ROYAL COLLEGE OF PHARMACY

Enhanced Pathway
Educational Supervisor Guidance

Support the learning journey. Review development. Strengthen portfolio quality.

For pharmacists providing educational supervision on a programme or pathway aligned to the Royal College of Pharmacy Enhanced Curriculum

Quick reference guide

YOUR ROLE IN ONE SENTENCE

Provide holistic support across the enhanced programme or pathway: help the learner plan development, review the quality and coverage of the evidence and portfolio, use actionable feedback to shape next steps and record a clear ESR at each review point.

Role	Main contribution	Decision boundary
Educational supervisor	Overall progression, LNA/development planning, portfolio review, reflection, structured feedback and ESR.	Advises on readiness but does not award the credential.
Practice supervisor	Day-to-day safe development of scope and practice, teaching, feedback and discussion.	Does not replace the longitudinal educational supervisor function.
Collaborator	Observation, structured feedback and professional judgement within an SLE, testimonial or feedback tool.	Contributes one evidence point, not the final decision.
RCPharm assessor	Independent holistic assessment of the submitted portfolio.	Decides whether each domain is met or not evidenced leading to a credentialing decision.

Suggested review sequence

1. Review overall development, including scope of practice.
2. Check progress against the previous actions and LNA.
3. Examine evidence quality, breadth, consistency and outcome coverage.
4. Identify direct-observation and mandatory-evidence gaps.
5. Agree a small number of targeted priorities and opportunities.
6. Complete an ESR that another person can understand without knowing the learner.

DO NOT JUST RELY ON COUNTING

Indicative evidence ranges help with proportional evidence planning. They do not replace professional judgement about relevance, credibility, triangulation, breadth, consistency or standard.

Contents

1. Purpose, resources and principles

This guidance is for pharmacists providing the educational supervision function on an enhanced credentialing pathway or programme. It explains how to support development over time, use the curriculum to plan learning, review the quality of the evidence across the e-portfolio, provide structured feedback and complete educational supervisor reports (ESRs).

The role is formative and longitudinal. Your task is not to assess every activity personally, count SLEs or uploads or replicate the final RCPharm credentialing assessment. Your task is to help the pharmacist plan a coherent learning journey and build a clear portfolio of evidence that accurately represents their practice against the enhanced curriculum outcomes.

Key resources

- **This guidance** – practical help with planning, SLEs, evidence, reflection, reviews and submission readiness.
- **Enhanced Pharmacist Curriculum** – the authoritative educational document including the domains, capabilities, outcomes, indicators and assessment blueprint.
- **E-portfolio forms and user guidance** – the current SLEs, ESRs, feedback tools and evidence-upload process.

- **Learner guidance** - practical instructions for planning, evidence, reflection, reviews and submission.
- **Collaborator guidance and quick reference** – expectations for observation and feedback.
- **Employer guidance** – expectations to support employees.
- **Local or commissioned programme guidance** – delivery arrangements, frequency of portfolio review, supervision, learning opportunities and support routes.
- **Annual credentialing reports** – include feedback from assessors on what good looks like.

Assessment principles to apply

- **Authentic** – prioritise gaining evidence through real practice and work-based experiential learning.
- **Developmental** – use SLEs and other assessment interactions to improve future practice.
- **Holistic** – consider the integration of knowledge, skills, behaviours, judgment and experience across the evidence.
- **Longitudinal** – look for development and consistency over time.
- **Triangulated** – look for output, independent corroboration and reflection across the evidence.
- **Broad** – value different assessment tools, contexts and perspectives.
- **Proportionate** – align evidence volume expectations with risk and curriculum outcome stakes.
- **Inclusive** – flexible approaches to evidence generation while maintaining the same professional standard.

2. The educational supervisor role

Educational supervision provides holistic, longitudinal support across the pathway. The curriculum recommends the learner to have a named pharmacist responsible for the overall oversight of educational progress.

Your core responsibilities

- Help the learner plan and manage overall progression.
- Support a Learning Needs Analysis and SMART development plan.
- Help identify learning needs and access appropriate opportunities.
- Review the e-portfolio evidence for quality, breadth, consistency and outcome coverage.
- Support reflection on feedback, learning and professional development.
- Provide structured formative feedback through regular reviews.

