against the different competencies and stages within the Advanced Pharmacy Framework. It can also help pharmacists to identify areas that they might want to develop further.

2.3.1 The Clusters of the Advanced Pharmacy Framework

The framework is divided into key component areas of your job (known as clusters and competencies). There are six clusters that cover the key and core areas of pharmacy practice in community pharmacy, but these are also generic, and are applicable to practitioners working in other sectors. The clusters are then divided into 34 competencies. Here is a breakdown of the clusters.
2.3.2 The Competencies

Each of these six clusters are divided into competencies that describe the knowledge, skills, experience or behaviours required for that key component of your job. There are 34 competencies in total across the six clusters.

Each competency is then described as three stages of development that determines the level of advanced practice and these are:

- Advanced Stage I
- Advanced Stage II
- Mastery

Stages of Advanced Practice

Think about your overall global practice, we have provided some terms to help you differentiate between the three stages.

**ADVANCED STAGE 1**
“*At the top of your game*”
Your own practice and sometimes involves your immediate colleagues / team.

Reports to...
Contributes/ delivers......
Demonstrates understanding....
Responds to....

**ADVANCED STAGE 2**
“*Responsible for a team performing the top of their game*”
Practice within a team, within your organisation or your local area. It can also be practice within a multidisciplinary setting, i.e. involve other local healthcare professionals.

Implements/delivers.....
Investigates....
Informs....
Responds to.....
Responsible for.....

**MASTERY**
“At the top of the Profession”
Practice on a national or internal level. You will often be be consulted for advice.

Co-ordinates.....
Develops strategies for....
Initiates....
Identifies....
Responses to.....
Oversees....

3 Starting your Journey to Faculty Membership

This section will take you through the process ‘step by step’ through your Faculty journey from getting started, collecting your evidence and then building your portfolio.

**Step 1: Access**

The Faculty is accessed through the RPS website. Log onto the website and click on ‘Your Dashboard’ where there is a section titled The Faculty. Here you will be asked to complete a Faculty Access Form online and submit to the RPS.

Once you have two years post-registration experience you are eligible to access the Faculty tools so explore what is available to see if it’s useful for you. There is no imperative to submit for Faculty assessment but you may find it useful to maintain the portfolio for your own development purposes.
Within 24 hours you will granted access to the faculty resources and tools including the portfolio. At this stage have a look at the portfolio, the fields and layout. You will now also have access to all the other available Faculty Resources such as Professional Curricula, quick reference guides and the Member Handbook. This contains information about the Faculty and useful guides on how to navigate the website.

Step 2: Write your CV

This next step is for you to write your CV that captures your experiences from your career to date. This will then help you to identify your key achievements from the last 5-10 years and use it as your key evidence in your portfolio. Identify pieces of work such as major projects, committee roles on the LPC, delivering enhanced services, business projects and staff training and development. Your CV is also part of your Faculty assessment as it allows the Faculty assessor to build up a picture of your career.

To help you write a CV we have provided an example to support you, remember this is just a guide and there are many websites to also help you.

Curriculum Vitae

Mr Mark Smith
1 Avicenna Way
Avicenna Town
Mobile 00000 000 000

Personal Statement

I have been a Pharmacist for 10 years and have worked for a large multiple and am currently managing my own set of pharmacies. My personal strengths include a sense of creativity, innovation, passion for success and excellent interpersonal skills. I believe my accomplishments are a result of positive attitude and commitment, driven by work ethics and pride in my job.

Education

1998-2002 – School of Pharmacy Undergraduate degree - 2.1 in MPharm (Hons)
1996-1998 – College A Levels – Biology – A, Chemistry -A and Mathematics B

Work Experience

January 2012 - Current
Pharmacy Owner
• Completed Business Management course
• Became member of LPC
• Became a Pre-Registration Tutor
• Liaising with the Primary Care Organisation to take part in Enhanced Services.
• Negotiating with companies over drug prices.
• Learnt to multi-skill by not only managing the Pharmacy Dispensary but the whole shop as a general business.

January 2011- December 2011
Oncology Pharmacist – Western Sydney Oncology
• Completed a Clinical Diploma
• Completed Aseptic Training which then allowed me to compound treatment
• Increased patient referrals but networking with Oncology Doctors therefore gaining an increased number of referrals
Personal Statement

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- Completed a Clinical Diploma
- Completed Aseptic Training which then allowed me to compound treatment
- Increased patient referrals but networking with Oncology Doctors therefore gaining an increased number of referrals

January 2005 – December 2010
Pharmacy Manager
- Took over an underachieving pharmacy – rated as high on last personal development review
- Achieved top of our region in free cholesterol testing to the public during first few months of arriving.
- Instrumental in pharmacy re-fit which involved moving the pharmacy into the carpark portacabin and then back into the store.
- General Management of the Pharmacy including: organising dispensary, staff and locum schedules, maintenance of standard operating procedures, following new responsible pharmacist guidelines and keeping locum budgets to a minimum.
- Responsible for training staff including supporting all three dispensers to complete their DAC and helping one complete their NVQ Pharmacy Technicians: Level 3 whilst currently coaching the other two for the same qualification.

August 2003 – Dec 2005
Pharmacy Manager – Small multiple
- Won Pharmacy Team of the Year 2006 in Region 21.
- Regained a strong relationship with the local GP and involved in Practice Meetings.
- Turned an underachieving Pharmacy into a profitable business by following through obsessively and driving great performance.
- Established good links with the Primary Care Trust.
- Set up and ran a Smoking Cessation Clinic.
- Delegated clear accountabilities to staff to maintain the smooth running of the Pharmacy.

Hobbies And Interests

Captaincy in sports teams allowed me to advance interpersonal skills, strengthen leadership skills and help develop team-building skills. I enjoy a diverse range of sporting activities from water sports to team sports, which help me to relax and keep in shape. In addition to sport I enjoy experiences of travel, learning about numerous cultures, languages and religions has given me a broader perspective and understanding of living, especially since spending the last year living and working in Australia.

References

S. Jetha – Pharmacy Manager – Avicenna
B. Valla – Pharmacy Manager – Avicenna
K. Patel – Pharmacy Manager - Avicenna
Step 3: Collect Peer testimonials from colleagues

Another part of the Faculty assessment is reviews by your peers, including from colleagues, external contacts, and employers, who can support the portfolio with a reference or supporting letter or email.

You can include as many testimonials as you wish but it is expected that you would provide approximately five testimonials.

