BTS Professional Development Framework for Pharmacists Working in Respiratory Medicine

(Adults and CYP)

Draft for public consultation

Introduction:

Pharmacists in Respiratory Medicine are integral members of the wider respiratory multi-professional team. They lead on medicines optimisation/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 and guidance to the wider multi-disciplinary team (MDT), enhancing clinical decision-making and supporting safe, effective prescribing practices. Experienced respiratory pharmacists also contribute to the development of regional and national medicines policies through involvement in clinical reference groups and national committees.

The British Thoracic Society (BTS) recognises and supports the critical role of specialist Respiratory Pharmacists. The BTS workforce document recommends a minimum of 250 funded Specialist Respiratory Pharmacists, ensuring that each Trust or equivalent has a designated specialist lead for adult respiratory services (1). Additionally, every specialist respiratory service should include a specialist Respiratory Pharmacist embedded within the MDT. To provide strategic oversight and drive consistency in care, seven Regional Consultant Respiratory Pharmacists are needed across the UK. BTS acknowledges the importance of supporting pharmacists in this specialty—promoting high standards, professional development, and addressing workforce challenges such as recruitment and retention.

This document provides guidance on the proposed knowledge, skills and capabilities that pharmacists should develop to work effectively within the wider respiratory team and to support people living with respiratory diseases.

The framework has been developed using a structured approach based on outcomes, capabilities, and descriptors, aligned with the Royal Pharmaceutical Society (RPS) credentialing process. Outcomes define the high-level expectations of practice and the impact pharmacists should have on patient care and service delivery. These outcomes are underpinned by capabilities, which represent the broad knowledge, skills and behaviours required to meet them. Each capability is supported by descriptors, which clarify the expected level and scope of performance, helping to guide assessment and development. Together, these components provide a clear, developmental pathway for pharmacists progressing from post-registration through to advanced and consultant-level practice. The framework is structured around the five domains of pharmacy practice set out by the RPS (2):

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

It is also recognised that from 2026 all registrants will be independent prescribers, practising within their scope of competency. The intended audience for this document is anyone working as a pharmacist in an adult or children and young person (CYP) respiratory role or involved with looking after people with respiratory disease. It will be relevant for those working in all the devolved nations and across all healthcare settings. It may be useful to those seeking to establish a role as a pharmacist

in the respiratory medicine speciality as a guide to successful implementation and on-going career development.

Method of production

In May 2020 the British Thoracic Society (BTS) published a professional development framework for adult respiratory nurses (3). A document for nurses working in paediatric respiratory medicine was added in May 2021, and a framework for advanced practitioners followed in October 2024.

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

This document has been developed with the help of a Task and Finish group, with representation from a range of respiratory pharmacists from primary and secondary care working across all sectors. The document falls under the remit of the BTS Workforce and Service Development Committee (WSDC).

The Task and Finish Group was convened in December 2024, meeting for the first time in January 2025.

The draft document was approved for public consultation in October 2025.

How to use this document

The document is a generic tool which can be adapted to reflect the local context of specific roles pharmacists undertake within respiratory. It is not an exhaustive list of skills and competencies that must be achieved; it is intended to provide an indication of how skillsets can support a structured career in respiratory pharmacy.

It provides a link between personal and organisational goals. We envisage that this document will be useful to aid personal development; however, an individual's competencies, and reassessment of these competencies, should be reviewed as part of a standard annual appraisal process or via the RPS credentialing process.

The professional development framework can be used:

· To identify the knowledge and skills required for individuals applying for new posts.

· As an appraisal tool to support standards.

· To provide a professional assessment guide.

· To support revalidation and personal development.

Supporting evidence to demonstrate evidence of achievement

Evidence to support career progression may vary but could include the following:

· Portfolio, reflective diary, peer accreditation/review

· Directly observed practice

· Performance review

· Certificates: Academic achievements

Attendance (study days, conferences)

· Audit / Quality Improvement /research completed

· Record of publication, posters, presentations

· Production of protocols, business plans, policies, practise innovation and needs analysis

· Participation on committees and steering groups

· Teaching including: Teaching programmes

Mentorship programmes

Organising meetings

Study days

Conferences

Acknowledgments:

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Miss Zahraa Baig, Lead Respiratory Pharmacist, Sherwood Forest Hospitals NHS Foundation Trust.
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Colleagues working in devolved healthcare in Scotland and Wales, along with other key stakeholder organisations were invited to contribute to the consultation to ensure the content was representative. In particular, we are grateful to Anne Boyter and Helen Meynell for their contributions.