- Complete clear ESRs that synthesise progress and agreed priorities.
- Help identify and address barriers to future learning, practice, observation and feedback opportunities early.
- Support the learner to test readiness for submission as a critical friend reviewer without pre-empting the assessor's final credentialing decision.

What the role is not

- You are not required to work in the same organisation; the role may be delivered remotely.
- You do not need to be an RCPharm member.
- You do not have to observe every activity or personally corroborate every piece of evidence.
- You should not act as the sole source of observation and feedback.
- You do not make the final credentialing decision.
- You should not duplicate line management, clinical governance or routine practice supervision.

Where one person holds several roles

An educational supervisor may also provide practice supervision or act as a collaborator. Be explicit about which function you are performing and make sure the portfolio still includes appropriately diverse observation and feedback.

> **KNOW WHICH HAT YOU ARE WEARING**
> When contributing to an SLE, record only what that activity demonstrates. When completing an ESR, step back and synthesise the broader learning journey. Do not let your own SLE become the whole basis of your holistic view.

Helping to help the learner select collaborators

- Help the learner match collaborators' knowledge and experience to activities.
- Check they can provide an objective view and explain their feedback.
- Help the learner use people from different professional backgrounds, settings and patient perspectives where relevant.
- Make sure the learner shares the relevant outcome indicators, SLE form and collaborator quick reference.
- Make sure the learner is not over-reliant on one senior colleague, one setting or one type of activity.

3. How programmatic assessment works

Each assessment interaction in the workplace contributes limited information. Multiple data points, gathered through observed authentic practice and different methods over time, support a more reliable picture of capability.

1. **Practise** – the pharmacist undertakes authentic clinical and professional work in their day-today job.
2. **Observe or discuss** – a collaborator uses a suitable SLE or feedback tool.
3. **Feedback** – the interaction identifies strengths and developmental next steps.
4. **Reflect** – the pharmacist evaluates learning, impact and changes to future practice.
5. **Record** – evidence is clear and mapped only to relevant outcomes.
6. **Review** – you examine the overall evidence pattern and complete an ESR.
7. **Develop** – priorities shape the next learning opportunities.
8. **Submit and assess** – the pharmacist submits when ready; the RCPharm assessor makes the final credentialing decision.

Progress review and final assessment

Feature	Progress review / ESR	Final credentialing assessment
Purpose	Formative development and planning	Summative decision
Decision maker	Educational supervisor with the learner	Trained RCPharm assessor
Evidence considered	Current and longitudinal portfolio evidence, feedback, development and context	Submitted portfolio against the outcomes and assessment blueprint
Output	Strengths, gaps, priorities, support and an ESR	Domain met or domain not evidenced, with feedback

SLES ARE LOW STAKES
Do not pressure collaborators to produce reassuring judgements or treat one difficult SLE as a failure. The value lies in specific feedback, the learner's reflection and what happens in later practice based on this.

4. Starting and planning the pathway

Agree ways of working early

☑ Confirm access to the curriculum, e-portfolio, learner guidance and current SLE forms.

☑ Agree how often you will meet and how an additional review can be arranged. Use your local programme review schedule; the curriculum does not prescribe fixed milestones.

- ☑ Clarify who provides day-to-day practice supervision and how relevant themes will reach educational supervisor reviews.
- ☑ Confirm the chosen credentialing route (modular or full) and the pharmacist's current prescribing status and scope.
- ☑ Support an LNA and SMART development plan across the domains relevant to the credentialing route.
- ☑ Help the learner identify early collaborators and authentic evidence opportunities from their real-life practice linked to the curriculum outcomes, including areas that may be harder to access.
- ☑ Agree expectations for patient information anonymisation, storage, linking and review of evidence.

Use the blueprint as a planning tool

The blueprint shows suggested assessment tools, outcomes requiring direct observation and additional mandatory evidence. Use it prospectively to prevent evidence gaps in the later stages of the programme or pathway.

Plan for	Questions to ask
Outcomes	Which outcomes are naturally demonstrated in the pharmacist's role, and which need deliberate planning?
Direct observation	How will outcomes 1.1, 1.2, 1.3, 2.1, 2.2, 2.5 and 3.1 be directly observed where relevant to the route?
Collaborators	Who can provide credible, sufficiently diverse perspectives in learner's individual professional context?
Evidence triads	How will practice outputs, corroboration and reflection be constructed clearly in the e-portfolio?
Scope	How is safe autonomous prescribing developing within an appropriately clear scope?
Feedback loop	How will feedback and learning be implemented and tested in later practice and evidence?

