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# Professional Development and Recognition: the GB experience

Beth Ward MSc MFRPSII MRPharmS



## ***My presentation: The GB Experience***

- A little about me and where I fit in Catherine Duggan's team
- Background to the creation of two bodies: RPS and GPhC
- The services, support and development we have evolved during our 5 years
  - Support, guidance
  - Standards
  - Leadership
- Then, how these fit with the wider policies on healthcare and the need for an evolving workforce
- How our programmes of recognition have developed and fit with these policies and the emerging thinking around CFtP

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# About me



THE UNIVERSITY  
OF QUEENSLAND  
AUSTRALIA



**NHS**

ROYAL PHARMACEUTICAL SOCIETY

**FACULTY**



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PHARMACEUTICAL  
SOCIETY

ROYAL PHARMACEUTICAL SOCIETY

**FOUNDATION  
PROGRAMME**

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# ***About The Royal Pharmaceutical Society***

- The Royal Pharmaceutical Society is the dedicated professional body for pharmacists and pharmaceutical scientists in England, Scotland and Wales
- Founded in 1841 by a group of leading London chemists and druggists
- The Society's founding aims:
  - unite the profession into one body
  - protect its members' interests
  - advance scientific knowledge





Trust, Assurance and Safety –  
The Regulation of Health Professionals  
in the 21st Century

Presented to Parliament by  
the Secretary of State for Health  
by Command of Her Majesty  
February 2007

Cm 7013

£13.50

# *The Society has changed*

- Until September 2010 the Society was the regulator and the professional body for pharmacy
- On 27 September 2010 regulatory functions transfer to the General Pharmaceutical Council (GPhC)

**General  
Pharmaceutical  
Council**

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## *So what does the Society do?*



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# ***RPS Professional Support***

## ***Vision and Purpose***

To support RPS members with their professional practice to enable them to deliver safe and effective patient care.

Delivered through the provision of current and relevant information, resources and standards.



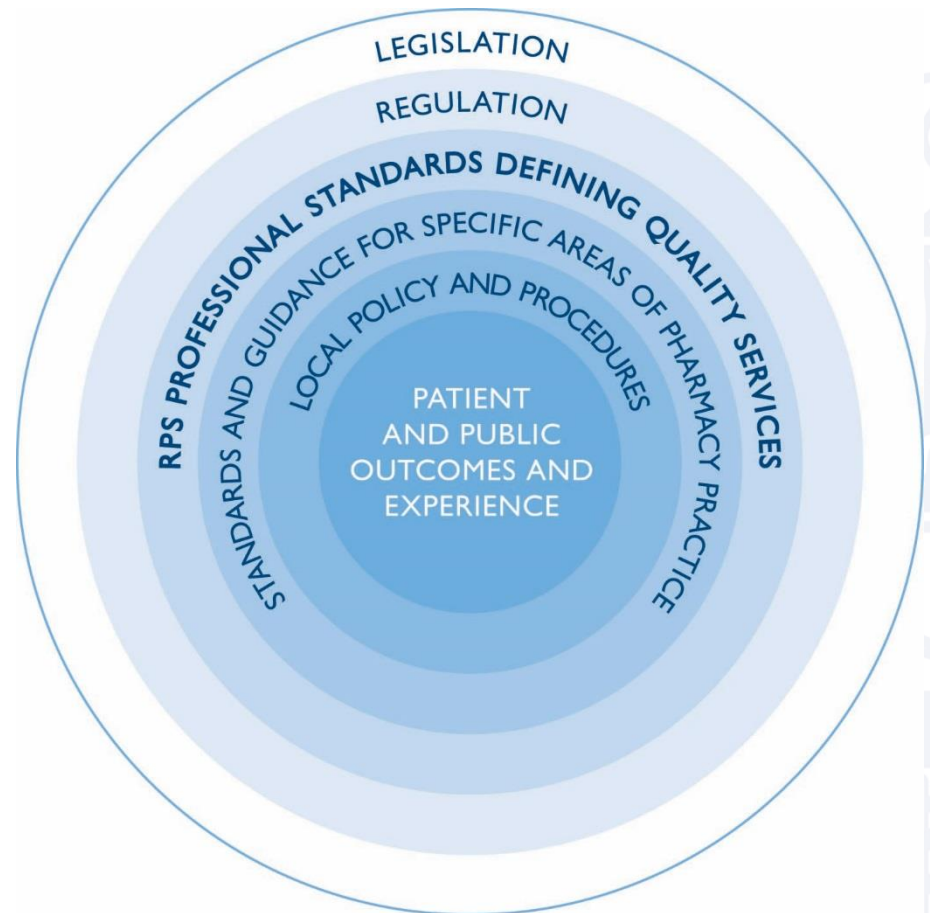
# *RPS Professional Standards*

- Promoting the role that pharmacists play to the wider healthcare community and the public
- Building relationships
- Improving outcomes for patients
- Endorsed by other healthcare professionals and bodies



## ***RPS & GPhC Joint Statement July 2014***

*“We, the GPhC and RPS, believe that pharmacists and their teams should be aware of and use all relevant professional standards and guidance, both regulatory and professional, to deliver patient centred care and good quality outcomes.”*



# *The Leadership Development Framework*



## *RPS Leadership Development Framework (LDF) and Handbook*

- Based on NHS Leadership Academy's Healthcare Leadership Model
- Outlines the 'how to do' for leadership

**Supporting everyone to be leaders**

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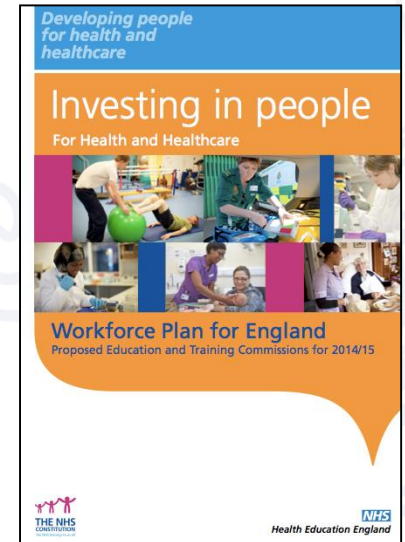
## ***Evolving workforce: based on patient and public need***

We need a workforce that is:

*Flexible, Capable, Demonstrable, Adaptable*

*“To provide new types of healthcare required, there should be corresponding changes in the design, training, planning and deployment of the health and care workforce.”*

There is developing consensus that if doctors had more generalist skills, rather than entering specialist pathways early in their training, a more holistic approach to patient care would be possible.



# *A competent workforce*

The Report of the Public Inquiry  
into children's heart surgery  
at the Bristol Royal Infirmary  
1984-1995

Learning from

The Bristol  
Royal Infirmary  
Inquiry

THE MID STAFFORDSHIRE  
NHS FOUNDATION TRUST  
PUBLIC INQUIRY

Chaired by Robert Francis QC

**Report of  
the Mid Staffordshire  
NHS Foundation Trust  
Public Inquiry  
Executive summary**

HC 947

**The competence of healthcare professionals: 25 years ago....**

There was no requirement on hospital doctors at that time to keep their skills and knowledge up to date....

Mandatory CPD

Revalidation / CFtP

# ***A competent workforce: who is responsible?***

Who has responsibility for the competence of the workforce?

What do patients and the public expect?

What do regulators need assurance of?

