

The Development of Research Entrustable Professional Activities (EPAs) for the Training of Practicing Pharmacists

Presenting Author:

Kathryn A. Morbitzer, PharmD, MS

*Associate Professor, Division of Practice Advancement & Clinical Education
Assistant Dean, PharmD Didactic Curriculum and Individualization
Associate Director, Center for Innovative Pharmacy Education & Research
UNC Eshelman School of Pharmacy*

Co-Authors:

Jacqui McLaughlin, PhD, MS

*Professor, Division of Practice Advancement & Clinical Education
Associate Dean, Undergraduate and Master's Programs
Director, Center for Innovative Pharmacy Education & Research
UNC Eshelman School of Pharmacy*

Steven Walker, BPharm, MClintPharm

*Associate Professor of Pharmacy Practice and Education
Director, Experiential Development and Graduate Education (EDGE)
Monash University*

Carl Kirkpatrick, BPharm, PhD

*Professor of Pharmacy Practice and Education
Monash University*

Kirsten Galbraith, BPharm, MClintPharm

*Professor of Pharmacy Practice and Education
Monash University*

Research and Scholarship is Important for Advancing Pharmacy

- Creating and disseminating new knowledge to guide clinical decision-making and optimize medication use are critical to advancing pharmacy practice
- Professional pharmacy organizations have emphasized the need for pharmacists to develop skills in research and scholarship
- It is essential for pharmacists to participate in practice-based research in order to advance patient outcomes

Deal EN. Pharmacotherapy. 2016;36(12):e200-205.

Lee MW. Pharmacotherapy. 2010;30(9):966.

Morbitzer KA. Am J Health Syst Pharm. 2021;85(1):8079.

Importance of Research Experience During Training

Improve critical thinking skills

Build foundational research knowledge and experience

Increase interest in future research

Develop time and research project management skills

Increase collaboration and teamwork skills

Increase opportunities to interact with mentors and experts

Build and develop an appreciation for the importance of a research network

Create effective research mentors for future students and residents

Provide a supervised experience with the publication process

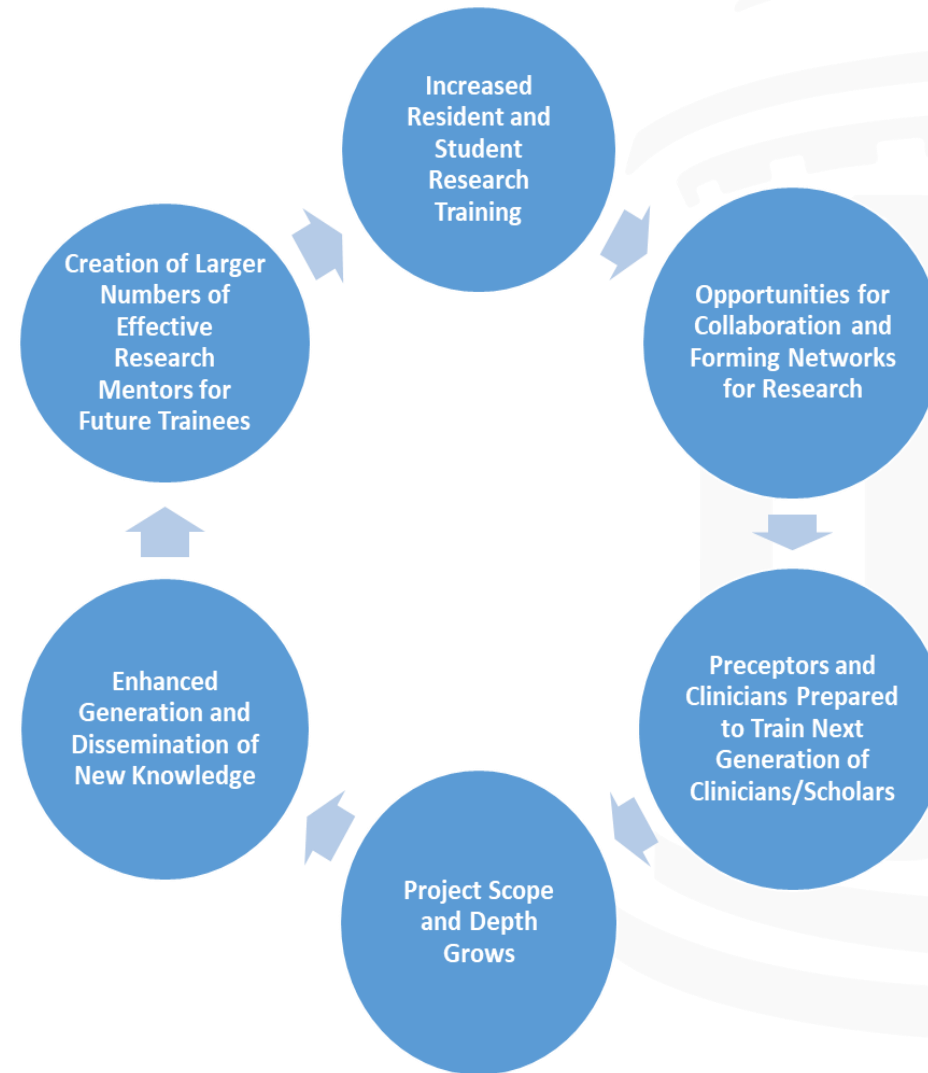
Help schools and pharmacy departments fulfill their research mission and goals

Increase marketability

Benefit the profession and medical community

Deal EN. Pharmacotherapy. 2016;36(12):e200-205.

Cycle of Benefits in Promoting Research and Scholarly Activities



Deal EN. Pharmacotherapy. 2016;36(12):e200-205.

According to the ACPE Standards, pharmacy schools are expected to provide students with opportunities to engage in research and scholarly activities

Standards state that students should develop skills in:

- Evaluating and applying scientific literature to patient care and population health
- Identifying and analyzing emerging theories, information, and technologies
- Demonstrating an understanding of the principles of scientific inquiry and research methodology

Standards encourage pharmacy schools to provide opportunities for students to engage in research projects, including:

- Conducting literature reviews
- Designing and implementing research studies
- Analyzing and interpreting data
- Presenting research findings at conferences or in publications

While research training is an important component of pharmacy education, the specific implementation varies among institutions.

Accreditation Council for Pharmacy Education. Accreditation Standards and Key Elements for the Professional Program in Pharmacy Leading to a Doctor of Pharmacy Degree.

What are EPAs?



Entrustable Professional Activities (EPAs)

EPAs are defined as discrete, observable activities suitable for entrustment to a trainee after obtaining sufficient competence.

Why Develop Research EPAs?



Establish Standardized Recommendations

There is a lack of consensus on research competency standards across pharmacist training programs, highlighting the need for further development.

Specifically, this work aimed to determine:

What research activities should pharmacists be entrusted to perform?