Useful links:

- RPS Consultant Pharmacist Curriculum: Credentialing & Consultant Pharmacists | RPS
- Competency framework for all prescribers RPS independent prescribers: https://www.rpharms.com/resources/frameworks/prescribing-competency-framework/competency-framework#framework
- General Pharmaceutical Council (GPhC). Standards for the initial education and training of pharmacists (January 2021). London: GPhC. https://www.pharmacyregulation.org/education/education-standards
- PCPA competency framework for pharmacist development: https://hubble-live-assets.s3.eu-west-1.amazonaws.com/pcpa/file_asset/file/906/PCPA_Pharmacist_Framework_Jan_2025_copy.pdf
- RPS Post-registration foundation pharmacist curriculum: Post-Registration Foundation Curriculum | RPS
- Patient centred care: NICE Medicines Optimisation guidance Overview | Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes | Guidance | NICE
- Shared decision making: Shared decision making learning package | Shared decision making | Guidance | NICE
- PCRS Fit to Care https://www.pcrs-uk.org/fit-to-care
- Sustainability: BTS Sustainability position statement, BTS Sustainability toolkit (in progress), RPS Green toolkit (due publication)

References:

1. BTS Workforce for the future British Thoracic Society A respiratory workforce for the future
2. RPS Core Advanced Pharmacist Curriculum: Core Advanced Pharmacist Curriculum
3. A professional development framework for adult respiratory nursing. British Thoracic Society Reports, Vol 11, Issue 1, 2020

Post Registration Foundation Pharmacist or new to Respiratory Care

For example: Community pharmacist, Band 6 rotational pharmacist, pharmacist new to respiratory medicine, GP practice-based pharmacist (general medicine reviews)

Capability: Broad but non-specialist capability; able to prescribe in low to mid complexity as part of an MDT

To be used alongside RPS Post-registration foundation pharmacist curriculum: Post-Registration Foundation Curriculum | RPS

QUALIFICATION	CLINICAL PRACTICE - PERSON CENTRED CARE AND COLLABORATION	CLINICAL PRACTICE - PROFESSIONAL PRACTICE	EDUCATION / TRAINING & EXPERIENCE	LEADERSHIP AND MANAGEMENT	RESEARCH
• Registered with GPhC. • Independent Prescriber. • Potentially undertaking Post graduate qualification diploma. • Potentially undertaking RPS Post registration foundation credentialing.	**Outcome**				
	Places the person at the centre; communicates effectively; collaborates with the wider pharmacy and multidisciplinary team.	Clinical knowledge, skills and decision making; data and digital.	Develops personally and supports the education and development of others.	Promotes pharmacy services and supports the development of the profession; recognises opportunities for change, innovation and quality improvement; demonstrates self-awareness, resilience and adaptability.	Awareness of research, audit and quality improvement (QI) principles and their application.
	Descriptors				
	Displays effective communication skills when engaging with patients—demonstrating empathy, attentiveness, and efficient information gathering—while acknowledging and respecting cultural, religious, and spiritual	Participates in MDT ward rounds and provides advice and guidance on issues relating to pharmaceutical care and prescribes to their own competency.	Displays evidence of continuous professional development within the field of respiratory medicine.	Understands own role within the wider Respiratory MDT.	Contributes towards audit and QI projects (which may include input to NRAP related work).

