ROYAL PHARMACEUTICAL SOCIETY

Consultant Pharmacist Post Recognition

Applicant guidance

Version 11
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Section 1 – Introduction

This is a guidance document for employing organisations who wish to create a new consultant pharmacist post and have it approved by the Royal Pharmaceutical Society (RPS). It is intended to be used by the employing organisation, in conjunction with the NHS Consultant Pharmacist Guidance, when completing the Consultant Pharmacist Post Approval Application Form.

Working with the NHS, the RPS has established the application and assessment model for reviewing and approving consultant pharmacist posts.

This service is required to:

- assure an appropriate level of practice and consistency across all specialities and geographies
- to deliver posts that are at the appropriate level for a consultant pharmacist regardless of the employing organisation(s) or location
- to maximise the potential of the individual consultant pharmacist to impact on healthcare delivery and outcomes across the health economy
- to ensure posts are developed strategically in response to local need and facilitate system wide working

A parallel consultant pharmacist individual credentialing process exists to credential pharmacists as being consultant-ready i.e. having the knowledge, skills and behaviours to work at consultant-level. When a credentialed consultant-ready individual is working in a recognised consultant-level post, the individual will be able to use the title of **consultant pharmacist**.

Section 2 – Submitting an application

2.1 Guidance on completing the application form

All relevant supporting documentation required to complete the application form can be found on the RPS website.

The application form provides the structure for your application and ensures you are providing all the information needed to assess and recognise a consultant post. It should be completed in conjunction with this guidance to ensure you provide all the information required by the post approval panel. The numbers refer to the sections of the application form to which the guidance relates.

Collecting the evidence to support the application should be a collaborative process. Following this, the application should be completed and submitted on behalf of the employer by an appropriate member of the management team (e.g. director of pharmacy, clinical director,medical director, other appropriate clinical lead or their deputy).
If the application is based on an existing post, the postholder (or prospective postholder) should not be responsible for the submission.

1	General information
1.1 – 1.5	Providing this information will allow us to process your application and contact you about the outcome of the post approval panel.

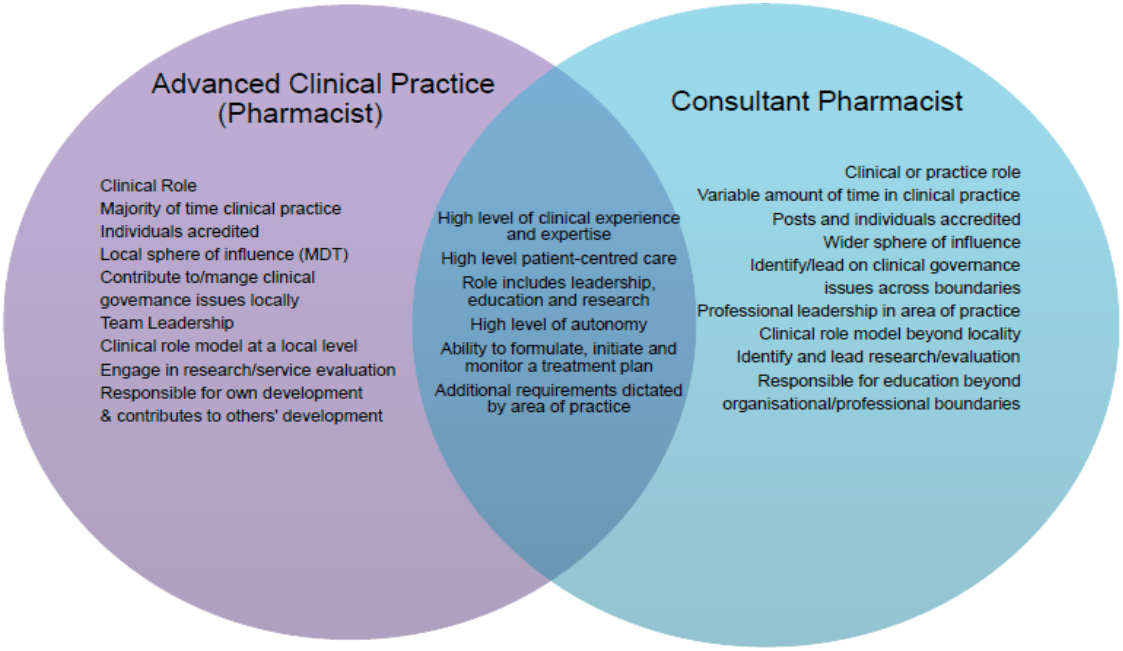
2	Roles and responsibilities
2.1	The post approval panel require a number of supporting documents to assess that the post has the appropriate roles and responsibilities for a consultant pharmacist. Applicants are required to submit the following documentation with their application form: **Job description** – Provide the job description to be used to recruit to the role. The job description should detail the postholder's main roles & responsibilities. **Person specification** – Provide the person specification to be used to recruit to the role. The person specification should detail the competencies (knowledge, skills and behaviours) required of the post-holder. This must include the requirement to be credentialed at consultant level or working towards as an essential criteria with an accompanying clarifying statement that the postholder may only use the consultant title after being successfully credentialed. **Job plan** – Provide a detailed job plan for the post breaking down the proposed activities for the post-holder across a working week. An example template is provided in Appendix 2 although you may use your organisation's template if you prefer. There must be a commitment to regular job planning for consultant pharmacist posts. This should be based on the desired outcome for patients and must facilitate the consultant pharmacist spending 80% of their time on consultant level expert practice activities