Examples of colleagues who you could ask for testimonials include:

- GPs, nurses, dentists and other health and social care professionals
- Other pharmacists within and outside your organisation e.g. colleagues in primary care, the Superintendent Pharmacist, a colleague who works alongside
- Pharmacy Technicians and other pharmacy support staff. Recently qualified pharmacists, pre-registration pharmacists and undergraduate MPharm students who have been tutored and/or supervised by yourself
- Non-pharmacy colleagues within your organisation such your area manager, line manager, or team manager

We now have an online Peer Assessment Tool available, accessed via your portfolio. Details on how to use this form can be found in the Quick Reference Guide in Appendix 1.

Step 4: Identifying and Collecting your evidence

Many activities and situations that community pharmacists often come across in day to day practice can be used as evidence in the Faculty portfolio to demonstrate advanced practice.

Write down any scenarios you feel fit into each cluster.

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<thead>
<tr>
<th>Support and development</th>
<th>Meets Expectations</th>
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<tr>
<td>Expert Professional Practice</td>
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<tr>
<td>Collaborative Working Relationships</td>
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<td>Leadership</td>
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<td>Management</td>
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<td>Education, Training &amp; Development</td>
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<tr>
<td>Research &amp; Development</td>
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3.1 Cluster 1: Expert professional practice

Your fundamental role as an expert in medicines and pharmaceutical care, is to provide support and advice to patients to improve health outcomes. To be able to offer the best possible care you will routinely draw on all your professional skills and knowledge, use appropriate reasoning and judgement, and your professional autonomy to make safe and effective decisions.

Examples of how you might demonstrate this could be:

- Direct relationship with a patient, providing individually tailored care for rare or serious conditions.
- Applying knowledge of specific disease areas to specific individuals or situations.
- Using PPDs to help patients.
- Management of Advanced Services via Mulfke and NMS.
- Using guidelines and protocols.
- Developing, reviewing and implementing SOPs.
- Running prescribing clinics.
- Involvement with commissioned/contracted NHS services.

3.2 Cluster 2: Collaborative Working Relationships

Good patient care relies on you working alongside many different people in our professional lives. All pharmacists need to be able to demonstrate good communication skills that effectively establish and maintain the co-operation and engagement of patients, colleagues and professional individuals and groups.

Examples of how you might demonstrate this could be:

- Delivery of a public health campaign.
- Persuading your manager about a contentious change in practice.
- Using effective communication skills to reassure and empathise when a patient is anxious about a new medication.
- Motivating a multi-disciplinary team to adopt a new way of managing and recording health records.
- Collaborating with other healthcare professionals on patient care or introducing new services e.g. other pharmacists, pharmacy support and GPhC.
- Presentation skills when pitching to gain funding for a new service.
3.3 Cluster 3: Leadership

The term “leadership” is often misunderstood; many believe that you must be a senior manager to be a leader however you possibly already lead in your day to day practice. Consider examples of projects you have been involved in, in particular the aspects where you personally delivered leadership so that the outcomes were achieved. To be an effective leader you should “inspire individuals and teams to achieve high standards of performance and personal development”. You should apply strategy; implement governance; have vision; be innovative; develop services; and be able to motivate.

Examples of how you might demonstrate this could be:

- Act on RPS support alerts
- Being aware of the political agenda and taking appropriate steps to ensure that you and your team are ready to implement any new policies e.g. General Pharmaceutical Council, Government
- Conforming to regulatory standards e.g preparing for GPhC inspection
- Managing the team through a period of change e.g. a re-fit

The NHS leadership framework (www.leadershipacademy.nhs.uk/discover/leadership-framework) provides self-assessment tools and development modules and may be a useful resource to develop this area of your practice. The Leadership Competency Framework for Pharmacy Professionals (available on the RPS website www.rpharms.com/faculty) applies to all pharmacy professionals at every stage of their professional journey and is another useful resource for self assessing where you are.

3.4 Cluster 4: Management

Management is closely aligned with leadership, however an effective manager is not always necessary an effective leader. Management involves implementing national priorities; utilising resources effectively; managing a project, risks, performance, change; being able to think strategically; and working outside your boundaries.

Management starts with you and extends to work-based projects and team management as your career progresses. It is inevitable that management skills need to be developed further as your responsibility and/or scope of influence increases, as more experienced roles will include organising and delivering service objectives in a timely fashion including managing others.

Examples of how you might demonstrate this could be:

- Act on RPS support alerts
- Being aware of the political agenda and taking appropriate steps to ensure that you and your team are ready to implement any new policies e.g. General Pharmaceutical Council, Government
- Conforming to regulatory standards e.g preparing for GPhC inspection
- Managing the team through a period of change e.g. a re-fit
3.5 Cluster 5: Education, training and development

Being able to educate, train and develop others is an essential part of being a community pharmacist, particularly as you take on more experienced roles and become more responsible for supporting others. Effective education, training and development are necessary to enable the workforce (and future workforce) to develop in the best ways possible, and improve the quality of services and outcomes for patients.

Examples of how you might demonstrate this could be:

- Completing your own Continuing Professional Development
- Acting as a role model for newly qualified pharmacists

3.6 Cluster 6: Research and Evaluation

Research and evaluation skills are essential for pharmacists working at advanced stages, developing enquiry-driven services that improve quality and outcomes. You may not automatically recognise that you are conducting research and evaluation in your professional role as a community pharmacist. Research can be as simple as conducting an audit as stipulated in the NHS contract, but can also be a postgraduate qualification that has a research element, such as a PhD.

Consider one or two examples of projects you have been involved in consider the aspects where you have used evidence to support your practice, collected evidence, and/or evaluated data.

Examples of how you might do this are:

- We understand that community pharmacist often find this cluster difficult, consider seeking support from a mentor or peer supporter to help you with this process.
Step 5: Recording your evidence in your portfolio

Making an entry

This involves writing your evidence into the ‘Entry’ page of the portfolio and then linking it to the different clusters of the portfolio then to the one of the different stages of each competency (Advanced Stage I, Advanced Stage II or Mastery). Let’s look at the actual pages of your online Faculty portfolio. There are two pages:

1. Adding new entry
2. Mapping to the framework

The figure below shows an example of the entry page of the portfolio where you record your evidence and outlines the type of details required for the different fields.

The figure below provides further detail on requirements of each field.

**Top Tip**

Keep referring to the APF Guidance throughout building your portfolio and writing your entries.

