ROYAL COLLEGE OF PHARMACY

Enhanced Pathway

Learner Guidance

Plan your development. Learn from practice. Build a high-quality portfolio.

For pharmacists working towards a Royal College of Pharmacy Enhanced Credential

Start here: your pathway at a glance

YOUR ROLE IN ONE SENTENCE

Take active ownership of your development: use real practice to seek feedback, reflect honestly, build a clear portfolio and act on priorities agreed with your educational supervisor.

5 **curriculum domains**	**24** **curriculum outcomes**	**3** **credentialing options**
1–3 **indicative pieces of evidence for a low-stakes outcomes**	**3–5** **indicative pieces of evidence for a medium-stakes outcome**	**5–7** **indicative pieces of evidence for a high-stakes outcome**

QUALITY BEFORE QUANTITY

The evidence ranges are indicative, not prescriptive minimums. A coherent, relevant and consistent portfolio matters more than reaching an arbitrary number.

Your first five actions

1. Determine whether you are working towards the full credential, the clinical modular credential or the non-clinical modular credential.
2. Confirm your named educational supervisor, day-to-day practice supervision and likely collaborators.
3. Use the curriculum to complete a learning needs analysis and create SMART actions, including developing your prescribing scope.
4. Map authentic opportunities in your role across the outcomes and identify early where experience, observation or feedback may be harder to access in your setting.
5. Discuss review arrangements and information-governance requirements before evidence gaps become urgent.

Credentialing routes

Route	Domains assessed	Important point
Full enhanced credential	Domains 1–5	All five domains must be met. Only those with the full credential will be eligible to say they are an enhanced pharmacist or enhanced credentialed.
Enhanced clinical modular credential	Domains 1–2	All outcomes in both clinical domains must be met.

Route	Domains assessed	Important point
Enhanced non-clinical modular credential	Domains 3–5	All outcomes in leadership and management, education, and research and evaluation must be met.

PRESCRIBING REQUIREMENT

You do not need to be a registered prescriber to begin engaging with the curriculum or building evidence. At the point of enhanced credentialing, you must be a registered prescriber and provide evidence of active prescribing as part of your clinical evidence.

Contents

1. Purpose and the documents to use

This guide translates the enhanced curriculum into practical actions for learners building an e-portfolio towards enhanced credentialing. It is designed to help you use routine practice as a source of learning, feedback, reflection and evidence without turning the pathway into a paperwork exercise.

The final credentialing decision is not based on one assessment event. A trained enhanced credentialing assessor reviews the whole portfolio and decides whether the relevant curriculum domains have been demonstrated at entry-level enhanced practice.

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.
- **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

> **USE THE INDICATORS EARLY**
> Do not wait until submission to read the indicators of expected performance for each curriculum outcome. Use them to understand the standard **from the start** to help plan relevant, authentic opportunities. Remember, they are a guide for you and assessors as to the types of things we are looking for to sign off the outcome; they are not a checklist requiring one upload per indicator.

2. Your role and the people supporting you

What you are responsible for

- Taking ownership of your learning needs analysis, development plan and progress as a registered professional.
- Developing a secure and clear clinical scope of practice, including prescribing.
- Seeking regular observation and feedback through real-life clinical and professional work.
- Selecting SLE tools that match the activity and learning/evidence need.
- Building a clear and proportionate e-portfolio in line with the assessment blueprint.
- Reflecting honestly on strengths, assumptions, impact, feedback and change in practice.
- Preparing for structured reviews with your educational supervisor and acting on agreed priorities.

- Raising barriers to learning opportunities early and proactively seeking to address these.

Who should be in place to support you

Role	Primary contribution	How to work with them
Educational supervisor	Named pharmacist providing holistic support across the pathway and completing ESRs.	Agree review arrangements; discuss progress, evidence quality, gaps and development priorities openly.
Practice supervisor	Supports day-to-day learning, safe development of scope, observation, feedback and reflective discussion.	Discuss real practice questions and proactively seek day-to-day feedback; agree how they can best support you as your confidence and capability grow.
Collaborator	Observes or discusses practice, provides structured feedback and contributes evidence through an SLE, testimonial or other feedback tool.	Choose someone credible for the activity; brief them on the outcome focus and what is required in the indicators; invite honest, specific feedback.
RCPharm assessor	Completes the final, independent holistic assessment of the submitted portfolio.	Make the evidence clear enough to be understood by an assessor who may not know you or your workplace.

