



Master of Pharmacy

Experiential Learning Facilitator

Experiential Learning Placement Handbook
2026-2027

Disclaimer

Every effort has been taken to ensure that the information in this handbook is correct at the time of publication (September 2026). Robert Gordon University (RGU) and University of Strathclyde (UoS) reserve the right to make amendments to the information contained in this handbook because of unforeseen events, circumstances beyond control or if deemed reasonably necessary by the universities.

This handbook is deemed to be the definitive version of information for all Experiential Learning (EL) facilitators supporting EL placements on this taught programme of study.

If amendments are made, reasonable steps shall be taken to notify EL facilitators as soon as possible.

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EL Placement Handbook Introduction

This handbook is designed to provide essential information about the Experiential Learning (EL) placements that are undertaken as part of the Master of Pharmacy (MPharm) Course at Robert Gordon University (RGU) and University of Strathclyde (UoS). Every care has been taken to ensure the information contained within this handbook is accurate but there will inevitably be minor changes which occur, and we shall keep you informed of any important changes.

The Professional Experiences (PE)/Experiential Learning (EL) Team

The PE team at RGU and the EL Team at UoS lead strategic and operational developments and implementation of professional experiences, including EL placements, within their respective MPharm courses. If you have any questions, then you can contact the PE team/EL team using the MPharm Experiential Learning (EL) Placement Communication Pathway (Appendix I; Appendix II).

Experiential Learning (EL) Placements Overview

The purpose of EL placements is to enable student pharmacists to develop their skills, knowledge and professional behaviours within the practice context and consolidate theoretical aspects of the course by experiencing the professional practice of pharmacy within Scotland. These experiences provide student pharmacists with opportunities to develop their clinical, decision-making and communication skills within a range of practice environments and to reflect on their own personal and professional development.

Learning Outcomes and EL Placement Activities

EL placements are incorporated through all Stages of the MPharm course and in a range of practice settings. There are associated learning outcomes for each of the relevant RGU Professional Practice (Appendix XII) and UoS Being a Pharmacist (Appendix XIII) modules. It is anticipated that student pharmacists will achieve these learning outcomes by the end of the relevant year of study. EL placements provide student pharmacists with opportunities to participate in the day-to-day activities of the pharmacy team. To support EL facilitators in planning EL placements, national EL frameworks have been developed to map practice-based activities to relevant learning outcomes (Appendix III). Course Overviews provide additional detail on how the placements sit within each MPharm course (Appendix XII; Appendix XIII).

EL Placement Arrangements

Allocation of EL Placement

Student pharmacists are allocated to their EL Placement site(s) via an EL Placement algorithm. This ensures that student pharmacists are matched to the most appropriate site and takes into consideration any disclosure of personal interest that the student pharmacist has made and any specific adjustments that are required. To ensure the quality assurance of EL placement provision, student pharmacists are NOT permitted to organise their own EL placements.

Prior to Attending the EL Placement

Each EL placement will be supported by mandatory pre-EL placement activities (Appendix XII; Appendix XIII), and these vary depending on the year of study. Completion of the mandatory pre-EL placement activities is verified prior to the student pharmacist attending an EL placement. Student pharmacists will not be permitted to attend their EL placement if all mandatory activities are not complete.

During Experiential Learning (EL) Placement

Student pharmacists are expected to integrate within the team while on EL placement. EL facilitators will guide the activities the student pharmacist undertakes during placement and ensure that activities align with the EL frameworks and learning outcomes for the EL placement. Regular informal as well as formal feedback from the EL facilitator should encourage student pharmacists to reflect on all aspects of their EL placement to inform their learning needs and future practice. All student pharmacists are required to obtain formal feedback from their EL facilitator via TURAS before the end of their EL placement. Additional requirements for feedback in later stages of the course are described in Appendix XII and Appendix XIII. Please ensure that all feedback is completed and has been discussed with the student pharmacist before the end of their EL placement. Guidance on completing feedback is available on the PSD Scotland website and in Appendix IV/Appendix V. All student pharmacists are required to complete an Experiential Learning Placement Attendance Record during each EL placement which must be signed by the EL facilitator daily to confirm student pharmacist attendance (Appendix VI).