**Entry Details**

Add new entry

- **Entry title**: A short title or description to help you identify your entry. The entry title must be at least 5 characters long and no longer than 80. (Character limit of 102)
- **Helps to identify the category of evidence this piece fits into. Select one line from the drop down list that best describes this entry. If you don’t think your evidence fits choose “not applicable”.
- **Provide a brief description of your evidence which can be up to 250 characters. This can include the aim of the piece of work and what you did to achieve it. It is also important to explain the impact of your evidence on your practice.**
- **Give a start and a completion date to describe the period of time you were undertaking the work described. If the project is ongoing select a start date and check the ‘ongoing’ box.**
- **If you have a web link (URL) relating to this entry cut and paste it here. For example, you could place a link to a file stored online or a web link which demonstrates work undertaken.**
- **A description of where the hard-copy or electronic copy is located. This can be “box under the bed” “office shelf”, removable electronic storage device, your hard drive on your PC in your workplace, a website or a on a cloud based storage system.**

**Top Tips**

- Write as much as you need to in the description and summary sections so you can give an overview of the evidence and how it maps to the competencies. The word count is there as a guide only. You can use bullet points if you want to.
- Write clearly and concisely.
- Do not use acronyms – a common abbreviation for you may be unfamiliar to your assessors
- Clearly demonstrate to the assessors that you have achieved the stage of development you have mapped evidence to (this can be explained or reflected on in the Impact section).
**Map your Entry**

Once you've filled in all the fields on the Entry form, you can map your entry to the framework: “Map via the framework” shows on the screen the clusters with the competencies at different stages and you select the competencies and stage you think your entry applies to.

### Map entry against the framework

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<thead>
<tr>
<th>Home</th>
<th>Add new entry</th>
<th>Map via</th>
<th>Views</th>
<th>Reports</th>
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</thead>
</table>

#### 1. Expert Professional Practice
- Demonstrates general pharmaceutical skills and knowledge in core areas.

#### 2. Collaborative Working Relationships
- In able to communicate, establish and maintain professionally driven working relationships and gain the co-operation of others.

#### 3. Leadership
- Inspires individuals and teams to achieve high standards of performance and personal development.

#### 4. Management
- Organises and delivers service objectives in a timely fashion.

#### 5. Education, Training and Development
- Supports the education, training & development of others. Promotes a learning culture within the organisation.

#### 6. Research & Evaluation
- Uses research to deliver effective practice. Identifies and underlines research to inform practice.

**IMPORTANT** – the ‘Impact’ box must be completed for each entry. This text must reflect how your evidence has impacted on your practice or job in relation to the cluster. It is an opportunity to showcase your advanced practice.

**Top Tip**
- Each entry usually reflects more than one cluster of the framework; it is a good idea to go through the whole framework and pick out all the clusters and competencies when mapping an entry.
- Your evidence must cover all the competencies in the six clusters of the Advanced Pharmacy Framework (APF). No empty competencies. If you do have any gaps then read the framework and associated curricula to help you find evidence and complete your portfolio.

After mapping your evidence to the APF, look for gaps where competencies have not been covered. Also has each competency got one or two pieces of evidence mapped against it. This can be done by using the different reports either by using:

- View your Progress
- View your reports

We have provided you with a worked examples showing you the type of information and detail you need to include as evidence in your portfolio.

When writing your evidence, you are able to self-assess and will also receive feedback on your self-assessment, for this reason we have not rated the stage this example will fall into.
4 Recording your Evidence in your Portfolio

This involves writing your evidence into the ‘Entry’ page of the portfolio and then linking it to the different clusters of the portfolio then to the one of the different stages of each competency (Advanced Stage I, Advanced Stage II or Mastery)

We have provided you with two worked examples showing you the type of information and detail you need to include as evidence in your portfolio.

Example: Medicine Use Review Service

This is the type of information you need to enter onto the ‘Add a new entry’ page of your portfolio.

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<thead>
<tr>
<th>ENTRY TITLE</th>
<th>Medicine Use Review Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>DESCRIPTION</td>
<td>My target for MURs is 400 per year and I decided if I was to meet them I needed to review my knowledge as well as the procedure and also effect on the wider team and other colleagues.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ENTRY SUMMARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>I believe the areas I need to concentrate on were: 1) Confidence, 2) Knowledge, 3) Time constraints and 4) Support. I decided that the best way for me was to increase my confidence was to enhance my knowledge. My aim was to create an MUR folder on each target group so I would have the tools here to help me before and during a consultation. For me to achieve this I had to separate my reading into: 1. Clinical knowledge – BNF, Drug interactions and Responding to Symptoms 2. Operational – Standard Operating Procedures, CPPE Consultation Skills training pack, webinars on MUR target groups which my membership services head office provides me followed by an assessment. I believed this helped my confidence when speaking to patients and in turn help patients take charge of their health outcomes. After taking advice from other successful pharmacists who regularly completed their targets e.g. What other training to complete, how to engage patients and staff. I decided to train the staff on how to identify patients and also engage them in asking the patients to come in for a review and I was to visit the GP surgery and have a meeting with the GPs and the practice manager which proved to be very useful, as I was able to explain the service to them and see if this would help them in any way at all, at the same time allowed me to build stronger relationships with them so we can work better together and also they could help promote the service to patients. The positive feedback which we received from them was motivating not only to myself but the whole team, we not only reached the 400 MUR target but we reached it within 9 months and it became incorporated into normal daily practice and no longer seen as time consuming burden.</td>
</tr>
</tbody>
</table>

After making an entry the next step is to map the evidence against the framework and link the evidence to each competency through completing the ‘Impact’ section showing how this evidence and your practice meets it. The following examples show how to do this for the entry example on Medicines Use review (from above) and linking it to the cluster on Expert Professional Practice only. Remember most evidence can be linked to several of the clusters and this is shown in the next section.