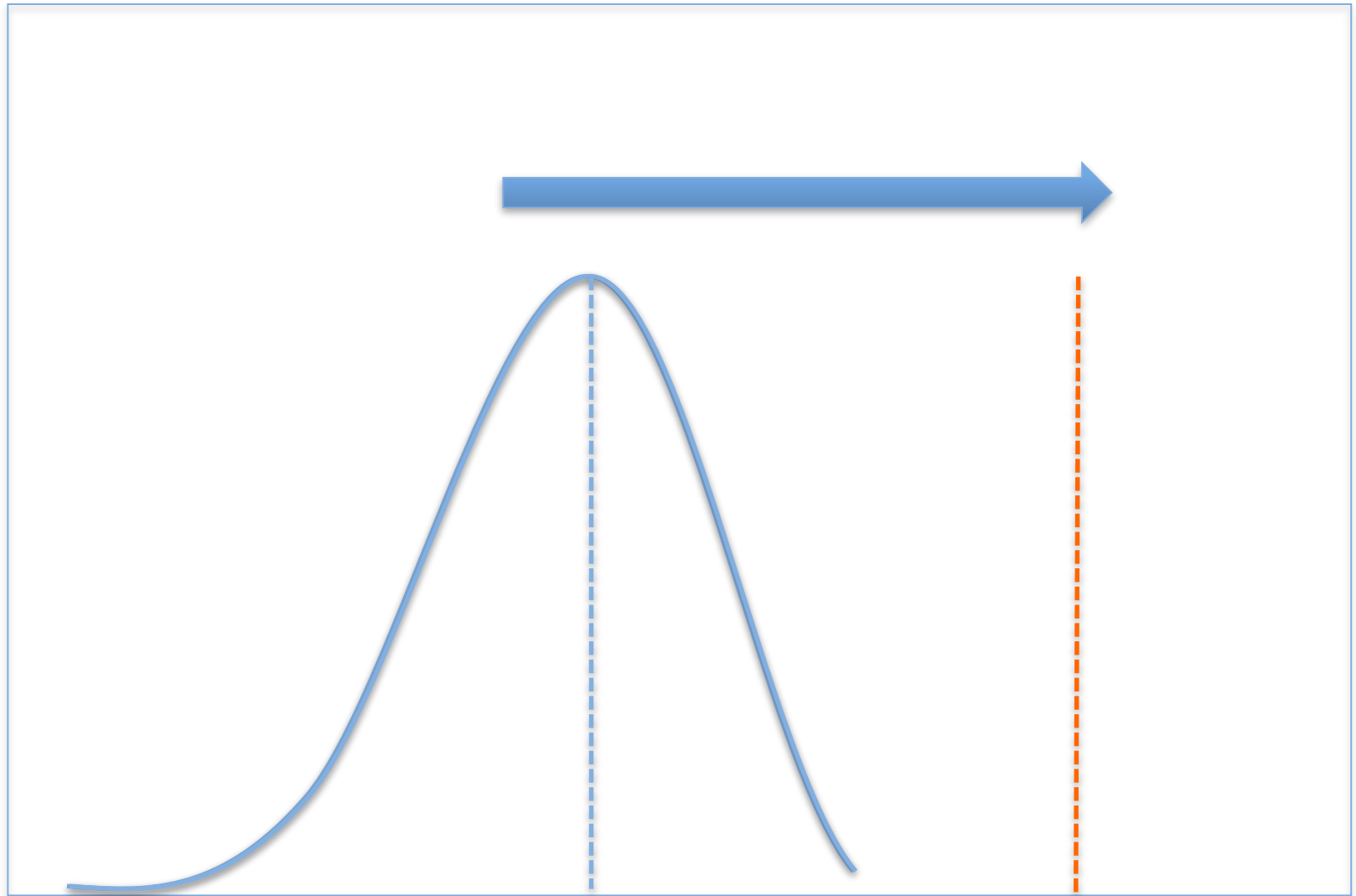
What is our responsibility as THE professionals

*Professional privilege*

*Stepping up to the challenge of changing expectations*

*Providing evidence of excellence*

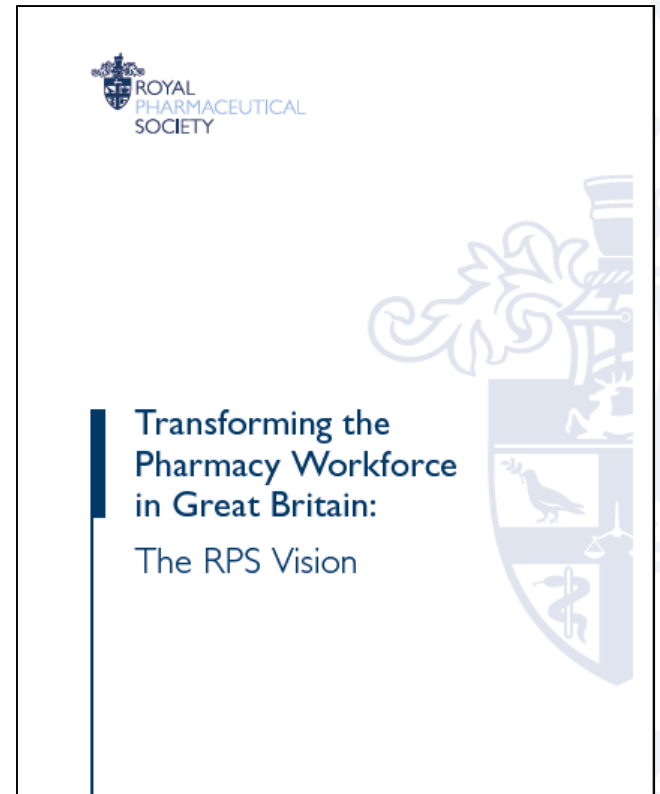
Shifting the workforce as a whole...



Workforce capability distribution

## *Supporting an evolving workforce*

- Evolving roles
- Aspiring to excellence
- Support, development, standards
- Quality support, quality assurance, quality delivery



# It's all about the patients

## ***My presentation***

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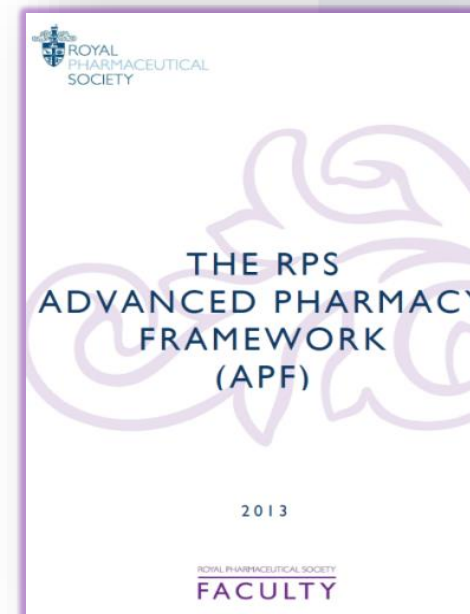
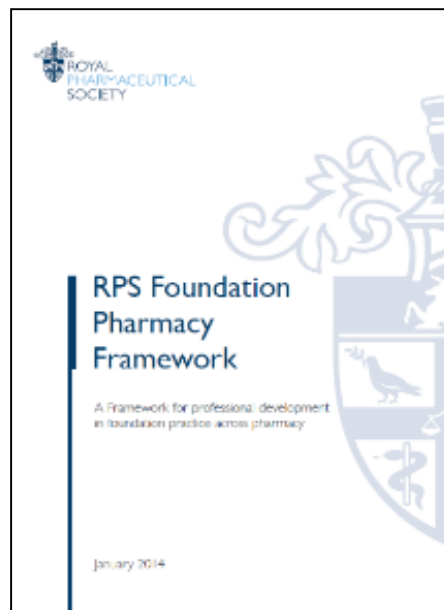
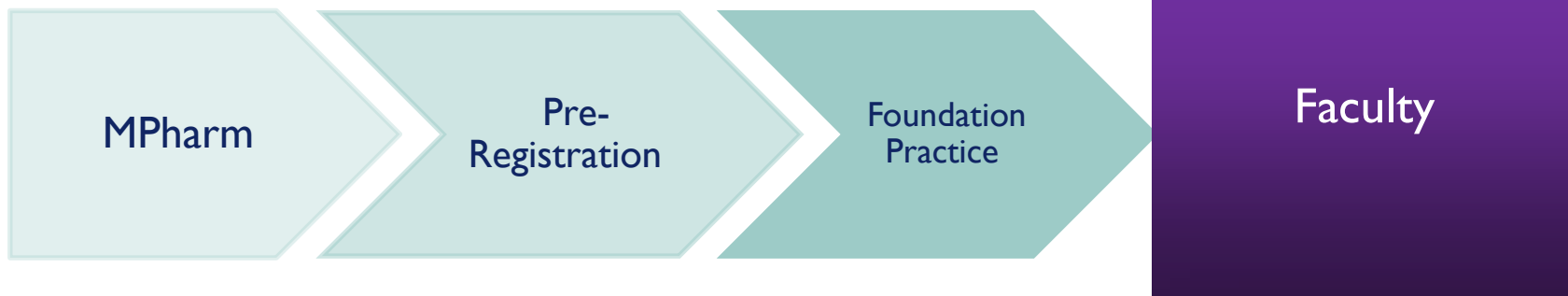
# ***Professional Development and Recognition Programmes***

ROYAL PHARMACEUTICAL SOCIETY  
**FOUNDATION**  
PROGRAMME

ROYAL PHARMACEUTICAL SOCIETY  
**FACULTY**

***Supporting pharmacists to be the best they can be***

# Foundation to Faculty







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# The RPS Foundation Programme



## ***Foundation Framework and Programme***

- The road map for professional development
- What pharmacists need in their career:  
**knowledge, behaviours, skills and experiences**
- Support tools that allow practitioners, tutors, supervisors, mentors to easily identify strengths as well as any gaps in knowledge and skills, and development needs
- Preparation for advanced practice

# Feelings of pharmacists at the very start

We have listened to you

What we have heard from day one practitioners...

