

Section 5 – The credentialing assessment

This section outlines how pharmacists demonstrate achievement of the curriculum outcomes through the credentialing assessment. It describes the overall approach to assessment, including the use of the e-portfolio to support both formative development and the final summative decision.

5.1. Purpose of the credentialing assessment

The programme of assessment leading to credentialing is designed to support pharmacists in demonstrating their capability to practise at an enhanced level, while ensuring consistency across sectors, practice settings and geographies.

Its purpose is to:

- Provide a consistent and comparable approach to assessment across different sectors and geographical contexts
- Assess performance in the workplace aligned to the curriculum outcomes
- Support learning through multiple low-stakes assessment activities, enabling timely feedback and reflection
- Guide and motivate learning by clarifying expectations and required standards
- Demonstrate that pharmacists have developed the knowledge, skills, behaviours, and experience required for enhanced practice
- Provide assurance that pharmacists can deliver safe, effective, and person-centred care at an enhanced level

5.2. Our programmatic assessment approach

Assessment within this curriculum follows a programmatic approach, where evidence of learning is built over time rather than relying on a single high-stakes assessment.

In this model, each individual assessment contributes a small amount of information about performance. While a single assessment provides limited insight, multiple data points collected over time combine to give a more accurate and meaningful picture of a pharmacist's capability.

This approach reflects the nature of enhanced pharmacist practice, which requires the integration and application of knowledge, skills, and behaviours in real-world settings over time. These capabilities develop progressively and are best demonstrated through routine practice rather than isolated assessment events or “examinations”.

Programmatic assessment emphasises:

- Assessment in authentic practice environments
- The use of multiple assessment methods and tools
- The importance of professional judgement
- Continuous feedback to support development

This aligns with assessment at the highest level of Miller's pyramid ('Does'), where performance is demonstrated in everyday practice.

The credentialing assessment is underpinned by the following principles:

1. Multiple data points inform judgement

Each assessment represents a single piece or 'data point' of evidence. Decisions about progression are based on the aggregation and triangulation of multiple data points across different contexts using different SLEs and evidence types.

2. Assessment drives learning

Assessment activities are designed to promote ongoing meaningful learning. They clarify expectations and encourage engagement with future learning experiences.

3. High-quality feedback is central

Each assessment interaction should generate constructive, meaningful feedback to support reflection, identify development needs, and guide progression.

4. Flexible use of assessment methods and tools

A range of assessment tools may be used, depending on the learning and practice context. No single method is inherently superior; value is determined by how effectively it supports learning and provides useful insight into performance.

5. Professional judgement is essential

Assessment of complex capabilities relies on informed professional judgement from a range of contributors, including supervisors and collaborators such as colleagues and patients. These perspectives are essential in understanding performance in practice.

6. Low-stakes assessments inform high-stakes decisions

Individual assessment events are typically low stakes, focusing on development. The final credentialing decision is high stakes and is based on a holistic review of evidence over time.

7. Proportionality of evidence

The volume and depth of evidence required are proportionate to the level of risk associated with the activity, particularly where patient safety is a key consideration.

8. Robust decision-making and quality assurance

Final decisions are based on a comprehensive review of evidence, supported by trained assessors to ensure consistency, fairness, and credibility. This provides assurance that pharmacists meeting the standard are able to practise safely and effectively at an enhanced level.

Assessment decisions

Evidence in the e-portfolio is used to inform two key types of decisions:

1. Progress reviews

Regular, formative reviews of the e-portfolio between the pharmacist and their educational supervisor to reflect on progress and identify any additional support or development needs

2. Final credentialing decision

A summative decision based on a holistic review of the portfolio of evidence by a trained RCPHarm assessor, determining whether the pharmacist's portfolio has demonstrated the curriculum requirements for enhanced practice.

5.3. What will the e-portfolio include?

Pharmacists on enhanced credentialing pathways will be provided with access to enhanced pharmacist e-portfolio.

The e-portfolio supports the recording, organisation, and review of learning and assessment evidence against the curriculum outcomes throughout the duration of the pathway.

The e-portfolio facilitates engagement with collaborators by enabling pharmacists to generate and share **Supervised Learning Events (SLEs)**. This allows collaborators to observe practice, provide feedback, and contribute to the development of evidence within the portfolio.

Educational supervisors and practice supervisors will also have access to the e-portfolio. This enables them to:

- Contribute to SLEs
- Provide structured feedback
- Review evidence submitted against the curriculum outcomes
- Support progression through ongoing engagement with the pharmacist

Pharmacists can use the e-portfolio to document the outcomes of meetings with their educational supervisor, using structured report templates. These records support reflection on progress and the development of action plans to guide ongoing learning and development.