5. Help learners build and review their e-portfolio

The evidence triad

Element	What to look for
Output	Clear evidence of the activity or work completed in practice.

Element	What to look for
Corroboration	Independent confirmation from someone appropriately placed to judge and comment on the activity and standard.
Reflection	Meaningful evaluation of learning, impact and implications for future practice.

ONE PIECE OF EVIDENCE MAY BE MADE UP OF SEVERAL LINKED UPLOADS
Do not count each file as a separate piece of evidence. Check whether the linked material forms one coherent evidence triad.

Seven quick tests

Test	Question
Relevant	Does the evidence genuinely demonstrate the mapped outcome and indicators?
Specific	Can you see the learner's actions, reasoning, impact, learning and development?
Credible	Is the context clear and the collaborator well placed to judge and give feedback?
Triangulated	Do output, corroboration and reflection clearly fit together?
Broad	Does the wider portfolio span appropriate activities, contexts, tools and perspectives?
Consistent	Is the standard demonstrated as a pattern rather than a one-off?
Consequential	Is there evidence that feedback and reflection influenced later practice?

Interpret evidence volume proportionately

Stakes	Indicative range	Supervisor interpretation
Low	1–3 pieces	A concise set of strong evidence.
Medium	3–5 pieces	A credible pattern and appropriate perspectives.
High	5–7 pieces	Greater breadth and consistency because of potential risk.

NO MECHANICAL MINIMUMS
These ranges are indicative. Separate the question 'is there enough evidence?' from 'does the evidence demonstrate the expected standard?' A large portfolio can still be weak; a smaller one can still be convincing.

Check the blueprint requirements

- Direct observation for the seven specified outcomes, where they are part of the credentialing route.

- Feedback from colleagues and patients/carers/advocates with linked reflection for outcomes 1.1 and 4.2.
- Direct feedback from those the learner mentored or supported with linked reflection for outcome 4.3.
- Learner feedback and evaluation of the educational approach evidenced for outcome 4.4.
- A project abstract and leadership narrative for outcome 5.3.
- Written communication or feedback from an oral presentation, with linked reflection, for outcome 5.4.

Review mapping without creating duplication

- One authentic activity may contribute to several outcomes.
- Each mapping needs a clear rationale.
- Retain useful developmental evidence so the learning trajectory is visible.
- Watch for repeated near-identical activities or incomplete evidence that add volume without adding insight. Encourage the learner to archive this evidence.

6. Making sound formative progress judgements

Your review should produce a reasoned narrative about current evidence, development and priorities supported by an overall progression rating based on the following four-point scale:

Scale	What does this mean?
Above the expected level of an enhanced pharmacist	The evidence consistently demonstrates a level of complexity, autonomy and influence beyond the standard expected for the enhanced credential. It indicates development towards advanced-level practice.
At the expected level of an enhanced pharmacist	The evidence consistently demonstrates the complexity, autonomy and influence expected for the enhanced credential, as described in the relevant curriculum outcomes and indicators.
Progressing as expected towards the level of an enhanced pharmacist	The evidence does not yet consistently demonstrate the standard expected for the enhanced credential. However, the pharmacist is making satisfactory progress for this point in the pathway and is on track to meet the required standard.
Not progressing as expected towards the level of an enhanced pharmacist	The evidence does not yet consistently demonstrate the standard expected for the enhanced credential, and the pharmacist is not making satisfactory progress for this point in the pathway. Further development, support or access to appropriate learning opportunities is required.

Educational supervisors should base this judgement on the overall quality, breadth and consistency of the evidence and not on a single activity or the number of portfolio uploads. The

rating is a formative judgement of progress and does not constitute the final RCPharm credentialing decision.

A five-step method for each outcome

1. **Read the outcome and indicators** – use them as the standard, not a checklist.
2. **Identify the strongest evidence** – note activity, context, tool and collaborator perspectives.
3. **Test the pattern** – consider relevance, triangulation, breadth, consistency, autonomy, impact and development.
4. **Look for limiting or contradictory evidence** – do not let one impressive event or one weak impression dominate.
5. **Record the conclusion** – summarise strengths, evidence limitations and the next practice or evidence priority.