- Abandoned
- Fearful
- Isolated
- Lack of direction
- Under pressure
- Anxious
- Inexperienced
- Lack of support
- Fear of the unknown



**Foundation Programme**  
How we plan to support, develop and recognise

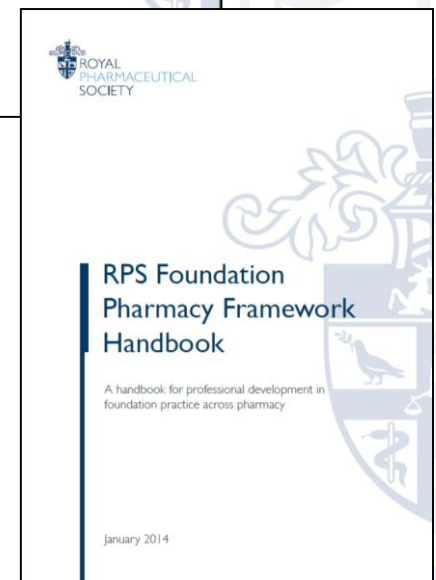
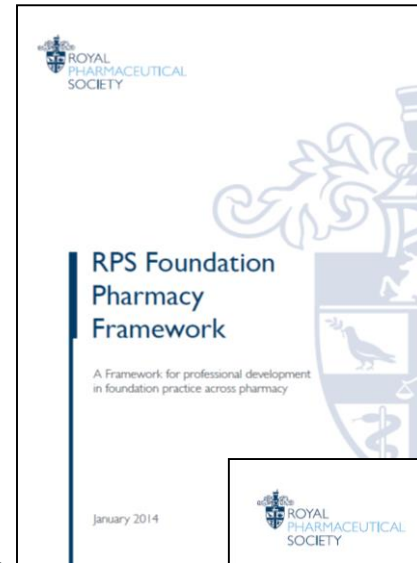
- Engaged
- Excited
- Supported
- Valued
- Included
- Raised awareness
- Confidence
- Direction
- Career journey

In response to what you have told us, we developed the **Foundation Programme**.



## ***RPS Foundation Programme***

- A resource for early careers pharmacists
- A resource for those returning to practice after maternity leave or a career break
- A resource for those changing sector or planning locum work
- A resource for those involved in supervising & tutoring foundation years pharmacists
- A resource for employers



## ***RPS Foundation Programme philosophy***

- Supports development by putting patient care at the centre of learning
  - Recognise that complex pharmaceutical skills are acquired via structured WORKPLACE-BASED LEARNING
- Supports the concept of continuing professional development
- Provides a general experience which serves as the foundation for future expert practice

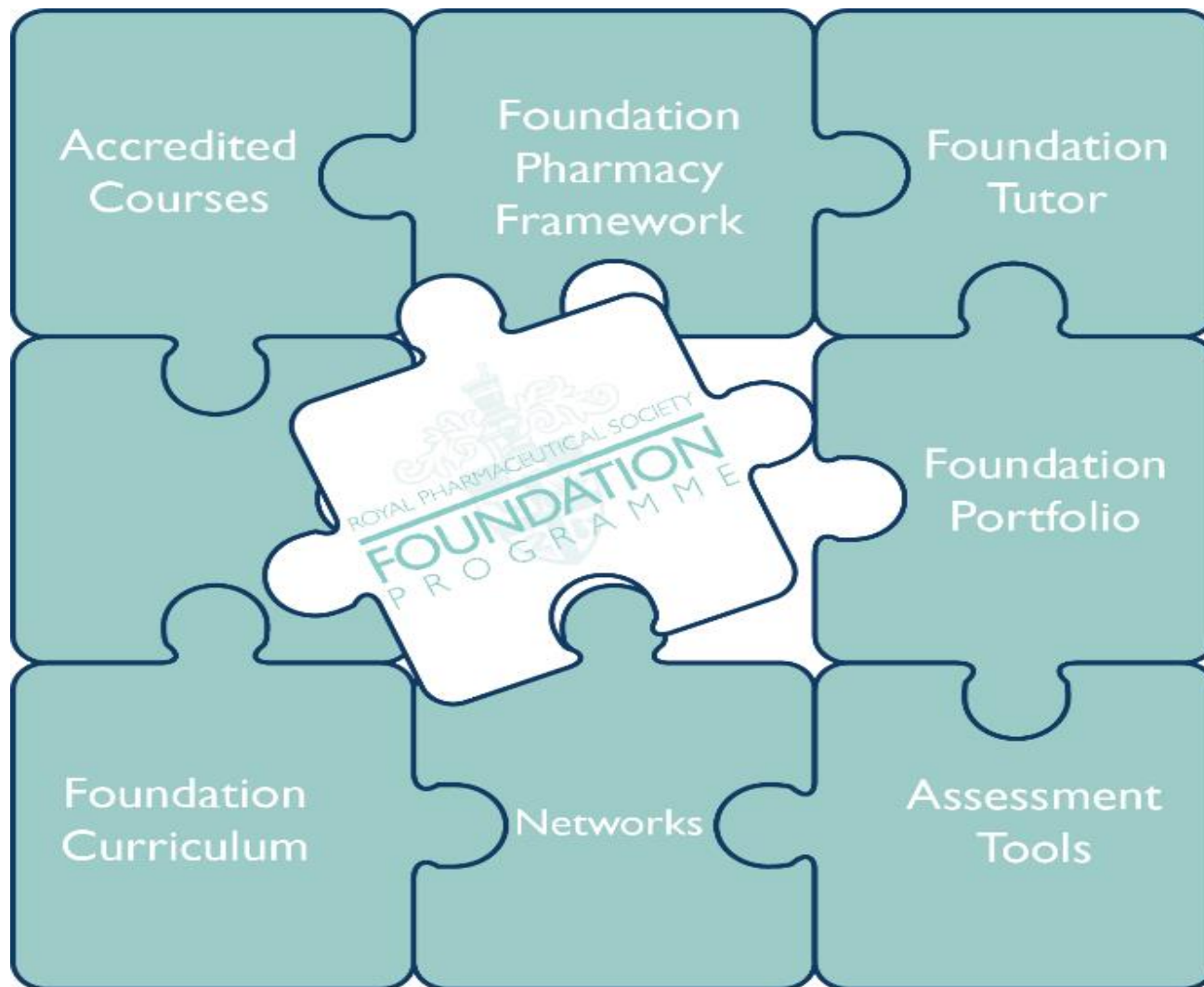
## ***Workplace-based learning and assessment***

- What have we learnt from the medics?
- What is clinical competence?

### **Possible solution = workplace-based learning and assessment**

- Feedback to motivate and encourage aspirations to excellence
- Promotes learning
- Provides **evidence** for review
- Demonstrate progression
- Helps to identify 'practitioners in difficulty'
- Identifies patterns of 'good' behaviour

## *RPS Foundation Programme*



# *The Foundation Pharmacy Framework (FPF)*



**1. Patient and Pharmaceutical Care:** Improves professional practice in order to benefit patient care

**2. Professional Practice:** Promotes effective communication and professionalism personally and within the team. Supports the education and learning of others

**3. Personal Practice:** Uses knowledge and research to inform and improve practice

**4. Management and Organisation:** Leads, manages and organises service delivery commensurate with working environment and scope of practice