> **DIFFERENT PERSPECTIVES MATTER**
> One person may hold more than one support role, but your evidence should still draw on different people, professional backgrounds, settings and patient perspectives where relevant.

3. How assessment works

Enhanced credentialing uses programmatic assessment. Individual activities contribute small pieces of information; taken together over time, they provide a more accurate picture of your capability in real practice.

- **Practise** – undertake authentic clinical and professional work in your day-to-day role.
- **Observe and discuss** – use a suitable SLE or feedback tool to make a valid judgment on your performance and reasoning.
- **Receive feedback** – identify strengths, development needs and actionable next steps.
- **Reflect** – evaluate what shaped your approach, its impact, what you learned and what you will do differently in the future as a result.
- **Record clearly** – add the evidence to your e-portfolio and map it **only** to outcomes it **genuinely** demonstrates.
- **Review** – use structured meetings and ESRs to examine breadth, quality, consistency and progress across your portfolio.
- **Submit** – when you and your educational supervisor judge the portfolio demonstrates the relevant outcomes and domains, submit it for independent assessment by the Royal College.

Two different decisions

Decision	Who makes it	Purpose
Progress review	You and your educational supervisor	Formative review of development, evidence gaps, priorities and future support needs.
Final credentialing decision	A trained RCPharm enhanced credentialing assessor	Summative, holistic decision on whether the portfolio evidence objectively demonstrates the relevant domains and outcomes at entry-level enhanced practice.

> **SLES ARE NOT PASS/FAIL**
> An SLE is a structured learning event. Honest developmental feedback remains valuable even when it identifies a significant gap. The final high-stakes decision is made from the portfolio as a whole. No single SLE will pass or fail you on a domain – it helps tell your story and build up a picture of your progression.

Eight principles to keep the pathway useful

1. **Authentic** – use routine, real-world practice rather than trying to come up with contrived, artificial tasks created only to fill the portfolio.
2. **Developmental** – use feedback through SLEs to improve later practice.
3. **Holistic** – show how knowledge, skills, behaviours, professional judgment and experience come together.
4. **Longitudinal** – keep evidence of your development over time, not just polished end-point examples.
5. **Triangulated** – combine outputs from real-world practice, independent corroboration and reflection.
6. **Broad** – use different professional activities, contexts, tools and perspectives.
7. **Proportionate** – match the amount of evidence to the outcome stakes.

4. The enhanced standard and credentialing routes

Enhanced practice builds on registration as a prescribing pharmacist and acts as a stepping stone towards advanced practice. It aligns with the early stages of professional proficiency: greater autonomy, confidence, adaptability and experience-based judgement while managing complexity, uncertainty and day-to-day risk.

The five domains

Domain	Focus	Number of outcomes
1	Person-centred care and collaboration	6

Domain	Focus	Number of outcomes
2	Professional practice	6
3	Leadership and management	4
4	Education	4
5	Research and evaluation	4

ALL OUTCOMES MATTER

The High, Medium and Low stakes ratings describe potential patient risk and guide proportional evidence volume. They do not mean that some outcomes are optional or less important. Every outcome in the route being assessed must be demonstrated to be credentialed. It is just a question of how much evidence is needed to convince an assessor.

What the assessor is looking for

- Performance in real-life practice at the expected entry-level enhanced standard (as described by the curriculum outcomes and indicators).
- Safe autonomous prescribing within a clear scope of practice.
- Evidence that is relevant, credible, sufficiently broad and consistent.
- Direct observation and other mandatory evidence requirements where the blueprint requires it.
- A clear link between feedback, reflection, professional development and application of this in later practice.

5. Planning your pathway

Start with an LNA and SMART development plan

Outcome 4.1 requires you to undertake a learning needs analysis and a SMART development plan. Use these as working tools throughout the pathway, not one-off paperwork.