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	beliefs and values that shape their ideas, concerns, and expectations.				
	Able to discuss treatment options and educate patients on medicines used for common respiratory conditions.	Understands common respiratory pathophysiology and conditions and applies basic clinical knowledge and skills to deliver care.	Shows willingness to work towards relevant respiratory modules / in-house training.	Demonstrates a clear understanding of and consistently exhibits the qualities of a positive role model.	Demonstrates awareness of service limitations and actively contributes to quality improvement initiatives.
	Able to assess and demonstrate inhaler technique to patients and other healthcare professionals.	Knowledge of safe and effective use of medicines used for common respiratory conditions (including contraindications, dose adjustments in renal/liver disease, adverse drug reactions, drug-drug interactions).	Understands how to reflect and implement constructive feedback to improve own practice.	Understands and contributes towards the work-place vision.	
	Able to advise on MDT decisions for medicine/inhaler device selection for common respiratory conditions.	Utilises local and national resources/guidelines for common respiratory conditions in practice, and appropriately challenges where practice deviates.	Contributes to safe prescribing practices through clinical teaching aligned with local, regional, and national guidelines.	Has an awareness of own strengths and weaknesses, through feedback and leadership support tools and seeks help appropriately. Able to develop own learning needs analysis and personal development plan.	
	Documents actions, communicates effectively and works collaboratively with the	Provides basic pharmaceutical care, defined as the foundational activities	Participates in the education and development of colleagues (e.g. MDT,	Engages in professional networking activities to support continuous professional	

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	MDT, seeking specialist input appropriately.	required to ensure safe and effective use of medicines, such as performing medication reviews and monitoring medicine use.	students, trainee pharmacists, technicians, support workers) through the delivery of teaching sessions, shadowing and clinical supervision.	development.	
	Demonstrates understanding of the benefits of a holistic approach in the management of respiratory illnesses, through considering and education on non-pharmacological interventions (e.g., smoking cessation, diet, weight loss, exercise).	Knows which factors to consider when prescribing or advising on inhalers e.g., device type appropriate for inspiratory effort and dexterity, environmental impact and cost effectiveness.	Develops written and oral presentation skills.	Has an awareness of the pharmacy role within clinical governance.	
	Provides advice and counselling on the various anticoagulation or similar high risk medication options considering patient factors.	Able to interpret patient common observations / assessments (e.g. blood gases, spirometry, disease severity scores - CURB-65, etc).		Supports introduction of new medicines into practice through formulary submissions.	
	Implements and encourages antimicrobial and corticosteroid stewardship in own practice and the wider MDT.	Demonstrates the ability to appropriately select, administer, and interpret validated assessment tools and questionnaires relevant to clinical practice (e.g. Asthma Control Test [ACT],		Contributes to the development and review of respiratory treatment guidelines.	

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		Medical Research Council [MRC] Dyspnoea Scale).			
	Provides effective safety-netting and signposting to reputable sources of information, including guidance on managing out-of-hours care and accessing appropriate community or specialist support.			Contributes to the monitoring and review of medicines expenditure to support safe, effective, and cost-efficient prescribing practices in line with local and national guidelines.	
	Aware of potential safeguarding concerns—particularly in paediatrics, such as repeated asthma admissions, missed reviews, or frequent inhaler requests—and able to escalate appropriately in line with safeguarding procedures.			Support investigation of respiratory medicines-related incidents.	
	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.				

Core Advanced / Advanced Specialist Pharmacist

For example: 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).

Capability: Specialist capability benchmarked through RPS, prescribing in mid to high complexity scenarios, autonomous patient load such as pharmacist-led clinics

To be used alongside RPS Core Advanced Pharmacist Curriculum: Core Advanced Pharmacist Curriculum

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• Independent Prescriber registered with GPhC. • Respiratory Medicine diploma, standalone modules. • Commitment to work towards MSc. • Potentially undertaking ACP diploma. • RPS Core Advanced/Specialist Credentialing.	**Outcomes**				
	Communicates effectively, managing complexity while keeping the person at the centre; promotes and enables collaboration at a team or service level.	Has the knowledge and skills to deliver care autonomously for people with complex needs; professional practice at a team or service level.	Improves care delivery through action at a team or service level; using appropriate methods, evidence and resources; demonstrates leadership and resilience.	Develops themselves and others; delivers high quality educational resources that impact at a team or organisational level.	Evaluates the evidence base; uses appropriate methods to inform service development and disseminate learning.
	Descriptors				
	Appraises the impact of social, economic, and environmental factors on health outcomes for patients with respiratory disease, considering the implications for their families and carers.	Provides in depth / complex pharmaceutical care for patients with respiratory disease.	Engages in self-directed learning, critically reflecting on practice to enhance advanced clinical skills, knowledge, leadership in care and service development.	Demonstrates the ability to integrate relevant national policies into local strategy, while identifying, recognising, and implementing innovative practices to improve service delivery and patient outcomes.	Leads evaluations and audits to drive improvements in practice.
	Demonstrates advanced clinical reasoning by	Understands respiratory pathophysiology and	Designs and delivers teaching activities for	Undertakes accredited leadership and	Analyses data and population health