EL Placement Hours

Student pharmacists are expected to attend EL placement for minimum core hours per day, defined as follows:

- 9am-4.30pm (or equivalent) onsite with half an hour lunch break
- 9am-5.00pm (or equivalent) onsite with one hour of lunch break

Please note that if expected working hours fall outside of Monday to Friday 8am to 6pm or student pharmacists will be on site for less than the defined core hours each day due to exceptional circumstances, you must contact the relevant university team to have this approved in advance (Appendix I and Appendix II). If travel is expected between sites during a working day, this should not be considered part of the core hours or lunch break and timings should be adjusted accordingly. It is not possible to bank hours across different days. If your placement involves out of hours or weekend working, please contact the relevant university team in advance of the placement to discuss.

EL Facilitator Responsibilities

Pre-EL Placement

- Ensure that all EL facilitator training requirements are up to date.
- Complete appropriate Equality and Diversity training.
- Be familiar with the GPhC Guidance on Tutoring and Supervising Pharmacy Professionals in Training.
- Notify PSD Scotland of any changes/exceptional circumstances affecting an EL placement.
- Notify PSD Scotland of any updates to name and contact details of the EL facilitator.
- On receipt of student pharmacist details, contact the student pharmacist by email and use the Pre-Experiential Learning Communication Form to share and request key information.
- Notify PSD Scotland if the named EL facilitator will not be present for the EL placement as soon as is practically possible to enable alternative solutions to be explored.
- Notify the relevant university of any changes/exceptional circumstances affecting times of an EL placement.
- Ensure the student pharmacist is supernumerary and not considered a replacement member of staff.
- Consider and plan how to support the student pharmacist to undertake relevant tasks within the workplace using the relevant EL framework.
- Be aware of the EL Communication Pathways and how to raise matters related to EL placement.

During EL Placement

- Create a positive learning environment for the student pharmacist.
- Facilitate the student pharmacist's integration within the pharmacy team.
- Support the student pharmacist to achieve learning outcomes within the workplace.
- Support the student pharmacist to undertake relevant tasks.
- Provide constructive feedback to the student pharmacist throughout the EL placement.
- Report absences or matters related to EL placement via the relevant EL Communication Pathway.
- Complete feedback and relevant SLEs via TURAS portfolio and discuss this with the student pharmacist before the end of the EL placement.

Student Pharmacist Responsibilities

Criminal Record Checks

All student pharmacists are required to apply for membership of the Protecting Vulnerable Groups (PVG) scheme on entry to the MPharm Course. All student pharmacist PVG certificates have been reviewed and the university teams can confirm that there are no fitness to practise matters outstanding for any student pharmacist scheduled to attend any EL placements. Student pharmacists have a professional responsibility to inform the university of any changes to their criminal record profile, any matters that may impact on their fitness to practise or any contact with a police department that arise after the PVG check on entry to the course.

Pre-EL Placement

All student pharmacists read and agree to the MPharm Standards of Behaviour – EL Placements (Appendix VII) and Social Media Guide for student pharmacists (Appendix VIII) at the beginning of each academic year. All student pharmacists must complete mandatory pre-EL placement activities and these will be verified prior to the student pharmacist attending placement as discussed earlier in the handbook.

During EL Placement

All student pharmacists must present to EL Placement with approved photographic identification (university matriculation card), a student pharmacist lanyard and a student pharmacist magnetic badge. During the EL placement, the magnetic badge must be displayed at all times. Student pharmacists must adhere to the MPharm Dress Code Guidance (Appendix IX) at all times during their EL placement. Student pharmacists must complete the EL Placement Attendance Record (Appendix VI) and the EL facilitator must sign this to confirm the details at the end of each day. Student pharmacists are required to submit the Attendance Record within three working days of completing their EL placement.