	across the four pillars fo practice[1] (i.e. activities that you wouldn't reasonably expect a less experienced member of the team to undertake). **Organisational map -** Outline the key working relationships the post-holder will have within the organisation (professional manager, advanced level pharmacists, other healthcare professionals), wider health community/external partners (including Higher Education) and links to strategic service planning. Include national and regional work that the post-holder will undertake. The responsibility for line management of a post-holder who works across the healthcare system will remain with the employing organisation. It is expected there is a suitable line of professional accountability to an appropriate chief pharmacist or equivalent.

3	**Needs assessment**
3.1	Detail the specific issues, problems, service needs/gaps in the current service provision. You should make it clear how these have informed the design of the post and how the post will help mitigate these issues when in place.
3.2	Detail the strategic approach the organisation took to identify and assess the issues, problems and service needs/gaps in provision. Outline the review process and qualitative and quantitative data you used to determine these. Include which external and internal stakeholders have been involved and how this has influenced the expected outcomes of the post.
3.3	Describe how the proposed post will deliver medicines optimisation and value for money for the organisation as well as promote patient safety and population health across different health systems.
3.4	Describe how the post will fulfil its leadership role across the healthcare system and beyond by addressing the issues detailed in 3.1.
3.5	If relevant, detail which organisation(s) will receive services from the post. Be clear which services will be provided to a single organisation and which will be provided to multiple organisations.

4	**Anticipated outcomes**
4.1	This section must detail the intended benefits and outcomes of the post and detail specifically how these will ultimately have a positive impact on patients. You are expected, for each section, to detail specifically: • what the post-holder will do • the level of responsibility they will hold • the expected outcome(s) and benefits • the enabling systems, support or relationships
5	**Level of practice**
5.1	Describe how the post is pitched at consultant-level practice and explain how the post is differentiated from other senior roles in the pharmacy team.

[1] Expert practice is defined in Section 2.1, page s12 of the NHS Consultant Pharmacist Guidance

	It is accepted that there may be considerable overlap between consultant pharmacist posts and other senior advanced roles; both work across the same four pillars and may be responsible for delivering a large amount of autonomous clinical care. However, there are key differences in the level of practice and influence of a consultant pharmacist vs other senior clinical pharmacist roles, most notably in their sphere of influence: 

6	Risk assessment
6.1	Describe the risk management approach and associated processes the organisation has undertaken to identify, assess and manage risk to patients, the post-holder and the employer. This post-holder will be working with a high degree of personal and professional autonomy. They might need to be able to make decisions where precedents do not exist. A thorough risk assessment of the post must be undertaken.
6.2	Describe the specific risks that have been identified in relation to the creation of this post. Consider, in particular, risks associated with high level autonomous clinical practice and the impact of working beyond the boundaries of the employing organisation. As consultant pharmacist posts often have ambitious outcome expectations linked to areas of high need considers risks associated with an inability to deliver those outcomes. For the identified risks describe the key mitigations that have been put in place to manage them.

