ROYAL COLLEGE OF PHARMACY

# Enhanced Pathway Collaborator Guidance

Observe practice. Explore reasoning. Give actionable feedback.

**For anyone contributing to an SLE, testimonial or structured feedback for a learner on a programme or pathway aligned to the Royal College of Pharmacy Enhanced Curriculum**

## Short glossary

| Term | Meaning |
|---|---|
| **Candidate** | The pharmacist working towards an enhanced credential. |
| **SLE** | A supervised learning event: a formative activity based on observation, discussion, feedback and reflection. |
| **Collaborator** | A person contributing observation, feedback or professional judgement to the pharmacist's e-portfolio. |
| **Educational supervisor** | The named pharmacist providing longitudinal support to the candidate through the programme or pathway. |
| **RCPharm assessor** | The trained pharmacist who makes the final credentialing decision from the whole portfolio. |

# 1. Start here

> **YOUR ROLE IN ONE SENTENCE**
> Observe or discuss authentic practice, give the pharmacist actionable feedback and record specific evidence of what they did, how they reasoned, the impact and what they should do next.

An SLE is a learning opportunity, not a pass/fail test. Your contribution is one evidence point. You do not decide whether the pharmacist is ready for credentialing or whether a curriculum domain is met.

## Who can be a collaborator?

The right person depends on the activity. Collaborators may work inside or outside the pharmacist's organisation, contribute once or repeatedly, and come from clinical, non-clinical or patient/carer backgrounds. They do not need to be pharmacists or RCPharm members.

## Before agreeing, check that you can:

- ☑ Understand enough about the activity and context to give credible and valid feedback that an independent assessor can trust.
- ☑ Observe the work directly or explore the reasoning in sufficient depth for the selected tool.
- ☑ Make an objective contribution without a significant conflict of interest.
- ☑ Use the relevant SLE form and understand the curriculum outcome(s) and indicators that are the focus for the learning event.
- ☑ Explain your feedback with specific examples.
- ☑ Act immediately through local procedures if a patient-safety or professional concern arises.

**ROLE BOUNDARY**
The educational supervisor looks across development over time. The RCPharm assessor makes the final high-stakes decision. Your task is to create a clear, honest and useful evidence point for the portfolio.

## 2. Choose the right tool

Agree the tool with the candidate before the activity. The candidate is not expected to use every tool.

| Tool type | Examples | What it examines |
|---|---|---|
| Direct observation | ACAT, CAT, DONCS, DOPS, JCP, mini-CEX, TO | What the pharmacist does in real-life practice. |
| Indirect observation | CP, CbD, LEADER, QIPAT | Reasoning, decisions, leadership or project work through structured discussion and reflection. |
| Other evidence | TEST, MSF, PCF | Corroboration or feedback where a direct/indirect SLE is not the best fit. |
| Supervisor/reflection | ESR, MSFR, PCFR, RA | Longitudinal review or the pharmacist's ability to reflect on practice, learning and feedback. |

**OUTCOME FOCUS**
Comment only on curriculum outcomes you have enough evidence to address. Incidental relevance is not the same as credible evidence.

## 3. Before and during the activity

### Before

☑ Agree the activity, SLE tool and the observation/feedback focus with the candidate.

☑ Read the relevant curriculum outcome and indicators of expected performance for the focus area(s).

☑ Clarify whether the activity is directly observed, remotely observed or explored retrospectively.

☑ Check consent, confidentiality, and information governance.

☑ Confirm how the feedback conversation and e-portfolio form will be completed.

☑ Say so early if the activity is outside your expertise or a conflict affects your objectivity.

### During

Look for specific evidence rather than forming a general impression of the pharmacist as a person. Focus on:

- What the pharmacist did, said, wrote or produced.
- How they gathered and interpreted information.
- How they explained clinical or professional reasoning.
- How person-centred, inclusive and evidence-informed the approach was.
- How they managed uncertainty, risk, scope and escalation.
- How they collaborated, adapted and responded to challenge.
- What support, prompting, checking or intervention was required.
- The impact on the person receiving care, colleagues, safety, and/or service quality.

> **REMOTE ACTIVITY AND RECORDINGS**
> Use approved technology and follow local policy. Recordings of patient consultations must **not** be uploaded to the e-portfolio. Consent, secure access, storage and disposal must be managed locally.

## 4. After the activity

### Give feedback first

☑ Invite the pharmacist's view: what did they think, and what influenced their approach and decisions?