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	prioritising patient concerns, actively gathering and interpreting complex clinical information, and applying shared decision-making principles to optimise patient outcomes during consultations.	conditions, and applies advanced clinical knowledge and skills—defined here as the ability to integrate complex evidence, exercise clinical judgement in uncertain situations, and manage higher-risk or complex patients—to deliver care.	multi-professional audiences.	management training.	intelligence to assess service needs, address health inequalities, and add value to patient care.
	Advocates for a holistic, person-centred approach to patient health, in alignment with the principles of personalised care. This includes supporting the development and implementation of individualised self-management plans, promoting disease prevention.	Understands respiratory pathophysiology and conditions, and applies advanced clinical knowledge and skills—defined here as the ability to integrate complex evidence, exercise clinical judgement in uncertain situations, and manage higher-risk or complex patients—to deliver care.	Utilises clinical supervision for both personal and professional development, while supporting others in their growth. This includes mentoring pharmacy students and technicians, facilitating presentations at meetings, and engaging in peer review to promote advanced professional practice.	Influences the governance agenda within the team and service whilst actively promoting and applying clinical governance principles in practice.	Shares data from audit, and quality improvement projects at local level. May publish results in peer-reviewed journals or present at national conferences.
	Documents and communicates treatment decisions on complex respiratory disease with patients and healthcare professionals.	Supports the translation of national, regional, local respiratory policies into practice by setting relevant goals and standards to enhance service delivery and patient outcomes.	Acts as a role model in education, supervision, coaching, and mentoring. e.g. Designated prescribing practitioner (DPP) supporting trainee ACPs and other respiratory-	Advocates for and actively contributes to a culture of organisational learning by sharing insights from incidents, best practices and prescribing trends, while linking these to audit	Actively fosters collaboration across clinical, academic and research communities.

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			focused roles.	and research initiatives to drive continuous improvement.	
	Integrates current, evidence-based best practices into clinical decision-making to optimise patient care, ensuring safe, effective, and person-centred pharmaceutical prescribing.	Applies and adheres to recognised clinical guidelines, standards, and best practice recommendations to ensure safe, effective, and high-quality patient care within scope of advanced pharmacy practice.	Supports the creation of educational resources and the delivery of workforce development initiatives, including cross-sector rotations, and DPP activities.	Remains adaptive and responsive to ensure safe service delivery and effective decision-making.	Supports research supervision in partnership with experts in the field.
		Assesses patient response to treatment using validated clinical tools (e.g., ACT, ACQ) in accordance with evidence-based guidelines, and adjusts the care plan to ensure optimal therapeutic outcomes.	Demonstrates advanced proficiency in both written and oral communication, effectively conveying complex clinical and scientific information to diverse audiences, including healthcare professionals, patients, and stakeholders.	Develops and maintains effective working relationships to inspire and motivate teams.	
		Demonstrates professional judgment by tailoring interventions where evidence is unclear or lacking (e.g. individual funding requests, unlicensed medications).		Leads the development of new practices and service redesign initiatives in collaboration with stakeholders, informed by feedback, evaluation, data analysis, workforce needs, and service demands. Works	

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				inclusively across organisational boundaries to broaden impact and influence.	
		Reflects on and addresses ethical dilemmas impacting care and health inequalities in respiratory health.		Provides supervision and guidance to junior team members, supporting their development and professional growth.	
		Communicates effectively, presenting complex, sensitive, or contentious information to patients and healthcare professionals.		Contributes to medicines-related governance frameworks within the respiratory team.	

Consultant Pharmacist

For example: Band 8b-8d pharmacist

Becoming a Consultant Pharmacist in respiratory medicine requires progressive development in clinical expertise, leadership and research. The individual delivers complex pharmaceutical care, but also ensures that opportunities for the profession to have greater contribution in respiratory medicine are realised.