7	Line management

7.1	Describe the line management arrangements in place for this post which ensure the post- holder will be appropriately and effectively managed and supported. Describe how the post-holder will maintain strong working relationships with other senior pharmacy leaders and the secnior clinical team with which they will be working. It is expected that post-holders will be managed by appropriate senior staff with the required skills and experience to manage a post of this level. The post-holder may be line managed within or external to the pharmacy service, but it is advisable to maintain a strong working relationship with other senior pharmacy leaders. Their line management arrangements must ensure that they have support and feedback on all aspects of their posts, including high level, complex, direct clinical care. For many consultant pharmacists this may necessitate being jointly managed by more than one line manager, one of whom may be another senior clinician. Describe any line management responsibilities which will be held by the post-holder. Consultant pharmacists may be responsible for managing other staff or services in line with the requirements of their post, but ensure this is accounted for in their job plan.

8	**Monitoring and ongoing development**
8.1	Describe the processes the organisation has in place to monitor and evaluate the post to ensure that it is meeting the needs and delivering the outcomes described in sections 3 and 4.
8.2	This section should describe the arrangements in place to support the post-holder in their professional development. Specify the arrangements that will be in place for the postholder with respect to: • Clinical supervision • Development review • CPD opportunities Be specific in the description, e.g. clarify if a specific individual has been identified for clinical supervision/mentorship and the planned frequency of meetings.
8.3	Effective succession planning is essential to ensure continuity of service. This is particularly important for senior leadership posts such as these where there may not be any candidates with the requisite clinical knowledge to fill any vacancies that occur. Therefore succession planning must be considered and a proactive plan put in place and this must be demonstrated in this section.

9	**Applicant details**
9.1	Provide details of those involved in the development and submission of this post. Please consider the internal and external stakeholders that have been involved.

Further guidance is available in the NHS Consultant Guidance document.

An exemplar application can be found on the RPS website.

2.2 Application process

2.3 Payment & fees

2.3.1 Assessment Fee

To have an application considered by the approval panel, there is an application fee of £375.

2.3.2 Payment method

The applicant is required to create a purchase order and upload and submit this with the application form. An exemplar purchase order can be found in Appendix 3. The Purchase Order should contain the following information:

- Purchase Order number
- Invoice and delivery address
- Contact information
- Description and amount

Once we have received an application and purchase order, this will be forwarded to RPS Finance to raise an invoice with immediate payment terms.

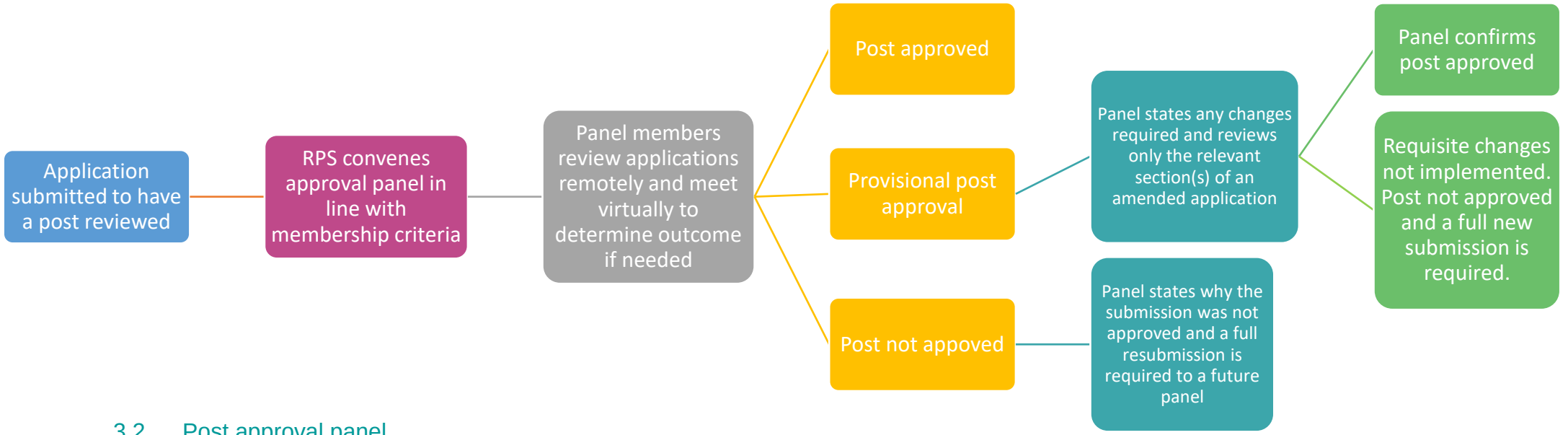
If your organisation would like to make payment using an alternative method, contact education@rpharms.com.