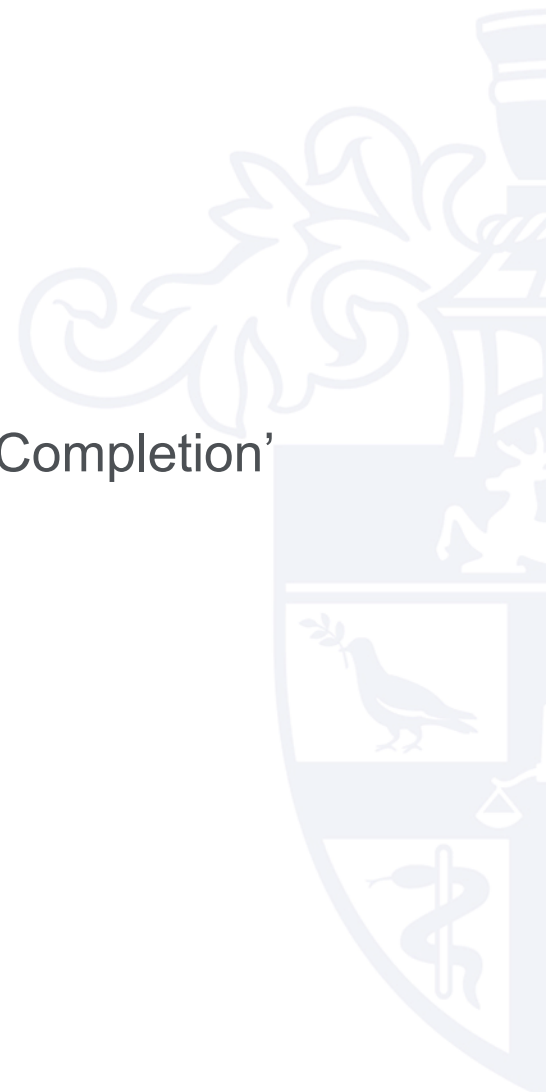
I. Patient and Pharmaceutical Care						
<i>Improves professional practice in order to benefit patient care.</i>						
			Provide examples			
			Rarely	Sometimes	Usually	Consistently
1.1	Patient Consultation	<b>Patient consent</b> <i>Satisfactorily obtains patient consent if appropriate</i>				
		<b>Patient assessment</b> <i>Uses appropriate questioning to obtain all relevant information from the patient</i>				
		<b>Consultation or referral</b> <i>Appropriately refer pharmaceutical or health problems</i>				
		<b>Recording consultations</b> <i>Documents consultations where appropriate in the patient's records</i>				
Comments:						
1.2	Need for the Medicine	<b>Relevant patient background</b> <i>Retrieves relevant or available information</i>				
		<b>Medicine history</b> <i>Documents an accurate and comprehensive medicines history when required</i>				
Comments:						
1.3	Provision of Medicine	<b>The prescription is clear</b> <i>Ensures the prescriber's intentions are clear for any patient</i>				
		<b>Ensure the prescription is legal</b>				
		<b>Ensure the correct medicine is dispensed</b>				
		<b>Ensure the medicine is dispensed in a timely manner</b>				
Comments:						

## Assessments are:

- Practical:** Emulating situations that a pharmacist operates in; reflective of scope of practice
- Proportionate:** a balance between robust, fair and appropriate to the complexity of the care and risk to patients and the public
- Consistent:** Ensuring consistency in the 'expectations of Foundation stage of practice' throughout all sectors of practice.

# ***Assessment of Foundation Practice***

1. Assessment throughout the training period
2. Assessment at the end of training – ‘Certificate of Completion’



# ***Formative vs. Summative in Practice***

Compare driving lessons and driving tests

## **DRIVING LESSONS**

- Learner drivers would not be happy if they did not receive feedback from their instructor (trainer) during and at the end of a driving lesson
- It is not about pass/fail
- Feedback matters more than the result (within reason, since there is a patient at the end of it)

**This is assessment FOR learning**

## **DRIVING TEST**

- When learners feel ready, they take a driving test
- This is a pass/fail test
- The result matters more than the feedback

**This is assessment OF learning**

## ***Assessments Tools***

<b>Assessing Yourself</b>	<ul style="list-style-type: none"><li>• FPF Assessment tool</li><li>• Reflective account tool</li></ul>
<b>Demonstrating your Practice</b>	<ul style="list-style-type: none"><li>• Peer assessment tool (PAT)</li><li>• Direct observation of practical skills tool (DOPS)</li><li>• Case based discussion tool (CbD)</li><li>• Extended intervention tool</li><li>• Pharmaceutical care assessment tool (PCA)</li></ul>
<b>Developing your Knowledge &amp; Understanding</b>	<ul style="list-style-type: none"><li>• Consultation skills assessment</li><li>• iRx</li></ul>

# Peer Assessment Tool

## Foundation Peer Assessment Tutor review for Faculty Access

Peer Assessment date: 11 May 2015

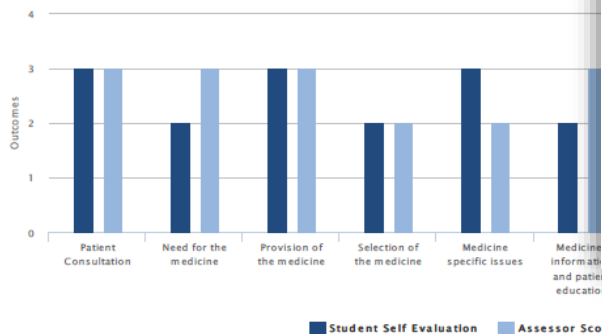
3 out of 3 Peers responded

This report summarises ratings and comments from your peers about your Foundation practice against 3 clusters practice attributes; personal practice.

The graphs display the average rating from your peers against your self-assessment rating. This also includes verbal comments. The ratings and comments can help you identify areas of good practice and areas for development, thus support

### 1. Delivery of Patient and Pharmaceutical Care

Delivery of Patient and Pharmaceutical Care



Peers' Delivery of Patient and Pharmaceutical Care comments:

- Has done well (**Test 1**)
- Doing very well (**Test 2**)
- Good work (**Test 3**)

## Welcome to your Foundation self-assessment Faculty Access

Reflect on your Foundation practice over the past 6 months and score yourself on competencies for:

- Delivery of patient and pharmaceutical care
- Professional practice
- Personal practice

Your self-assessment ratings can be compared alongside ratings from your peers to help you identify areas of good practice and areas for development.

Please visit the [help pages] for more information on how to complete the self-assessment.



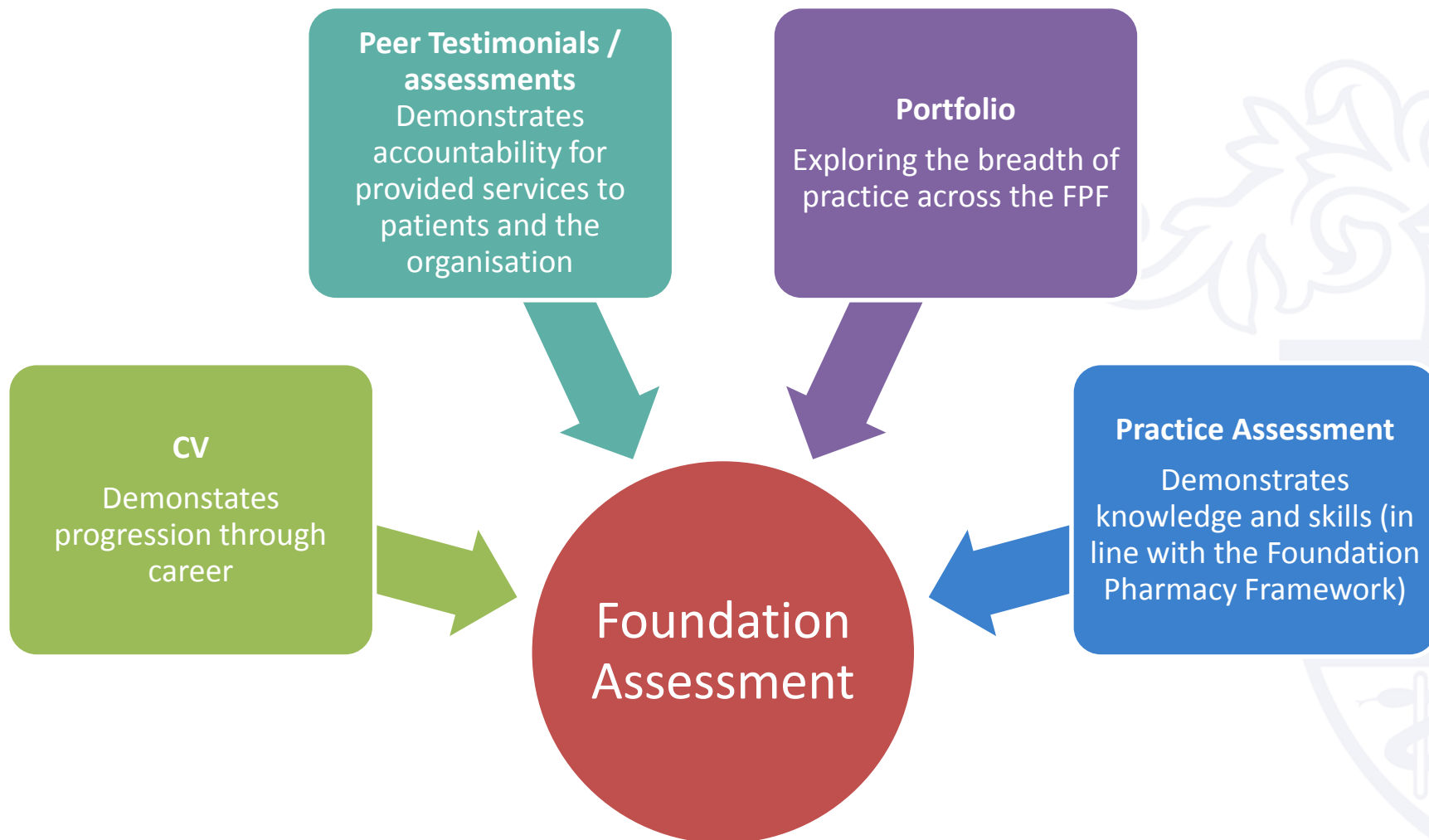
### 1. Delivery of Patient and Pharmaceutical Care