Use of the EQual Rubric in the Development of EPAs

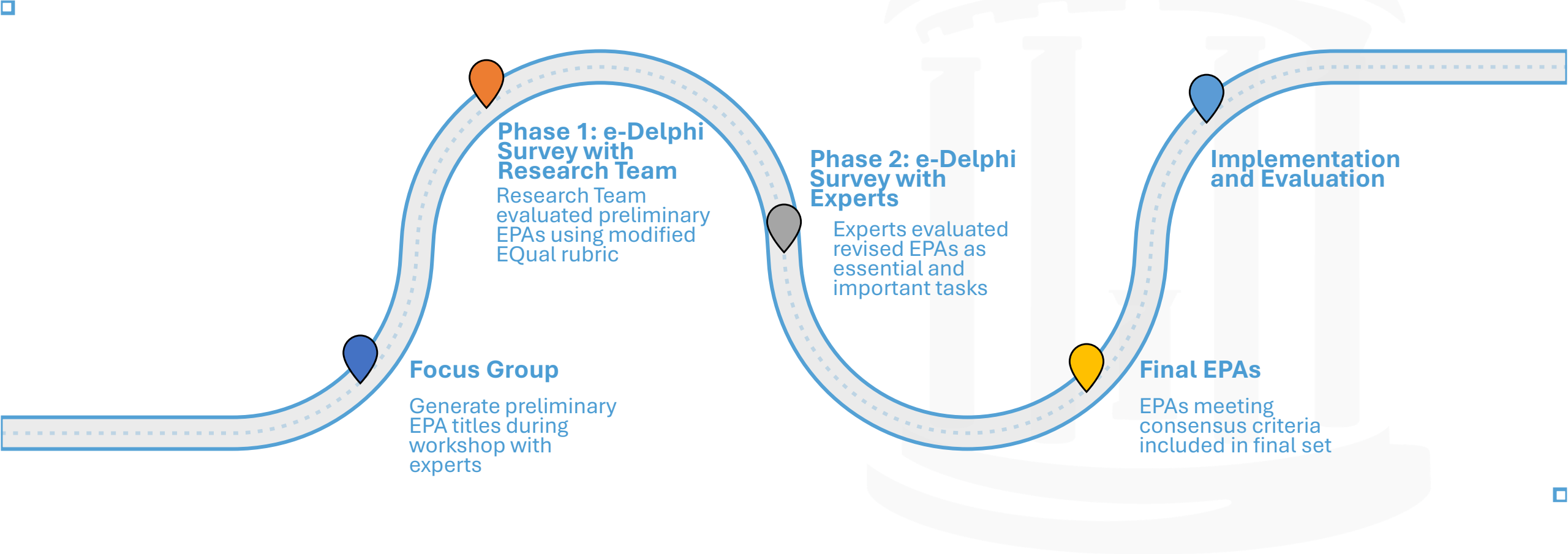
Structured evaluation tool designed to ensure EPAs are:

- **Explicit:** Clearly defined and articulated so that learners and educators understand the specific activities and competencies involved
- **Measurable:** Allow for assessment of performance through observable and objective criteria
- **Universal:** Applicable across different contexts and settings
- **Embedded in Curriculum:** Allow for integration into the curriculum

Allows developers to rate each proposed EPA against criteria in the following domains:

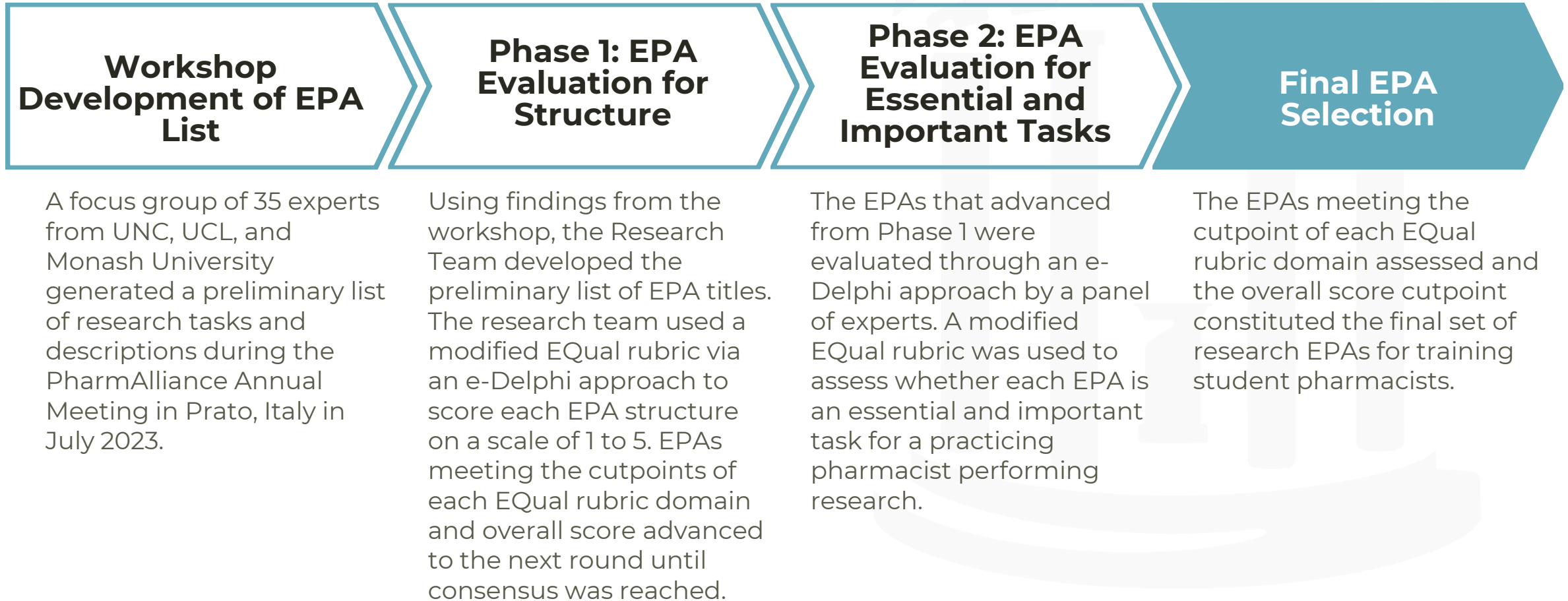
- **Discrete units of work:** Ensures each EPA is a well-defined, standalone task that can be individually assessed
- **Entrustable, essential, and important tasks of the profession:** Ensures that each EPA represents a critical and fundamental task within the profession that is suitable for entrustment
- **Educational tool:** Ensures that each EPA is designed to be an effective educational instrument

Study Design – Development of Research EPAs



Taylor DR. Acad Med. 2017;92:S110-S117

Study Design – Development of Research EPAs



Research EPAs for the Training of Practicing Pharmacists

Seven Domains Encompassing a List of 20 EPAs:

Domain 1: Identifying and Translating Unmet Clinical Needs to Research

Domain 2: Preparing for Studies

Domain 3: Conducting Studies

Domain 4: Data Management and Analysis

Domain 5: Dissemination

Domain 6: Academic Collaboration

Domain 7: Translating Outcomes to Care

Domain 1: Identifying and Translating Unmet Clinical Needs to Research

Develop and conduct a search strategy to identify relevant publications related to the specific topic of interest.

Critically evaluate the quality and relevance of existing research related to the specific topic of interest.

Identify gaps in the current body of knowledge, research, and/or practice within the topic of interest.

Formulate a consolidated research question to address an identified gap of knowledge, research and/or practice.

Domain 2: Preparing for Studies

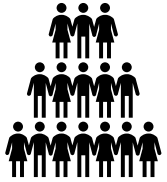
 Design a research protocol to address a specific research question.

 Obtain necessary approvals from institutional review boards, ethics committees, or clinical governance bodies

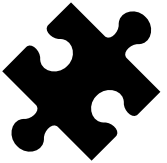
 Identify or develop instruments to collect the required data.

 Establish a timeline with specific milestones to ensure the research progresses according to plan.

Domain 3: Conducting Studies



Ethically recruit research participants.



Collect data to answer the intended research question.



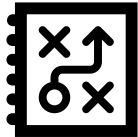
Perform data quality audits for the purpose of quality assurance.

Domain 4: Data Management and Analysis

Conduct data analysis to answer the intended research question using chosen methods, ensuring accuracy, reproducibility, and, where appropriate, statistical rigor.

Interpret research findings in the context of the research aims and existing literature.

Domain 5: Dissemination



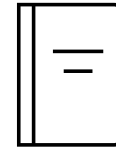
Design a dissemination strategy for research findings, ensuring that research outcomes reach the appropriate audience.



Create data visualizations to facilitate understanding and communication of research outcomes.



Write an abstract that summarizes the key aspects of a research project.