Planning question	What to record
Current position	What have I already got evidence of or can demonstrate easily, and how do I know?
Learning need	Which knowledge, skill, behaviour or experience needs development?
Action	What learning, modelling, supervised practice, observation or feedback will address the learning need?
Evidence opportunity	Which real activity could be observed to demonstrate progress, and which tool would best fit what I want to show?
Support	Who can observe, teach, challenge or provide feedback?
Timescale and review	When will I act, and how will I test whether my practice has improved?

Build a simple evidence plan

- Identify naturally occurring opportunities across the outcomes you are focusing on in this phase of the pathway.
- Plan early to organise direct observations and the specific mandatory evidence in the blueprint.
- Identify outcomes that your normal role may not readily demonstrate and discuss how you can access experiences to demonstrate these with your educational supervisor and employer.
- Identify and use a range of collaborators rather than relying on one person to comment on everything.
- Keep the plan flexible: feedback and changes in scope should reshape priorities. Capture this dynamic situation in your reflection.
- Agree a regular review schedule locally with your educational supervisor; the curriculum does not prescribe fixed milestone review dates.

> **DO NOT MANUFACTURE EVIDENCE**
> The aim is useful learning from real work. Avoid contrived activities, repeated near-identical uploads or mapping an outcome simply because it appeared in the background or only marginally. Map sparingly and carefully.

6. Using SLEs well

SLEs should arise naturally from routine practice and happen regularly. The curriculum suggests frequent use (for example weekly) while recognising that the right frequency depends on your role, setting and learning needs.

Before the SLE

☑ Choose a real activity and the tool that best fits what you want to evidence.
☑ Choose a collaborator with sufficient knowledge of the activity to provide credible and valid feedback.
☑ Agree the focus of the observation and share the relevant outcome and indicators with the collaborator in advance.
☑ Confirm practical arrangements, consent, confidentiality and information governance if required.
☑ Clarify how and when feedback and the e-portfolio record will be completed.

During the SLE

☑ Practise as you normally would, keeping the person receiving care and patient safety central.
☑ Seek help or escalate when appropriate; safe support-seeking is part of professional practice.
☑ Allow the collaborator to see your reasoning, not just the final action.

After the SLE

- ☑ Discuss the observed activity promptly and invite specific, actionable feedback.
- ☑ Check factual context if necessary without negotiating away an honest professional judgement.
- ☑ Agree one or two actions that are specific enough to apply and test in future practice.
- ☑ Complete your reflection and connect the feedback to the relevant outcome indicators.
- ☑ Save the SLE and map it only to outcomes genuinely demonstrated.

REMOTE SLES

SLEs may be completed remotely where suitable. Follow local information-governance requirements. Recordings of patient consultations must **not** be stored in the e-portfolio; consent, secure handling, access and disposal must follow local policy.

7. Building a convincing portfolio

WHAT IS A PIECE OF EVIDENCE?

A 'piece of evidence' may include one upload or several linked uploads. Do not count every file separately. What matters is whether the material collectively shows the output and is supported by corroboration (where possible) and reflection.

The evidence triad

Element	Question	Examples
Output	What did you do or produce?	Observed clinical activity or consultation, protocol, teaching plan, QI report, poster or response to an enquiry.
Corroboration	Who independently confirms the activity and standard?	Completed SLE, testimonial, ESR, structured feedback.
Reflection	What did you learn and what changed?	Evaluation of reasoning, impact, feedback, limitations and resulting change in practice.

Seven tests for useful evidence

Test	Ask yourself
Relevant	Does this genuinely demonstrate the mapped outcome and its indicators?
Specific	Can an assessor understand what I did, why, with what impact and to what standard?
Credible	Is the context clear and is corroboration from someone well placed to judge?
Triangulated	Do output, corroboration and reflection form a coherent whole?
Broad	Does the overall evidence across the portfolio span activities, contexts, tools and perspectives?

Test	Ask yourself
Consistent	Is the required standard demonstrated reliably across the evidence in the portfolio, rather than in one isolated event?
Consequential	Can the assessor see how feedback and reflection influenced later practice?