2.4 Pre-submission checklist

Checklist	
Have you completed all the questions on the online application form within the word limit?	☐
Have you uploaded the following supporting documents:	
• Job description	☐
• Person specification	☐
• Job plan	☐
• Organisational structure	☐
Have you created and uploaded a Purchase Order with the submission of this application?	☐

Section 3 – Submitting an application

3.1 Post approval process



3.2 Post approval panel

Posts will be assessed by an expert panel comprised of the following members and chaired by a representative on behalf of the RPS:

- a clinical expert in the area of practice of the post
- a pharmacy leader with a system wide role
- representation from an education commissioner

3.3 Application deadlines

Panels will meet remotely four times a year to consider applications. Each post approval will have an application window and final submission deadline. Please see dates on the RPS website.

3.4 Outcomes

Outcomes from each post approval panel will be communicated in writing to the named contact for the applicant organisation. Outcomes should be released within 8 weeks of the final submission deadline for that post approval panel. The outcome letter will confirm in writing the outcome of the assessment and any conditions or amendments required.

3.5 Directory of approved consultant pharmacist posts

All approved posts will be published on the RPS website in a public-facing directory. The directory will state the name of the employing organisation and job title of the approved consultant post.

Section 4 – Frequently asked questions

My organisation already has a consultant pharmacist post that was approved – does this guidance apply to me?

All consultant pharmacist posts approved by legacy approval panels in England and Wales will be transferred over to the RPS directory of approved posts. They will not be required to undergo the approval process outlined in this guidance document.

Will the post need to be reassessed in the future to maintain approval?

The post will only need to be reviewed if there are significant changes made by the employer to the role invalidating the previous assessment outcome. If the organisation substantially changes the approved post (i.e. significantly changes the job description or remit of the role), they will be required to resubmit a full application and another assessment fee will be charged.

Can I start recruiting prior to post approval?

We recognise that timelines regarding recruitment and accreditation of new consultant pharmacist posts can sometimes not be aligned and we would not want this presenting as an obstacle to the creation of important new consultant pharmacist posts. Therefore, recruitment prior to post approval is understandable but it needs to be clear in the job advertisement that the post is currently not accredited by the RPS as being at consultant level. In addition, the employing organisation must recognise the risk that changes may be required to the advertised job description or that approval of the post may be delayed if further conditions need to be met or of the post not being approved.

Our consultant pharmacist post has been approved. Who can I recruit?

Newly accredited consultant pharmacist posts will need to be filled in by either:

A legacy consultant pharmacist postholder - individuals who hold or who were recruited to consultant pharmacist posts prior to the launch of the RPS individual consultant pharmacist credentialing service in October 2020.

An individual credentialed as being consultant-ready by the RPS.

An individual working towards credentialing may be appointed to a consultant post but the consultant title must not be used until the postholder has been credentialed.

More detailed information is available on the RPS website.

If our consultant pharmacist post has not yet been approved and the recruited individual is neither a legacy consultant pharmacist postholder or credentialed, can we use the job title of consultant pharmacist?