Cluster 1: Expert Professional Practice

| Competency: 1.1 EXPERT SKILLS & KNOWLEDGE |
| Impact Statement |
| The service enabled me to improve compliance and adherence, limit side effects as well as devise healthy living plans. The patients' feedback was very positively received which has increased my confidence and encouraged me to want to learn more and more so I can help the patients enhance their knowledge about their health, and in the process hope to give them a better quality of life by making a few minor adjustments to their lifestyle. The other added benefit was that it had a knock on effect for me to provide more services which again I believe can only benefit patient’s health, e.g. flu vaccinations scheme, cholesterol testing, smoking cessation to name a few. |

| Competency: 1.2 DELIVERY OF PROFESSIONAL EXPERTISE |
| I was then asked to run a training session to my peers on my experience which included: how to engage colleagues, patients as well as other healthcare professionals and develop the MUR service but more importantly how I worked together with GP surgeries e.g. helping them by conducting reviews on their target groups and in turn building a rapport with them. As I had previously developed my own tools including patient leaflets, MUR Summary Sheet which I used to write bullet points on each patient, which helped me during busy times to conduct the MUR without delaying the patient and business. I was happy to share these out with my peers which they greatly appreciated. The evaluation form rate the session as excellent by 80% of the group as others had already developed their own successful service, this gave me great satisfaction in knowing something that I had created and taught would not only help patients but other pharmacists. |
I was then asked to run a training session to my peers on my experience which included: how to engage colleagues, patients as well as other healthcare professionals and develop the MUR service but more importantly how I worked together with GP surgeries e.g. helping them by conducting reviews on their target groups and in turn building a rapport with them.

As I had previously developed my own tools including patient leaflets, MUR Summary Sheet which I used to write bullet points on each patient, which helped me during busy times to conduct the MUR without delaying the patient and business. I was happy to share these out with my peers which they greatly appreciated. The evaluation form rate the session as excellent by 80% of the group as others had already developed their own successful service, this gave me great satisfaction in knowing something that I had created and taught would not only help patients but other pharmacists.

Competency: 1.4 PROFESSIONAL AUTONOMY

Having read and studied the Standard Operating Procedure (SOP) on MURs, I was able to make sure that only I and my staff were fully aware what the whole process involved.

Following this we decided to see if any amendments needed to be made to the SOP to make specific to our practice e.g. we were supplied pharmacy stamps from our membership services team at Avicenna and we then added that all staff would stamp prescriptions with MUR on to cause a trigger to the dispensing team and pharmacist of a potential MUR. I believe allowing all members to decide on any amendment before signing off, all of them felt equally important and helped promote the service as well as them feeling motivated and engaged. By signing the SOP we all then following legal and professional standards stated. This exercise allowed us to not only see how the whole service is demonstrated on paper but also can be used as a reference point if anything ever gets forgotten.

Example: National Audit

This is the type of information you need to enter onto the ‘Add a new entry’ page of your portfolio

<table>
<thead>
<tr>
<th>ENTRY TITLE</th>
<th>National Audit</th>
</tr>
</thead>
<tbody>
<tr>
<td>DESCRIPTION</td>
<td>This year I was in charge of National Pharmacy Audit for the first time in my Pharmacy. The audit focused on the provision of urgent and emergency care. It is hoped that data from this audit will help make the case for the commissioning of community pharmacy emergency supply services at NHS expense.</td>
</tr>
<tr>
<td>ENTRY SUMMARY</td>
<td>This year’s audit was focused on the Emergency Supply of Medicines. Reviewing this audit would enable me to have an idea about the positive impact that pharmacy emergency supplies can have in reducing the demand for urgent and emergency services (such as out of hours GP care, NHS 111 and Emergency Departments). In addition, it would help me identify patients suitable for the Repeat Dispensing Service and Electronic Prescription Service.</td>
</tr>
</tbody>
</table>

Before commencing the audit, I identified gaps in my knowledge and had to understand the whole aims of the audit, which were, to improve the quality of services in three areas:

1. Community Pharmacy
2. Clinical Commissioning Groups
3. NHS England

By understanding:
- The reasons behind patients requesting an emergency supply
- The reasons why an emergency supply was not provided
- The patient’s subsequent course of action had an emergency supply not been provided

The results were very interesting, the main outcomes were:

1. 20% of patients would just not ask for Emergency Supply and just go without.
2. 30% would go to Urgent Care Centres (A&E)
3. 30% would contact the GP practice
4. 50% of reasons were that the prescription was not ordered in time

This allowed me to identify many potential patients for repeat dispensing and electronic prescriptions, they were happy for us to do and help manage their prescriptions which would hopefully reduce cost and improve NHS service.

After making an entry the next step is to map the evidence against the framework and link the evidence to each competency through completing the ‘Impact’ section showing how this evidence and your practice meets it. The following examples show how to do this for the entry example on Medicines Use review (from above) and linking it to the cluster on Education, Training and Development only. Remember most evidence can be linked to several of the clusters and this is shown in the next section.
Cluster 5: Education, Training and Development

Competency: 5.2 MENTORSHIP

I reviewed past audits and found that a possible reason why they were not as successful as they could have been is due to the lack of involvement from the whole team.

I decided to mentor the team by:
1. Creating a step by step guide for them detailing the audit
2. Developing a training session for all which also explained the benefits the results would prove to us
3. Asking them to complete a mini quiz on the topic

Once they understood the possible positive implications the results could have for us, they fully got behind not just the audit but the implementation of the results after and we achieved maximum participation from the relevant patients. The staff loved the training and felt happy to be part of the team effort which helped boost morale.

Competency: 5.4 PROFESSIONAL DEVELOPMENT

I decided to log this process as one of my Continuing Professional Developments (CPDs) as found it very beneficial, but also one of my peers, wanted me to show him how to log an entry and what it entails. Also, that it enables us to update, maintain and develop our capabilities by:

- Helping us identify our learning needs
- Recognizing that learning occurs in the workplace, whether formally or informally, perhaps even by just having a conversation with colleagues.
- Avoiding the need to complete a fixed number of hours of CPD

In the process my peer was able to log a different CPD he had completed, after completing his entry, he was very grateful that I had taken the time to show him how easy and efficient the process was.

The process of building the portfolio is then repeated by writing different pieces of evidence onto the entry page of the Faculty portfolio and then mapping to the clusters and the competencies until all the clusters have been covered.

In the Impact section of the mapping page you must describe to the assessor how your evidence links to the relevant competency.

Evidence Tracker

Using the examples on Medicines Use Review, we have linked them to other clusters and competencies (as well as those shown above) demonstrating how one piece of evidence can be linked to multiple competencies.

We have included in appendix 2 a paper based evidence tracker to write down your ideas and tick off possible competencies. You can also use the online Portfolio Matrix in the Advanced Pharmacy Portfolio.

