BTS Professional Development Framework

Respiratory Pharmacist Practice

ISSN 2040-2023: British Thoracic Society Reports. Vol 17, Issue 4, 2026

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Declarations of interest

Declarations of interest were completed in line with BTS Policy and are available upon request from BTS Head Office.

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Introduction

Respiratory disease represents a significant burden on individuals and healthcare systems, with effective medicines management playing a fundamental role in improving patient outcomes and reducing avoidable harm. Pharmacists are integral members of the wider respiratory multi-professional team (MDT). They play a key role in medicines optimisation, safe and effective prescribing, supporting people with respiratory disease and their carers to achieve the best possible outcomes from their medicines. In addition to direct patient care, respiratory pharmacists provide expert advice to the MDT, enhancing clinical decision-making and promoting safe, effective prescribing practice. Experienced respiratory pharmacists also contribute to the development of regional and national medicines policy through involvement in clinical reference groups and national committees.

The British Thoracic Society (BTS) recognises and supports the critical role of specialist respiratory pharmacists and the importance of workforce development across all sectors. BTS workforce document "A respiratory workforce for the future" recommendations include a minimum of 250 funded specialist respiratory pharmacists nationally, ensuring that each trust or equivalent organisation has a designated specialist lead for adult respiratory services. In addition, every commissioned respiratory service should include a specialist respiratory pharmacist embedded within the MDT. To provide additional strategic oversight and drive consistency in care, seven regional consultant respiratory pharmacists are recommended in England[1]. BTS acknowledges the importance of supporting pharmacists in this specialty by promoting high standards, enabling professional development, and addressing workforce challenges such as recruitment and retention and for succession planning.

This document provides guidance on the knowledge and skills required for pharmacists to work effectively within the respiratory MDT and to support people living with respiratory disease and their carers. It complements existing national standards and curricula and may support credentialing processes developed by the Royal College of Pharmacy (RCPharm). In doing so, it provides a consistent, specialty-specific description of practice for pharmacists working in, or with an interest in, respiratory medicine[2-5].

This framework is intended for pharmacists working in adult and children and young people (CYP) respiratory roles across all sectors and UK nations. It may also support those seeking to establish or develop respiratory pharmacy roles, providing a guide for implementation and ongoing career progression.

This guidance is neither endorsed nor accredited by the RCPharm and should not be referred to as part of the credentialing assessment process. It is intended as a supportive resource to be used in practice and as such, is not a guarantee of success in credentialing.

The framework is structured around five domains of pharmacy practice:

1. Person-Centred Care and Collaboration
2. Professional Practice
3. Leadership and Management
4. Education
5. Research

It is designed to support autonomy and progression in scope of practice from post-registration (enhanced practice) through to advanced and consultant-level practice. As such, it provides a developmental pathway to support pharmacists, employers and organisations in identifying areas for growth, guiding professional development and informing workforce planning.

Within each domain, practice is described using descriptors which outline the expected breadth and level of practice. These descriptors are intended to support development and should be applied flexibly. It may not be necessary for learners to provide evidence for every descriptor; instead, evidence should demonstrate the overall breadth and depth of practice relevant to their role. The descriptors are not exhaustive, and alternative forms of evidence may be used to demonstrate achievement of outcomes. The levels and associated descriptors are cumulative and progressive, with each level building on the knowledge, skills, and behaviours of the preceding level.

Method of Pharmacist Framework Production

In May 2020, the BTS published a professional development framework for adult respiratory nurses[6]. A complementary document for nurses working in paediatric respiratory medicine was published in May 2021, followed by a framework for advanced practitioners in October 2024[7,8].

In 2025, the BTS Workforce and Service Development Committee (WSDC) approved the development of this framework to support pharmacists working in respiratory medicine.

This document has been developed by a Task and Finish Group comprising respiratory pharmacists from primary and secondary care, representing a range of roles and sectors. The framework falls under the remit of the BTS WSDC.

The Task and Finish Group was convened in December 2024 and met for the first time in January 2025. The draft document was subsequently approved for public consultation and was available on the BTS website from 13 October to 8 December 2026. Representatives from relevant stakeholder organisations were invited to contribute to ensure the framework reflected practice across the UK.

