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RPS annual credentialing report

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1 Introduction

1.1 What is the purpose of this document?

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

- Demonstrate our commitment to transparency in line with our RPS assessment principles.

- Help inform future development and training of the pharmacy workforce.

- Inform UK pharmacy workforce strategies, including any identified development and training needs.

- Identify performance trends, including any differential attainment from candidate groups, to help inform the creation of collaborative mitigation plans and interventions with key educational partners.

1.2 How can different stakeholders use this document?

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

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

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

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

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

Patients and lay people can see how many pharmacists are being credentialed at advanced and consultant levels and where they currently practise.

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

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

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

- Where possible, we have grouped categories with only one candidate together to mitigate identification of individuals.

- We have not provided percentage pass rates for categories where n < 10.

- Some domains may not be assessed for some candidates as they have been met as part of a prior submission/attempt.

- If a domain has been exempted through APCL, this has been recorded as 'standard met'.

1.4 What is the scope of this document?

This document contains assessment data for RPS high stakes credentialing assessments for individual pharmacists. In 2023, the following met this definition:

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

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

For both levels of practice, although assessors may include an individual from the same sector and/or area of practice, the candidate is not formally credentialed in a specific area of specialist clinical practice.

2   Competence committee chairperson feedback

2.1   Generic feedback across advanced & consultant credentialing

The strongest portfolios clearly and consistently triangulate **outputs**, **reflection** and **corroboration** in line with RPS guidance on balancing the portfolio.

Candidates are reminded of the following generic guidance relevant for all levels of RPS credentialing:

	SUCCESSFUL CANDIDATES TEND TO…	UNSUCCESSFUL CANDIDATES TEND TO…
OUTPUTS	Use a broad range of supervised learning events (SLEs), including direct observation, to evidence their practice.	Provide one or two SLEs in their portfolio to evidence their practice. Have limited evidence of direct observation of practice.
	Map tangible outputs of their practice which clearly demonstrate the outcomes at 'does' level.	Map outputs which are not clearly relevant to the outcome and/or which are incomplete and do not show the outcome has been fully realised.
REFLECTION	Provide evidence summaries and/or reflection for assessors at a domain level to make it clear how they meet the curriculum outcomes.	Do not clearly articulate how the evidence they are presenting in their portfolio explicitly demonstrates the curriculum outcomes.
	Provide tangible evidence (through outputs and reflection) of how their practice has had a demonstrable positive impact on patients and service development.	Do not clearly articulate and/or evidence how their practice has impacted positively on patient care.
	Use reflection to "tell the evidence's story" and explicitly describe how it meets the curriculum outcomes.	Do not use reflection effectively meaning it is unclear how the uploaded evidence demonstrates the curriculum outcome(s) to which it is mapped.
	Use reflection to describe their individual role in delivering the outputs evidenced in their portfolio.	Do not use reflection to describe their role in developing the evidence presented (especially for collaborative projects or research activities), meaning it is unclear to assessors what the candidate did as an individual.
	Reflect on feedback they have received and provide evidence of how they have acted on that feedback to improve their practice.	Provide feedback in their portfolio from collaborators that suggest areas for development but show no further reflection or action on how they acted on this to improve their practice.

CORROBORATION	Include feedback and observations from a wide range of collaborators from both within, and outside of pharmacy.	Only have direct observations from one or two individuals from the pharmacy team.
	Engage with collaborators so that they feel confident which curriculum outcomes the candidate is demonstrating and how to provide rich and meaningful feedback.	Include poor or very limited feedback from collaborators that does not explicitly describe the complexity of the situation or directly reference the curriculum outcomes they are trying to demonstrate.
	Have support from expert mentors and professional coaches who provide impactful reports on their progress and act as a critical friend of the quality of their evidence and portfolio.	Build their portfolio in isolation without the support and constructive criticism of expert mentors, a professional coach or similar.
PORTFOLIO	Balance their portfolios by including evidence of outputs, reflection and third-party corroboration in line with RPS guidance.	Do not balance their portfolio appropriately and omit evidence of outputs, reflection and/or third-party corroboration.
	Map carefully and sparingly, making sure they only map curriculum outcomes that are strongly demonstrated by the evidence.	Map all evidence to multiple curriculum outcomes when it is only marginally relevant – this makes it less clear that the candidate is operating at the required level.
	Curate their evidence to clearly demonstrate the depth and breadth of their practice.	Upload a very large quantity of evidence that is similar, or which does not meet the standard.
	Include more pieces of evidence for high stakes outcomes vs lower stakes outcomes.	Do not differentiate the evidence they upload based on the stakes ratings of the curriculum outcomes.