Example: Medicine Use Review Service Competencies Covered

<table>
<thead>
<tr>
<th>Competencies Covered</th>
<th>1.1</th>
<th>2.1</th>
<th>3.1</th>
<th>4.1</th>
<th>5.1</th>
<th>6.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.2</td>
<td>2.2</td>
<td>3.2</td>
<td>4.2</td>
<td>5.2</td>
<td>6.2</td>
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<tr>
<td>1.3</td>
<td></td>
<td>3.3</td>
<td>4.3</td>
<td>5.3</td>
<td>6.3</td>
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<td>1.4</td>
<td></td>
<td>3.4</td>
<td>4.4</td>
<td>5.4</td>
<td>6.4</td>
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<tr>
<td>1.5</td>
<td></td>
<td></td>
<td>3.5</td>
<td>4.5</td>
<td>5.5</td>
<td>6.5</td>
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<tr>
<td>1.6</td>
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<td></td>
<td></td>
<td>3.6</td>
<td>4.6</td>
<td>5.6</td>
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<tr>
<td>1.7</td>
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<td></td>
<td></td>
<td></td>
<td>4.7</td>
<td>6.7</td>
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<tr>
<td>1.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4.8</td>
<td></td>
</tr>
<tr>
<td>1.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4.9</td>
<td></td>
</tr>
</tbody>
</table>

Impact statements written within example in this guide

Possible areas for more impact statements to be written

Example: National Audit Competencies Covered

<table>
<thead>
<tr>
<th>Competencies Covered</th>
<th>1.1</th>
<th>2.1</th>
<th>3.1</th>
<th>4.1</th>
<th>5.1</th>
<th>6.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.2</td>
<td>2.2</td>
<td>3.2</td>
<td>4.2</td>
<td>5.2</td>
<td>6.2</td>
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<td>1.3</td>
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<td>3.3</td>
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<td>5.3</td>
<td>6.3</td>
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<td>1.4</td>
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<td>1.5</td>
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<td>1.9</td>
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<td></td>
<td>4.9</td>
<td></td>
</tr>
</tbody>
</table>
5 The Assessment

Your assessment will be independently assessed by two trained and quality assured Faculty assessors (randomly selected) who will judge your evidence and award the relevant Faculty stage of Advanced Stage I, Advanced Stage II or Mastery. Results of all assessments are ratified by the Credentialing Panel, whose role is to ensure that processes have been followed and standards applied correctly.

The assessors will review all three elements of your submission to gain an idea of your achievements so it is important for you to showcase your best evidence.

Your CV will give the assessors an insight into your career and help them understand your practice. In your CV it would be helpful to give brief details of your roles. They will then review your portfolio using your peer testimonials to get a complete picture of your practice and hence arrive at a final assessment judgement.

5.1 Principles of Assessment

The assessors will be looking at each piece of evidence in your portfolio to judge if it demonstrates the required level of competency for that particular stage. Your overall result will then be determined using the following assessment principles:

<table>
<thead>
<tr>
<th>Principle</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>The “Majority” Principle for Clusters</td>
<td>You must achieve a majority of clusters (four out of six clusters) at a specific stage to be awarded the post-nominals for that stage.</td>
</tr>
<tr>
<td>The “Majority” Principle for Competencies</td>
<td>The majority of your competencies (22 out of 34) must be at the final stage you are awarded.</td>
</tr>
<tr>
<td>The “Mandatory” Principle</td>
<td>The Expert Professional Practice and Collaborative Working Relationships clusters MUST be achieved at the same or a higher level as the overall final staging award.</td>
</tr>
<tr>
<td>The “No Empty Competencies” Principle</td>
<td>In order to achieve Advanced Stage II or Mastery, every competency needs to have some evidence mapped against them. If there are any competencies where no evidence is mapped then an Advanced Stage I will be automatically awarded. For an Advanced Stage II or Mastery award to be made, all competencies must contain an entry.</td>
</tr>
</tbody>
</table>

5.2 Borderline cases and discrepancies

In the event that your submission is a borderline case or if the two assessors cannot come to agreement of your stage, a third assessor will review your assessment submission.

5.3 Post-nominals

You will be welcomed into the Faculty with a confirmation email and a well-earned certificate (by post).

Your post-nominal can be used how you feel appropriate, for example on your CV, business cards, name badges, personal stationary, etc.

![Certificate Image]

Table 5.2: Faculty Stages, Descriptions and Post-Nominals

<table>
<thead>
<tr>
<th>Faculty Stage</th>
<th>Description</th>
<th>Faculty Post-Nominals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Stage I “Established, Experienced” Practice</td>
<td>You are established in a role, performing well, and advanced beyond your foundation practice years</td>
<td>MFRPSI</td>
</tr>
<tr>
<td>Advanced Stage II “Excellent” Practice</td>
<td>You are an expert in an area of practice and are experienced. You routinely manage complex situations and are a recognised leader locally/regionally</td>
<td>MFRPSII</td>
</tr>
<tr>
<td>“Exceptional” Practice</td>
<td>Nationally recognised leaders in an area of expertise (often internationally), with a breadth of experience and expertise</td>
<td>FFRPS</td>
</tr>
</tbody>
</table>

Your post-nominal is valid for five years when you will have to undergo the assessment process again. In that time you will be expected to maintain your portfolio and will have access to all the Faculty resources. Please note that if you cancel your RPS membership or let your membership lapse you will no longer be able to use either your RPS or RPS Faculty post-nominals.
5.4 Professional Development Plan

Your assessors will also provide individual and tailored feedback to you on your assessment in the form of a Professional Development Plan (PDP). This contains a breakdown of the APF clusters, summarising areas where you have demonstrated excellent knowledge, skills, experience, and behaviours, and will also highlight areas for further development.

The Assessors will comment on where you have submitted strong evidence to demonstrate your stage and where you may have not sufficiently demonstrated your stage. There will be signposting to useful resources or recommend areas where you can become involved in the Faculty. You will also have the opportunity to discuss your PDP with the RPS team.
Appendix 1: Peer Testimonial Tool

A user guide for the online Faculty Peer Assessment Tool

Peer Assessment is defined as a process by which multiple individuals provide feedback. The concept is based on the premise that your role as a pharmacist in the multidisciplinary team is fundamental and central to the provision of good patient care or service delivery, demonstrating your accountability for services you provide to patients or your organisation.