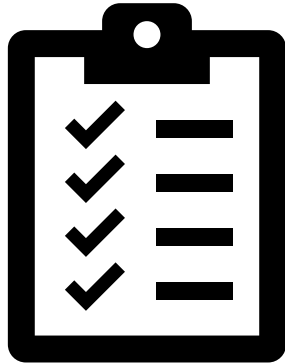


Write a research report that summarizes the key findings for purposes of publication.



Present research findings, adapting the content and style to the relevant audience.

Domain 6: Academic Collaboration



Review research manuscripts, assess their quality, and provide constructive feedback.

Domain 7: Translating Outcomes to Care



Identify and formulate follow-up research questions based on the research findings.

Next Steps

Standard Setting:

- Establish benchmark for different levels of entrustment
- Develop guidelines for assessing and progressing learners through these levels

Implementation:

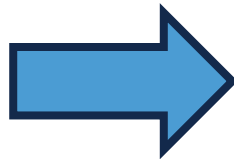
- Pilot the EPAs to gather data and feedback
- Develop training programs and resources for faculty and preceptors to effectively teach and assess research EPAs

Scan Here if Interested
in Partnering on
Implementation



The Development of Research Entrustable Professional Activities (EPAs) for the Training of Practicing Pharmacists

Scan Here if Interested
in Partnering on
Implementation



Presenting Author:

Kathryn A. Morbitzer, PharmD, MS

*Associate Professor, Division of Practice Advancement & Clinical Education
Assistant Dean, PharmD Didactic Curriculum and Individualization
Associate Director, Center for Innovative Pharmacy Education & Research
UNC Eshelman School of Pharmacy*

Co-Authors:

Jacqui McLaughlin, PhD, MS

*Professor, Division of Practice Advancement & Clinical Education
Associate Dean, Undergraduate and Master's Programs
Director, Center for Innovative Pharmacy Education & Research
UNC Eshelman School of Pharmacy*

Steven Walker, BPharm, MClintPharm

*Associate Professor of Pharmacy Practice and Education
Director, Experiential Development and Graduate Education (EDGE)
Monash University*

Carl Kirkpatrick, BPharm, PhD

*Professor of Pharmacy Practice and Education
Monash University*

Kirsten Galbraith, BPharm, MClintPharm

*Professor of Pharmacy Practice and Education
Monash University*

Designing A Transformative UK Master Of Pharmacy Undergraduate Curriculum

Dr Rachel Mullen, Vice Dean Practice Education
Dr Suzanne Cutler, Vice Dean Education
Professor Lesley Howell, Dean of The School of Pharmacy and
Pharmaceutical Sciences

School of Pharmacy &
Pharmaceutical
Sciences



THE UK CONTEXT – JOURNEY TO QUALIFICATION



- **Over 30 Schools of Pharmacy**
- **Undergraduate pharmacy programmes**
- **Accredited by the General Pharmaceutical Council (GPhC)**

THE LIVERPOOL CONTEXT



Clinical need

- Unprecedented

Pharmacy workforce

- Gap in skilled and dedicated pharmacists

THE UNIVERSITY OF LIVERPOOL OFFERING

Launching September 2026

- 4-year Master of Pharmacy undergraduate degree
- 5-year Master of Pharmacy undergraduate degree with Preparatory Year



THE UNIVERSITY OF LIVERPOOL GRADUATE

SCIENCE-LED, PERSON CENTRED

Adaptable

Confident

Competent



OUR TRANSFORMATIVE APPROACH



PHARMACY EXPERT CONTRIBUTIONS

- **Established a Local Advisory Group**
 - 30-members representing diverse range of pharmacy sectors
- **Identified key knowledge and skills gaps**
 - Underpinning science
 - Communication skills
- **Informed curriculum structure**
 - Non-modular approach integrating science into practice
- **Co-designed placement model**
 - Early, cross sector, longitudinal
- **Shaped admissions and selection process**
 - Communication
 - Prioritisation

PATIENT AND PUBLIC INVOLVEMENT

- **Established a diverse Patient and Public Involvement (PPI) Group**
 - 17-members representing varied lived experiences, health conditions and backgrounds
- **Identified priorities within pharmacy education**
 - person-centred communication
 - health literacy
 - medicines optimisation
 - equality and inclusion
 - understanding the wider impact of illness on individuals and families
- **Shaped learning materials**
 - teaching through authentic patient case studies, role-play and sharing lived experiences
- **Co-designing future teaching**
 - patient-centred communication workshop for Year 1, and beyond

STUDENT VOICE IN DESIGN

- **Gathered views from Foundation Year and final year students, and the Students' Union**
- **Programme structure:**
 - Teaching blocks
 - Face-to-face
 - Laboratories classes
 - Research projects
- **Experiential learning**
 - Classroom → simulation → placement model
 - Range of placement settings
 - Meaningful placement activities
 - Final-year 'settling in' placement
- **Assessment**
 - Value of group-work in early years
 - Range of digital technologies to create engaging, authentic, and practice-relevant experiences

KEY TAKEAWAYS

Our Transformative Approach

Co-creating with pharmacy experts from across the profession, patients, and students



The University of Liverpool MPharm

- Strong partnerships with pharmacy experts, patients and learners
- Integration across science, practice and people
- Educating future pharmacists
- Designed for a changing healthcare landscape

Impact of Simulation-based Education on the Professional Development of Pharmacy Undergraduates: A Longitudinal Study

Presenter: Dr Vilius Savickas v.savickas@uea.ac.uk; [@viliussavickas](https://twitter.com/viliussavickas)

Co-Authors: Nickalus C. Smith, Jacob K. Walters, Gray Prothero-Gibbs,
Dr Jeremy Sokhi, Prof James Desborough

Simulation-based Education (SBE) in Undergraduate Pharmacy Education

**Advancing
Pharmacy
Education and
Training Review
(2019)**

**GPhC's Standards
for Initial
Education and
Training (2021)**

**NHS Clinical
Tariff for
Undergraduate
Pharmacy
Placements
(2025)**

- In line with NHS Long-term and NHS People Plans
- Aligned with Health Education England's (HEE) Quality Framework
- Ensuring trainee pharmacists are clinically competent at registration
- Presenting roadmaps for early career and advanced/consultant pharmacists, technical services and pharmacy support staff development.

- Integrated learning outcomes for MPharm degree and foundation training year
- Incorporating skills and knowledge relating to prescribing
- Greater focus on 'Does' level learning outcomes.

- Facilitates expansion of clinical placements
- Aligns pharmacy with other healthcare professions
- Supports SBE activities through funding.

Modern SBE Approaches/Techniques

EXPLORING MODERN PHARMACY EDUCATION MODELS

STANDARDIZED PATIENTS (SPs)



time/scheduling cost communication

Role-Playing Real Conversations
Advancing Clinical Skills & Empathy
Boosts Communication with Patients
Higher Training and Administrative Needs



HIGH-FIDELITY MANIKINS (HFM) & PART-TASK TRAINERS (PTT)



hands-on immersive realism timeline for rare critical care

Hands-on Clinical Skills
Life-like Realistic Practice
Exposure to Rare Emergencies



COMPUTER-BASED SYSTEMS, VIRTUAL REALITY (VR), & GAMING



scalable learning spaces software learning curves

Accessible, Scalable Learning
Flexible Virtual Environments
Learn from Anywhere
Occasional Technical Challenges for Some