Improves professional practice in order to benefit patient care

	Significantly Below expectation	Below Expectation	Meets expectation	Above expectation	Significantly above expectation	Unable to comment
<b>Patient Consultation</b> Where appropriate obtains consent, assesses patient and refers appropriately	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Need for the medicine</b> Obtains relevant patient background and medical history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Provision of the medicine</b> Ensures the prescription is clear, legal and dispensed correctly and in a timely manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Selection of the medicine</b> Identifies, prioritises and takes action regarding medicine, patient and disease interactions, taking patient preference into account	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Medicine specific issues</b> Ensures appropriate dose, route, timing formulation and concentration of medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Medicines information and patient education</b> Identifies, communicates and provides information about medicines and public health needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Monitoring medicine therapy</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Highcharts.com

## ***Certificate of Completion of Foundation Training***



## *Foundation to Faculty*

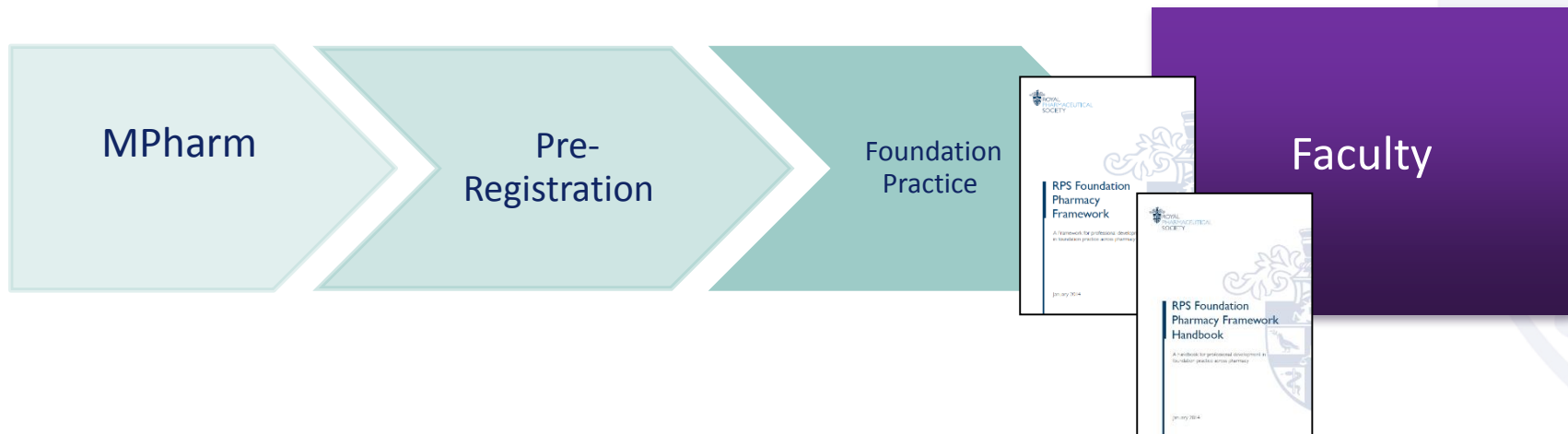


The FPF can be used firstly to ensure pharmacists are able to demonstrate competence with essential skills before moving on to demonstrate that they are at an advanced stage of practice and ready for Faculty membership



# *Our 5 year vision for Foundation Training*

- All post registration pharmacists will be enrolled into Foundation Training with a RPS accredited training provider
- **Recognised as a model for continuing Fitness to Practise**
- Recognised internationally as the gold standard of post registration professional development
- Tutoring and mentoring of Foundation Practice are seen as essential components of all job descriptions
- Clear and seamless career progression:





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# The RPS Faculty



## ***RPS Faculty***

### ***Where we were in 2013***

- GB wide call for recognition of advancement
- Sector wide call for recognition of advancement
- Pharmacists need support to operate in changing healthcare environment
- Healthcare reports highlight need for quality marker in healthcare professionals
- Demonstrating ability to manage complexity

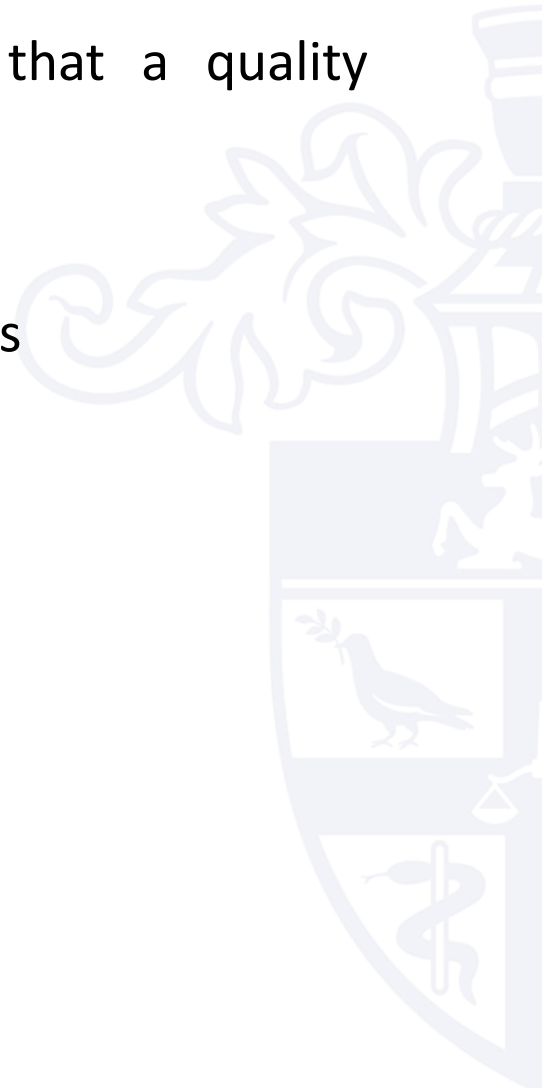
### ***Where we are now in 2015?***

## ***What is the Faculty?***

- RPS Professional Recognition Programme
- Recognition of advanced practice
- Quality assurance marker that a practitioner is advanced
  - A confirmation that they can handle complexity and make complex decisions with confidence.