5.4. What is a supervised learning event (SLE)?

SLEs are a key component of the learning and assessment approach within this curriculum. They provide structured opportunities for pharmacists to learn from practice, supported by observation, feedback, and reflection.

SLEs are designed to support authentic, workplace-based learning, enabling pharmacists to demonstrate and further develop their knowledge, skills, and behaviours in real practice settings. They are widely used across healthcare education as an effective method of linking learning to day-to-day professional practice.

Each SLE should include a formative element, with a focus on providing timely, high-quality feedback. This supports pharmacists to reflect on their performance, recognise strengths, and identify areas for further development in relation to the curriculum outcomes.

SLEs are not pass/fail assessments. Instead, they contribute to the overall body of evidence collected over time and are considered as part of the holistic review of progress and the final credentialing decision.

Learning opportunities for SLEs should arise naturally from routine practice. Pharmacists are encouraged to engage regularly in SLEs, using everyday clinical and professional interactions as opportunities for observation, feedback, and reflection. As a guide, this process should occur frequently (for example, on a weekly basis), recognising that the exact frequency will depend on the practice setting and individual needs.

Pharmacists are likely to gain the greatest benefit from SLEs when feedback is obtained from a range of collaborators, including members of the multidisciplinary team. This supports the development of a broad and well-rounded perspective on practice.

SLEs may be conducted:

- In person, or
- Remotely, using appropriate digital technologies where suitable for the learning context

All SLEs **must** be conducted in accordance with relevant information governance requirements, ensuring that **patient confidentiality and data protection are maintained at all times**.

Where approved remote technologies are used to support SLEs (for example, through recording video or telephone consultations), recordings must be managed in line with local information governance policies. Recordings should **not be stored within the e-portfolio**. Learners and supervisors should follow local guidance on obtaining informed consent and on the appropriate handling of audio or visual data, including secure storage, access, and disposal.

5.5. What SLEs will be available on the e-portfolio?

A range of SLE tools will be available within the enhanced pharmacist e-portfolio for use by pharmacists on the credentialing pathways, as well as their supervisors and collaborators. These tools support the documentation of learning and provide evidence of progression towards and demonstration of the curriculum outcomes.

Pharmacists are not expected to use all available tools. The choice of SLE tools should be guided by the practice setting, learning needs, and context, recognising that some tools are more suited to particular environments or modes of working, including remote practice.

Assessment tool	Description
Direct observation supervised learning events	
Acute Care Assessment Tool (ACAT)	Evaluates the individual's clinical assessment and management, decision making, team working, time management, record keeping prioritisation and handover over a continuous period of time across multiple patients. Can be used in all sectors.
Direct Observation of Non-Clinical Skills (DONCS)	Evaluates the individual's non-clinical skills.
Direct Observation of Practical Skills (DOPS)	Evaluates the individual's ability to undertake a practical procedure.
Journal Club Presentation (JCP)	Evaluates the individual's ability to present at a Journal Club.
Mini-Clinical Evaluation Exercise (mini-CEX)	Evaluates a global clinical encounter with a patient and assesses the synthesis of essential for clinical care such as history taking, communication, examination and clinical reasoning.
Teaching Observation (TO)	Evaluates the individual's ability to deliver an effective learning experience to others.
Indirect observation supervised learning events	
Case Presentation (CP)	Evaluates the individual's ability to orally present a case to colleagues.
Case Based Discussion (CbD)	Retrospectively evaluates the individual's input into patient care. A structured discussion is undertaken remotely from the patient and is used to explore clinical reasoning, decision making and application of clinical knowledge in practice
Leadership Assessment Skills (LEADER)	Evaluates the individual's leadership and teamworking capabilities
Quality Improvement Project Assessment Tool (QIPAT)	Evaluates the individual's ability to undertake a quality improvement project
Other tools	
Educational Supervisor Report	Educational supervisor records a longitudinal, global report on an

	individuals' progress based on a range of assessments.
Multi-source Feedback (MSF)	Evaluates the individual's performance using feedback from colleagues
Testimonial (TEST)	Enables corroboration of evidence by a collaborator
Patient/Carer Feedback (PCF)	Evaluates the individual's communication and consultation skills from the patient's perspective
Patient/Carer Feedback Reflection (PCFR)	Allows the individual to reflect on the feedback
Reflective Account (RA)	Flexible tool for individuals to document reflection and learning from a wide range of settings

5.6. What other evidence types can be used in addition to SLEs?

In addition to SLEs, pharmacists are expected to include a range of evidence types within their e-portfolio to demonstrate the curriculum outcomes.