How to Use This Document

This framework is a generic tool that broadly outlines typically expected practice for each stage. It is designed to be adapted to reflect the nuance of local context and the diverse roles undertaken by pharmacists working within respiratory medicine or with an interest in respiratory medicine. It is not intended to be an exhaustive list of skills or competencies that must be achieved; rather, it provides a guide to how skill sets can support a structured career in respiratory pharmacy.

The framework is designed to align personal and organisational goals and identify development opportunities within each of the five domains of pharmacy practice in order to support both individual professional development and workforce planning. While it can guide development, assessment of competence should take place through standard appraisal processes or via RCPharm credentialing.

The framework can be used to:

- Identify the knowledge and skills required as a training needs analysis for individuals, including applying for new posts
- Support appraisal and maintenance of professional standards
- Provide a guide for professional development and assessment
- Support revalidation and ongoing personal development

It should support pharmacists in identifying gaps in their current practice and provides specialty-specific examples to guide development. It also enables employers to understand expected levels of practice at different stages, supporting role design, service development and workforce planning.

The framework supports progression in skills, influence and impact, rather than being defined by job title or banding. It should be used as a developmental tool rather than a formal assessment for credentialing. Recognition of level of practice remains subject to RCPharm credentialing processes and standards.

All elements should be applied within the individual's scope of practice, role requirements, and service setting. Pharmacists are not expected to demonstrate practice across all patient groups (e.g. both adult and paediatric populations) unless relevant to their role.

The qualifications outlined at each stage represent typical expectations and should not be interpreted as a prescriptive checklist. It is not expected that all elements will be achieved simultaneously, particularly for those progressing towards advanced or consultant-level practice. Instead, they support a staged and flexible approach to development.

Supporting Evidence

Evidence to support development and progression may include, but is not limited to:

- Portfolio, reflective diary, peer review or accreditation
- Directly observed practice
- Performance review and appraisal documentation
- Academic achievements and certificates
- Attendance at study days, courses and conferences
- Audit, quality improvement or research activity
- Publications, posters and presentations
- Development of protocols, policies, business cases or service innovations
- Participation in committees, guideline development or steering groups
- Teaching and training activities (including mentorship, study days and programme delivery)
- Standard Supervised learning events commonly used such as MiniCex, case-based discussions – refer to RCPharm website for further details and proforma.

References:

1. British Thoracic Society Workforce for the future. ISSN 2040-2023: British Thoracic Society Reports, Vol 13, Issue 2, 2022 British Thoracic Society A respiratory workforce for the future
1. Royal College of Pharmacy Post-registration foundation pharmacist curriculum. www.rcpharm.org/education/post-registration-foundation-pharmacist-curriculum/
2. Royal College of Pharmacy Core Advanced Pharmacist Curriculum. www.rcpharm.org/education/core-advanced-pharmacist-curriculum/
3. Royal College of Pharmacy: A Competency framework for all prescribers (2021). www.rpharms.com/resources/frameworks/prescribing-competency-framework/competency-framework#framework
4. Royal College of Pharmacy Consultant Pharmacist credentialing process. www.rcpharm.org/education/consultant-pharmacist-credentialing-process/
5. British Thoracic Society: the professional development framework for adult respiratory nursing. ISSN 2040-2023: British Thoracic Society Reports, Vol 11, Issue 1, 2020. www.brit-thoracic.org.uk/working-in-respiratory/frameworks/adult-respiratory-nursing/
6. British Thoracic Society: a professional development framework for paediatric respiratory nursing. ISSN 2040-2023: British Thoracic Society Reports. Vol 12, Issue 2, May 2021. www.brit-thoracic.org.uk/working-in-respiratory/frameworks/paediatric-respiratory-nursing/
7. British Thoracic Society: Professional development framework for adult respiratory advanced clinical practitioners. ISSN 2040-2023: British Thoracic Society Reports. Vol 15, Issue 7, 2024. www.brit-thoracic.org.uk/working-in-respiratory/frameworks/adult-advanced-clinical-practitioners/

Supporting information and suggested reading:

- Primary Care Respiratory Society. Fit to Care: Key knowledge skills and training for clinicians providing primary care (2022). www.pcrs-uk.org/fit-to-care
- National Institute for Health and Care Excellence. Shared decision making. NG197 (2021). www.nice.org.uk/guidance/ng197/resources/shared-decision-making-learning-package-9142488109
- NHS England Consultant pharmacist guidance (2020). www.hee.nhs.uk/our-work/pharmacy/consultant-pharmacist-guidance
- National Institute for Health and Car Excellence. Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes. NG5 (2015). www.nice.org.uk/guidance/ng5
- British Thoracic Society Position Statement. Sustainability and the environment: Climate change and lung health (2024). www.brit-thoracic.org.uk/about-us/position-statements/
- BTS Sustainability toolkit (2026). www.respiratoryfutures.org.uk/programmes-pages/bts-sustainability-toolkit/
- Royal College of Pharmacy Greener Pharmacy toolkit. greenerpharmacy.rpharms.com/public/report.aspx?memberqueryid=24C08538-802F-4FF0-815F-A9D3739F2290

- General Pharmaceutical Council (GPhC). Standards for the education and training of pharmacists (January 2021). London: GPhC. www.pharmacyregulation.org/students-and-trainees/education-and-training-providers/standards-education-and-training-pharmacists
- Primary Care Pharmacy Association. Pharmacists working in general practice - competency framework. www.pcpa.org.uk/resources/pharmacists-working-in-general-practice-competency-framework

Level:	**Enhanced Pharmacy Practice or new to Respiratory Care**
Example:	Community pharmacist, Agenda for Change Band 6 rotational pharmacist, pharmacist new to respiratory medicine, GP practice-based pharmacist (general medicine reviews)
Scope:	Broad but non-specialist capability
Clinical complexity:	Low-moderate, with appropriate supervision
Aligned to:	RCPharm Post-registration foundation pharmacist curriculum: RPS-Post-registration-Foundation-CurriculumFINAL-Aug25.pdf and PCPA Pharmacists working in General Practice competency framework PCPA_Pharmacist_Framework_Jan_2025_copy.pdf

TYPICAL QUALIFICATIONS AND DEVELOPMENT PATHWAYS	PERSON CENTRED CARE AND COLLABORATION	PROFESSIONAL PRACTICE	LEADERSHIP AND MANAGEMENT	EDUCATION	RESEARCH
• Registered pharmacist with the GPhC. • Independent Prescriber (or working towards qualification, where appropriate to role) • Undertaking or completed a postgraduate qualification (e.g. diploma or accredited modules in a relevant clinical area such as respiratory medicine) • Working towards RCPharm Post-registration Foundation	Places the person at the centre through shared decision making; communicates effectively; Seeks advice from, and provides advice to the wider pharmacy and multidisciplinary team according to their roles and expertise.	Able to discuss treatment options and educate patients on medicines used for common respiratory condition (e.g acute/chronic asthma, acute/chronic COPD, respiratory infections).	Promotes pharmacy services and supports the development of the profession; recognises opportunities for change, innovation and quality improvement; demonstrates self-awareness, resilience and adaptability.	Develops personally and supports the education and development of others within the team.	Demonstrates awareness of and participates in research, audit and quality improvement (QI) principles and their application.
	Demonstrates effective communication skills when engaging with patients—demonstrating empathy, attentiveness, and efficient information gathering—while	Participates in MDT ward rounds and provides advice and guidance on issues relating to pharmaceutical care for respiratory conditions and	Understands own role within the wider Respiratory MDT and refers appropriately across primary, secondary, and community care pathways, including	Demonstrates evidence of continuous professional development within the field of respiratory medicine, maintaining and updating knowledge and skills relevant to practice.	Contributes towards audit and QI projects (which may include input to National Respiratory Audit Programme (NRAP) or respiratory-related audits).