Post-EL Placement

Student pharmacists are required to submit a short questionnaire to give details on their attendance and feedback on their EL placement. This feedback is important as PSD Scotland and the universities use feedback to inform the development of EL placements. Completion of this questionnaire contributes to PSD Scotland Quality Management processes.

EL Placement Governance

Induction

EL facilitators should ensure that appropriate induction is delivered at the beginning of any EL placement. Appendix X provides a suggested EL Placement Induction Checklist that should be completed.

EL Placement Risk Assessment

EL Placement Risk Assessments are completed at the organisation level at the point of expression of interest to NHS Education for Scotland for RGU EL placements as part of the National Coordination process. If an EL placement requires student pharmacist Occupational Health clearance, then this MUST be raised in the risk assessment.

EL Placement Feedback

EL facilitators are required to provide feedback via TURAS portfolio for their student pharmacist.

Equality and Diversity

The Universities are committed to the active promotion of equality across their functions and to addressing issues of discriminatory practice towards students, staff and external stakeholders. Further information on this is available at [RGU Equality and Diversity](#) and [UoS Equality, Diversity and Inclusion Policy](#). If you have any comments regarding discrimination, please contact the relevant university as per the Communication Pathway (Appendix I; Appendix II).

Additional Support Needs

Student pharmacists who have additional needs or medical conditions that may affect them on EL placement are encouraged to disclose this to the university team. If applicable, reasonable adjustments can be implemented to facilitate the best learning experience for the student pharmacist. Your organisational EL lead will be contacted prior to the EL placement to confirm such arrangements.

Complaints Handling Procedure

Academic Regulations and University Processes apply to any EL placement period in the same way as any other activity in connection with study within the University. Each university has its own Academic Regulations and processes which can be found via the links below. Concerns or complaints regarding EL placements should be communication via the relevant Communication Pathway in the first instance (Appendix I; Appendix II).

Robert Gordon University

- [Academic Quality Handbook](#)
- [Academic Regulations](#).
- [Complaints Procedure](#)

Alternatively, complaints can be addressed to Professor Susannah Walsh, Dean of School Pharmacy, Applied Sciences and Public Health, Robert Gordon University (email: susannah.walsh@rgu.ac.uk).

University of Strathclyde

- [Quality assurance | University of Strathclyde](#)
- [Academic policies & procedures | University of Strathclyde](#)
- [Complaints Procedure](#)

Alternatively, complaints can be addressed to Dr Sara Cordeiro, MPharm Programme Director, University of Strathclyde (email: sara.cordeiro@strath.ac.uk).

Attendance Requirements

The attendance of every student pharmacist at EL placement activities is monitored by the university team for a number of reasons including:

- i. Issues Pertaining to Fitness to Practise and Effective Engagement with the MPharm Course
- ii. UK VI Policy for Students studying on Tier 4 Visa
- iii. Attendance at EL placements is mandatory to progress on the MPharm course

Attendance at all EL placements is mandatory for all student pharmacists regardless of their visa status. If a student pharmacist does not attend an EL placement, they are required to follow their university Absence Policy.

Reporting EL Facilitator Absence

Should an EL facilitator be absent from a scheduled EL Placement, this must be reported to the University using the MPharm EL Placement Communication Pathway (Appendix I; Appendix II) for approval of alternative arrangements.

Reporting Student Pharmacist Absence

Student pharmacists must report any absence from EL placement as per the MPharm Experiential Learning (EL) Placement Absence Policy to both the EL placement site and the University.

Experiential Learning Facilitator – Enforced Student Pharmacist Absence

If an EL facilitator deems a student pharmacist unfit to participate in their EL placement, then they must contact the relevant university using the Communication Pathway (Appendix I; Appendix II) in the first instance. An EL Facilitator – Enforced Student Pharmacist Absence Form (Appendix XI) must then be completed and returned to the PE/EL team as appropriate. This would include late attendance (not pre-approved), illness, absence of required identification, not adhering to the MPharm Dress Code Guidance (this list is not exhaustive).