Image created using generative AI



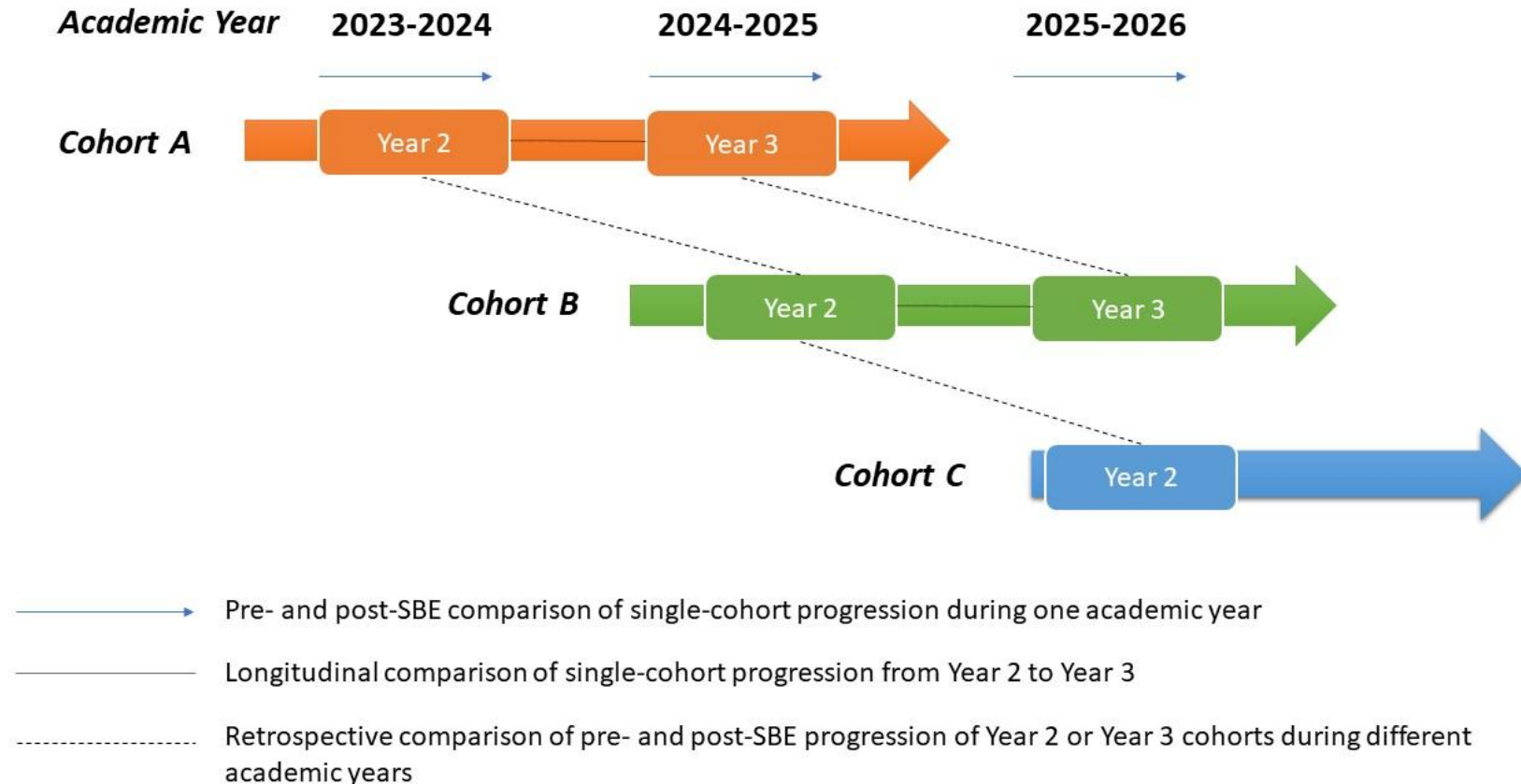
SBE within MPharm Course at UEA

- Year 2 and Year 3 (2-4 x three-hour-long SBE sessions)
- Standardised patient and role-play approaches
- Groups of 5-7 students: identify and solve complex care issues, verbal or written communication
- Opportunity to develop/practise patient examination, clinical governance and clinical decision-making skills whilst building leadership ability and confidence to work within MDT
- Each session is facilitated by two members of academic staff, alongside professional actors
- Planned/unplanned activities
- Pre-briefing, clinical scenarios, and a one-hour debriefing.



Longitudinal Study

This mixed-methods study aims to ascertain the impact of SBE on the professional development of pharmacy undergraduates, by triangulating the longitudinal changes in self-rated knowledge and professional skills, with qualitative themes derived from semi-structured interviews.



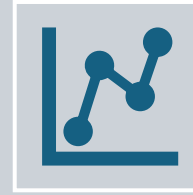
Longitudinal Study - Methods



Eligible second- and third-year MPharm students who attended at least the first simulation of each year



Descriptive statistical analysis within and between cohorts



Quantitative data collected using questionnaires based on Likert-scale SET-M tool (after the first simulation and at the end of each academic year)



Qualitative data from semi-structured interviews thematically analysed to identify key perceptions and learning experiences

Longitudinal Study – Methods (SET-M)

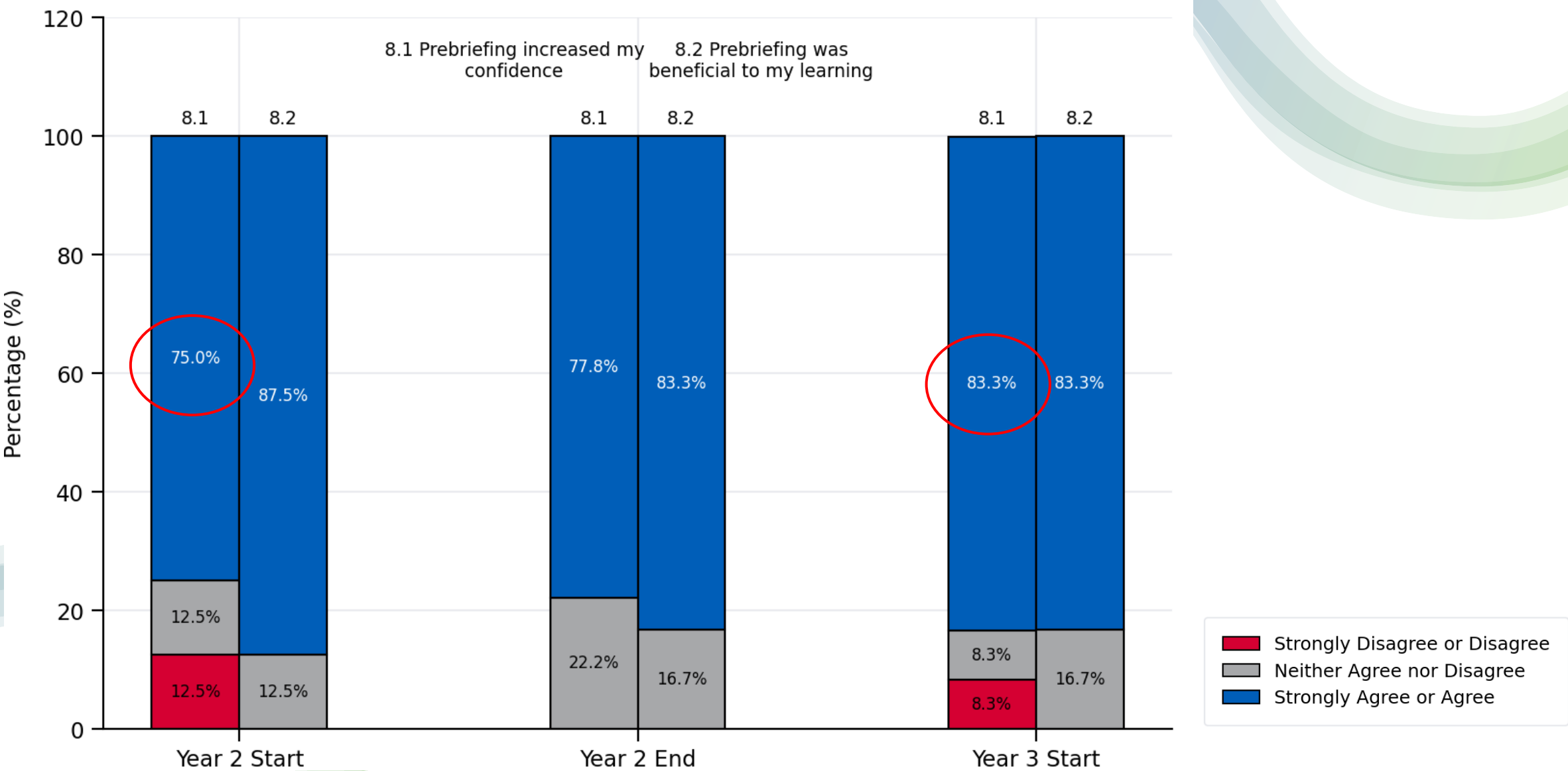
PREBRIEFING:	Strongly Agree	Somewhat Agree	Do Not Agree
Prebriefing increased my confidence	3	2	1
Prebriefing was beneficial to my learning.	3	2	1
SCENARIO:			
I am better prepared to respond to changes in my patient's condition.	3	2	1
I developed a better understanding of the pathophysiology.	3	2	1
I am more confident of my assessment skills.	3	2	1
I felt empowered to make clinical decisions.	3	2	1
I developed a better understanding of medications. (Leave blank if no medications in scenario)	3	2	1
I had the opportunity to practice my clinical decision making skills.	3	2	1
I am more confident in my ability to prioritize care and interventions	3	2	1
I am more confident in communicating with my patient.	3	2	1
I am more confident in my ability to teach patients about their illness and interventions.	3	2	1
I am more confident in my ability to report information to health care team.	3	2	1
I am more confident in providing interventions that foster patient safety.	3	2	1
I am more confident in using evidence-based practice to provide care.	3	2	1
DEBRIEFING:			
Debriefing contributed to my learning.	3	2	1
Debriefing allowed me to communicate my feelings before focusing on the scenario.*	3	2	1
Debriefing was valuable in helping me improve my clinical judgment.	3	2	1
Debriefing provided opportunities to self-reflect on my performance during simulation.	3	2	1
Debriefing was a constructive evaluation of the simulation.	3	2	1
What else would you like to say about today's simulated clinical experience?			