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(Enhanced) credentialing • Completion of National Bundle of Care tiered training for children and young people (CYP) with asthma (aligned to the National Capability Framework), where relevant to role (e.g. via e-Learning for Healthcare)	acknowledging and respecting cultural, religious, and spiritual beliefs and values that shape their ideas, concerns, and expectations.	prescribing within scope of competence.	specialist respiratory services.		
	Makes appropriate referrals to members of the pharmacy and multidisciplinary team and services across the care pathway; recognises wider primary, community and secondary care, and voluntary services	Applies knowledge of common respiratory pathophysiology and conditions (e.g. asthma, COPD, respiratory infections) to support clinical decision-making and patient care.	Demonstrates a clear understanding of and consistently exhibits the qualities of a positive role model within respiratory and wider clinical practice.	Engages with relevant respiratory learning opportunities (e.g. in-house training, modules, study days) to support ongoing development.	Demonstrates awareness of service limitations and actively contributes to quality improvement initiatives, including those related to respiratory care pathways.
	Contributes to multidisciplinary team discussions, providing input into decisions (e.g. inhaler/device selection) while recognising own scope of practice and seeking specialist input where appropriate.	Assesses and demonstrates inhaler technique to patients and healthcare professionals, identifying and addressing errors.	Understands and contributes towards the work-place vision, supporting delivery of service objectives within the team.	Reflects on feedback and experiences, applying learning to improve own clinical and professional practice.	
	Documents clinical decisions and communicates effectively and works	Recognises factors influencing inhaler prescribing and optimisation, including device type, patient	Demonstrates self-awareness by recognising own strengths and limitations through	Contributes to safe prescribing practices through clinical teaching aligned with local, regional, and	

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	collaboratively with the MDT.	ability, inspirational flow, environmental impact, and cost-effectiveness.	reflection, feedback and use of leadership or assessment tools; proactively seeks support when required.	national respiratory guidelines.	
	Demonstrates understanding of holistic respiratory care, including pharmacological with behavioural support, non-pharmacological interventions (e.g. smoking cessation, vaccination, pulmonary rehabilitation, lifestyle factors), and incorporates these into patient discussions.	Demonstrates knowledge of safe and effective use of medicines used in respiratory conditions, including contraindications, dose adjustments (e.g. renal/hepatic impairment), adverse effects, and drug interactions.	Demonstrates self-awareness by recognising own strengths and limitations, using reflection and feedback to inform development and seeking support when required.	Participates in the education and development of colleagues (e.g. MDT, students, trainee pharmacists, pharmacy technicians, support workers) through delivery of teaching sessions, shadowing and clinical supervision.	
	Identifies polypharmacy and supports safe deprescribing through shared decision making, including in patients with co-existing respiratory disease.	Provides basic pharmaceutical care, including respiratory-focused medication reviews and monitoring of treatment effectiveness and adherence.	Engages in professional networking activities to support continuous professional development within respiratory practice.	Develops written and oral presentation skills, including presenting respiratory case discussions or audit findings.	
	Provides effective safety-netting and signposting to reputable sources of	Utilises local and national resources/guidelines (e.g. NICE, BTS, SIGN)	Recognises the role of pharmacy within clinical governance frameworks and begins		

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	information, including guidance on managing out-of-hours care and accessing appropriate community or specialist support.	for common respiratory conditions in practice and appropriately challenges where practice deviates.	to contribute to patient safety initiatives, including incident reporting and quality improvement activities.		
	Aware of potential safeguarding concerns—particularly in CYP with respiratory conditions (e.g. repeated asthma admissions, missed reviews, frequent inhaler requests, poor adherence to inhaled corticosteroids) and escalates appropriately in line with safeguarding procedures.	Demonstrates a basic understanding of clinical observations / assessments (e.g. temperature, BP, respiratory rate, oxygen saturations/ blood gases, spirometry, disease severity scores - CURB-65, etc).	Supports the introduction of new respiratory medicines into practice through formulary submissions critical appraisal and evaluation of evidence.		
	Able to assess the maturity of paediatric patients using Gillick competency, supporting children in making informed decisions about their own health management, such as inhaler use.	Selects, applies, and interprets validated clinical tools and questionnaires (e.g. ACT, MRC dyspnoea scale) to assess disease control and support management.	Contributes to the development and review of respiratory treatment guidelines.		

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		Provides advice and counselling on high-risk medicines where relevant to respiratory patients, considering individual patient factors. (e.g. anticoagulation, immunosuppressants).	Contributes to the monitoring and review of medicines expenditure, including respiratory prescribing, to support safe, effective, and cost-efficient use of medicines.		
		Considers any relevant patient factors (e.g. breastfeeding, ability to swallow, religion, ethnicity, social support) and the potential impact on the choice, route of administration, formulation of medicines and adherence	Supports investigation of respiratory medicines-related incidents and contributes to actions that improve patient safety.		
		Conducts additional respiratory clinical assessment skills (e.g. peak flow measurement, FeNO where available) and interprets results within scope of practice.			