The peer assessment is in the form of a questionnaire to gather feedback from a range of co-workers. You should nominate peers who might include:

- supervising pharmacists
- medical and nursing colleagues
- team members
- support workforce (pharmacy technicians, healthcare assistants)
- fellow academics
- scientists
- primary care colleagues
- researchers
- your manager
- your mentee
- junior colleague
- junior colleague
- junior colleague
- junior colleague
- junior colleague
- junior colleague

The Faculty Peer Assessment Tool is now online and replaces the paper version. You are still able to submit the paper version if you have obtained a peer testimonial already. Please note that while there is no limit on the number of peers you can nominate, you must nominate at least two to initiate the process.

1. To access the Peer Assessment Tool, go to "My Dashboard" on the RPS website and click on "My Portfolio".

2. Click on "Nominate Peers" under "Manage peer assessments" tab.

3. Begin by entering the following details for a minimum of 2 peers:
   - First name
   - Last name
   - E-mail address
   - Profession/relationship – this describes the working relationship with your peer

4. Click "Add" to add your peer to the table/list
   - Reset – clears the fields so you can re-enter the necessary information
   - Edit icon (pencil) – enables you to amend the name or email address in the event of a typographical or spelling error
   - Delete icon (cross) – deletes the entry from the list

5. Repeat for as many peers as necessary

Guidance to RPS Faculty for Community Pharmacy
6. Once you are happy with your list of peers, click “E-mail my peers”. You will be asked to confirm that you wish to email the peers (see below). Press OK if you are happy to proceed or Cancel if you do not wish to proceed. Please note you will not be able to add any more peers after this stage; make sure you have your whole list ready before you start.

Managing your peer assessments

1. You can view, manage and check the progress of your peer assessments by clicking on “Manage peer assessment” tab.

You will see a table summarising the status of each peer assessment with:

- Name of peer
- Email address of peer
- Date due – this is set as the next submission deadline by default
- Status – “Not started”, “In progress” or “Completed”

If you notice that the email of your peer is incorrect, click “Re-send” to amend their details and send a new email. You can also use the “Re-send” option to send an email reminder to all your peers.

2. You will be able to review your peer assessment once a minimum of two peers have completed their assessment. You will also be able to see any comments peers have left. Comments from peers are anonymous and are provided as collective feedback.

3. Your peer assessment will automatically complete once all your requested peers have responded.

You also have the option to terminate the process by clicking on the “Terminate assessment process” tab. This function is intended for those under time pressure to submit who have not yet received all their peer responses i.e. if you are still waiting for a testimonial but already have enough to submit and the submission deadline is approaching.

Please note that by agreeing to terminate the process you will not be able to add new peers and no remaining uncompleted peer assessments can be completed or counted towards your final report.

4. You will be able to view your completed peer assessment reports on your Faculty homepage under “Manage peer assessments tab”.

Guidance to RPS Faculty for Community Pharmacy
### Appendix 2: Evidence Tracker

Photocopy if require more copies

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine Use Review</td>
<td>1.1</td>
<td>1.2</td>
<td>1.3</td>
<td>1.4</td>
<td>2.1</td>
<td>2.2</td>
</tr>
<tr>
<td>National Audit</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Appendix 3: Evidence Summary

**Expert Professional Practice Evidence Summary**

Use this chart to write brief notes about your evidence and map against the different competencies and stages.

<table>
<thead>
<tr>
<th>Competency</th>
<th>Developmental Descriptors</th>
<th>Advanced Stage I</th>
<th>Advanced Stage II</th>
<th>Mastery</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Expert Skills and Knowledge</td>
<td>Demonstrates general pharmaceutical skills and knowledge in core areas. In addition for patient focussed roles: is able to plan, manage, monitor, advise and review general pharmaceutical care programmes for patients in core areas.</td>
<td>Demonstrates in-depth pharmaceutical skills and knowledge in defined area(s). In addition for patient focussed roles: is able to plan, manage, monitor, advise and review in-depth/complex pharmaceutical care programmes for patients in defined area(s).</td>
<td>Advances the knowledge base in defined area(s). In addition for patient focussed roles: Advances in-depth/complex pharmaceutical care programmes for patients.</td>
<td></td>
</tr>
<tr>
<td>1.2 Delivery of Professional Expertise</td>
<td>Demonstrates accountability for delivering professional expertise and direct service provision as an individual.</td>
<td>Demonstrates accountability for the delivery of professional services and expertise via a team or directly to groups of patients/clients/users.</td>
<td>Demonstrates accountability for the delivery of professional expertise at a defined higher level. May include providing expertise and service delivery nationally or at a strategic level.</td>
<td></td>
</tr>
<tr>
<td>1.3 Reasoning and Judgement Including:</td>
<td>Demonstrates ability to use skills in a range of routine situations requiring analysis or comparison of a range of options. Recognises priorities when problem-solving and identifies deviations from the normal pattern.</td>
<td>Demonstrates ability to use skills to make decisions in complex situations where there are several factors that require analysis, interpretation and comparison. Demonstrates an ability to see situations holistically.</td>
<td>Demonstrates ability to use skills to manage difficult and dynamic situations. Demonstrates ability to make decisions in the absence of evidence or data or when there is conflicting evidence or data.</td>
<td></td>
</tr>
<tr>
<td>1.4 Professional Autonomy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| of conduct. | policies/procedures where necessary. | area(s). |
## Collaborative Working Relationships Evidence Summary

Use this chart to write brief notes about your evidence and map against the different competencies and stages.

<table>
<thead>
<tr>
<th>Competency</th>
<th>Developmental Descriptors</th>
<th>Advanced Stage I</th>
<th>Advanced Stage II</th>
<th>Mastery</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Communication</td>
<td>Demonstrates use of appropriate communication to gain the co-operation of relevant stakeholders (including patients, senior and peer colleagues, and other professionals where possible). Demonstrates ability to communicate where the content of the discussion is explicitly defined.</td>
<td>Demonstrates use of appropriately selected communication skills to gain co-operation of small groups of relevant stakeholders within the organisation. Demonstrates ability to communicate where the content of the discussion is based on professional opinion.</td>
<td>Demonstrates ability to present complex, sensitive or contentious information to large groups of relevant stakeholders. Demonstrates ability to communicate in a hostile, antagonistic or highly emotive atmosphere.</td>
<td>Demonstrates ability to present complex, sensitive or contentious information to large groups of relevant stakeholders. Demonstrates ability to communicate in a hostile, antagonistic or highly emotive atmosphere.</td>
</tr>
<tr>
<td>2.2 Teamwork and Consultation</td>
<td>Demonstrates ability to work as a member of a team. Recognises personal limitations and refers to more appropriate colleague(s) when necessary.</td>
<td>Demonstrates ability to work as an acknowledged member of a multidisciplinary team. Consulted within the organisation for advice which requires in-depth professional expertise.</td>
<td>Works across boundaries to build relationships and share information, plans and resources. Sought as an opinion leader both within the organisation and in the external environment.</td>
<td>Works across boundaries to build relationships and share information, plans and resources. Sought as an opinion leader both within the organisation and in the external environment.</td>
</tr>
</tbody>
</table>

## Leadership Evidence Summary

Use this chart to write brief notes about your evidence and map against the different competencies and stages.