Longitudinal Study – Sample (Cohort B)

N = 26	
Characteristic	Value
Female (%)	65%
Median age (IQR)	20.5 (20–22) years
English as first language (%)	88%
Previous pharmacy/healthcare experience (%)	65%

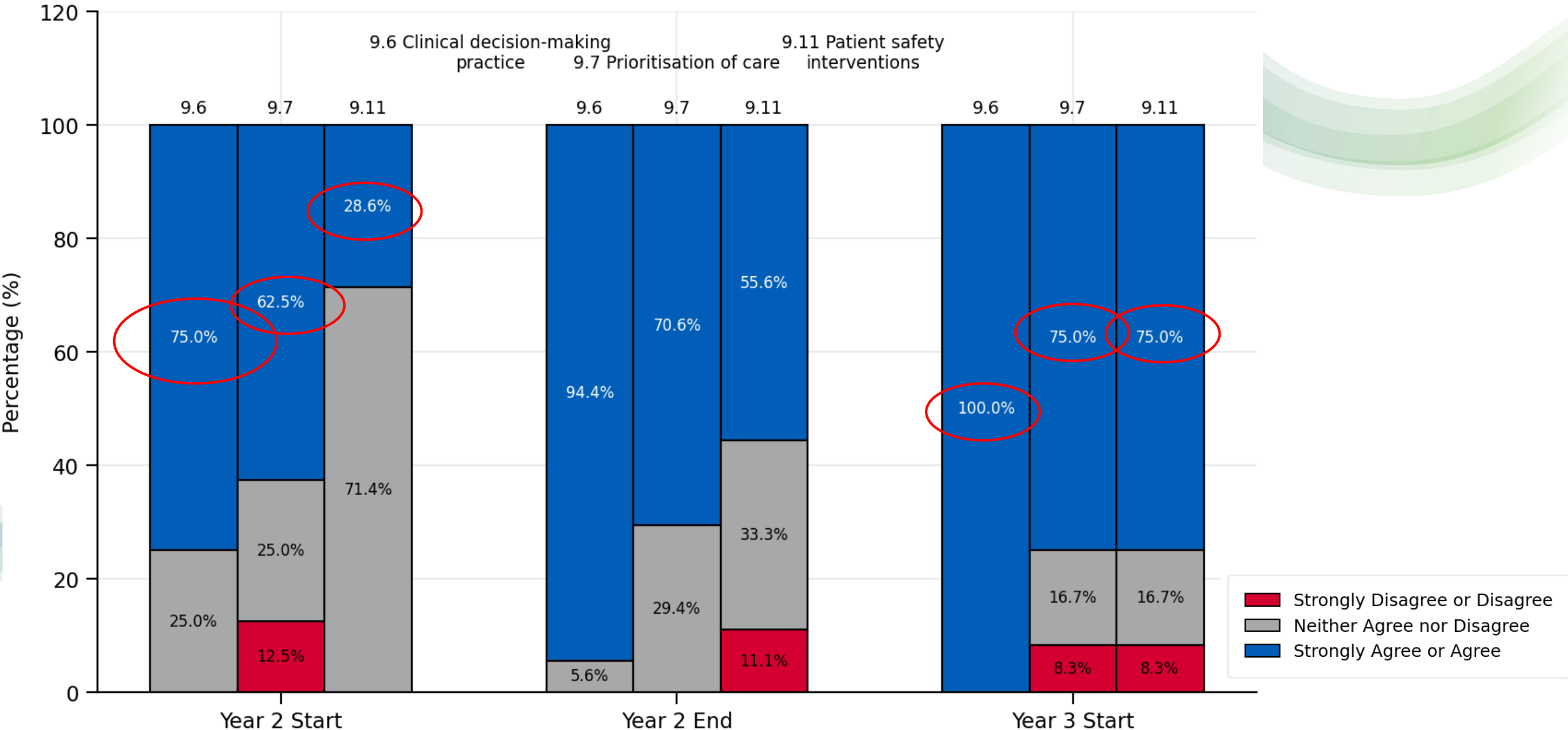
N = 26 participants; 8 responses (Year 2 Start), 18 responses (Year 2 End), 10 responses (Year 3 Start)

Longitudinal Study – Quantitative Findings (Cohort B)