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		Recognises risks associated with respiratory medicines and disease (e.g. inappropriate inhaler use, polypharmacy, high-risk medicines) and contributes to safe prescribing and monitoring.			
		Supports antimicrobial and corticosteroid stewardship in respiratory care within scope of practice.			

Level:	**Core Advanced / Advanced Specialist Pharmacist**
Example:	Agenda for Change Band 7/8A pharmacist, GP practice-based pharmacist (leads respiratory clinic or working towards), pharmacist working in specialist respiratory services, integrated care, community pharmacist with special interest in respiratory – providing care to respiratory patients (includes Meds opt domiciliary care & virtual wards).
Scope:	Developing specialist respiratory capability Works across care pathways (primary, secondary, community, virtual care) Contributes at team and service level, not just individual patient level
Clinical complexity:	Moderate to high, prescribing in mid to high complexity scenarios, autonomous patient load such as pharmacist-led clinics
Aligned to:	The RCPharm Core Advanced pharmacist curriculum RPS-Core-Advanced-curriculumFINAL-1.pdf

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• Registered Pharmacist with the General Pharmaceutical Council • Independent Prescriber, or working towards • Postgraduate qualification in a relevant clinical area (e.g. Respiratory Medicine diploma or equivalent	Communicates effectively in complex and challenging situations, maintaining a person-centred approach, and actively promotes collaboration to influence decision-making and care delivery at a team or service level.	Demonstrates the knowledge and skills to deliver autonomous pharmaceutical care for people with complex respiratory needs; professional practice at a multidisciplinary team or service level.	Improves respiratory care delivery through action at a multidisciplinary team or service level, using evidence, data, and appropriate methodologies, demonstrating leadership and resilience.	Develops self and others through reflective practice, delivering high-quality respiratory education and training that impacts at a team or organisational level.	Evaluates and applies the evidence base, using appropriate methodologies to inform clinical practice, service development and patient outcomes.
	Appraises the impact of social, economic, environmental, and behavioural factors (e.g.	Provides advanced pharmaceutical care for patients with respiratory disease,	Interprets and implements national respiratory policies, translating them into	Engages in self-directed learning and critical reflection to advance respiratory	Leads and delivers respiratory-focused audits, QI projects, and service

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accredited modules) • Working towards or completion of a Master's degree (MSc) in a relevant field (e.g. Clinical Pharmacy, Advanced Clinical Practice, Respiratory Medicine) • Working towards or holding RCPharm Core Advanced or Specialist Credentialing • Completion of relevant respiratory training aligned to national standards (e.g. asthma, COPD, inhaler technique, spirometry where applicable) • Evidence of continuing professional	smoking, air quality, deprivation) on respiratory health outcomes, considering implications for patients, families, and carers	including those with multimorbidity, polypharmacy, or diagnostic uncertainty.	local pathways and guidelines, and leading improvements to reduce unwarranted variation and optimise patient outcomes.	clinical expertise, leadership, and service development	evaluations (e.g. exacerbation reduction, inhaler optimisation, SABA over-use, antimicrobial stewardship)
	Advocates for and delivers a holistic, person-centred approach to care, applying personalised care principles to support individualised self-management plans and prevention of respiratory disease and exacerbations.	Delivers autonomous pharmaceutical care for patients with complex respiratory conditions (e.g. difficult asthma, advanced COPD, bronchiectasis, Pulmonary Embolism (PE), Interstitial Lung Diseases (ILD), Cystic Fibrosis (CF), recurrent infections, fungal lung disease, Tuberculosis (TB), Non-Tuberculosis Mycobacterium (NTM))	Undertakes leadership and management development and training to support delivery of respiratory services	Designs, delivers and evaluates respiratory education for multi-professional teams, including inhaler technique, guideline updates, and complex case-based learning.	Analyses data and population health intelligence (e.g. prescribing data, admission rates, audit data) to identify service needs, variation, and health inequalities in respiratory care.
	Documents in care notes and communicates treatment decisions made on complex respiratory disease, in collaboration with patients and healthcare professionals across care interfaces	Applies advanced knowledge of respiratory pathophysiology to manage complex patients, integrating evidence, exercising clinical judgement in uncertain situations,	Influences clinical governance within respiratory services, embedding safety, quality improvement, and evidence-based practice	Utilises clinical supervision to support own professional development and enhance advanced practice, while actively contributing to the development of others through mentoring, teaching, peer review,	Disseminates findings from audit and quality improvement projects at a local level, sharing learning to inform practice and improve patient outcomes; contributes to wider dissemination through presentations or