2.2 Domain-specific feedback

	SUCCESSFUL CANDIDATES TEND TO…		
	GENERIC	**CORE ADVANCED**	**CONSULTANT**
DOMAIN 1 **PERSON-CENTRED CARE AND COLLABORATION**	• Demonstrate through their evidence how a person-centred approach is central to all their activities, including for those who may be unable to effectively advocate for themselves. • Use a range of clinical SLEs, including direct observation, to evidence person-centred care. • Provide evidence of the tangible outputs that have resulted from their collaborative approach, using both reflection and objective evidence to demonstrate its impact on patients. • Get direct observation feedback from a wide range of collaborators, including patients, family & carers via surveys. • Use authentic reflection to articulate how a situation was hostile/challenging, how they managed it, and what they learned for their future practice. • Use direct observation SLEs to evidence effective communication with patients/service users and senior stakeholders.	• Demonstrate effective communication of complex, contentious and/or sensitive information through direct observation and corroboration. • Demonstrate effective collaboration, using MSFs, across the multidisciplinary team, service and/or organisation, showing how this results in high quality patient care.	• Demonstrate collaboration in highly hostile/challenging situations. • Demonstrate collaboration across boundaries beyond their organisation, using tools such as DONCs and MSFs to evidence their collaborative approach.

DOMAIN 2 **PROFESSIONAL PRACTICE**	• Use direct observation SLEs to provide a wide range of clinical scenarios evidencing their breadth of practice. • Use the case summaries and optional reflection boxes in the SLEs to clearly articulate their clinical reasoning in the most complex cases, including how they have critically analysed the evidence base to inform their approach.	• Include a wide range of complex patient episodes, including where evidence is limited or ambiguous. • Use reflection to articulate their clinical reasoning when managing risk in areas of 'grey'.	• Evidence how they shape and implement regional and national policy and strategy, using reflection to provide a narrative for assessors. • Describe how a strategy they have implemented has had a tangible effect on patient care beyond their organisations. • Provide a clear story for assessors as to how they have translated policy and strategy into their practice.
DOMAIN 3 **LEADERSHIP AND MANAGEMENT**	• Use specific and detailed reflection, supported by corroboration and supporting outputs, to describe their specific contribution to strategic planning. • Describe their strategic vision using reflection and clearly evidence how this has been implemented, using outputs and corroboration to validate its successful impact on patients and the service. • Include direct feedback from those with whom they work, including those who they manage and lead. • Provide tangible evidence of how quality improvement initiatives they have led have resulted in improved outcomes for patients and/or patient populations. • Clearly demonstrate the positive impact of their leadership and management on patients.	• Provide clear evidence of contributing to the strategic vision of a team and/or service, using reflection to provide a clear narrative and story for assessors. • Provide authentic evidence, supported by high-quality reflection, of managing challenging and/or complex situations.	• Consistently demonstrate across their evidence a scope of influence and leadership beyond their organisation and across boundaries. • Demonstrate their leadership of service improvement and innovation across boundaries.

	• Use reflection to clearly demonstrate their discrete role and input into collaborative leadership/ strategic projects, meaning assessors are clear as to what to attribute to the individual being assessed. • Provide evidence of financial planning and management e.g. examples of business cases, making it clear what their individual role was in their development and implementation.		
DOMAIN 4 EDUCATION	• Have direct feedback from those individuals for whom they have provided professional development support and mentorship and reflect on how this impacts on their learning and future approach. • Provide tangible examples of educational resources they have developed and describe their pedagogical approach using effective reflection.	• Demonstrate their broad range of educational roles, including mentorship, supervision (including acting as a DPP) and provision of more formal learning and training. • Demonstrate educational engagement with a wide range of healthcare professionals from across the MDT as well as with patients.	• Have explicit evidence of how they have educated patients and/or the public. • Evidence engagement with local and national educational providers e.g. HEIs, statutory education bodies. • Provide evidence of leading on educational activities across professions, geographic boundaries, and academic levels (e.g. undergraduate, postgraduate).
DOMAIN 5 RESEARCH	• Use reflection to clearly describe how they have critically evaluated the evidence base to inform their practice. • Clearly articulate how they have identified a gap in the evidence base, designed a basic protocol to address this, undertaken activities to produce evidence based on this, and shared their findings, evidencing how this has ultimately led to demonstrable improvements in patient care.	• Understand the difference between clinical audit, quality improvement and research and ensure they only provide evidence of quality improvement and/ or research activities to meet the requirements of this domain. • Demonstrate involvement in a range of quality improvement projects which clearly show the full quality improvement PDSA cycle. • Demonstrate how they have shared findings at a local level to influence patient care.	• Ensure activities mapped to this domain are examples of research and are not examples clinical audit or quality improvement (which are covered in domain 3). • Provide evidence of a range of outputs, including posters and peer-reviewed papers, that demonstrate the sharing of findings beyond their organisation. • Evidence supporting others with undertaking research, such as undergraduate or postgraduate students. • Demonstrate working with researchers from the wider MDT on collaborative research projects/activities.