No. The individual will not be permitted to use the title ‘Consultant Pharmacist’ and the job role will need to be renamed until these criteria have been met. More information can be found on the RPS website.

How do individuals get credentialed as consultant-ready to fill these posts?

Individuals must credential via the RPS consultant credentialing service . Only when a credentialed individual is in an approved consultant post, will they be able to use the job title of consultant pharmacist.

Do legacy consultant pharmacist postholders need to be credentialed?

No. Credentialing for legacy consultant pharmacist postholders will not be mandated but is actively encouraged.

Do I need to employ a credentialed individual?

The post must be filled either by a legacy consultant pharmacist postholder or a credentialed individual, to use the title of a consultant pharmacist.

How long can I expect to receive an outcome?

Outcomes should be released within 8 weeks of the final submission deadline.

What are the possible outcomes?

The possible outcomes are:

Approved

Provisional approval - panel states what change is required and sees an amended version

Not approved - panel states why submission was not approved and a resubmission to a full panel is required

What happens if my post has not been approved?

You will need to resubmit your application and pay the post approval fee at the next submission window. Detailed feedback will be provided to help you prepare for your resubmission.

Will I be given an opportunity to provide additional information?

If your outcome is Provisional, you will be asked to resubmit the requested information by the panel within a set timeframe to demonstrate the post has been satisfactorily amended to meet the requirements.

What happens after I resubmit the requested information by the panel?

The RPS will aim to provide an outcome within 2 weeks from the deadline to provide the requested information. If the resubmission meets the required standard, the panel will confirm the post as approved and the post will be added to the central directory of approved posts on the RPS website. If the post is still not approved after resubmission and review by the panel, then the post will need to be resubmitted at the next submission window and another assessment fee will be charged.

Can I appeal the outcome of the post approval review?

You may appeal against the outcome of the post approval review if you believe that there were irregularities in the administrative procedures and conduct of the review , which were of such a nature as to cause reasonable doubt about whether the post approval panel would have reached the same conclusions had the irregularities not occurred. You must submit your appeal within **28 days** of the release of the outcome of the post-approval process.

You may **not** appeal the result of the review on the following grounds:

you did not understand or were unaware of the regulations in force

you disagree with the expert professional judgment of the post approval panel

Further details on appealing an outcome can be found in the consultant post approval assessment regulations.

Can I complain about the service I received?

Complaints will not result in a reconsideration of the assessment outcome but, if you have feedback about the service we have provided, we would like to hear it. If you would like to make a complaint about any aspect of the consultant post approval process, you must submit a written report, by letter or email, to education@rpharms.com within 28 days of the event.