Any Other Matters Related to EL Placement

For any other matters related to EL placement, please use the MPharm EL Placement Communication Pathway (Appendix I; Appendix II).

Whistleblowing

Whistleblowing is defined in the Standards as when a person 'raises a concern that relates to speaking up, in the public interest, about an NHS service, where an act or omission has created, or may create, a risk of harm or wrongdoing'.

Student pharmacists have been signposted to raise any concerns they have regarding a wrongdoing, patient safety and/or malpractice during any EL placement via the relevant Whistleblowing policy. They have been asked to familiarise themselves with the following Whistleblowing policies before their EL placement:

- NHS Scotland Whistleblowing Policy
- RGU Whistleblowing Policy
- UoS Public Interest Disclosure (Whistleblowing) Policy and Procedures

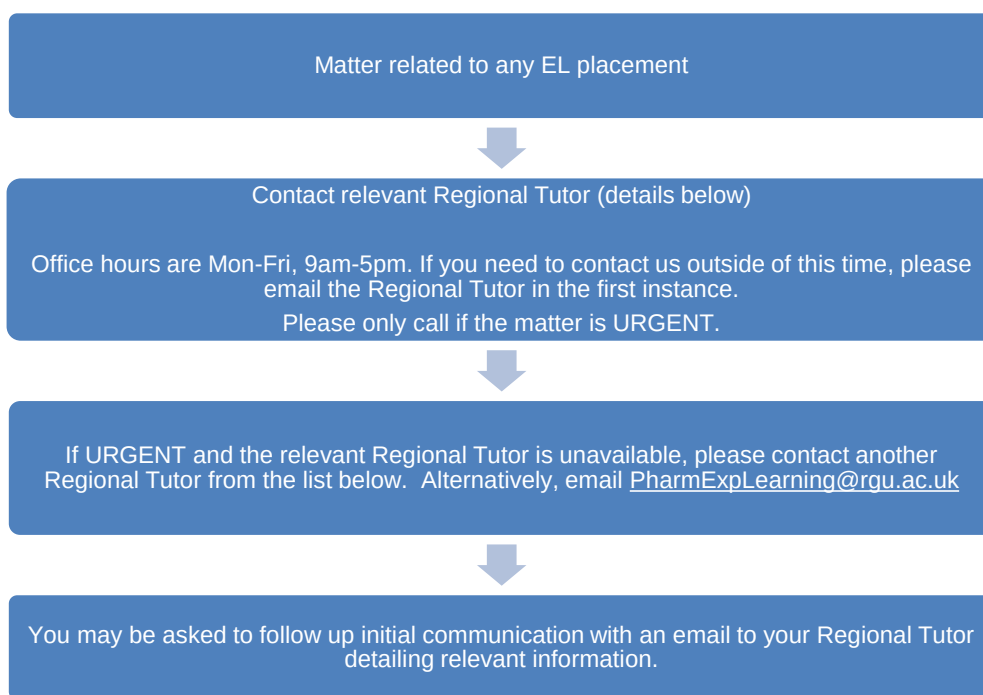
For any other matters or concerns related to EL placements, students should use the relevant MPharm EL Placement Communication Pathway (Appendix I; Appendix II).

Appendices I-X: National Supporting Documents

Appendix I: MPharm Experiential Learning (EL) Placement Communication Pathway – Robert Gordon University

MPharm Experiential Learning (EL) Placement Communication Pathway

This pathway is for use by EL placement facilitators, University staff and student pharmacists. The purpose of the pathway is to provide you with clear instructions on who you should contact about any matters related to RGU EL placements.