3 Credentialing assessment data

3.1 Core Advanced candidate performance data (2023)

- The RPS received **39** advanced pharmacist credentialing submissions in 2023, all of which were first-time candidates as this was the first year of delivering this level of credentialing.

- The first-time pass rate was **62%**.

- There were nearly four times more female candidates than male candidates (31 females vs 8 males).

- The pass rate for females was markedly higher than the pass rate for males. The number of male candidates is low (n=8).

- The vast majority of candidates (95%) practised in England.

- The most represented ethnicity for candidates was White - English / Welsh / Scottish / Northern Irish / British ethnicity (38%).

- Domains 1 & 2 (Person-centred care & collaboration, Professional practice) had the highest pass rates (87% & 85% respectively).

- Domain 5 (Research) had the lowest pass rate (62%).

- The vast majority of candidates (92%) practise in a primary care setting.

- The number of candidates in many demographic groups remains small and it would be misleading to draw hard and fast conclusions relating to performance trends from these data at this stage.

ASSESSMENT DIET	NO. SUBMISSIONS
2023/A1	11
2023/A2	10
2023/A3	18

	SUBMISSIONS	STANDARD MET	STANDARD NOT MET	PASS RATE*
First attempt	39	24	15	62%
Second attempt				
Third attempt				
BY SEX (FOR ALL ATTEMPTS)				
Female	31	22	9	71%
Male	8	2	6	
Not declared	0	N/A	N/A	

	SUBMISSIONS	STANDARD MET	STANDARD NOT MET	PASS RATE*
BY ETHNICITY (FOR ALL ATTEMPTS)				
Any other White background	3	2	1	
Asian / Asian British – Chinese	3	2	1	
Asian / Asian British – Indian	5	2	3	
Asian / Asian British – Pakistani	6	4	2	
Black / Black British – African	2	1	1	
Other ethnic group – Arab	2	1	1	
White – English / Welsh / Scottish / Northern Irish / British	15	10	5	67%
Ethnicities represented by one candidate#	3	2	1	
BY DISABILITY (FOR ALL ATTEMPTS)				
No disability declared	38	23	15	60%
Physical disability declared	0	N/A	N/A	
Specific learning disability declared	0	0	N/A	
Not disclosed	1	1	0	

	SUBMISSIONS	STANDARD MET	STANDARD NOT MET	PASS RATE*
BY COUNTRY OF PRACTICE (FOR ALL ATTEMPTS)				
England	37	22	15	59%
Northern Ireland	0	N/A	N/A	
Scotland	2	2	0	
Wales	0	N/A	N/A	
Non-UK	0	N/A	N/A	
BY SECTOR (FOR ALL ATTEMPTS)				
Community	0	N/A	N/A	
Primary care	36	24	12	67%
Secondary care	2	0	2	
Multi-sector	1	0	1	
BY RPS MEMBERSHIP STATUS (FOR ALL ATTEMPTS)				
Member	20	15	5	75%
Non-member	19	9	10	47%

	SUBMISSIONS	STANDARD MET	STANDARD NOT MET	PASS RATE*
OUTCOME BY DOMAIN				
DOMAIN	NO OF ASSESSMENT EVENTS	STANDARD MET	STANDARD NOT MET – INSUFFICIENT EVIDENCE	STANDARD NOT MET
Person-centred care and collaboration	39	34 (87%)	1 (3%)	4 (10%)
Professional practice	39	33 (85%)	1 (3%)	5 (13%)
Leadership and management	39	31 (79%)	2 (5%)	6 (15%)
Education	39	31 (79%)	1 (3%)	7 (18%)
Research	39	24 (62%)	0 (0%)	15 (38%)

ACCREDITATION OF PRIOR CERTIFIED LEARNING (APCL) SUMMARY

CERTIFIED LEARNING	NUMBER OF CANDIDATE EXEMPTIONS AWARDED
Faculty	3
Academic qualification	13
Other certified learning	68

3.2 Consultant candidate performance data (2023)

- The RPS received **39** consultant pharmacist credentialing applications in 2023 (this includes resubmissions).