This broader evidence base enables pharmacists to demonstrate their development across different contexts and to reflect the full scope and level of their practice. It supports a more comprehensive understanding of performance, including activities that may not be directly observed through SLEs.

Pharmacists are encouraged to select and upload evidence of their practice 'outputs' that best demonstrate their progression and capability. Evidence should be relevant and aligned to the curriculum outcomes.

Examples of evidence may include, but are not limited to:

- Anonymised written feedback from patients and colleagues
- Anonymised documentation demonstrating involvement in activities such as significant event analysis, risk management, service development, or formulary management
- Recordings of presentations or meetings (where appropriate and compliant with information governance requirements)
- Evidence of completion of development or training courses
- Minutes of meetings demonstrating contribution and engagement
- Anonymised responses to clinical enquiries relating to medicines
- Personal development plans
- Audit, QI or research reports
- Conference abstracts or posters
- Supportive reflective accounts and testimonials

5.7. How should pharmacists receive high-quality feedback during the pathway?

Formative feedback and progression

Providing high-quality formative feedback is central to effective programmatic assessment and to supporting ongoing professional development. Pharmacists undertaking this pathway should receive regular, meaningful feedback from a wide range of sources to inform their learning, support reflection, and guide progression towards the curriculum outcomes.

Feedback should be obtained from a variety of collaborators, including:

- Colleagues within and outside the pharmacist's organisation
- Members of the pharmacy team and wider health and social care teams
- Peers and more experienced healthcare professionals
- Patients, carers, and advocates

Engagement with diverse perspectives supports a more comprehensive understanding of performance and helps to develop a well-rounded, person-centred approach to practice.

Formative assessment opportunities, particularly through SLEs, should encourage pharmacists to reflect on their practice, identify strengths and areas for development, and take appropriate action to support their learning. Over time, the portfolio should demonstrate how feedback has been used to support progression and development.

Role of educational supervision

In addition to feedback arising from day-to-day practice, pharmacists should receive structured formative feedback through regular review meetings with their educational supervisor. This feedback is typically broader in scope and focuses on overall progress across the curriculum or within specific domains towards credentialing.

Educational supervisor discussions should:

- Support reflection on progress and development towards credentialing
- Help identify learning needs and priorities to meet the standard for credentialing
- Inform ongoing training and development plans

A summary of these discussions should be documented within the educational supervisor reports.

Supporting progression

Regular review and feedback provide an opportunity to identify when additional support may be required. This may arise where progress is affected by factors such as limited learning opportunities, time away from practice, or challenges within the workplace.

Pharmacists are encouraged to work proactively with their educational supervisor and employer to address any issues that may impact their progression. Early identification and appropriate support are key to ensuring continued development and successful achievement of the curriculum outcomes.

5.8. Is there a requirement for reflective practice?

Evidence of reflective practice should be demonstrated throughout the e-portfolio, showing how learning and development evolve over time. Reflection should be integrated across different types of evidence, rather than presented as isolated entries.

Where appropriate, reflective accounts should be supported by corroborating evidence to strengthen the link between reflection and practice. This may include documentation, feedback, or outputs that validate the learning described.

It is recognised that reflection may not always be recorded contemporaneously with the learning event. Where there has been a delay, retrospective reflection is acceptable, provided it demonstrates meaningful insight into practice and learning.

5.9. How does the final credentialing assessment work?

Pharmacists undertaking enhanced credentialing pathways can choose to work towards one of the following enhanced credentialing options:

- **Enhanced clinical modular credential** (Domains 1 & 2)
- **Enhanced non-clinical modular credential** (Domains 3, 4 & 5)
- **Full enhanced credential** (all domains)

Pharmacists may submit their e-portfolio for credentialing when they judge that they have gathered sufficient evidence to demonstrate the curriculum outcomes for the credentialing option they are following.

The final credentialing decision is made by an enhanced credentialing assessor who will review the portfolio to determine whether the pharmacist has demonstrated the required level of performance for entry-level enhanced practice. This is done through a holistic review of the portfolio, drawing on the range of assessment data and evidence collected throughout the pathway. This includes information from SLEs, additional evidence, feedback from supervisors and collaborators and the reflection.

Assessment outcomes

To be credentialed, a pharmacist must demonstrate all the outcomes in domains being assessed for their credentialing option e.g. All the outcomes for domains 1 & 2 must be demonstrated to be awarded the Enhanced clinical modular credential.