Fair review practice

- Use the curriculum outcomes and indicators rather than your own interpretation of the standard or relative comparison with another pharmacist.
- Make evidence limitations and uncertainty visible.
- Consider alternative explanations for an inconsistent pattern.
- Challenge halo, recency, similarity, opportunity and writing-style bias.

When evidence points in different directions

- Explore differences in context, timing, activity, collaborator expectations or real inconsistency of performance.
- Do not average judgements or turn narrative fields into unofficial numerical scores.
- Do not let one difficult event erase an otherwise strong pattern; equally, one impressive event does not establish consistency.
- Arrange a targeted future learning or evidence opportunity when the pattern remains uncertain.

Common judgement traps

Trap	Check yourself
Counting bias	Am I equating more uploads with stronger capability?
Halo or horns	Is one general impression influencing every outcome?
Recency bias	Am I allowing the most recent evidence to outweigh the wider pattern without justification?

Trap	Check yourself
Opportunity bias	Am I treating lack of access or opportunity as evidence of lack of capability?
Similarity bias	Am I rewarding a style like my own rather than the curriculum standard?
Writing-style bias	Am I judging polish or fluency where I should be looking at professional practice or reflective insight?

7. Conducting progress reviews and completing ESRs

Before the meeting

- If this is not the first meeting, review the previous ESR and agreed actions.
- Review the learner's updated LNA and development plan.
- Examine new portfolio evidence including: new SLEs, feedback, outputs, reflection and testimonials.
- Check every relevant outcome for strengths, gaps and over-reliance on one context or collaborator.
- Check direct-observation and mandatory-evidence requirements.
- Actively seek to identify evidence that challenges your provisional view.
- Consider whether access to learning and practice opportunities, workload, wellbeing, or other personal factors may be affecting progress.

During the meeting

1. **Development and scope** – discuss learning, feedback themes, prescribing activity, confidence, workload, wellbeing and support.
2. **Evidence review** – examine evidence quality, breadth, consistency, triangulation and progress across the outcomes.
3. **Prioritisation** – identify what is convincing, where evidence remains limited and what future evidence should demonstrate.
4. **Development plan** – agree a manageable number of SMART actions to be met through authentic practice opportunities.
5. **Review arrangements** – confirm responsibilities, deadlines and the next review point.

Complete a useful ESR

The ESR is a longitudinal, global report informed by a range of evidence. It should synthesise rather than duplicate the portfolio.

ESR component	What good looks like
Progress since last review	Action taken, learning completed and effect on practice.
Evidence synthesis	Specific strengths and limitations across relevant outcomes, based on multiple sources.
Feedback and reflection	Themes, contradictions and evidence of change in later practice.
Opportunity and support	Any access, supervision, workload, wellbeing other factors affecting development.
Priorities	A small number of outcome-linked, actionable next steps with owners and timescales.
Submission readiness	A transparent formative judgment of current strengths and remaining gaps, without claiming the final assessor's decision.

WRITE FOR AN UNFAMILIAR READER

The ESR should be clear to someone who has never met the learner or worked in the particular setting. Name the evidence pattern and reasoning; avoid generic phrases such as 'doing well' or 'good portfolio'.

After the meeting

- Complete the ESR promptly and ensure the learner can see the agreed form.
- Make agreed actions visible to relevant practice supervisors and collaborators, respecting confidentiality where appropriate.
- Help the learner arrange any learning, observation or collaborator input that cannot be achieved through routine work.
- Bring the next review forward when closer support or clarification is needed.
- Escalate any immediate safety or professional concern through the appropriate local route rather than waiting for the next review.

8. Supporting submission readiness

The learner may submit when they judge that the portfolio demonstrates the outcomes for their chosen route. Your role is to test that judgement critically and constructively and make remaining uncertainty visible.

Readiness for submission review

☐ The pharmacist is a registered prescriber and their clinical evidence includes active prescribing-related evidence.

☐ Every outcome in the chosen route has clearly mapped evidence at the expected standard.

☐ The evidence collectively reflects the breadth and depth of the curriculum indicators.