- The first-time pass rate was **52%**.

- Candidate success rates improved for portfolio resubmissions, suggesting the feedback received by candidates from their unsuccessful submission(s) was useful.

- There were nearly five times more female candidates than male candidates.

- The pass rate for females was higher than the pass rate for males. The number of male candidates is low (n=7).

- The majority of candidates (77%) practised in England.

- The majority of candidates (79%) were of White - English / Welsh / Scottish / Northern Irish / British ethnicity.

- Domains 1 & 2 (Person-centred care & collaboration & Professional practice) had the highest pass rates (82% & 88% respectively).

- Domain 3 (Leadership & Management) had the lowest pass rate (69%).

- Hematology/Oncology/Cancer, Advanced Therapy Medicinal Products (ATMPs) / Genomics, and Cardiology were the most represented areas of clinical practice for successful candidates.

- The number of candidates in many demographic groups remains small and it would be misleading to draw hard and fast conclusions relating to performance trends from these data at this stage.

ASSESSMENT DIET	NO. SUBMISSIONS
2023/C1	6
2023/C2	18
2023/C3	15

	SUBMISSIONS	STANDARD MET	STANDARD NOT MET	PASS RATE*
First attempt	29	15	14	52%
Second attempt	9	7	2	
Third attempt	1	1	0	
BY SEX (FOR ALL ATTEMPTS)				
Female	32	21	11	66%
Male	7	2	5	
Not declared	0	N/A	N/A	
BY ETHNICITY (FOR ALL ATTEMPTS)				
Any other White background	3	1	2	
Asian / Asian British - Indian	4	1	3	
White - English / Welsh / Scottish / Northern Irish / British	31	21	10	68%
Ethnicities represented by one candidate#	1	0	1	
BY DISABILITY (FOR ALL ATTEMPTS)				
No disability declared	35	21	14	60%
Physical disability declared	1	1	0	
Specific learning disability declared	3	1	2	

	SUBMISSIONS	STANDARD MET	STANDARD NOT MET	PASS RATE*
BY COUNTRY OF PRACTICE (FOR ALL ATTEMPTS)				
England	30	17	13	57%
Northern Ireland	0	N/A	N/A	
Scotland	2	2	0	
Wales	7	4	3	
Non-UK	0	N/A	N/A	
BY RPS MEMBERSHIP STATUS (FOR ALL ATTEMPTS)				
Member	35	23	12	66%
Non-member	4	0	4	

OUTCOME BY DOMAIN

DOMAIN	NO OF ASSESSMENT EVENTS	STANDARD MET	STANDARD NOT MET - INSUFFICIENT EVIDENCE	STANDARD NOT MET
Person-centred care and collaboration	34	28 (82%)	3 (9%)	3 (9%)
Professional practice	32	28 (88%)	1 (3%)	3 (9%)
Leadership and management	35	24 (69%)	3 (9%)	8 (23%)
Education	35	27 (77%)	0 (0%)	8 (23%)
Research	36	27 (75%)	1 (3%)	8 (22%)

ACCREDITATION OF PRIOR CERTIFIED LEARNING (APCL) SUMMARY

CERTIFIED LEARNING	NUMBER OF CANDIDATE EXEMPTIONS AWARDED
Faculty	7
Academic qualification	7
Other certified learning	0

BROAD AREAS OF CLINICAL PRACTICE OF CREDENTIALED CANDIDATES[1]

BROAD AREAS OF CLINICAL PRACTICE	NUMBER OF CREDENTIALED CANDIDATES
Haematology / Oncology / Cancer	5
Advanced Therapy Medicinal Products (ATMPs) / Genomics	3
Cardiology	3
Hepatology	2
Nephrology	2
Anticoagulation & thrombosis	1
Antimicrobials / Infection	1
Blood-borne viruses	1
Gastroenterology / Nutrition support	1
General practice	1
Immunology & allergy	1
Integrated care	1
Mental Health / Psychiatry	1

3.3 Consultant candidate performance data (cumulative since inception)

- The RPS has received **97** consultant pharmacist credentialing applications since inception of the credentialing process in 2021 2022 (this includes resubmissions).