For each domain being assessed, pharmacists will receive one of the following outcomes:

Domain met: Sufficient evidence has been provided to demonstrate achievement of all curriculum outcomes within the domain

Domain not evidenced: Insufficient evidence has been provided to demonstrate achievement of one or more outcomes within the domain

Where a domain has not been evidenced, specific feedback will be provided on which outcome(s) were not evidenced and what action the pharmacist needs to take to meet the outcome on resubmission. The pharmacist may then undertake additional learning and submit further evidence for reassessment in the relevant domain(s).

All applicants will receive feedback on their portfolio, regardless of the outcome, to support continued professional development.

5.10. What are the evidence requirements for the credentialing assessment?

The evidence requirements for the credentialing assessment are outlined in detail within the assessment blueprint (Section 5.12).

The curriculum adopts a flexible and proportionate approach to evidence, recognising that pharmacists will demonstrate capability in different ways depending on their role, practice setting, and learning experiences.

For some outcomes, it is necessary for performance to be demonstrated through direct observation of practice. In many cases, this may be facilitated through the use of appropriate remote technologies, where suitable and in line with information governance requirements.

Where demonstration of practice is required, SLEs (including multi-source feedback) are likely to provide the most robust and meaningful evidence to support credentialing decisions.

Volume and breadth of evidence

The number of pieces of evidence required to demonstrate achievement of an outcome will vary depending on:

- The individual's scope and area of practice
- The individual's own pace of progression towards the standard
- The level of risk associated with the outcome (stakes rating – see Section 5.10)
- The range, quality, and breadth of evidence presented

Pharmacists are strongly encouraged to use the indicators of expected performance for each outcome to guide their evidence generation and selection. Supervisors and

collaborators should also be familiar with these indicators to support meaningful feedback and narrative within SLEs.

As a general guide, the number of pieces of evidence which **clearly demonstrate the required standard** mapped to each of the outcomes should be:

Outcome stakes rating	Indicative number of pieces of evidence mapped demonstrating the required standard
Low	1 - 3
Medium	3 – 5
High	5 – 7

These ranges are indicative and should not be interpreted as prescriptive minimums. Greater emphasis is placed on the quality, relevance, and consistency of evidence than on the quantity alone

5.11. What are outcome stakes ratings and what do they mean?

Each outcome is assigned a stakes rating of **High**, **Medium**, or **Low**. This reflects the potential level of risk associated with the outcome, particularly in relation to patient safety.

The stakes rating does **not** indicate the importance of an outcome. All curriculum outcomes are considered equally important in demonstrating enhanced level practice, and all must be achieved to be credentialed.

5.12. Assessment blueprint

The table outlines potential methods of assessment for each outcome. It is **not** expected that all assessment tools will be used for every outcome, and additional forms of evidence may also be used where appropriate.

Outcome	Stakes	Direct obs	Direct observation tools					Indirect observation tools				Other tools				Other mandatory evidence requirements	
			ACAT	Mini-CEX	DOPS	DONCS	JCP	TO	CbD	CP	LEADER	QIPAT	MSF	PCF(R)	ESR		RA
1.1	H	☑	✓	✓	✓								✓	✓	✓		Feedback from colleagues and patients/carers/advocates with linked reflection.
1.2	H	☑	✓	✓	✓								✓	✓	✓		
1.3	M	☑	✓	✓	✓				✓				✓	✓	✓		
1.4	H		✓	✓	✓	✓			✓	✓			✓		✓		
1.5	H		✓	✓		✓			✓	✓			✓		✓		
1.6	M					✓			✓	✓			✓		✓	✓	
2.1	H	☑	✓	✓					✓	✓					✓		
2.2	H	☑	✓	✓	✓				✓	✓					✓	✓	
2.3	H		✓	✓				✓	✓						✓	✓	
2.4	M		✓	✓		✓			✓	✓	✓	✓			✓	✓	
2.5	H	☑	✓	✓	✓	✓			✓	✓	✓		✓		✓	✓	
2.6	H		✓	✓					✓	✓					✓	✓	
3.1	M	☑	✓	✓	✓	✓		✓	✓	✓			✓	✓	✓	✓	
3.2	H					✓			✓	✓	✓	✓			✓		
3.3	L					✓				✓	✓				✓	✓	
3.4	H		✓	✓		✓			✓	✓	✓		✓	✓	✓	✓	
4.1	M		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
4.2	H		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Evidence of seeking feedback from both colleagues and patients/carer and/or advocates with linked reflection
4.3	M					✓									✓	✓	Direct feedback from those you mentor or support with linked reflection.
4.4	L					✓		✓							✓	✓	Evidence of seeking feedback from learners and evaluating approach with linked reflection.
5.1	L					✓	✓				✓				✓	✓	
5.2	M		✓	✓				✓	✓						✓		

5.3	L					✓						✓			✓		Upload of project abstract with narrative describing what you did and how you led the project
5.4	L					✓	✓								✓		Upload of written communication e.g. poster/written summary or feedback from those present at oral presentation with linked reflection.