Key Contact Details		
Name	Role	Phone/Email
Craig McDonald	MPharm Placement Officer	01224 262990 (Option 1) c.a.mcdonald3@rgu.ac.uk
Katie Earle-Payne	Regional Tutor: Grampian, Highland, Islands, Tayside, Lothian, Fife, Borders	01224 262990 (Option 2) k.earle-payne1@rgu.ac.uk
Aly Brown	Regional Tutor: Lanarkshire, Greater Glasgow & Clyde, Ayrshire & Arran, Dumfries & Galloway, Golden Jubilee and Forth Valley	07966 284238 01224 262990 (Option 2) alyson.brown@rgu.ac.uk
Nicky Spalding	MPharm Placement Administrator	01224 262990 (Option 3) PharmExpLearning@rgu.ac.uk

After contact is made using the Communication Pathway, a member of the Professional Experiences Team may wish to explore this with you to determine whether any further action is required. All communications will be recorded and where necessary, a written report will be submitted to the MPharm Placement Officer. Information may be shared with the MPharm Course Leader and relevant members of the MPharm course team to ensure that appropriate support is provided.

Appendix II: MPharm Experiential Learning (EL) Placement Communication Pathway – University of Strathclyde

MPharm Experiential Learning

EL placement communication pathway

For EL facilitators, University staff and students | Academic session 2026–27

Use this pathway to find out who to contact about anything to do with a University of Strathclyde MPharm Experiential Learning (EL) placement.

A matter related to any EL placement

Email the EL team

sipbs-experiential-learning@strath.ac.uk

This shared inbox is checked by all three members of the team, so it is the quickest way to reach us. Outside office hours, please email and we will reply on the next working day.

If the matter is URGENT, phone an EL Co-ordinator

Paul Kearns: 0141 548 3428 or 07758 111322

Morven McDonald: 0141 548 3428 or 07983298449

Please only phone if the matter is urgent.

If no one answers, phone the EL Administrator

Phil Brown: 0141 548 3475

Or leave a voicemail and also email the team inbox, marking the subject line URGENT.

Follow up in writing

You may be asked to send an email to the team inbox afterwards, setting out the details of the matter.

Key EL contacts

NAME	ROLE	PHONE / EMAIL
Paul Kearns	MPharm EL Co-ordinator	0141 548 3428 07758 111322 (mobile) sipbs-experiential-learning@strath.ac.uk
Morven McDonald	MPharm EL Co-ordinator	0141 548 3428 07983298449 (mobile) sipbs-experiential-learning@strath.ac.uk
Phil Brown	MPharm EL Administrator	0141 548 3475 sipbs-experiential-learning@strath.ac.uk

After you contact us, a member of the EL team may want to talk the matter through with you to decide whether anything further needs to be done. We keep a record of all communications and, where needed, a written summary. Information may be shared with the MPharm programme team and other University staff where appropriate.

SUPPORT FOR STUDENTS

Emergency support, including **24/7 mental health and wellbeing support through Spectrum Life**, is available to you at all times, including while you are on placement and when the University is closed.

Spectrum Life

What it is	Free, confidential 24/7 mental health support by phone or through an online platform
Phone (UK)	0800 031 8227
Phone (overseas)	+353 1 518 0277
More information	See the University Wellbeing page

In an emergency in the UK

Police, ambulance, fire	999
NHS 24	111 , for urgent medical or mental health support
Campus Security	0141 548 2222

If you need to talk to someone

Samaritans	Free, confidential support for anyone struggling, including anyone having suicidal thoughts. Available any time. Phone 116 123 or email jo@samaritans.org
Shout	Free, confidential 24/7 text support for anyone who is struggling to cope. Text SHOUT to 85258
Breathing Space	Confidential phoneline for anyone in Scotland over 16 who is feeling low, anxious or depressed. Phone 0800 83 85 87 (all weekend, and Monday to Friday 6pm–2am)

NON-URGENT CONCERNS

For concerns that are not urgent, you can use **Report & Support** online [Report & support | University of Strathclyde](#). Reports are not monitored while the University is closed, for example during holiday breaks. They will be reviewed when the University reopens.