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development (CPD) in respiratory care (e.g. courses, study days, conferences) • Training in respiratory diagnostics (e.g. spirometry accreditation, FeNO training) • Completion of National Bundle of Care tiered training for children and young people (CYP) with asthma (aligned to the National Capability Framework for CYP care), at tier relevant to role.	(primary, secondary, community and virtual wards) ensuring seamless continuity of care.	and managing higher-risk presentations.		and facilitation of learning within the multidisciplinary team.	publications where appropriate.
	Recognises and addresses ethical dilemmas and health inequalities in respiratory care, supporting equitable and person-centred outcomes.	Supports the implementation of national, regional, and local respiratory policies by translating them into practice through defined goals, standards, and pathways to improve service delivery and patient outcomes (e.g. inhaler optimisation, biologics pathways, oxygen prescribing, antimicrobial stewardship).	Promotes a culture of learning by sharing insights from incidents, best practices, prescribing trends within respiratory care; linking outcomes to audit and research initiatives to drive continuous improvement.	Acts as a role model in education, supervision, and mentoring, including undertaking roles such as Designated Prescribing Practitioner, to support the development of trainee ACPs and other respiratory-focused roles, building workforce capability and sustainability.	Builds collaborative relationships across MDT, academic, and research networks
	Communicates complex or sensitive respiratory information effectively, including prognosis, risk, and uncertainty, to support informed decision-making.	Applies and adapts clinical guidelines, standards, and best practice recommendations (e.g. NICE, BTS, SIGN) to inform safe, effective, and high-quality care, taking into account patient complexity and clinical context.	Demonstrates adaptability in complex, high-risk respiratory scenarios, maintaining safe and effective decision-making.	Supports the creation of respiratory educational resources and the delivery of workforce development initiatives, including cross-sector rotations, and DPP activities.	Supports and contributes to respiratory research activity and supervision (e.g. recruitment, data collection, service evaluation), working within governance and ethical frameworks

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					such as the Health Research Authority.
	Adapts communication style to manage challenging consultations (e.g. poor adherence, anxiety, conflicting expectations), facilitating engagement and behaviour change.	Selects, applies, and interprets validated respiratory assessment tools (e.g. ACT, cACT, ACQ, CAAT, MRC dyspnoea scale) to assess disease control and severity, integrating results with clinical findings to guide treatment decisions and optimise management.	Develops and maintains effective working relationships to inspire and motivate teams.	Adapts educational approaches to meet learner needs, promoting engagement and application to practice.	Critically appraises literature, guidelines, and emerging evidence (e.g. NICE, BTS, SIGN), integrating findings into practice and service improvement.
	Demonstrates advanced clinical reasoning by prioritising patient concerns, actively gathering and interpreting complex clinical information, and applying shared decision-making principles to optimise patient outcomes during consultations.	Undertakes comprehensive, structured respiratory history-taking and clinical assessment, synthesising presenting symptoms, comorbidities, risk factors, and medicines use to inform clinical decision-making	Leads the development and redesign of services and clinical pathways in collaboration with stakeholders, using data, evaluation, feedback, and workforce insight to inform decisions, and works across organisational boundaries to deliver measurable improvements in patient care and outcomes.		