☑ Start with evidence: describe what you observed or heard and check the factual context.

☑ Name strengths: explain what was effective and why it mattered.

☑ Prioritise development: identify one or two changes with the greatest likely impact.

☑ Agree next steps: make the action(s) specific and actionable so they can be applied to future practice.

### Complete the record

☑ Check the candidate's description and context, including that there is no unnecessary identifiable information.

☑ Record specific behaviours, judgment reasoning, impact and any support or intervention you provided.

☑ Reference and comment specifically on outcomes genuinely demonstrated.

☑ Complete any judgement fields required by the SLE form honestly.

☑ Record strengths, development points, and agreed actions.

☑ Confirm that the record represents your own professional view.

**NOT ENOUGH EVIDENCE?**
Still give feedback, but do not guess or complete a judgement you cannot support. State what was and was not observed and suggest a better future opportunity.

## 5. Write feedback another person can understand

| Too vague | Useful and evidence-linked |
|---|---|
| "Good consultation. Safe and confident." | "The pharmacist explored the person's priorities and medicines history, checked understanding and agreed monitoring and safety-netting. They explained why the preferred option carried additional risk and adapted the plan after the person raised concerns. No prompting was needed. Next: make the rationale for the agreed follow-up interval explicit in the clinical record." |
| "Strong leader. Team worked well." | "The pharmacist clarified roles, invited challenge from two quieter team members and reprioritised the workload when a safety issue emerged. They escalated the risk promptly and explained the change to the team. Next: close the loop by documenting the agreed mitigation and how its effect will be reviewed." |

### A simple feedback formula

**EVIDENCE → IMPACT → NEXT STEP**
"I observed/heard… This mattered because… The next useful step is…"

Make the relationship to the relevant outcome indicators clear, but do not copy the curriculum wording into the form without showing what happened in real life.

## 6. When things are not straightforward

| Situation | What to do |
|---|---|
| **The activity relates to several outcomes** | Comment on each outcome only where there is enough specific evidence from the observation or discussion. The candidate should map it appropriately. |
| **The evidence is developmental or below expectation** | Record it honestly and give actionable feedback. SLEs are not pass/fail and developmental evidence can be valuable. |
| **The candidate disagrees** | Explain the evidence and rationale behind your view and listen to their perspective. Correct facts if needed, but do not rewrite your professional judgement to create false agreement. |
| **You are outside your expertise** | Limit your comments to what you can credibly address or suggest a more suitable collaborator. |
| **A safety or professional concern arises** | Act immediately through the appropriate local clinical governance, safeguarding, employer or professional process; do not wait for the e-portfolio record or credentialing submission to validate any concerns. |

## 7. Before you submit your contribution

- ☑ I was an appropriate collaborator for this activity.
- ☑ I described what I actually observed, reviewed or discussed.
- ☑ I included examples of reasoning, impact and support rather than generic praise.
- ☑ I commented only on outcomes for which I had enough evidence.
- ☑ My feedback identifies strengths and at least one practical next step.
- ☑ I did not include unnecessary identifiable information or upload a patient consultation recording.

# Appendix: collaborator one-page quick reference

**YOUR ROLE IN ONE SENTENCE**

Observe or discuss real-life pharmacist practice, give useful feedback and record specific evidence of what the pharmacist did, how they reasoned, the impact they had and what should happen next.

| Before | During | After |
|---|---|---|
| • Agree the activity and tool.<br>• Read the relevant outcome(s) & indicators.<br>• Check consent, confidentiality and adjustments.<br>• Confirm you are the right collaborator. | • Note actions, reasoning and impact.<br>• Notice support, prompting and escalation.<br>• Focus on person-centred, safe and evidence-informed practice.<br>• Record the context. | • Give specific, actionable, balanced feedback.<br>• Agree at least one next step.<br>• Judge and comment only on what was genuinely demonstrated.<br>• Complete the form promptly and honestly. |

| Useful feedback | If something is not right |
|---|---|
| **Evidence → impact → next step**<br><br>Describe what you saw or heard, why it mattered and what the candidate should do next to move their practice forwards. | • Not enough evidence: give feedback and say what was missing.<br>• Disagreement: explain and record; do not rewrite to create agreement.<br>• Immediate patient safety concern: act through local procedures promptly. |

**REMEMBER**

SLEs are learning events, not pass/fail tests. The RCPharm assessor makes the final credentialing decision.