Supplemental guidance

for educational supervisors

Pharmaceutical Medicine Specialty Training

2021 Curriculum

Version 1

Faculty of
Pharmaceutical Medicine

Contents

1. Introduction

The 'Curriculum for Pharmaceutical Medicine Specialty Training' (2021 curriculum) defines and describes the approach to training to be introduced in 2021. The main change from the 'Specialty Training Curriculum for Pharmaceutical Medicine (August 2010)' (2010 curriculum) is the move from demonstrating competencies in specific tasks to demonstrating capabilities in generic and specialty aspects of pharmaceutical medicine practice. Each capability in practice (CiP) is described in detail in the 2021 curriculum and the document 'Essential guidance for trainees, educational supervisors and assessors on using the 2021 curriculum for Pharmaceutical Medicine Specialty Training' (guidance document).

Educational supervisors (ESs) should refer to the 2021 curriculum and the guidance document for definitive information. This document provides supplemental guidance to ESs and suggestions on how best to guide, advise and assess trainees as they enrol and then progress through the Pharmaceutical Medicine Specialty Training (PMST) programme.

2. Key principles in the 2021 curriculum

With the move from demonstrating competence in performing individual tasks to demonstrating capability levels for generic and specialty CiPs, trainees will need to collect evidence across the full breadth of their practice every year, for each of their training years.

Similarly, assessment of progress each year is across the full breadth of the curriculum – all 14 CiPs are assessed every training year and a global level of capability for each is proposed by the ES, based upon the evidence presented.

Entrustment decisions are made on the capability level on a scale 1-4, from level 1 (observe only), through levels 2 and 3 (perform with direct, then indirect supervision), to level 4 (perform unsupervised).

Progress is assessed by comparing the assessed level to the levels described in the outline grid table in section 5.4 of the 2021 curriculum. This describes the expected level to be attained for each CiP by the end of each training year (ST3 to ST6). This approach can be used by the ES and trainee to benchmark progress versus expectations throughout the training programme and forms the basis for determining the appropriate outcome at the Annual Review of Competence Progression (ARCP).

At the end of ST6, capability in every CiP is expected to be at level 4, demonstrating that the trainee is capable of independent practice. It is understood that - dependent on the trainee's role - demonstrating capability of independent practice for some specialty CiPs may be challenging. Guidance to assist with this is provided in section 3.3 of this document.

Some generic CiPs, those related to values/behaviours and ethical conduct, are expected to be demonstrated at level 4 at an earlier stage in the programme than the final year, and for ethical conduct to be at level 4 throughout the entire period of training.

3. Guidance

3.1 Enrolling on to the PMST programme

Before enrolling, the ES and the potential trainee should review current guidance on the Faculty of Pharmaceutical Medicine (FPM) website to confirm eligibility and ensure that all criteria are satisfied, or otherwise action taken to address these as required.

As the programme assesses capabilities, there is no advantage to enrolling as soon as work as a pharmaceutical physician commences. The programme will be successfully completed once all capabilities have been achieved (and the Diploma in Pharmaceutical Medicine (DPM) is passed), so there is no advantage to enrolling early when the trainee will not have had a significant opportunity to start developing the capabilities.

ESs and potential trainees should therefore consider the timing of enrolment on to the PMST programme. Time spent in preparing for the DPM exam prior to enrolment can allow a focus on preparation for the exam, which can then be taken early in the programme or even before enrolment.

The ES should remind the potential trainees that they will need to participate in revalidation as a non-training pharmaceutical physician in the period before enrolment in PMST.

3.2 Evidence collection

The focus should be on the quality of the evidence collected and not quantity and the trainee must include reflective commentaries with each piece of evidence. Always include consideration of the level of supervision required for every task in reflective commentary to facilitate self-rating by the trainee and assessment by the ES or assessor of the level of capability being demonstrated.

Encourage trainees to provide evidence from activities that span multiple CiPs whenever possible, rather than a narrow focus. Where possible, the ES should look for opportunities to involve their trainees in activities outside of their day-to-day role to broaden their experience to the full breadth of the 2021 curriculum CiPs and the PharmaTrain syllabus.

The ES should help the trainee identify appropriate CiPs to which evidence should be linked. Evidence will frequently straddle more than one CiP, so the trainee and ES should ensure accurate linking when reviewing each piece of evidence uploaded to the curriculum.

- remind trainees of good practice in evidence management
- create a structured folder system in the personal library, one folder for each CiP
- redact all personal identifying information that relates to any person other than the trainee, and any information that would be considered confidential
- label files in a way that allows easy identification of both the task and relevant CiPs.
- avoid uploading large files because the personal library on the e-portfolio is currently capped at 80Mb – front pages of relevant documents together with evidence of personal involvement are acceptable for the e-portfolio. (For large and/or confidential documents, the original can be reviewed by trainee and ES together and the ES document that they have viewed and validated the evidence offline).