## ***How does the Faculty fit with Pharmacists?***

- Recognises development, advancement or expert practice
  - Reassure patients, colleagues and employers that a quality service is being provided
  - Adds authority beyond job title
  - Better positioning for promotion or extended roles
- Quality assurance for commissioners and GPs
- Support to advance professional practice:
  - Portfolio for reflection
  - Personal Professional Development Plan
  - Prepare for Continuing Fitness to Practice



# *The Advanced Pharmacy Framework*

- Development framework
- Identify where pharmacists are in their development
- Basis for building a portfolio to demonstrate advanced practice



# ***Advanced Pharmacy Framework (APF)***

**Expert Professional Practice**

**Collaborative Working Relationships**

**Leadership**

**Management**

**Education, Training and Development**

**Research and Evaluation**

**Advanced  
Stage I:  
Established**

- Established in a role, performing well, advanced beyond foundation years or at early stages of specialisation and advancement

**Advanced  
Stage II:  
Excellent**

- An expert in an area of practice, experienced. Routinely manages complex situations and a recognised leader locally/regionally

**Mastery:  
Exceptional**

- Recognised leader in community or primary care; equivalent leads in hospital, business / corporate leadership roles in industry; business or leader in community. A nationally recognised leader in an area of expertise



# ***The Role of RPS Foundation Tutors***

## Protection of Patients

Support

Develop

Role Model

Advise

Teach

Monitor

Appraise

Assess



# The Advanced Pharmacy Framework (APF)

Expert Professional Practice

Collaborative Working Relationships

Leadership

Management

Education, Training and Development

Research and Evaluation

5. Education, Training & Development <i>Supports the education, training &amp; development of others. Promotes a learning culture within the organisation.</i>			
Competency	Developmental Descriptors		
	Advanced Stage I	Advanced Stage II	Mastery
5.1 <b>Role Model</b>	Understands and demonstrates the characteristics of a role model to members in the team and/or service.	Demonstrates the characteristics of an effective role model at a higher level.	Is able to develop effective role model behaviour in others.
5.2 <b>Mentorship</b>	Demonstrates understanding of the mentorship process.	Demonstrates ability to effectively mentor others within the team and/or service.	Demonstrates ability to effectively mentor outside the team and/or service.
5.3 <b>Conducting Education &amp; Training</b>	Demonstrates ability to conduct teaching and assessment effectively according to a learning plan with supervision from a more experienced colleague.	Demonstrates ability to assess the performance and learning needs of others.  Demonstrates ability to plan a series of effective learning experiences for others.	Demonstrates ability to design and manage a course of study, with appropriate use of teaching, assessment and study methods.
5.4 <b>Professional Development</b>	Demonstrates self-development through continuous professional development activity.	Facilitates the professional development of others.	Shapes and contributes to the professional development strategy.
5.5 <b>Links Practice and Education</b>	Participates in the delivery of formal education programmes.	Participates in education and training in an external environment.	Shapes, contributes to or is accountable for the creation or development of higher education qualification(s).
5.6 <b>Educational Policy</b>	Demonstrates an understanding of current educational policies relevant to working areas of practice.	Demonstrates ability to interpret national policy in order to design strategic approaches for local workforce education planning and development.	Shapes and contributes to national education and workforce planning and development policy.



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# Building a Faculty Portfolio



## *The process: Building a portfolio of practice*

Reflect on:

- Achievements / large projects
- CV
- Job description
- Appraisal/ performance reviews

[Entry](#) > [Summary](#) > [Map to Framework](#) > [Impact](#)

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# Faculty Assessments



## Assessments are:

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- Proportionate:** a balance between robust, fair and appropriate to the complexity of the care and risk to patients and the public
- Consistent:** Ensuring experienced, excellent and exceptional practice is always recognised as such throughout all sectors of practice.

# *The Faculty Assessment*

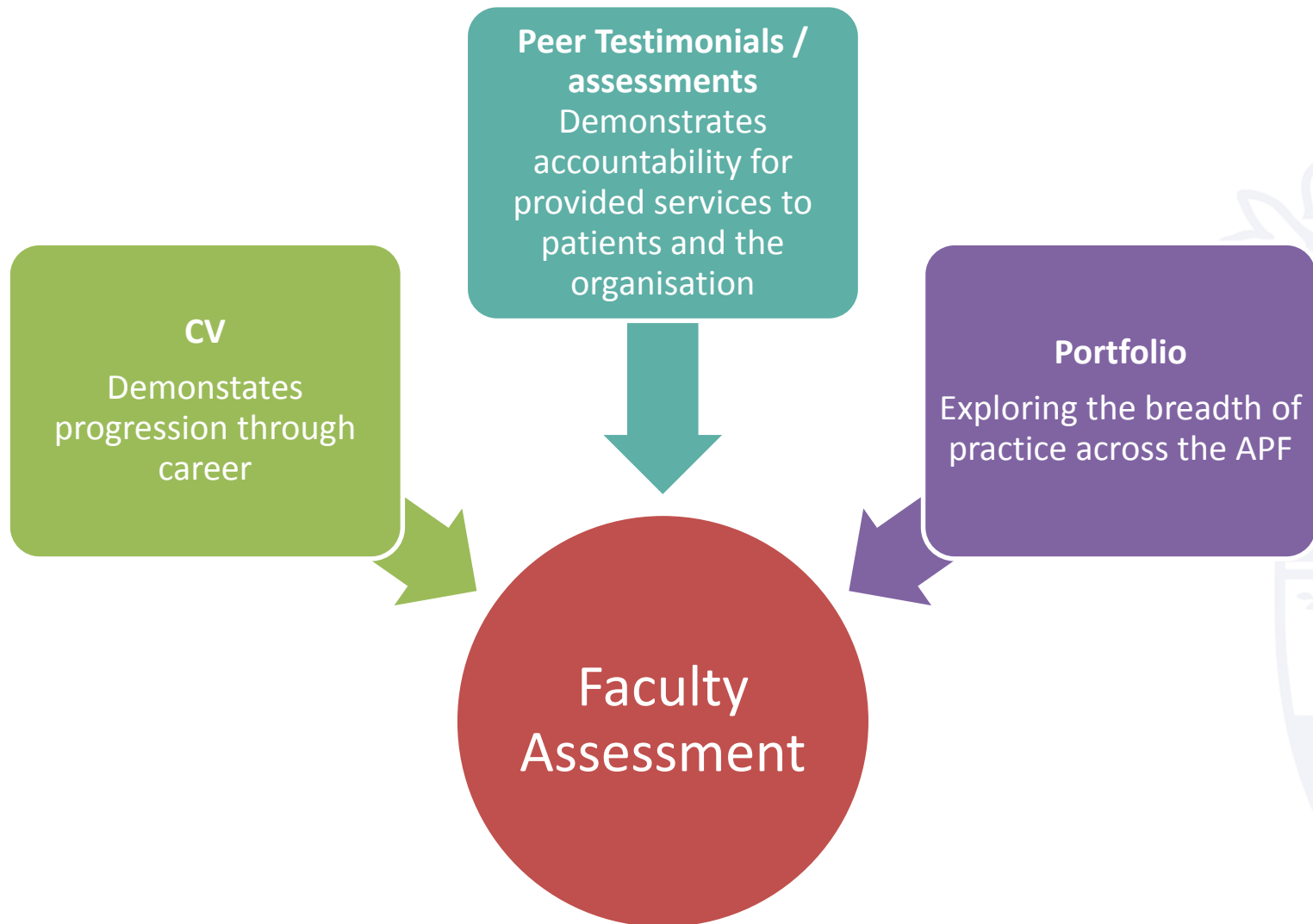
1. Recognition of Prior Experience
2. Faculty Practice Assessments