- The average first-time pass rate is **52%** compared to an average overall pass rate of **57%**.

- Candidate success rates tend to improve for portfolio resubmissions, suggesting the feedback received by unsuccessful candidates from their unsuccessful submission(s) is useful.

- There have been roughly three times more female candidates than male candidates.

- The pass rates for males and females are largely comparable, with female candidates having a slightly higher rate of success (+9%).

- The majority of candidates (67%) practise in England.

- The majority of candidates (75%) have been of White - English / Welsh / Scottish / Northern Irish / British ethnicity.

- Domain 2 (Professional practice) has the highest pass rates (75%).

- Domain 3 (Leadership & Management) and Domain 5 (Research) had the lowest pass rates (69%).

- Hematology/Oncology/Cancer, Antimicrobials/ infection, Advanced Therapy Medicinal Products (ATMPs) / Genomics, and Paediatrics/Neonatology are the most represented areas of clinical practice for successful candidates.

- The number of candidates in many demographic groups remains small and it would be misleading to draw hard and fast conclusions relating to performance trends from these data at this stage.

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

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

	SUBMISSIONS	STANDARD MET	STANDARD NOT MET	PASS RATE*
Overall	97	55	42	57%
First attempt	79	41	38	52%
Second attempt	16	12	4	75%
Third attempt	2	2	0	
BY SEX (FOR ALL ATTEMPTS)				
Female	75	44	31	59%
Male	22	11	11	50%
Not declared	0	N/A	N/A	
BY ETHNICITY (FOR ALL ATTEMPTS)				
Any other White background	6	3	3	
Asian / Asian British - Indian	10	4	6	40%
White - English / Welsh / Scottish / Northern Irish / British	75	45	30	60%
Ethnicities represented by one candidate#	6	3	3	
BY DISABILITY (FOR ALL ATTEMPTS)				
No disability declared	92	53	39	58%
Physical disability declared	1	1	0	
Specific learning disability declared	4	1	3	

	SUBMISSIONS	STANDARD MET	STANDARD NOT MET	PASS RATE*
BY COUNTRY OF PRACTICE (FOR ALL ATTEMPTS)				
England	70	35	35	50%
Northern Ireland	1	1	0	
Scotland	11	9	2	82%
Wales	13	8	5	62%
Non-UK	2	2	0	
BY RPS MEMBERSHIP STATUS (FOR ALL ATTEMPTS)				
Member	88	51	37	58%
Non-member	9	4	5	

OUTCOME BY DOMAIN

DOMAIN	NO OF ASSESSMENT EVENTS	STANDARD MET	STANDARD NOT MET - INSUFFICIENT EVIDENCE	STANDARD NOT MET
Person-centred care and collaboration	87	65 (75%)	11 (13%)	11 (13%)
Professional practice	86	67 (78%)	6 (7%)	13 (15%)
Leadership and management	91	63 (69%)	10 (11%)	18 (20%)
Education	87	67 (77%)	4 (5%)	16 (18%)
Research	90	62 (69%)	7 (8%)	21 (23%)

ACCREDITATION OF PRIOR CERTIFIED LEARNING (APCL) SUMMARY

CERTIFIED LEARNING	NUMBER OF CANDIDATE EXEMPTIONS AWARDED
Faculty	19
Academic qualification	16
Other certified learning	3

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

BROAD AREAS OF CLINICAL PRACTICE	NUMBER OF CREDENTIALED CANDIDATES
Haematology/Oncology/Cancer	9
Antimicrobials/Infection	6
Advanced Therapy Medicinal Products (ATMPs) / Genomics	4
Cardiology	4
Paediatrics/Neonatology	4
Frailty/Care of the elderly	3
Mental Health/Psychiatry	3
Critical care	2
Gastroenterology / Nutrition support	2
General practice	2
Hepatology	2
Nephrology	2

BROAD AREAS OF CLINICAL PRACTICE	NUMBER OF CREDENTIALED CANDIDATES
Palliative care	2
Anticoagulation & thrombosis	1
Antimicrobials/Infection	1
Blood-borne viruses	1
Diabetes	1
Immunology & allergy	1
Integrated care	1
Neurosciences	1
Pain Management	1
Public Health	1
Rheumatology	1