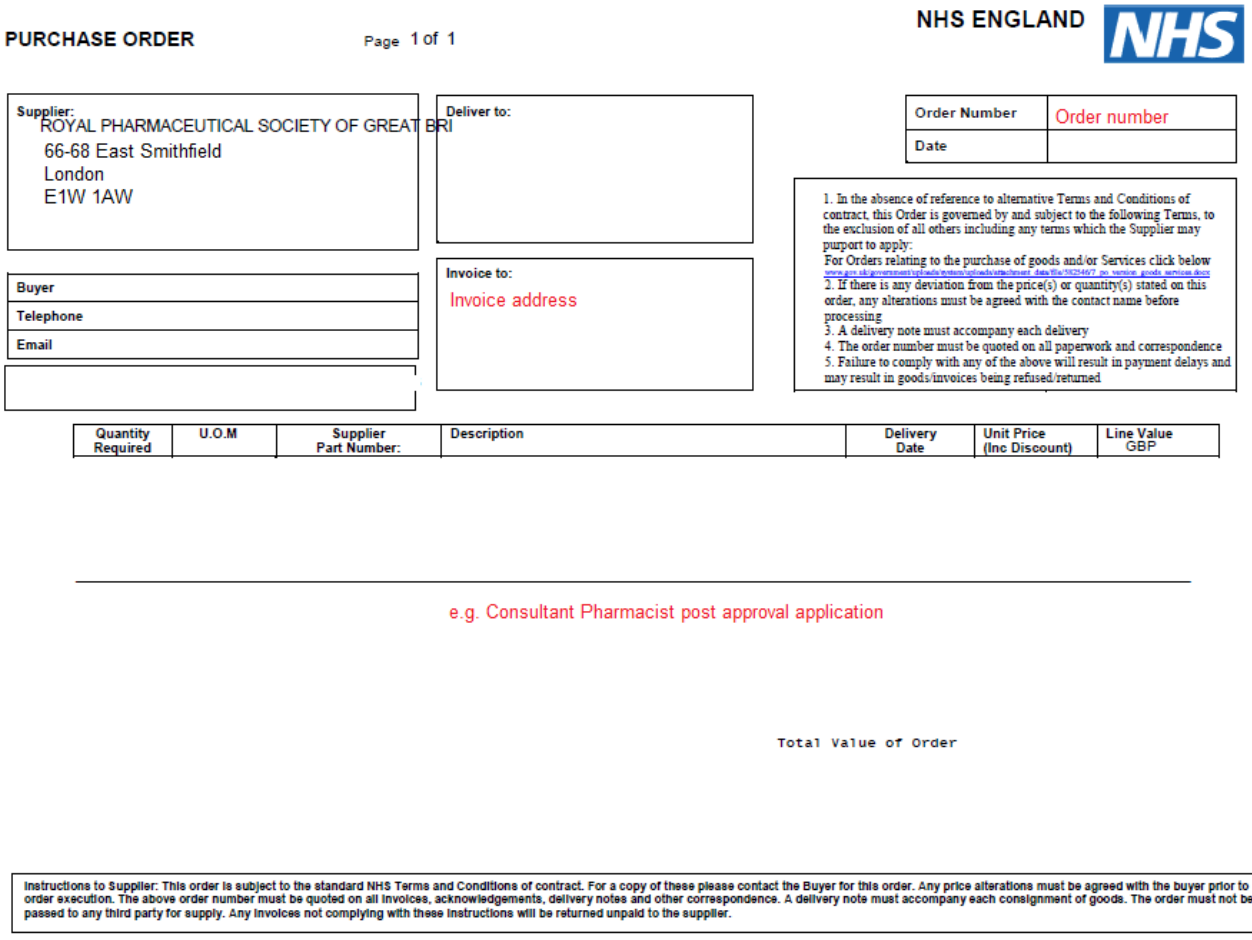
If you have any queries in the meantime, contact us at education@rpharms.com

Section 5 – Appendices

5.1 Appendix 1 – Example purchase order

Key things to provide:

- Contact details
- Purchase Order number generated by your organisation
- Your Accounts Payable team - address and email address so we can send the invoice



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NHS ENGLAND

Supplier:
ROYAL PHARMACEUTICAL SOCIETY OF GREAT BRI
66-68 East Smithfield
London
E1W 1AW

Deliver to:

Order Number	Order number
Date	

Buyer
Telephone
Email

Invoice to:
Invoice address

1. In the absence of reference to alternative Terms and Conditions of contract, this Order is governed by and subject to the following Terms, to the exclusion of all others including any terms which the Supplier may purport to apply:
For Orders relating to the purchase of goods and/or Services click below
2. If there is any deviation from the price(s) or quantity(s) stated on this order, any alterations must be agreed with the contact name before processing
3. A delivery note must accompany each delivery
4. The order number must be quoted on all paperwork and correspondence
5. Failure to comply with any of the above will result in payment delays and may result in goods/invoices being refused/returned

Quantity Required	U.O.M	Supplier Part Number:	Description	Delivery Date	Unit Price (Inc Discount)	Line Value GBP

e.g. Consultant Pharmacist post approval application

Total Value of Order

Instructions to Supplier: This order is subject to the standard NHS Terms and Conditions of contract. For a copy of these please contact the Buyer for this order. Any price alterations must be agreed with the buyer prior to order execution. The above order number must be quoted on all invoices, acknowledgements, delivery notes and other correspondence. A delivery note must accompany each consignment of goods. The order must not be passed to any third party for supply. Any invoices not complying with these instructions will be returned unpaid to the supplier.