Key

ACAT	Acute care assessment tool	DONCS	Direct observation non-clinical skills
DOPS	Direct observation of procedural skills	CP	Case presentation
Mini-CEX	Mini-clinical evaluation exercise	JCP	Journal club presentation
CbD	Case based discussion	TO	Teaching observation
MSF	Multi-source feedback	QIPAT	Quality improvement project assessment tool
PCF	Patient/carer feedback	LEADER	Leadership assessment tool
PCFR	Patient/carer feedback reflection	ESR	Educational Supervisor Report

¹ H= high stakes, M = medium stakes, L = low stakes

² Direct observation: Pharmacist must be observed undertaking activities. Can be done remotely and / or retrospectively (NB includes MSF and Indirect observation: PCF).
 observation: Requires discussion between supervisor and learner. Can be done remotely
 Blank: No specific interaction required

5.13. How is prior certified learning recognised?

We want to minimise unnecessary duplication of assessment while maintaining our responsibility to assure practice for patients and the public. To support this, we operate an **Accreditation of Prior Certified Learning (APCL)** process with organisations delivering education against our curriculum ([add link post consultation](#)).

APCL exemptions are granted **via agreements with universities and other education providers** whose courses are pre-approved and listed on our APCL directory ([add link post consultation](#)). If a candidate has a certificate from any of these providers, candidates will automatically receive the exemptions agreed with the training provider following proof of course completion.

5.14. How is the final credentialing assessment quality assured?

Quality assurance mechanisms are in place to ensure the continued quality of the credentialing assessment to ensure credentialing outcomes are reliable, fair and valid.

Assessor training and governance

All enhanced credentialing assessors are required to complete training prior to undertaking assessment of portfolios. This includes preparation in:

- Applying the assessment standards consistently
- Using professional judgement appropriately
- Recognising and mitigating potential sources of bias

Assessors are required to declare any potential conflicts of interest prior to reviewing a portfolio to ensure independence and fairness in decision-making.

A lead assessor as well as the RCPPharm education governance bodies oversee the credentialing process, providing additional support and scrutiny and ensuring consistency in the application of standards.

Quality assurance processes

A range of quality assurance measures are also in place to support the integrity of the assessment:

- **Moderation of assessment decisions:** A sample of assessed portfolios in each diet is reviewed by the lead assessor to ensure consistency and quality in decision-making.
- **Appeals process:** A transparent and independent appeals process is available for individuals who believe their credentialing outcome has been affected by procedural or administrative issues.

- **Performance monitoring:** Learner performance and assessment outcome data are subject to analysis and reviewed regularly by RCP Pharm staff, the lead assessor and relevant RCP Pharm educational governance bodies to identify trends and ensure consistency over time.
- **Training and guidance for contributors:** Supervisors and collaborators are provided with guidance and training to support their roles and enhance the quality of feedback and support provided.
- **Ongoing review and evaluation:** The curriculum, including the credentialing assessment, undergoes regular review by the relevant RCP Pharm educational governance bodies to ensure it remains relevant and fit for purpose.

5.15. How do we ensure the final credentialing assessment is inclusive and any potential bias is mitigated?

We are committed to developing and delivering **inclusive and equitable assessment processes**, ensuring that all individuals can demonstrate achievement of the curriculum outcomes without bias or discrimination.

In addition to the measures outlined in Section 3.5, a number of approaches are in place to support fairness and mitigate potential bias within the credentialing assessment. These include:

- **Inclusive governance structures:** Promoting diversity within assessment and governance groups to reflect the diversity of the profession and those undertaking credentialing pathways
- **Assessor training:** Requiring all assessors to complete mandatory training, including awareness of conscious and unconscious bias
- **Leadership and oversight:** Appointment of a lead enhanced level assessor to support consistency and oversight in decision-making, including ensuring inclusive approaches to assessment.
- **Monitoring differential attainment:** Oversight by the relevant RCP Pharm governance bodies to identify and address variation in outcomes across different groups
- **Transparency of data:** Collection and publication of equality and diversity data relating to assessment performance in our annual credentialing reports.
- **Reasonable adjustments:** Provision of clear processes to support reasonable adjustments for individuals with disabilities or additional needs