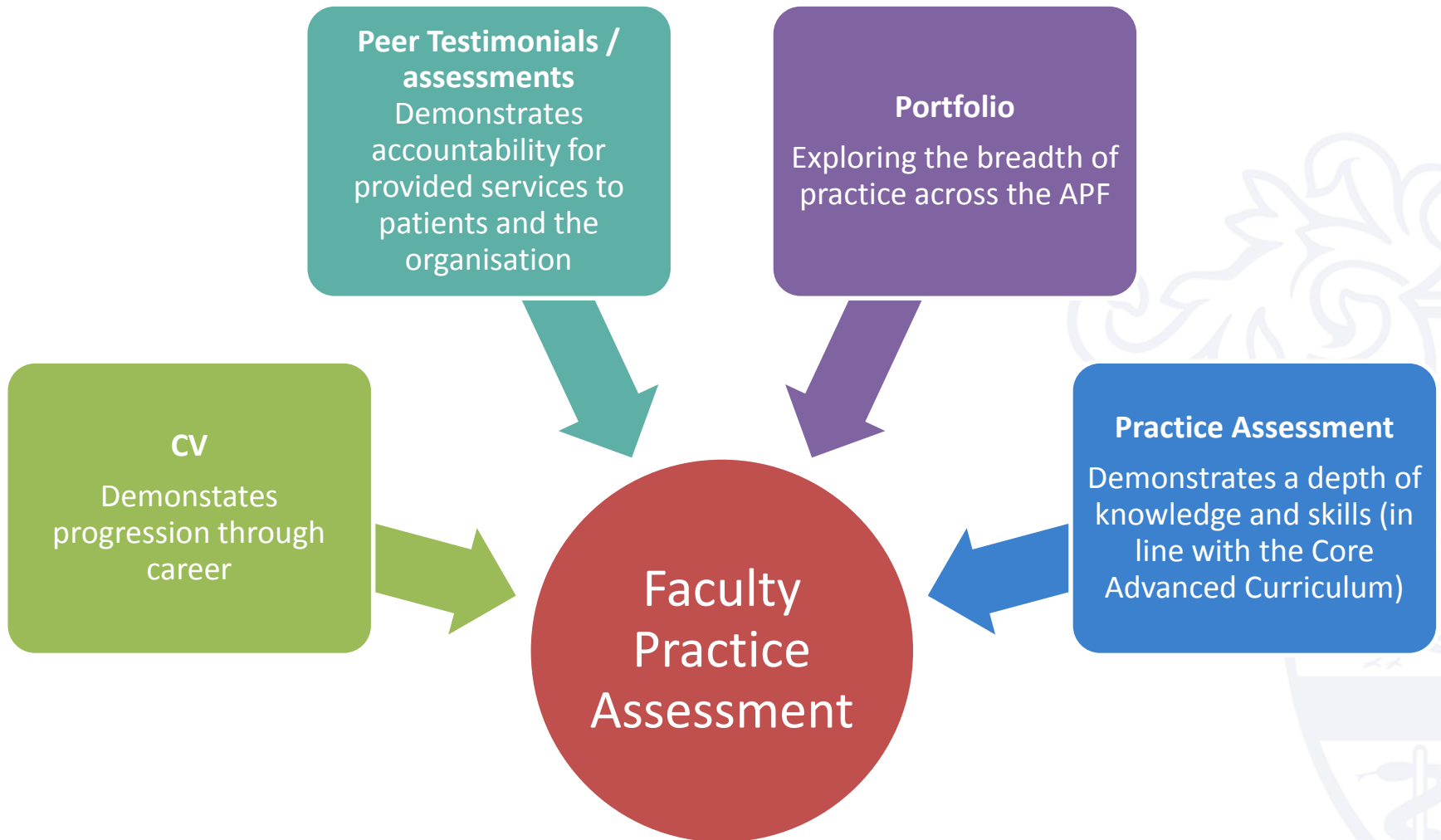
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**FACULTY**





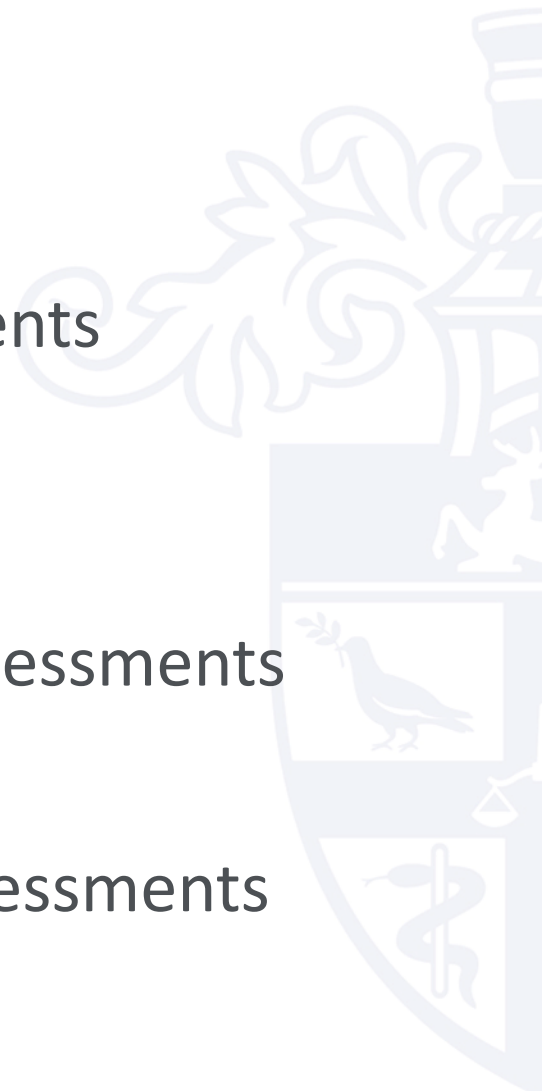




## ***Quality Assurance: Assessments***

The Quality Controls includes:

- Standardisation of assessment judgements
- Consistency of assessments
  - Intra- assessor
    - Consistency within an assessor's assessments
  - Inter- assessor
    - Consistency between assessors' assessments



## RPS Assembly



## Faculty Board

Strategic direction setting and oversight, with a particular concern for the RPS reputation (related to quality/rigour) and resource management.

**Accountable to RPS Assembly**



## Quality Assurance Panels

### Professional Curricula Panel

Stewards of curricula/syllabus for professional development beyond registration alignment of both assessments and curricula.

**Reports to Faculty Board**

### Professional Credentialing Panel

Stewards of standards/principles for assessment processes/outputs alongside development, monitoring and ratification of recognition recommendations.

**Reports to Faculty Board**

### Professional Accreditation Panel

Stewards of standards/principles for assessment centres, assessors and education and development providers; development, monitoring and accreditation.

**Reports to Faculty Board**



## RPS Faculty Partners

Meets the Faculty Standards through provision of expertise/education/assessments/reviews.

**Reports to quality assurance panels above**

## ***RPS Faculty***

### ***Where we were in 2013***

- GB wide call for recognition of advancement
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- Pharmacists need support to operate in changing healthcare environment
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- Demonstrating ability to manage complexity

### ***Where we are now in 2015***

- >3,000 RPS members accessing the portfolio and tools
- 282 Faculty Members and Fellows who have demonstrated their advanced practice (~150 set to submit by end of week)
- Clear **quality assurance** processes and governance
- **Evolving assessment** processes
- **Professional Development Plan** with feedback from peers, evolving into a full service for continued development

***'The time and effort put in by the assessing committee merits more than the fees paid for the actual submission.'***

MRPharmS

Mrs Adepeju Deekae, MFRPSI

***'I did it because I wanted to know the level of my achievements following the assessment and credentialing process. The more mapping I did, the more gaps I identified in some domains (i.e. research and education/training). I found the process very effective in helping to focus on building more evidence to bridge the gaps.'***

MRPharmS

Miss See Wong, MFRPSII

***'I am delighted to be accepted into the Faculty as a Fellow and I am very honoured to read the comments made by the assessors to whom I pass on my sincere appreciation. Can I also thank Hannah and all the Faculty team for all the support over the past months. The website is extremely well presented and user friendly and is supported by exceptional staff who willingly assisted me in the development of my portfolio.'***

ARPharmS

Prof Mike Mawhinney, FFRPS



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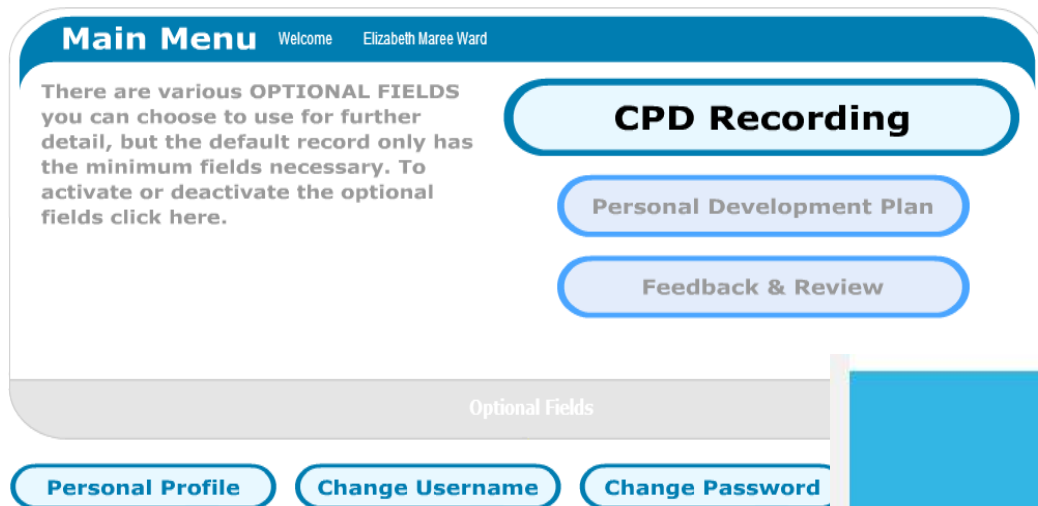
# Foundation, Faculty and CPD / CFtP



# CPD in Great Britain

General  
Pharmaceutical  
Council

Version 4 for Pharmacists



**Main Menu** Welcome Elizabeth Maree Ward

There are various **OPTIONAL FIELDS** you can choose to use for further detail, but the default record only has the minimum fields necessary. To activate or deactivate the optional fields click here.