For anything about your placement, contact the EL team using the pathway on page 1.

Appendix III: Experiential Learning Frameworks

Introduction

This document gives an overview of defined tasks that student pharmacists could carry out under supervision to meet specified University Learning Outcomes for EL Placements in the community pharmacy setting. These have been categorized as follows:

- Safe Supply of Medicines
- Provision of Pharmacy Services
- Professional Responsibilities, Ethics & Decision Making
- Communication
- Calculations
- Clinical Governance & Quality Improvement
- Leadership & Management

The framework gives an overview of specific tasks within each category and map to relevant stages of the MPharm curriculum depending on complexity and underpinning knowledge and skills. It demonstrates how tasks build in complexity throughout the years and allows for planning of EL placement activities to allow student pharmacists to demonstrate learning outcomes and GPhC Professional Standards during their EL placements.

The individual category frameworks also contain information on suggested supervision for named tasks and gives direction on possible SLE tools that can be used to support reflective practice at each stage.

SLE tool templates can be found on the Pharmacy Turas Learn pages, under Supervision.

<https://learn.nes.nhs.scot/61754>

Each specific task has been mapped to show the level of engagement expected from the student pharmacist and can be defined as follows:

- OBS: student pharmacist should be actively engaged in observing this task take place as it will provide context and information that will be built on throughout their EL placements. It may be possible to delegate parts of the task to the student pharmacist to complete, but this will be decided by the EL facilitator on an individual basis.
- OBS/X: student pharmacists should be actively engaged in observing this task take place and contribute to aspects of the task depending on knowledge and skills. It is acknowledged that some student pharmacists may need more support in being able to actively participate in the task.
- X: student pharmacists should be actively participating and taking responsibility for carrying out the defined task under supervision. It should be noted that supervision may be direct or indirect, and this will be decided by the EL facilitator on an individual basis.

The framework is not exhaustive and there may be other opportunities for learning during EL placements that are appropriate for student pharmacists to be involved in and that will continue to support their learning in practice.

Framework for EL Placement Activities in the Community Pharmacy Setting

Activity	First Year Student Pharmacist (RGU Stage 1/ UoS Year 2)	Second Year Student Pharmacist (RGU Stage 2/ UoS Year 3)	Third Year Student Pharmacist (RGU Stage 3/ UoS Year 4)	Fourth Year Student Pharmacist (RGU Stage 4/ UoS Year 5)
SAFE SUPPLY OF MEDICINES				
Check the validity of prescriptions	X	X	X	X
Accurately dispense medicinal products	X	X	X	X
Accurately label medicinal products	X	X	X	X
Accurately dispense different 'types' of prescriptions eg Vet, Private, NHS, Dental etc	X	X	X	X
Dispense and supply daily/weekly/instalment prescriptions	X	X	X	X
Accuracy check dispensed medicinal products	X	X	X	X
Clinically check prescribed medicinal products	OBS	OBS	X	X
Resolve supply issues eg antibiotic shortage	X	X	X	X
Accurately complete near miss and error logs	X	X	X	X
Accurately maintain pharmacy records eg CD Register/POM	X	X	X	X
Supply medicines to specific patient groups eg children, elderly, palliative care, pregnancy etc	X	X	X	X
Gather Information using a protocol eg WWHAM	X	X	X	X
Select appropriate OTC/P products for sale or supply	X	X	X	X
Provide appropriate information on medicinal products	X	X	X	X
Safety net consultations	X	X	X	X
Take appropriate action and signpost appropriately when refusing a supply of a medicine	OBS	OBS/X	X	X
Counsel on high risk medicines	OBS	OBS	X	X