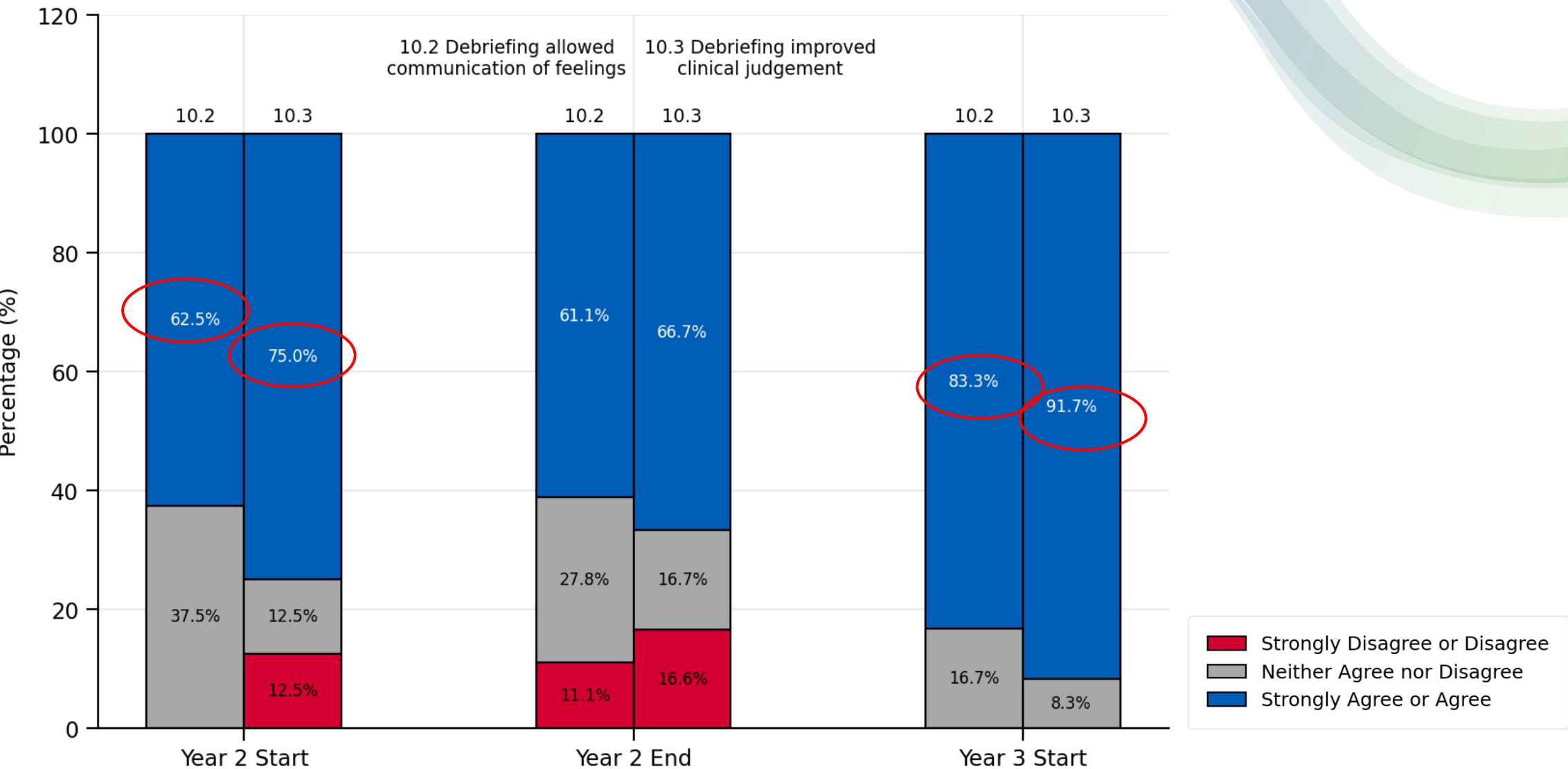
N = 26 participants; 8 responses (Year 2 Start), 18 responses (Year 2 End), 10 responses (Year 3 Start)

Longitudinal Study – Quantitative Findings (Cohort B)



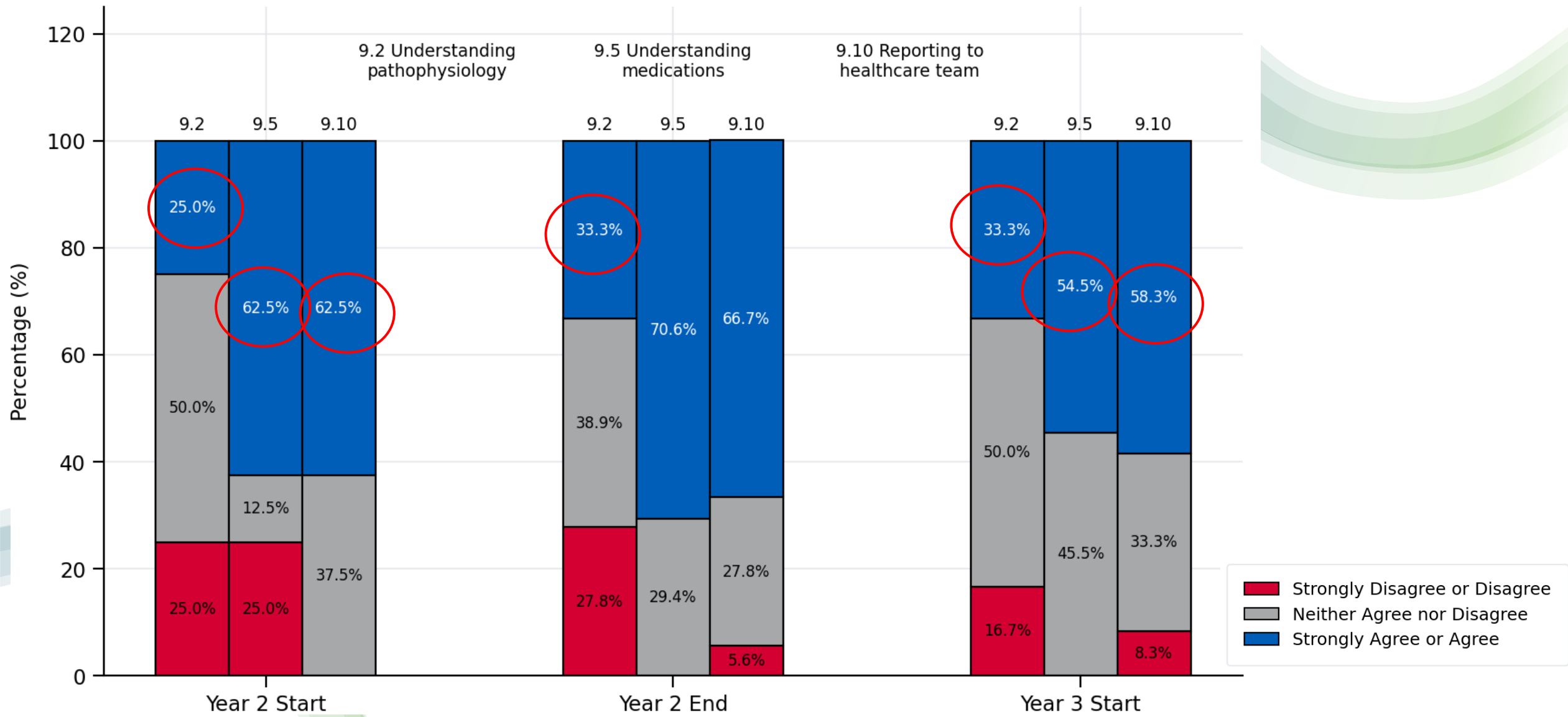
N = 26 participants; 8 responses (Year 2 Start), 18 responses (Year 2 End), 10 responses (Year 3 Start)

Longitudinal Study – Quantitative Findings (Cohort B)



N = 26 participants; 8 responses (Year 2 Start), 18 responses (Year 2 End), 10 responses (Year 3 Start)

Longitudinal Study – Quantitative Findings (Cohort B)



N = 26 participants; 8 responses (Year 2 Start), 18 responses (Year 2 End), 10 responses (Year 3 Start)

Longitudinal Study – Qualitative Findings (Cohort B)



Key Messages

- **SBE is becoming increasingly popular and essential** for pharmacy undergraduate curricula
- **Team-focused SBE models** may help improve individual's confidence and clinical skills
- **SBE plays a role** in professional identity formation and emotional/psychological development
- **Striking balance** between preparation, the unknown and psychological safety remains key to successful simulation.





University of
East Anglia
Norwich

Thank You!

Any Questions?

Acknowledgments

MPharm students who participated in the study
All Co-authors for their ongoing support.