- ☐ The seven direct-observation requirements are met where relevant.
- ☐ All additional mandatory evidence is present.
- ☐ Evidence volume is proportionate to stakes without being treated as a quota.
- ☐ Evidence triads are coherent and easy to follow.
- ☐ The portfolio shows a range of tools, activities, contexts and collaborators.
- ☐ Feedback and reflection demonstrably influence later practice.
- ☐ The ESRs give transparent longitudinal synthesis, including any further areas for development.
- ☐ Information governance, anonymity and consent requirements are met.

> **ADVISE, DO NOT PRE-JUDGE**
> A supportive readiness discussion prior to submission for credentialing is valuable. Avoid wording that guarantees a pass or implies delegated RCPharm sign-off. The assessor independently decides whether each domain is met.

If a domain is not evidenced

Use the assessor's specific outcome-level feedback to plan targeted further learning and evidence. A resubmission should address the identified gap rather than generate a second full portfolio or duplicate evidence that was already sufficient.

9. When progress is not as expected

Slower than expected progress is a signal to diagnose and support. Avoid responding with a generic instruction to complete more SLEs. Instead,

Possible drivers for slower than expected progression	Educational supervisor response
Opportunity	Help arrange the required learning or practice opportunity or address the missing activity direct observation or collaborator perspective.
Knowledge or skill	Define the specific gap and signpost to relevant learning, teaching, modelling or guided practice, helping identify individuals to support with this where necessary
Feedback quality	Work with the learner and collaborator to help improve feedback specificity, actionability and timeliness; ensure feedback is implemented in later practice and evidence.
Consistency	Identify the contexts in which performance varies and what support or practice will stabilise it.
Wellbeing, workload or time away	Use the appropriate support and review arrangements; do not treat personal context as a judgment of capability.
Portfolio construction	Support the learner to improve mapping, linking, corroboration and contextualisation.

Build a targeted plan

Need	Action	Evidence of improvement	Review
Outcome 2.3: risk/benefit reasoning is not explicit	Structured CbD on a case involving uncertainty, followed by an observed consultation.	Reasoning integrates evidence, patient preferences, risk and safety-netting; later documentation makes the rationale clear.	At the next agreed review point.
Outcome 4.3: feedback to others is generic	Observe skilled feedback, practise with a recognised feedback model, then support a colleague and seek direct feedback.	The recipient confirms feedback was specific and actionable; reflection identifies what changed.	At the next agreed review point.

ACTING ON PATIENT SAFETY CONCERNS

Clinical safety, safeguarding, conduct, capability or fitness-to-practise concerns must be handled promptly through the employer's and regulator's appropriate processes. The enhanced pathway is not a substitute for those processes.

Where the learner disagrees with your judgement

Invite them to identify the evidence or curriculum indicator they believe has been misunderstood. Revisit the full pattern and record their perspective. Do not alter a collaborator's or your own original judgement to manufacture agreement.

10. Information governance & consent

- Make sure all records are appropriately anonymised.
- Ensure patient/carer feedback is voluntary and its intended use is clear.
- Ensure there are no patient consultation recordings in the e-portfolio.
- Follow local requirements for consent, secure storage, access, retention and disposal.
- Pause and seek advice when the status of sensitive or identifiable information is unclear.

11. Frequently asked questions

Can I be both educational supervisor and collaborator?

Yes, where you are suitable for both functions. Make your role clear and ensure the portfolio contains sufficiently diverse observation and feedback.

Do I have to work in the learner's organisation?

No. Educational supervision may be remote and the curriculum does not require the supervisor to be based in the same organisation.

Do I need to be an RCPharm member?

No. The curriculum does not require educational supervisors to be members.

How often must I meet the learner?

The curriculum requires regular structured interaction but does not set fixed milestones. Follow the commissioned or local programme review schedule and arrange additional reviews when needed.

Should I count every upload as evidence?

No. Several linked uploads may form one evidence triad. Focus on the coherent activity and what it demonstrates.

Are the evidence ranges mandatory?

No. They are indicative guides linked to curriculum stakes ratings. Use them proportionately alongside judgement of quality, breadth and consistency.

Can one activity map to several outcomes?

Yes, where it genuinely demonstrates each outcome. Each mapping should be clearly explained.

Can I sign the learner off as credentialed?

No. You can provide a formative view of readiness. The trained RCPharm assessor makes the final credentialing decision.

What if the learner lacks access to a certain activity or learning opportunity?