Use stakes proportionately

Outcome stakes	Indicative evidence range	How to interpret it
Low	1–3 pieces	A small number of strong, clearly aligned pieces will be enough.
Medium	3–5 pieces	Show a credible pattern across appropriate activities or perspectives.
High	5–7 pieces	Provide greater breadth and consistency because of the potential risk, particularly to patient safety.

THESE ARE GUIDES, NOT QUOTAS

The ranges are indicative. More weak uploads do not compensate for a gap in relevance, observation, corroboration or evidence below the required standard. Equally, one strong event will not establish consistent performance for a high-stakes outcome.

Map carefully and avoid duplication

- ☑ Map evidence only to outcomes it obviously and genuinely contributes to.
- ☑ Explain the distinct relevance of evidence to each mapped outcome through context and reflection.
- ☑ Link related uploads so the evidence triad is easy to follow for assessors.
- ☑ Retain developmental evidence where it helps show progression; do not curate away every challenge as assessors want to see our development and learning over time.
- ☑ Use the assessment blueprint to check direct-observation and mandatory-evidence requirements before submission.

Use project, domain and professional context narratives

Narratives	Why are these useful?
Project	These help link connected pieces of evidence from the same project into a short narrative for assessors. This helps assessors understand the breadth of a project and your role in that project.

Narratives	Why are these useful?
Domain	These allow you to summarise your key pieces of strong evidence across a domain. This helps assessors understand why you think you have demonstrated the breadth of the domain.
My professional context	Understanding your professional context is important so assessors can frame the evidence correctly and understand it in context. It also helps assessors understand your unique opportunities and challenges as well as the breadth of collaborators that is realistic and proportionate for your context.

8. Reflecting and using feedback

Reflection should be visible throughout the e-portfolio. It may be completed retrospectively where needed, but it should demonstrate meaningful insight rather than simply retelling events.

Five useful reflection questions

1. What was the important decision(s) or action(s) I took?
2. What knowledge, judgment, evidence, assumptions, emotions, values or contextual pressures shaped my response?
3. What was the impact on the person receiving care, colleagues, safety, or service quality?
4. What alternative interpretations or actions were available, and what were their risks and benefits?
5. What will I change, and what future evidence will show whether the change improved practice?

Use feedback to build up evidence over time

☑ Seek feedback from colleagues within and outside your organisation and from the wider health and social care team.
☑ Use patient, carer and advocate feedback where relevant.
☑ Look for themes and differences rather than dismissing a minority or challenging view.
☑ Explain how you acted on feedback and, where possible, show the effect in later practice.
☑ Reflective insight matters more than polished prose.

> **FEEDBACK DOES NOT HAVE TO AGREE**
> Contradictory feedback can reveal differences between settings, expectations or experiences. Explore the potential motivation behind each view instead of including and reflecting only on feedback that matches your own views or self-assessment.

9. Preparing for progress reviews with your educational supervisor

Progress reviews are formative discussions with your educational supervisor. They should turn the evidence in your portfolio at that stage into a clear view of future development needs and actions. The educational supervisor records this review through the ESR.

Before the review

- ☑ If it is not the first meeting, review the previous ESR and agreed development actions.
- ☑ Undertake/update your LNA and development plan.
- ☑ Check every outcome in your chosen credentialing route for strengths, gaps, duplication and over-reliance on one collaborator or context.
- ☑ Identify the strongest evidence, evidence that challenges your current self-assessment, and any direct-observation or mandatory-evidence gaps.
- ☑ Prepare examples of how feedback informed how you approached future practice.
- ☑ Reflect on workload, wellbeing, and access to appropriate learning opportunities if relevant.
- ☑ Draft two or three priorities for the next phase of the programme.

During and after the review

- ☑ Discuss overall development and scope of practice, including prescribing.
- ☑ Review evidence quality, breadth, consistency and progress – not just numbers.
- ☑ Agree outcome-specific priorities, required learning opportunities and other support required.
- ☑ Ensure the ESR accurately records progress, gaps, feedback themes and agreed actions.
- ☑ Arrange an earlier review if evidence, opportunity or support needs materially change.

10. Deciding when to submit

You may submit when you judge that the e-portfolio contains sufficient evidence to demonstrate the outcomes for your chosen credential route. Your educational supervisor can act as a critical friend and test portfolio readiness, but the final credentialing decision is made independently by the RCPharm assessor.