References

1. Health Education England. Advancing pharmacy education and training: a review. 2019a. [online]. Available from: <https://www.hee.nhs.uk/sites/default/files/documents/Advancing%20Pharmacy%20Education%20and%20Training%20Review.pdf> [Accessed 04/06/2026].
2. General Pharmaceutical Council. Standards for the education and training of pharmacists. 2021. [online]. Available from: <https://www.pharmacyregulation.org/students-and-trainees/education-and-training-providers/standards-education-and-training-pharmacists> [Accessed 04/06/2026].
3. NHS England. Clinical tariff for undergraduate pharmacy placements: FAQs. 2025. [online]. Available from: https://www.hee.nhs.uk/sites/default/files/documents/Clinical%20tariff%20MPharm%20FAQs_June%202025.pdf [Accessed 04/06/2026].
4. Korayem GB, Alshaya OA, Kurdi SM, et al. Simulation-Based Education Implementation in Pharmacy Curriculum: A Review of the Current Status. *Adv Med Educ Pract* 2022;13:649-60. doi: 10.2147/amep.S366724 [published Online First: 20220701]
5. Kayyali R, Harrap N, Albayaty A, et al. Simulation in pharmacy education to enhance interprofessional education. *International Journal of Pharmacy Practice* 2019;27(3):295-302. doi: 10.1111/ijpp.12499
6. Seybert AL, Smithburger PL, Benedict NJ, et al. Evidence for simulation in pharmacy education. *Journal of the American College of Clinical Pharmacy* 2019;2(6):686-92. doi: <https://doi.org/10.1002/jac5.1167>
7. Haddington N, Hanning L, Weiss M, et al. The use of a high-fidelity simulation manikin in teaching clinical skills to fourth year undergraduate pharmacy students. *Pharmacy Education* 2013;13(0)
8. Bergamasco EC, Cruz D. Simulation effectiveness tool modified (SET-M): adaptation and validation for Brazil. *Rev Lat Am Enfermagem* 2021;29:e3437. doi: 10.1590/1518-8345.4282.3437 [published Online First: 20210628]
9. Braun V, Clarke V. Using thematic analysis in psychology. *Qualitative Research in Psychology* 2006;3(2):77-101. doi: 10.1191/1478088706qp063oa

Evaluating student satisfaction with Clinical Skills Teaching and the Clinical Skills Passport on the MPharm programme

Presenter: Isobel Scott isobel.scott@uea.ac.uk

Co-Authors: Prof James Desborough

Background

GPhC Standards for the education and training of pharmacists¹

- Updated in 2021 so support shift towards integrated health and social care
- Patient care to be delivered in the right setting at the right time
- Support people living longer with multiple long-term conditions

Self check: take your own pulse



Find your pulse



**Count your heartbeat
for 30 seconds**



Double it

Purpose

- Skills, knowledge and attributes for **Independent Prescribing** from point of GPhC registration
- Application of science in clinical practice- professional judgement, risk management, diagnostic and consultation skills
- Learning Outcome 28- 'Demonstrate effective diagnostic skills, including physical examination, to decide the most appropriate course of action for the person'

Clinical Roles/ Pharmacy First

- Community Pharmacist
- GP Pharmacist
- Hospital Pharmacist



- Pharmacy First²

Pharmacy First: What GPs need to know

The Pharmacy First service can help reduce pressure on GP practices



Pharmacy First allows GPs and others to **electronically refer patients directly to pharmacies** for minor illness consultations

Managing NHS resources more appropriately.



Pharmacists can **supply certain prescription-only medicines**, if clinically appropriate, for common conditions

Expanding on work they have already been doing.

As **experts in medicines and managing minor conditions**, pharmacists can determine which medicine to give and when

Helping ease pressure elsewhere in the NHS.



Any treatment supplied is **recorded in the patient's GP record** via new IT developments

Providing visibility to other healthcare professionals

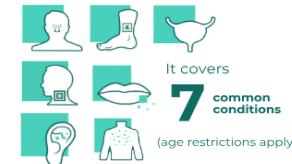


Onward referral isn't usually needed, but in a small number of cases the patient will be referred elsewhere

Ensuring people are directed to the most appropriate place



Pharmacy First could help save up to **10m** GP appointments a year



It covers **7** common conditions (age restrictions apply)



Over **90%** of community pharmacies in England have signed up to provide it

Please use Pharmacy First to electronically refer patients with minor conditions to community pharmacies

For more information, visit cpe.org.uk/pharmacyfirst

Wooclap

What clinical skills would you expect students to need to support clinical pharmacist role especially prescribing?



Clinical Skills at UEA



NEWS- Manual/ automated BP, Pulse, Respiratory Rate, O2 sats, Temperature, Consciousness Assessment



Ear/Nose/ Throat- Otoscopy and throat assessment



Counter Prescribing- management of minor ailments including skin, eyes, urogenital



Others- BMI, Peak Flow, Assessment of Pain, Cognition, Depression



Exclusion of Red Flags



Escalation of Care/ Referral



Clinical Decision Making



Vaccinations

Aims and Objectives

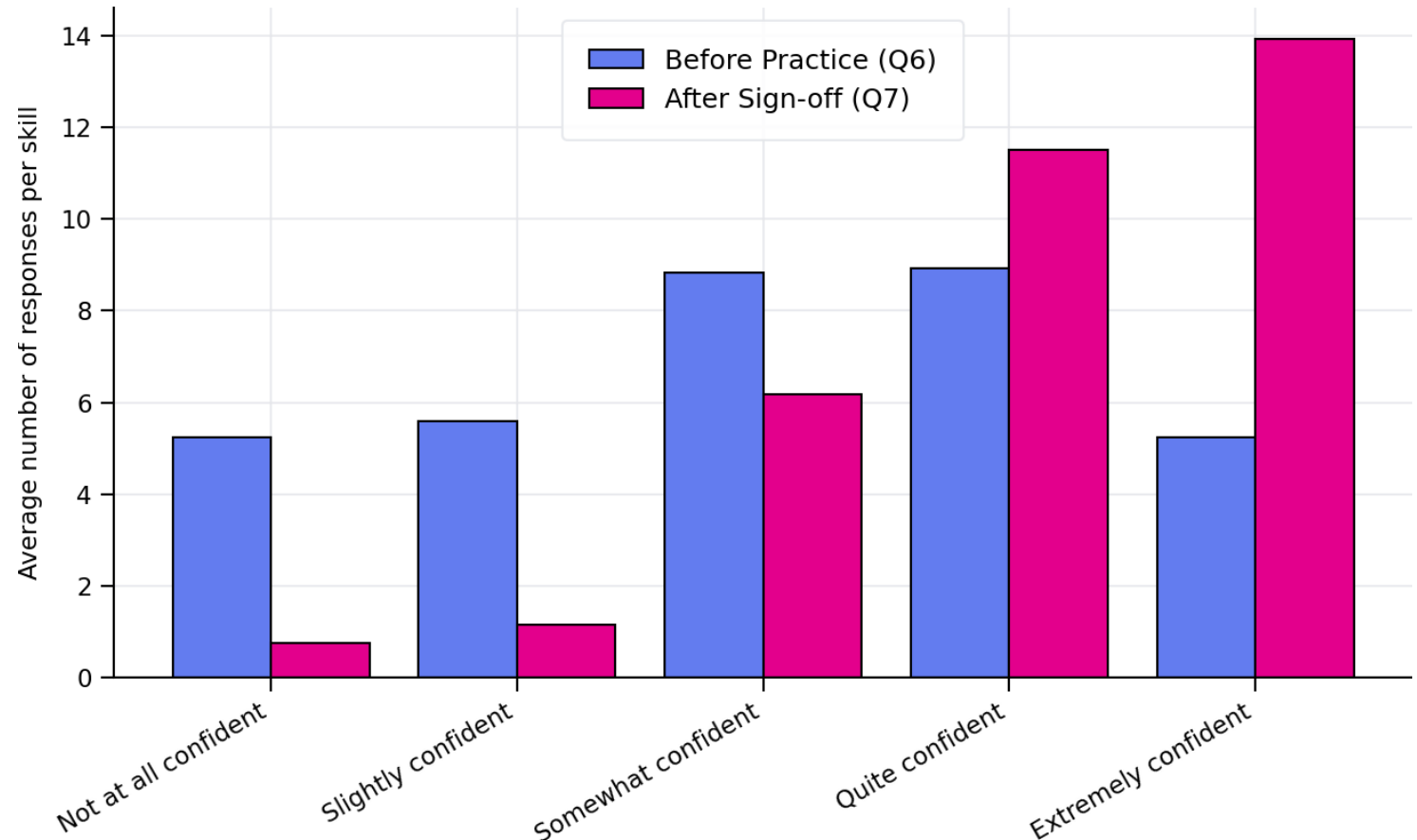
Teaching Content	Aims
Workshops/ Drop In Sessions  • Small group face to face teaching with experienced clinical facilitator • Demonstration/ practice of skills in pairs/ triads	‘Evaluate MPharm students’ views and experiences of clinical skills teaching and the Clinical Skills Passport at UEA, and to explore perceived impact on confidence and preparedness for practice’
Sign Off  • Demonstration of skills within classroom setting- pass/ fail	Method
Clinical Skills Passport  • Online resource (PebblePad) • Blended/ flexible learning • Pre/post session reading	2 stage design • Part 1: online questionnaire- quantitative and free text data on satisfaction. Perceived relevance, and self-reported confidence • Part 2: Focus Group- in depth exploration of experiences perceived impact and suggestion for Improvement