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	Demonstrates advanced communication skills, conveying complex respiratory information to patients, carers, and professionals	Performs respiratory-focused physical examination where appropriate (including inspection, palpation, percussion, and auscultation), recognising abnormal findings and integrating these into clinical reasoning	Provides supervision and guidance to junior team members, supporting their development and professional growth.		
		Synthesises investigation results (e.g. eosinophil counts, arterial blood gases, sputum cultures, therapeutic drug monitoring) with clinical findings to support diagnosis, risk stratification, and personalised treatment planning	Works across organisational boundaries (primary, secondary, community) to improve integration and reduce variation in respiratory care.		
		Identifies/ differentiates lung patterns (including FEV_1, FVC, FEV_1/FVC ratio, flow–volume loops and bronchodilator reversibility), differentiating			

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		obstructive, restrictive and mixed patterns, and integrates findings with clinical presentation to support the diagnosis, or inform management of respiratory conditions.			
		Evaluates competing risks between respiratory disease and comorbidities, adapting management plans accordingly.			
		Formulates and refines differential diagnoses for respiratory and non-respiratory causes of symptoms (e.g. breathlessness, cough), considering conditions such as anaemia, cardiac disease, dysfunctional breathing, GORD, and malignancy.			

Level:	**Consultant Pharmacist (Respiratory)**
Example:	Agenda for Change Band 8b-8d consultant pharmacist, Consultant Pharmacist working across integrated respiratory pathways (e.g. severe asthma, COPD, ILD services), Strategic or system-level pharmacist leading respiratory transformation, virtual wards, or population health initiatives
Scope:	Expert specialist practice in respiratory medicine Works across organisational and system boundaries, including primary, secondary, community, and integrated care systems Provides clinical, strategic, and professional leadership for respiratory services Influences practice at organisational, regional, and national level Drives innovation, service transformation, and improvement in respiratory care
Clinical complexity:	Highly complex, high-risk, and/or rare respiratory conditions, including diagnostic and therapeutic uncertainty
Aligned to:	RCPharm Consultant Level curriculum RPS-Consultant-Pharmacist-Curriculum-2020_FINAL.pdf NHS England Consultant Pharmacist Guidance Consultant pharmacist guidance | NHS England | Workforce, training and education

TYPICAL QUALIFICATIONS AND DEVELOPMENT PATHWAYS	PERSON CENTRED CARE AND COLLABORATION	PROFESSIONAL PRACTICE	LEADERSHIP AND MANAGEMENT	EDUCATION	RESEARCH
• Credentialed by the RCPharm as a Consultant Pharmacist and practicing within an approved consultant-level post (required to use the title) • Holds, or is working towards, a doctoral-level qualification (e.g. PhD, professional doctorate, or	Communicates highly complex and sensitive information effectively in challenging and uncertain situations (e.g. limited or conflicting evidence), adapting approach to meet individual patient needs.	Leads the delivery of expert, autonomous pharmaceutical care for patients with highly complex respiratory conditions across organisational boundaries.	Provides strategic leadership in respiratory medicine, influencing service development, transformation, and delivery across organisational and system boundaries.	Leads and manages education and training provision across organisational and professional boundaries, developing the multidisciplinary workforce to meet current and future respiratory service needs.	Leads and advances the respiratory research and innovation agenda, evaluating and applying the evidence base to inform service development, clinical practice, and patient outcomes.
	Delivers expert, autonomous, person-centred care for patients with highly	Provides specialist care for defined patient cohorts or respiratory sub-specialties,	Leads the development and implementation of innovative respiratory	Designs, delivers, and evaluates specialist respiratory education, training, and	Initiates, designs, and leads research and quality improvement programmes to