<table>
<thead>
<tr>
<th>Competency</th>
<th>Developmental Descriptors</th>
<th>Advanced Stage I</th>
<th>Advanced Stage II</th>
<th>Mastery</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Strategic Context</td>
<td>Demonstrates understanding of the needs of stakeholders. Practice reflects relevant local and national policy.</td>
<td>Demonstrates ability to incorporate relevant national policy to influence local strategy.</td>
<td>Demonstrates active participation in creating relevant national policies.</td>
<td>Demonstrates active participation in creating relevant national policies.</td>
</tr>
<tr>
<td>3.2 Governance</td>
<td>Demonstrates understanding of the pharmacy role in governance. Implements this appropriately within the workplace.</td>
<td>Influences the governance agenda for the team and/or service.</td>
<td>Shapes and contributes to the governance agenda at a higher level.</td>
<td>Shapes and contributes to the governance agenda at a higher level.</td>
</tr>
<tr>
<td>3.3 Vision</td>
<td>Demonstrates understanding of, and contributes to, the workplace vision.</td>
<td>Creates vision of future and translates this into clear directions for others.</td>
<td>Convinces others to share the vision at a higher level.</td>
<td>Convinces others to share the vision at a higher level.</td>
</tr>
<tr>
<td>3.4 Innovation</td>
<td>Demonstrates ability to improve quality within limitations of service.</td>
<td>Recognises and implements innovation from the external environment.</td>
<td>Takes the lead to ensure innovation produces demonstrable improvement.</td>
<td>Takes the lead to ensure innovation produces demonstrable improvement.</td>
</tr>
<tr>
<td>3.5 Service Development</td>
<td>Reviews last year’s progress and develops clear plans to achieve results within priorities set by others.</td>
<td>Develops a clear understanding of priorities and formulates practical short-term plans in line with workplace strategy.</td>
<td>Relates goals and actions to strategic aims of organisation and profession.</td>
<td>Relates goals and actions to strategic aims of organisation and profession.</td>
</tr>
<tr>
<td>3.6 Motivational</td>
<td>Demonstrates ability to motivate self to achieve goals.</td>
<td>Demonstrates ability to motivate individuals and/or the team.</td>
<td>Demonstrates ability to motivate individuals and/or teams at a higher level. May include more strategic motivational activities at local, institutional and national levels.</td>
<td>Demonstrates ability to motivate individuals and/or teams at a higher level. May include more strategic motivational activities at local, institutional and national levels.</td>
</tr>
</tbody>
</table>
## Management Evidence Summary

Use this chart to write brief notes about your evidence and map against the different competencies and stages.

<table>
<thead>
<tr>
<th>Competency</th>
<th>Developmental Descriptors</th>
<th>Advanced Stage I</th>
<th>Advanced Stage II</th>
<th>Mastery</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Implementing National Priorities</td>
<td>Demonstrates understanding of the implications of national priorities for the team and/or service.</td>
<td></td>
<td>Shapes the response of the team and/or service to national priorities.</td>
<td>Accountable for the direct delivery of national priorities at a higher level.</td>
</tr>
<tr>
<td>4.2 Resource Utilisation</td>
<td>Demonstrates understanding of the process for effective resource utilisation.</td>
<td>Demonstrates ability to effectively manage resources.</td>
<td>Demonstrates ability to reconfigure the use of available resources.</td>
<td></td>
</tr>
<tr>
<td>4.3 Standards of Practice</td>
<td>Demonstrates understanding of, and conforms to, relevant standards of practice.</td>
<td>Demonstrates ability to set and monitor standards of practice at team and/or service level.</td>
<td>Accountable for the setting and monitoring of standards at a higher level.</td>
<td></td>
</tr>
<tr>
<td>4.4 Managing Risk</td>
<td>Demonstrates ability to identify and resolve risk management issues according to policy/protocol.</td>
<td>Develops risk management policies/protocols for the team and/or service, including identifying and resolving new risk management issues.</td>
<td>Is accountable for developing risk management policies/procedures at a higher level, including identifying and resolving new risk management issues.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Competency</th>
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<th>Mastery</th>
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</thead>
<tbody>
<tr>
<td>4.5 Managing Performance</td>
<td>Follows professional and organisational policies/procedures relating to performance management. Refers appropriately to colleagues for guidance.</td>
<td>Is accountable for performance management for a team or group of personnel.</td>
<td>Is accountable for performance management at a higher and/or institutional level.</td>
<td></td>
</tr>
<tr>
<td>4.6 Project Management</td>
<td>Demonstrates understanding of the principles of project management.</td>
<td>Demonstrates ability to successfully manage a project at team and/or service level.</td>
<td>Demonstrates ability to successfully manage a project at a higher level.</td>
<td></td>
</tr>
<tr>
<td>4.7 Managing Change</td>
<td>Demonstrates understanding of the principles of change management.</td>
<td>Demonstrates ability to manage a process of change for the team and/or service.</td>
<td>Demonstrates ability to manage a process of change at a higher level.</td>
<td></td>
</tr>
<tr>
<td>4.8 Strategic Planning</td>
<td>Demonstrates ability to think 4-12 months ahead within a defined area. Plans the work programme to align with strategy. Demonstrates understanding of formal structures.</td>
<td>Demonstrates ability to think over a year ahead within a defined area. Demonstrates understanding of culture and climate and ability to plan with the whole of the organisation in mind.</td>
<td>Thinks long term and sector wide. Takes the long-term perspective. Demonstrates understanding of organisational politics and changes in the external environment.</td>
<td></td>
</tr>
<tr>
<td>4.9 Working Across Boundaries</td>
<td>Demonstrates ability to extend boundaries of service delivery within the team.</td>
<td>Demonstrates ability to extend the boundaries of the service across more than one team.</td>
<td>Demonstrates the value of extending service delivery across boundaries in the external environment.</td>
<td></td>
</tr>
</tbody>
</table>
## Education and Training Cluster Evidence Summary

Use this chart to write brief notes about your evidence and map against the different competencies and stages.