Evaluation

Response Rate

- 34 completed questionnaires (11%)
- Even distribution year 2, 3, 4
- Limited interest in Focus group-suspended

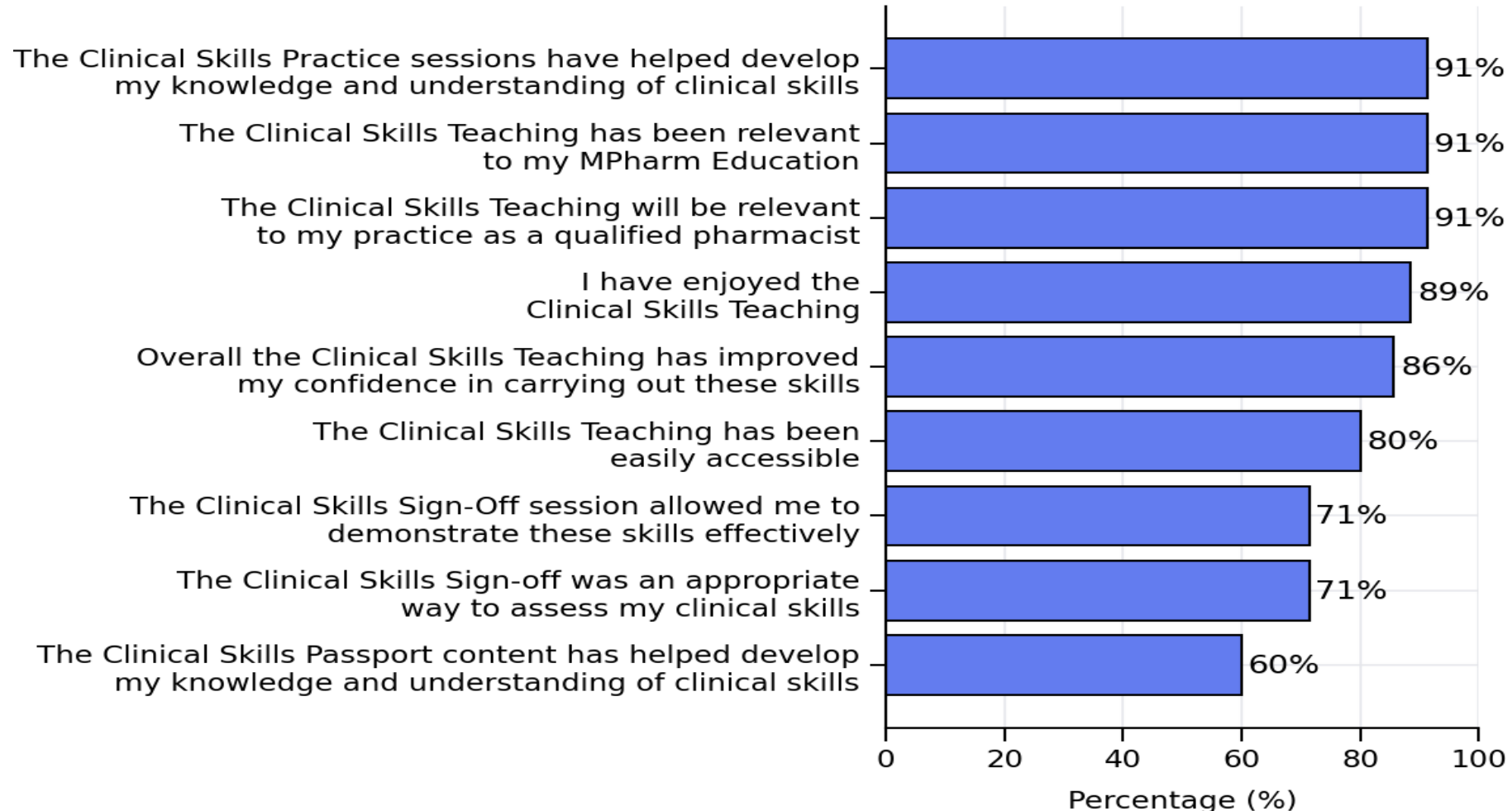
Confidence Levels Before (Practice) vs After (Sign-off)



Evaluation

General Feedback

Positive Responses (Agree + Strongly Agree)



Evaluation

Strengths

Highly engaging and enjoyable sessions
Strong relevance to pharmacy practice
Practice sessions particularly valued

Curriculum Gaps

Emergency skills (e.g. CPR)
Blood glucose monitoring
Inhaler techniques and ABPM
Pharmacy First / real-world cases
Assessment of rashes

The sessions are useful for asking many questions and really understanding the skill set required

Staff running the clinical skills were very good at explaining the process

Practice fitting ABPMs, assess and demonstrate inhaler techniques, emergency clinical skills (BLS)

Maybe have community pharmacists come over to talk about their way/techniques of identifying these

Evaluation

Key Themes for Improvements

More practice opportunities needed (most common theme)

Greater focus on ENT (ear and throat) skills

Desire for more realistic / scenario-based learning

Clinical Skills Passport difficult to access/use

Preference for smaller groups and more frequent sessions

Overall insight

Students value the teaching highly but want increased frequency, realism, and better integration into the curriculum.

More practice would be preferred

Smaller, more dedicated groups would be good, but I understand the lack of time.

More clinical skills workshops throughout the year

Clinical skills passport not very accessible and easily forgotten throughout the course with so many other things going on

It was an enjoyable part of the year.
Thank you

Maybe if we had triads with actor briefs, so we can practice different situations?

Next Steps

Relevance within Research	Future Plans
Aligns to findings from previous research: • Morgan et Al³ noted that nursing students value a structured practice approach within clinical skills education • Rehman et Al⁴ highlight that formative assessment improves summative academic performance, with increased frequency of formative assessments seen as valuable by both students and assessors	• Ongoing integration of clinical skills within curriculum including placements • Prescribing and physical examination within formative and summative clinical decision making • Streamlining of clinical skills passport • Further evaluation including focus group

Thank You!

Any Questions?

Acknowledgments

With thanks to Prof James Desborough and Associate Prof Jeremy Sokhi

References

1. Standards for the initial education and training of Pharmacists. General Pharmaceutical Council. January 2021. [Standards for the initial education and training of pharmacists January 2021 final v1.4.pdf](#) (Accessed 27th May 2026)
2. Pharmacy First Service. Community Pharmacy England. May 2026. [Pharmacy First service - Community Pharmacy England](#) (Accessed 27th May 2026)
3. Morgan, S., Davies, A., & Ryan, L. (2025). The structured practice approach: An innovation for clinical skills education. *Nurse Education Today*, 153, 106817
4. Rehman, S., Ali, M., Cheema, E., & Shanzeh, A. (2025). Exploring the perceptions and experiences of pharmacy students about formative and summative OSCE incorporating AI in preparatory process: A mixed-methods study. *Currents in Pharmacy Teaching and Learning*, 17(6)