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equivalent experience) • Demonstrates a significant contribution to education and/or research, which may include clinical academic roles (e.g. Senior Lecturer, Reader, or Professor), where applicable and opportunities allow.	complex respiratory conditions, managing clinical uncertainty and balancing risks in partnership with patients and carers.	demonstrating advanced expertise and extensive clinical experience.	services and clinical pathways, working across geographical and sector boundaries to improve patient and population outcomes.	mentorship across care settings (primary, secondary, community, and academic), influencing practice at local, regional, and national level.	support evidence-based, safe, and cost-effective respiratory care.
	Acts as an expert clinical advisor within the multidisciplinary team, influencing decision-making for complex respiratory cases and supporting other healthcare professionals in delivering optimal care.	Applies expert clinical reasoning to diagnose, manage, and review complex cases within scope of practice, including critically evaluating and validating clinical assessments and management plans.	Contributes to and shapes the governance agenda at a senior level, influencing policy, quality improvement, and risk management to enhance patient safety and service effectiveness.	Contributes to clinical academia through lecturing, supervision, and advisory roles within affiliated higher education institutions (e.g. Senior Lecturer, Reader, or Professor level), where applicable.	Critically appraises evidence to identify gaps in the literature, clinical practice, and translation of research into practice, and develops innovative and pragmatic solutions to address these gaps.
	Leads and promotes collaborative working across pharmacy and multidisciplinary teams, spanning organisational and professional boundaries to improve patient and population outcomes.	Manages clinical uncertainty and risk in complex scenarios, balancing competing priorities and comorbidities to optimise patient outcomes.	Influences and contributes to national policy and strategic priorities in respiratory care (e.g. advancing the role of pharmacists in respiratory disease management).	Provides expert educational leadership and mentorship to the multidisciplinary workforce, supporting development of advanced clinical practice and workforce capability.	Secures funding and leads research activity, including acting as Associate Principal Investigator or Principle Investigator for studies, overseeing development, submission, and delivery of research projects.
	Facilitates shared decision-making in	Demonstrates subspecialist expertise	Represents respiratory pharmacy at regional,	Leads the development and	Disseminates research and quality

TYPICAL QUALIFICATIONS AND DEVELOPMENT PATHWAYS	PERSON CENTRED CARE AND COLLABORATION	PROFESSIONAL PRACTICE	LEADERSHIP AND MANAGEMENT	EDUCATION	RESEARCH
	complex scenarios, supporting patients to understand risks, benefits, and uncertainties associated with treatment options.	in respiratory medicine, with extensive experience in managing cohorts of patients with complex respiratory conditions, delivering high-level care aligned with national and international clinical guidelines.	national, and/or international level (e.g. DHSC, NHSE, BTS, UKCPA, RPS, PCRS, NPPG, ERS, IPCRG, FIP), contributing to professional leadership and development of the specialty.	implementation of educational strategies, resources, and workforce development initiatives (e.g. cross-sector rotations, Designated Prescribing Practitioner (DPP) roles), aligned to service priorities.	improvement findings through national and international platforms (e.g. BTS, ERS, IPCRG, RPS), including publication in peer-reviewed journals.
	Supports continuity of care across interfaces (primary, secondary, community, and virtual care), ensuring clear communication of complex clinical decisions.	Applies expert clinical reasoning to diagnose and manage patients within scope of practice, providing critical review of clinical assessments and management plans to ensure safe, effective, and evidence-based care.	Acts as a recognised leader within respiratory medicine, demonstrating sustained impact through innovation, leadership, and contributions to practice, policy, or education.	Evaluates the impact of education and training programmes on clinical practice, workforce development, and patient outcomes, using feedback and data to inform continuous improvement.	Builds research capacity by mentoring and supporting pharmacists, multidisciplinary colleagues, and students in the design, conduct, and dissemination of research.
	Adapts communication strategies to manage challenging consultations (e.g. poor adherence, anxiety, conflicting expectations), enabling behaviour change and engagement in care.	Performs and interprets advanced respiratory clinical assessments, integrating findings into complex clinical decision-making.			Translates research findings into clinical practice and service innovation, influencing care delivery and improving patient and population outcomes.

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		Critically interprets reports of imaging and specialist investigations (e.g. chest X-ray, DEXA, CT, microbiology, FeNO, ABGs), recognising limitations, uncertainty, and red flags requiring escalation.			
		Optimises medicines use in complex respiratory disease, applying advanced knowledge of pharmacology, therapeutics, and guidelines (including national and international standards).			
		Synthesises complex diagnostic information (e.g. physiological tests, imaging, laboratory results, severity scores such as CURB-65) to inform diagnosis, risk stratification, and management.			
		Supports development and refinement of			

TYPICAL QUALIFICATIONS AND DEVELOPMENT PATHWAYS	PERSON CENTRED CARE AND COLLABORATION	PROFESSIONAL PRACTICE	LEADERSHIP AND MANAGEMENT	EDUCATION	RESEARCH
		clinical practice through application of evidence, expert judgement, and advanced clinical expertise.			