Treat this first as a planning and opportunity problem. Work with the employer or local programme to secure appropriate experience without lowering the standard.

What if the portfolio meets the indicative numbers but the evidence is weak?

The learner is likely not yet ready. Identify the specific gap in relevance, standard, triangulation, breadth or consistency and plan targeted learning.

How does APCL affect review?

Approved provider agreements may exempt specified learning outcomes. These are listed on the RCPharm APCL directory. Do not assume an individual exemption outside the agreed process.

Appendix: curriculum outcomes and evidence stakes

Use the curriculum indicators to understand how to meet the curriculum outcomes. This quick reference lists outcome titles, stakes and the requirements that most affect evidence planning.

Domain 1: Person-centred care and collaboration

Outcome	Outcome title	Stakes	Planning requirement
1.1	Communicates effectively with people receiving care, their carers or advocates, and colleagues	High	Direct observation required; Feedback from colleagues and patients/carers/advocates, with linked reflection.
1.2	Demonstrates effective consultation skills, exploring the physical, psychosocial and medication history for that person, remaining open to what a person might share	High	Direct observation required
1.3	Adopts a holistic and inclusive approach in consultations and shared decision-making to optimise the safe and effective use of medicines and patient care	Medium	Direct observation required
1.4	Supports and facilitates continuity of care for each person, including by making prescribing decisions	High	
1.5	Supports members of the healthcare team in the safe and effective use of medicines to meet the individual needs of those receiving care	High	
1.6	Positively influences patient care by building strong working relationships with other professionals across the care pathway, both within the pharmacy team and across other health and social care professions	Medium	

Domain 2: Professional practice

Outcome	Outcome title	Stakes	Planning requirement
2.1	Competently and confidently uses clinical judgement to make evidence-informed decisions that support safe prescribing and the delivery of care to individuals	High	Direct observation required
2.2	Undertakes and/or requests relevant examinations and investigations; interprets findings to support clinical decision making, i.e. assessment, diagnosis, monitoring and management	High	Direct observation required
2.3	Critically evaluates information and clinical guidance to make safe and evidence-informed prescribing decisions and recommendations for individuals and/or populations, effectively managing uncertainty and balancing risks	High	
2.4	Ensures the cost-effective usage and appropriate stewardship of medicines	Medium	

Outcome	Outcome title	Stakes	Planning requirement
2.5	Demonstrates professionalism, integrity, and accountability, acting within legal and ethical frameworks and taking responsibility for own decisions	High	Direct observation required
2.6	Practises within the limits of own competence; seeks support when needed, signposting and/or referring to other professionals across the care pathway when appropriate	High	

Domain 3: Leadership and management

Outcome	Outcome title	Stakes	Planning requirement
3.1	Role models clinical and professional leadership qualities in their practice setting	Medium	Direct observation required
3.2	Identifies and escalates risks and issues relating to patient safety and care; mitigates and resolves these where appropriate	High	
3.3	Leads initiatives to improve working practices and patient care	Low	
3.4	Demonstrates self-awareness and emotional intelligence, maintaining composure and resilience under pressure	High	

Domain 4: Education

Outcome	Outcome title	Stakes	Planning requirement
4.1	Plans and engages in structured professional development, learning and reflection	Medium	
4.2	Seeks feedback from colleagues across the pharmacy and wider health and social care teams, patients, carers, and/or advocates; reflects on feedback to develop practice	High	Evidence of seeking feedback from colleagues and patients/carers/advocates, with linked reflection.
4.3	Supports others to develop professionally, providing actionable feedback	Medium	Direct feedback from those mentored or supported, with linked reflection.
4.4	Delivers effective educational sessions at a team level or beyond	Low	Evidence of seeking feedback from learners and evaluating the approach, with linked reflection.

Domain 5: Research and evaluation

Outcome	Outcome title	Stakes	Planning requirement
5.1	Understands best practice in audit, quality improvement, service evaluation and research in healthcare; applies knowledge to own research and evaluation activities	Low	
5.2	Interprets and critically appraises relevant evidence to inform practice, sharing findings with peers and/or the team	Medium	
5.3	Leads an audit, and/or contributes to a quality improvement, service evaluation or research project designed to improve patient care, and identifies appropriate next steps based on findings	Low	Project abstract plus a narrative explaining the pharmacist's contribution and how they led the project.
5.4	Effectively communicates findings from an audit, quality improvement, service evaluation or research project at a team level or beyond	Low	Written communication, such as a poster or summary; or feedback from an oral presentation, with linked reflection.