Submission-readiness checklist

- ☑ I am a registered prescriber and the portfolio includes prescribing-related clinical activity.
- ☑ Every outcome in my chosen route has clearly mapped evidence at the expected standard.
- ☑ The evidence uses real-life practice and reflects the breadth of the outcome indicators.
- ☑ Direct observation is present for outcomes 1.1, 1.2, 1.3, 2.1, 2.2, 2.5 and 3.1 where those outcomes are in my route.
- ☑ All additional mandatory evidence in the assessment blueprint is present.

- ☑ Evidence volume is proportionate to stakes, but I have prioritised quality, relevance and consistency.
- ☑ The evidence triads are easy to follow and related uploads are linked.
- ☑ Reflection and feedback show development and impact on later practice.
- ☑ The latest ESR gives a clear longitudinal account and identifies any remaining development needs honestly.
- ☑ All uploaded material is anonymised and compliant with information-governance requirements.

What happens after assessment

Each domain submitted is assessed with the following potential outcomes:

Outcome	Meaning	Next step
Domain met	There is sufficient evidence of all curriculum outcomes in the domain.	The domain contributes to the credentialing outcome.
Domain not evidenced	One or more outcomes in the domain have not been sufficiently demonstrated.	Use the specific feedback to complete further learning and submit additional evidence for reassessment in the relevant domain(s).

All applicants receive feedback. A resubmission should respond precisely to the outcomes identified rather than rebuilding or duplicating the whole portfolio.

11. When progress or evidence is not going to plan

Raise problems early with your educational supervisor, employer and/or training provider. A gap should lead to a diagnosis and targeted development plan, not just generating and uploading more of the same.

Possible issue	Questions to explore
Opportunity	Have I had access to the right activity, breadth, collaborator or direct-observation opportunity?
Knowledge or skill	Which specific area of knowledge, clinical reasoning, communication or professional practice needs development?
Feedback or supervision	Was feedback specific actionable and timely, and have I applied the agreed action in later practice?
Consistency	Can I perform well in one context but not yet reliably and consistently across different contexts across the breadth of the outcome as described by the indicators?

Possible issue	Questions to explore
Wellbeing, workload or time away	Is a personal or contextual factor affecting learning, evidence generation or practice?
Portfolio construction	Is good practice present but poorly explained, reflected on, mapped, linked or corroborated?

Build a targeted plan

☑ Name the specific outcome and practice gap.
☑ Agree the learning intervention: for example teaching, shadowing, modelling, guided practice, reflection or feedback.
☑ Identify a real opportunity to apply the learning and an appropriate collaborator.
☑ Agree what improvement would look like in practice and when it will be reviewed.
☑ Collect only the evidence needed to demonstrate the change and strengthen the pattern.

12. Information governance & confidentiality

- Upload only the contextual information needed to understand the evidence.
- Anonymise patient, carer, advocate and colleague information prior to upload to the e-portfolio.
- Make sure patient/carer feedback is voluntary and explain how it will be used.
- Do **not** store recordings of patient consultations in the e-portfolio.
- Follow local rules on consent, secure storage, access, retention and disposal of any audio or visual data.
- Ask for advice before uploading material if you are unsure whether it contains personal or sensitive information.

13. Frequently asked questions

Are SLEs pass/fail?

No. They are formative learning events. The final decision is based on a holistic assessment of the submitted portfolio evidence gathered over time. It is about what pattern or story that evidence is telling rather than any one single SLE.

Do I need to use every SLE tool?

No. Choose tools that fit your practice, learning needs and evidence requirements.

Does every indicator need a separate upload?

No. The evidence should collectively show the outcome's breadth and depth which the indicators help you understand. The indicators guide judgement rather than acting as a checklist.

Can one SLE or activity evidence several outcomes?

Yes, but **only** where it **genuinely** demonstrates each outcome. Save it and explain the relevance to each mapping in the context and reflection.

Are the 1–3, 3–5 and 5–7 ranges mandatory minimums?

No. They are indicative guides linked to outcome stakes. Quality, relevance, consistency and breadth carry more weight than quantity.

Can my educational supervisor decide that I have passed?