To be used alongside RPS Consultant Pharmacist Curriculum: [Credentialing & Consultant Pharmacists | RPS]

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• Credentialed by the	**Outcome**				

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Royal Pharmaceutical Society (RPS) as a Consultant Pharmacist and currently or working towards practicing within an approved consultant-level post • Completed, or commitment to work towards PhD, professional doctorate or equivalent. • Recognised as a clinical academic within an affiliate university (at senior lecturer, reader or professor level).	Communicates complex information in challenging environments; promotes a collaborative approach with wider pharmacy and MDT.	Leads the delivery of complex pharmaceutical care across boundaries; manages uncertainty; influences and shapes policy.	Leads service innovation across boundaries; contributes to governance agenda at a senior/corporate level.	Manages education provision across boundaries; develops the multidisciplinary workforce.	Evaluates the evidence base; undertakes and evaluates research to inform service innovation.
	Descriptors				
	Delivers high-level autonomous clinical care to complex respiratory cases.		Provides specialist education, training and mentorship across care settings and to the multidisciplinary workforce, at local, regional and national level.	Is widely recognised as a national leader within Respiratory Medicine, demonstrating sustained impact through innovation, leadership, and contributions to policy, practice, or education.	Initiates and leads research to support evidence-based practice and ensure cost-effective evidence-based practices in respiratory medicine.
	Communicates complex information in challenging environments (e.g. where the evidence is lacking or conflicting).	Leads the delivery of complex pharmaceutical care to particular patient cohorts / respiratory sub-specialities.	Lectures or provides support/advice as a clinical academic within an affiliate university (at senior lecturer, reader or professor level).	Provides strategic leadership in respiratory medicine, influences policy and service development. These individuals have a role in service transformation and optimising pathways.	Appraises evidence to identify gaps in literature or clinical practice.
	Established a collaborative approach with wider pharmacy and MDT.	Influences and shapes national policy (e.g. the role of pharmacists in the care of people with respiratory disease).	Leads the development of educational resources and the delivery of workforce development initiatives, including cross-sector rotations, and DPP activities.	Represents the interests of respiratory pharmacy in national groups (e.g. BTS, UKCPA, RPS, PCRS) or internationally (e.g. ERS, IPCRG, FIP).	Undertakes research/quality improvement projects to inform appropriate service and professional development and presents their research

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					at national or international respiratory conferences (e.g. BTS, ERS) and pharmacy conferences (e.g. RPS).
		Has developed subspecialist expertise in respiratory medicine and possesses extensive experience in managing cohorts of patients with complex respiratory conditions, delivering high-level care aligned with national and international clinical guidelines.		Leads development of service innovation across geographical and sector boundaries.	Publishes their research in peer reviewed journals.
				Contributes strategically to the governance agenda at a senior level, influencing policy, quality improvement, and risk management to enhance patient safety and service delivery.	Actively supports and mentors pharmacist and multi-disciplinary colleagues, as well as undergraduate and postgraduate students, in the design, conduct, and dissemination of research to advance clinical practice and patient care.
					Identifies and critically appraises gaps in the evidence base and its translation into clinical practice. Effectively communicates these

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					gaps to relevant stakeholders and proposes pragmatic, safe and innovative mitigations. This may involve taking on roles as an educator, leader, innovator, and contributing to the research agenda, through activities such as securing research funding, leading research projects and generating new evidence for dissemination through professional and academic forums.
					Acts as Principal Investigator (PI) for research studies, demonstrating leadership in the development, submission, and delivery of research applications.

Glossary of abbreviations

GPhC: General Pharmaceutical Council

MDT: Multidisciplinary team

NRAP: National Respiratory Audit Programme

FeNO: fractionated exhaled nitric oxide

ACT: Asthma control test

ACQ: Asthma control questionnaire

BTS: British Thoracic Society

UKCPA: United Kingdom Clinical Pharmacy Association

RPS: Royal Pharmaceutical Society

PCRS: Primary Care Respiratory Society

ERS: European Respiratory Society

IPCRG: International Primary Care Respiratory Group

FIP: Federation for International Pharmacists