**CPD Recording**

- Personal Development Plan
- Feedback & Review

Optional Fields

- Personal Profile
- Change Username
- Change Password

- Minimum 9 entries per year
- Reviewed by 'CPD reviewer'
- 2014: 'attempt to make the existing CPD requirements easier and more meaningful for registrants'

- 'peer to peer networks'
- 'evidence that demonstrates the outcomes their professional practise on their service users'

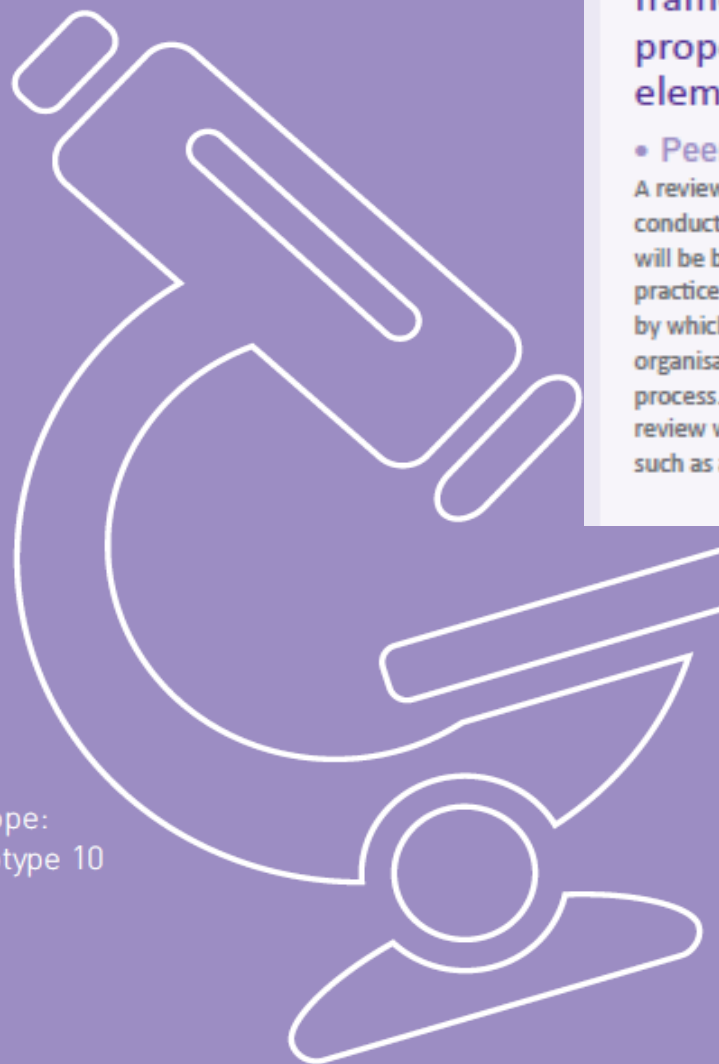
CFtP testing

General  
Pharmaceutical  
Council



# Regula+e

Upholding standards and  
public trust in pharmacy



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## Continuing fitness to practise assurance framework: our proposed three core elements

### • Peer review

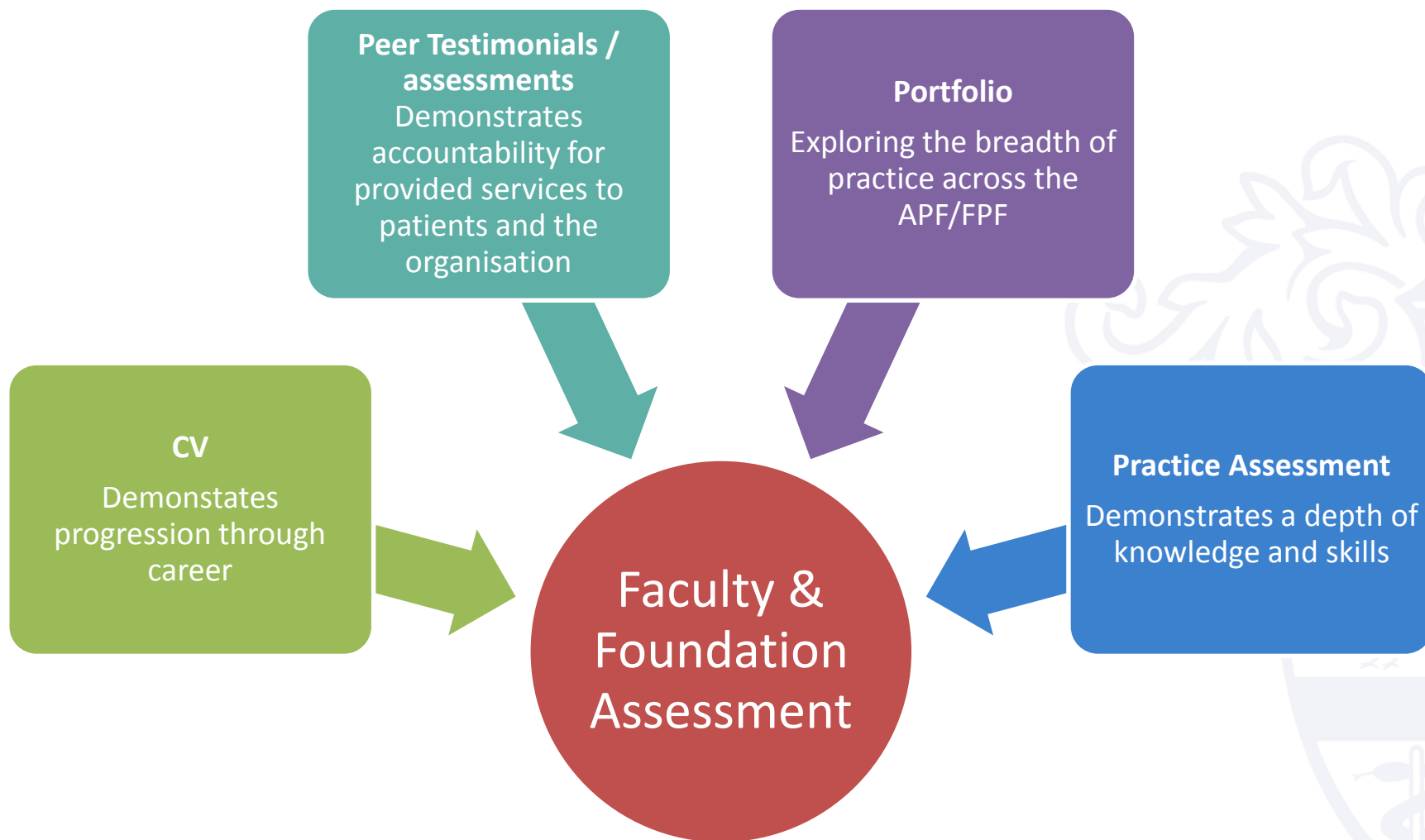
A review of the registrant's work will be conducted by a professional peer and will be based on a registrant's scope of practice. The GPhC will test a process by which we could accredit partner organisations to run the peer review process. Wherever possible, peer review will build on existing processes, such as appraisals and the RPS faculty.

### • CPD review

The GPhC will evaluate the current CPD scheme and introduce a modified version of it in parallel with the new framework. The intention is that the new approach to CPD will focus on the relevance of CPD entries to a registrant's scope of practice.

### • External performance indicators

The process will involve a review of external performance measures, which will vary according to the scope of a registrant's practice. Indicators will be developed in consultation with the profession.



# ***My presentation***

The GB experience

A little about me and where I fit in Catherine's team

Background to the creation of two bodies: RPS and GPhC

The services, support and development we have evolved during our 5 years

- Support, guidance
- Standards
- Leadership

Then, how these fit with the wider policies on healthcare and the need for an evolving workforce

How our programmes of recognition have developed and fit with these policies and the emerging thinking around CFtP



ROYAL  
PHARMACEUTICAL  
SOCIETY

# Professional Development and Recognition: the GB experience

Beth Ward MSc MFRPSII MRPharmS