No. They provide formative oversight and provide evidence through ESRs. The trained RCPharm assessor makes the final credentialing decision.

Can I start before I qualify as a prescriber?

Yes. You must, however, be a registered prescriber with prescribing-related clinical evidence at the point of credentialing.

What if my usual role does not provide the required opportunities?

Raise it early with your educational supervisor, practice supervisor, and employer so an appropriate experience or collaborator can be arranged.

Should I remove weaker or earlier evidence?

Not automatically. Developmental evidence can help show honest progression, particularly when later evidence demonstrates what changed. You should, however, archive incomplete or very poor quality evidence to avoid assessors being overburdened with evidence that adds limited value.

Can prior certified learning reduce duplication?

Potentially. APCL exemptions operate through agreements with approved education providers. Check the current RCPharm APCL directory and provide certified proof where applicable in line with the process on our website.

Is RCPharm membership required to be credentialed?

No. The curriculum and credentialing pathway are open to all pharmacists. Membership provides access to the wider Royal College offer for newly qualified pharmacist prescribers, but it is not an eligibility condition. Successful members will also receive a formal membership certificate and be eligible to be added to our member directories of credentialed individuals.

Is the credentialling assessment fee covered by the national commissioning bodies?

Not necessarily. NHSE has funded e-portfolio access only for their PEEP pathways – any pharmacist wishing to credential will have to pay the relevant credentialing fee on submission. Scotland and Wales are funding credentialing assessment fees as part of their commissioned programmes. Pharmacists should ask the relevant commissioning body what their policy is regarding funding of assessment fees for further details.

How much does credentialing assessment cost if it is not covered by my national commissioning body?

Credentialing fees are £425 for the full credential or for a full resit of 4/5 domains and £350 for a modular credential or partial resit of 1-3 domains.

Can I call myself an enhanced-level pharmacist if I only have one of the modular credentials?

No. You are required to successfully meet all five domains of the full credential to be awarded the 'Enhanced' credential.

Will I get an affix if I successfully credential at enhanced level like you get at advanced and consultant?

We will be exploring the possibility of an affix for members who successfully credential against all five domains with the Royal College Senate in 2027. We will update on this later in 2027.

Can academic study e.g. a postgraduate diploma also count towards credentialing?

Yes, where the Royal College has an APCL agreement with the university or education provider and certified completion is evidenced, then the pharmacist will be awarded exemptions. We are currently engaging with universities developing aligned qualifications and modules to agree exemptions for enhanced. Current and future exemptions are listed on our APCL directory. Even if exemptions are not agreed or you cannot get an exemption because it is a high-stakes outcome, you can still reuse your evidence from your formal study for credentialing if it clearly demonstrates the curriculum outcomes.

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: curriculum outcomes and evidence stakes quick reference

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	

Outcome	Outcome title	Stakes	Planning requirement
2.4	Ensures the cost-effective usage and appropriate stewardship of medicines	Medium	
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 as described by the indicators.

Appendix: practical checklists

Before an SLE

- ☑ The activity is authentic and the tool fits the learning need.
- ☑ The collaborator is well placed to observe or discuss the activity.
- ☑ The relevant outcome indicators have been shared in advance with the collaborator.
- ☑ Consent, confidentiality and information governance have been considered and are clear.
- ☑ Feedback and completion arrangements are agreed.

After an SLE

- ☑ Feedback is specific, balanced and actionable.
- ☑ The evidence and feedback describes reasoning, impact and support, not just a general, vague impression.
- ☑ My reflection identifies what I learned and what I will do next as a result of this.
- ☑ The evidence is mapped only to outcomes it genuinely demonstrates.
- ☑ No unnecessary identifiable information or patient recording has been uploaded.

Before a progress review

- ☑ My LNA and development plan are current.
- ☑ I have reviewed strengths, gaps and contradictory evidence across every outcome in my chosen credentialing route.
- ☑ I have checked direct-observation and mandatory-evidence requirements.
- ☑ I can show where feedback had an impact on my later practice.
- ☑ I am ready to discuss required learning opportunities, supervision, observation, workload, and wellbeing, if relevant.
- ☑ I have thought in advance about a small number of proposed next priorities.

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