5.2 Appendix 2 – Key supporting documents

Consultant post approval application form

NHS Consultant pharmacist guidance

Exemplar consultant post approval application

Consultant post approval assessment regulations

Consultant post approval privacy notice

Consutlant post approval online submission form

5.3 Appendix 3 – Assessor Review Form

	Section	Approval indicators	Outcome Approved (A) Provisional (P) Not Approved (NA)	Review feedback Are there any changes or conditions required for this section? Is your feedback understandable, selective, specific and contextualised?
1	**Roles and responsibilities:** • Job plan • Job description • Person specification • Organisational map	**Job plan** • 80% of activity dedicated to consultant service • Sufficient time allocated to each of the four pillars of practice **Job description** • Demonstrates why post is needed in the organisation and wider healthcare system and how the post will improve pharmaceutical care. • Role addresses the needs assessment detailed in **Section 2** **Person specification** • The role's essential criteria is realistic and appropriate and includes credentialing at consultant level • Appropriate management and resources have been identified for the post • Plan for reviewing job planning annually as a minimum e.g. one to one regular meetings, appraisals etc		

2	**Needs assessment**	• Identifies the current service needs and opportunities and explains how these have been identified and assessed. • Describes how the post aligns with NHS (or other national health organisation) priorities & goals • Describes how post aligns with national, regional and local healthcare strategies and drivers. • Clearly justifies why a **consultant-level pharmacist** (as opposed to another level or type of clinical practitioner) is required to fill the identified service gap(s) e.g. post meets needs that require system-wide leadership • Evidence of internal & external stakeholder engagement and support for the post from the wider MDT as well as from outside of the employing organisation • Describes how the post delivers medicines optimisation and value for money • Describes the performance and/or safety and/or financial benefits of the post		
3	**Anticipated outcomes**	• Post demonstrates clear deliverables and outcomes working across systems and professional boundaries • Outcomes align to the entry-standard of consultant-level practice • Outcomes describe the positive impact of the post on patients, services, quality and medicines optimisation • Outcomes demonstrate strategic leadership		

4	**Level of practice**	• Aligned to the entry-standard of consultant-level practice of consultant-level practice (see above) • Clearly differentiated from other advanced clinical practice roles i.e. influence & activities span beyond local level across healthcare systems and boundaries • Involves strategy development and implementation beyond a local level • Collaborates with other specialities, professions and sectors of pharmacy to work across healthcare boundaries		
5	**Risk assessment**	• An appropriate risk management approach is in place • Appropriate processes are in place to assess and minimise risk to patients, the post-holder and other stakeholders • Identifies main risks with post and associated service(s) and details proposed mitigation • Details clear organisational governance structure, policies and guidance with associated lines of responsibility and escalation • Details senior supervision structure including clinical specialists in area of practice • Accountability for the post-holder and organisation clearly defined • Evidence of locality-based MDT to associated medicines safety, leadership on learning cascade and prevention		

6	**Line management**	• Line management structures include professionals with the appropriate clinical knowledge and experience to support and supervise a role of this seniority • Clear accountability and management structures defined • Evidence of regular appraisal and feedback mechanisms with an appropriate member of staff • Describes how this post fits into existing governance frameworks		
7	**Monitoring and ongoing development**	• Clear processes for monitoring and measuring the post's intended outcomes as detailed in **Section 3** • Regular meetings with line manager and professional lead • Appropriate feedback (from a range of sources) and appraisal mechanisms for the post • Appropriate resources in place to support training and development of the post holder • Opportunities for peer review & networking, coaching and mentorship • Evidence of succession planning and contingency planning to cover post		

Application outcome	Approved◯	Provisional approval◯	Not approved◯

		What does the applicant need to do/change to address this?
• **Reasons for provisional approval**	•	•
	•	•

• **Reasons for application not being approved** ***(delete as appropriate)***	•	•
Other formative feedback (if relevant)	•	•
	•	•
	•	•