Trainees are expected to use the full range of workplace-based assessments (WPBAs) each year, sufficient to demonstrate the level of capability achieved for each of the 14 CiPs. In practice, it is expected that a typical portfolio should contain:

- an indicative 12 pharmaceutical medicine assessment tools (PMATs) per year
- an indicative four observation assessment tools (OATs) per year
- one quality improvement project assessment tool (QIPAT) each year
- one multi-source feedback (MSF) indicative each year, but a minimum in years ST4 and ST6 (aim of minimum 12 respondents in each MSF).

3.3 Difficulties in evidencing specific CiPs

For each CiP in the 2021 curriculum, there is a list of descriptors which provide examples of tasks from which suitable evidence can be provided.

The descriptors for each CiP are broad and non-exhaustive examples. It is expected in each training year, trainees should be able to map their evidence across the full breadth of the curriculum and demonstrate their current level of capability for each CiP.

It is not a requirement to complete every descriptor listed in 2021 curriculum. Evidence collected should reflect the trainees experience and practise and it should build across the curriculum over the indicative four-year programme. The aim is to capture enough evidence each year to provide a representative view of capability level for each CiP. The outline grid of levels expected each year in the 2021 curriculum is a useful guide to the progress expected at each stage of training.

For areas where trainees and ESs identify that work-based exposure is lower than that needed to allow a capability to develop sufficiently over four years, wider experience can be sought to help capability develop. This could include wider exposure in the workplace (such as working with other subject matter experts or through secondment/specific project work), or by undertaking external courses (either individual training courses or an FPM-approved course.

FPM-approved courses will remain accredited by FPM and available for trainees to accelerate capability development. No courses are mandatory but can be used where necessary to provide additional development opportunities where these are limited in the workplace.

Unlike the 2010 curriculum, completing an FPM-approved course cannot be used to demonstrate that an entire CiP has been achieved in the 2021 curriculum. Capability assessment is dynamic over the full four-year programme and is centred on the capability demonstrated in the trainee's practice. An external course can accelerate development of a capability, but not in itself show that capability is reflected in practice. FPM has developed a mapping tool that maps competencies in the 2010 curriculum to capabilities in the 2021 curriculum. This can be used to help identify which CiP(s) a particular FPM-approved course is aligned to.

OATs can be good evidence supporting that the descriptors for a capability have been mastered at any level, but particularly at level 4 – effective teaching of activities usually requires a good understanding of the principles and experience of delivering the task(s) that are the subject of the assessment.

3.4 Assessment and preparing for the ARCP

ES assessment should form the basis for continual feedback and periodic professional development plan (PDP) planning to ensure that progress through the training programme is maintained across all 14 CiPs for the duration of the programme, sufficient to allow successful completion.

The ES role in assessment is to review the totality of evidence (including trainee reflection) for each CiP, and to determine whether capability development is below, meeting or exceeding expectations for each CiP for the year in training. This process should be continuous, and when completing the annual Pharmaceutical Medicine Educational Supervisor Report (PMESR), the ES should include a rationale for their proposed rating for each CiP and for progress overall.

Trainees and ESs should leave adequate time to plan and prepare ahead of each ARCP. Ensure that the trainee and the ES are aware of the submission deadline so that all required documentation is provided in good time.

Annual assessment in the 2021 curriculum is broader than in the 2021 curriculum, as the capability level must be evidenced and assessed for every CiP. In preparation for the ARCP, the trainee and ES will need to ensure that the following documents are completed:

- Form R Part B (trainee revalidation self-declaration form)
- Wider scope of practice form (if applicable)
- COVID-19 trainee self-assessment/declaration form (if applicable)
- Up to date CV
- PMESR
- Pharmaceutical Medicine Annual Appraisal (PMAA).

Prior to the ARCP, trainees should meet with their ES with their self-rating already complete. A summary reflection at the level of the CiP is recommended each year to support the trainee's self-rating. The ES will then form their own opinion of the trainee's capability and complete the PMESR, recording their assessment of the trainee. The ES is required to make the following three judgements:

1. For each CiP, what level (1-4) reflects the trainee's current capability? (this is termed the "entrustment decision")

2. For each CiP, a rating against the global anchor statement – is the trainee below/meeting/above expectations?

3. A global assessment of overall performance considering all 14 CiPs together, again against the global anchor statement – is the trainee below/meeting/above expectations?