DO NOT TURN THE INDICATORS INTO A TICK LIST

Learners do not need a separate item for every indicator. Taken together, the evidence should show the breadth and depth of the curriculum outcome.

Appendix: SLE and evidence tool quick reference

The pharmacist is not expected to use every tool. Choose the method that fits the activity, learning need and practice context.

Type	Tool	Full name	Best used for
Direct observation	ACAT	Acute care assessment tool	Clinical assessment and management across multiple patients over a continuous period; can be used in all sectors.
Direct observation	CAT	Consultation assessment tool	Consultation skills and approach.
Direct observation	DONCS	Direct observation of non-clinical skills	Performance of a non-clinical professional activity.
Direct observation	DOPS	Direct observation of practical skills	Performance of a practical procedure.
Direct observation	JCP	Journal club presentation	Presentation and discussion of evidence at a journal club.
Direct observation	mini-CEX	Mini-clinical evaluation exercise	A clinical encounter, including history, communication, examination and clinical reasoning.
Direct observation	TO	Teaching observation	Planning and delivery of an effective learning experience.
Indirect observation	CP	Case presentation	Oral presentation of a case to colleagues.
Indirect observation	CbD	Case-based discussion	Retrospective structured discussion of clinical reasoning, decisions and application of knowledge.
Indirect observation	LEADER	Leadership assessment skills	Leadership and teamworking capabilities.
Indirect observation	QIPAT	Quality improvement project assessment tool	Planning, delivery and learning from a quality improvement project.
Other	ESR	Educational supervisor report	A longitudinal, global report at a review point, informed by a range of evidence.
Other	MSF	Multi-source feedback	Feedback on performance from a range of colleagues.
Other	MSFR	Multi-source feedback reflection	Reflection on the themes, differences and actions arising from MSF.
Other	TEST	Testimonial	Corroboration by a collaborator where no other SLE is appropriate.
Other	PCF	Patient/carer feedback	Feedback on communication and consultation from the patient or carer perspective.
Other	PCFR	Patient/carer feedback reflection	Reflection on patient/carer feedback and resulting changes.
Other	RA	Reflective account	Flexible documentation of reflection and learning from practice.

Appendix: educational supervisor progress-review quick checklist

Before the meeting

☐ Previous ESR and actions reviewed, if relevant.

☐ LNA and development plan reviewed.

☐ Portfolio reviewed across every relevant outcome.

☐ Direct-observation and mandatory-evidence gaps checked.

☐ Evidence challenging my provisional view and potential biases identified.

☐ Practice and learning opportunities, workload, wellbeing considered.

During the meeting

☐ Development, prescribing scope and support discussed.

☐ Evidence quality, breadth, consistency and progress discussed.

☐ Strengths and areas for development identified for relevant outcomes.

☐ A manageable number of SMART priorities agreed.

☐ Owners, opportunities, timescales and next review confirmed.

After the meeting

☐ ESR completed promptly as a concise synthesis.

☐ The learner's perspective and any disagreement are recorded accurately.

☐ Actions are visible to relevant parties e.g. practice supervisor, employer, collaborators.

☐ Specific future opportunities or collaborator input are arranged.

Appendix: acronym buster

Acronym	Meaning
ACAT	Acute care assessment tool
APCL	Accreditation of Prior Certified Learning
CAT	Consultation assessment tool
CbD	Case-based discussion
CP	Case presentation
DONCS	Direct observation of non-clinical skills
DOPS	Direct observation of practical skills
ESR	Educational supervisor report
GPhC	General Pharmaceutical Council
JCP	Journal club presentation
LEADER	Leadership assessment skills
LNA	Learning needs analysis
mini-CEX	Mini-clinical evaluation exercise
MSF/MSFR	Multi-source feedback / reflection
PCF/PCFR	Patient/carer feedback / reflection
PSNI	Pharmaceutical Society of Northern Ireland
QIPAT	Quality improvement project assessment tool
RA	Reflective account
RCPharm	Royal College of Pharmacy
SLE	Supervised learning event
SMART	Specific, measurable, achievable, relevant and time-bound
TEST	Testimonial
TO	Teaching observation