<table>
<thead>
<tr>
<th>Competency</th>
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</tr>
</thead>
<tbody>
<tr>
<td>5.1 Role Model</td>
<td></td>
</tr>
<tr>
<td>5.2 Mentorship</td>
<td></td>
</tr>
<tr>
<td>5.3 Conducting Education &amp; Training</td>
<td></td>
</tr>
<tr>
<td>5.4 Professional Development</td>
<td></td>
</tr>
<tr>
<td>5.5 Links Practice and Education</td>
<td></td>
</tr>
<tr>
<td>5.6 Educational Policy</td>
<td></td>
</tr>
<tr>
<td><strong>Advanced Stage I</strong></td>
<td></td>
</tr>
<tr>
<td>5.1 Role Model</td>
<td>Understands and demonstrates the characteristics of a role model to members in the team and/or service.</td>
</tr>
<tr>
<td>5.2 Mentorship</td>
<td>Demonstrates understanding of the mentorship process.</td>
</tr>
<tr>
<td>5.3 Conducting Education &amp; Training</td>
<td>Demonstrates ability to conduct teaching and assessment effectively according to a learning plan with supervision from a more experienced colleague.</td>
</tr>
<tr>
<td>5.4 Professional Development</td>
<td>Demonstrates self-development through continuous professional development activity.</td>
</tr>
<tr>
<td>5.5 Links Practice and Education</td>
<td>Participates in the delivery of formal education programmes.</td>
</tr>
<tr>
<td>5.6 Educational Policy</td>
<td>Demonstrates an understanding of current educational policies relevant to working areas of practice.</td>
</tr>
<tr>
<td><strong>Advanced Stage II</strong></td>
<td></td>
</tr>
<tr>
<td>5.1 Role Model</td>
<td>Demonstrates the characteristics of an effective role model at a higher level.</td>
</tr>
<tr>
<td>5.2 Mentorship</td>
<td>Demonstrates ability to effectively mentor others within the team and/or service.</td>
</tr>
<tr>
<td>5.3 Conducting Education &amp; Training</td>
<td>Demonstrates ability to assess the performance and learning needs of others.</td>
</tr>
<tr>
<td>5.4 Professional Development</td>
<td>Demonstrates ability to design and manage a course of study, with appropriate use of teaching, assessment and study methods.</td>
</tr>
<tr>
<td>5.5 Links Practice and Education</td>
<td></td>
</tr>
<tr>
<td>5.6 Educational Policy</td>
<td></td>
</tr>
<tr>
<td><strong>Mastery</strong></td>
<td></td>
</tr>
<tr>
<td>5.1 Role Model</td>
<td>Is able to develop effective role model behaviour in others.</td>
</tr>
<tr>
<td>5.2 Mentorship</td>
<td>Demonstrates ability to effectively mentor outside the team and/or service.</td>
</tr>
<tr>
<td>5.3 Conducting Education &amp; Training</td>
<td></td>
</tr>
<tr>
<td>5.4 Professional Development</td>
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<tr>
<td>5.5 Links Practice and Education</td>
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<td>5.6 Educational Policy</td>
<td></td>
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</table>

## Research & Evaluation Cluster Evidence Summary

Use this chart to write brief notes about your evidence and map against the different competencies and stages.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>6.1 Critical Evaluation</td>
<td></td>
</tr>
<tr>
<td>6.2 Identifies Gaps in The Evidence Base</td>
<td></td>
</tr>
<tr>
<td>6.3 Develops and Evaluates Research Protocols</td>
<td></td>
</tr>
<tr>
<td>6.4 Creates Evidence</td>
<td></td>
</tr>
<tr>
<td><strong>Advanced Stage I</strong></td>
<td></td>
</tr>
<tr>
<td>6.1 Critical Evaluation</td>
<td>Demonstrates ability to critically evaluate and review literature.</td>
</tr>
<tr>
<td>6.2 Identifies Gaps in The Evidence Base</td>
<td>Demonstrates ability to identify where there is a gap in the evidence base to support practice.</td>
</tr>
<tr>
<td>6.3 Develops and Evaluates Research Protocols</td>
<td>Demonstrates ability to describe the core features of research protocols.</td>
</tr>
<tr>
<td>6.4 Creates Evidence</td>
<td>Demonstrates ability to generate evidence suitable for presentation at local level.</td>
</tr>
<tr>
<td><strong>Advanced Stage II</strong></td>
<td></td>
</tr>
<tr>
<td>6.1 Critical Evaluation</td>
<td>Demonstrates application of critical evaluation skills in the context of working practice.</td>
</tr>
<tr>
<td>6.2 Identifies Gaps in The Evidence Base</td>
<td>Demonstrates ability to formulate appropriate and rigorous research questions.</td>
</tr>
<tr>
<td>6.3 Develops and Evaluates Research Protocols</td>
<td>Demonstrates ability to design a rigorous protocol to address previously formulated research questions.</td>
</tr>
<tr>
<td>6.4 Creates Evidence</td>
<td>Demonstrates ability to generate new evidence suitable for presentation at research symposia.</td>
</tr>
<tr>
<td><strong>Mastery</strong></td>
<td></td>
</tr>
<tr>
<td>6.1 Critical Evaluation</td>
<td>Is recognised as undertaking peer review activities within working practice.</td>
</tr>
<tr>
<td>6.2 Identifies Gaps in The Evidence Base</td>
<td>Demonstrates ability to design a successful strategy to address research questions.</td>
</tr>
<tr>
<td>6.3 Develops and Evaluates Research Protocols</td>
<td>Demonstrates active involvement in the critical review of research protocols.</td>
</tr>
<tr>
<td>6.4 Creates Evidence</td>
<td>Demonstrates authorship of primary evidence and outcomes in peer reviewed media.</td>
</tr>
<tr>
<td>Competency</td>
<td>Developmental Descriptors</td>
</tr>
<tr>
<td>------------</td>
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</tr>
<tr>
<td>6.5</td>
<td>Research Evidence Into Working Practice</td>
</tr>
<tr>
<td>6.6</td>
<td>Supervises Others Undertaking Research</td>
</tr>
<tr>
<td>6.7</td>
<td>Establishes Research Partnerships</td>
</tr>
</tbody>
</table>