Activity	First Year Student Pharmacist (RGU Stage 1/ UoS Year 2)	Second Year Student Pharmacist (RGU Stage 2/ UoS Year 3)	Third Year Student Pharmacist (RGU Stage 3/ UoS Year 4)	Fourth Year Student Pharmacist (RGU Stage 4/ UoS Year 5)
PROVISION OF PHARMACY SERVICES				
Participate in consultation relating to Pharmacy First Plus	OBS	OBS	X	X
Provide self-care advice or make a supply under Pharmacy First	X	X	X	X
Participate in consultation relating to a PGD	OBS	OBS	X	X
Make a supply under a PGD	OBS	OBS	X	X
Use clinical examination skills in the context of a patient consultation	OBS/X	OBS/X	X	X
Undertake tasks relating to the provision of compliance aids	X	X	X	X
Dispose of medicines (out of date/patient returns) and complete associated record keeping	X	X	X	X
Participate in the delivery of private services (if available) eg travel clinic	OBS	OBS	OBS/X	OBS/X
PROFESSIONAL RESPONSIBILITIES, ETHICS & DECISION MAKING				
Respond appropriately and make adjustments as necessary to address the needs of individual or groups of patients (Equality and Diversity)	X	X	X	X
Respond to requests for prescription-only medicines from patients and health-care professionals	X	X	X	X
Respond to First Aid situations	OBS	OBS	OBS	OBS
Proactively demonstrate an approach to Protect Vulnerable Groups	X	X	X	X
Respond to 'red flag' information	X	X	X	X
Make appropriate referrals eg to the pharmacist, a GP, social support etc	X	X	X	X
Create a plan of care for the patient, including considering arrangements for appropriate follow up	OBS/X	X	X	X
Work with other members of the MDT to provide care	X	X	X	X
Provide a rationale for decision making	X	X	X	X
Provide a rationale for prescribing decisions	OBS	OBS	X	X
Apply good practice guidance for obtaining consent and consider the use of chaperones	OBS/X	OBS/X	X	X
Consider professional responsibilities and ethical situations in the context of prescribing and supply in substance misuse	OBS/X	OBS/X	X	X

Activity	First Year Student Pharmacist (RGU Stage 1/ UoS Year 2)	Second Year Student Pharmacist (RGU Stage 2/ UoS Year 3)	Third Year Student Pharmacist (RGU Stage 3/ UoS Year 4)	Fourth Year Student Pharmacist (RGU Stage 4/ UoS Year 5)
COMMUNICATION				
Communicate effectively with members of the pharmacy team	X	X	X	X
Communicate effectively with patients	X	X	X	X
Communicate professionally by telephone	X	X	X	X
Communicate professionally by email	OBS/X	OBS/X	X	X
Communicate effectively to resolve issues	OBS	X	X	X
Resolve issues with prescribers	OBS	X	X	X
Use communication tools e.g. SBAR to accurately communicate patient information	OBS	OBS	X	X
Record interventions appropriately eg PCR/PMR	OBS	X	X	X
Provide counselling and education when required to patients, their carers or members of the public.	X	X	X	X
Communicate with the patient about their ideas, concerns & expectations of treatment	OBS	OBS	X	X
CALCULATIONS				
Undertake CD Balance checks	X	X	X	X
Manage balances/owing prescriptions	X	X	X	X
Calculate the duration/quantity needed for treatment	X	X	X	X
Correctly prepare liquid antibiotics	X	X	X	X
Undertake dose based calculations	X	X	X	X
Undertake weight based calculations	X	X	X	X
Calculate and respond to queries about breakthrough pain doses for analgesics	OBS	OBS	X	X

Activity	First Year Student Pharmacist (RGU Stage 1/ UoS Year 2)	Second Year Student Pharmacist (RGU Stage 2/ UoS Year 3)	Third Year Student Pharmacist (RGU Stage 3/ UoS Year 4)	Fourth Year Student Pharmacist (RGU Stage 4/ UoS Year 5)
CLINICAL GOVERNANCE & QUALITY IMPROVEMENT				
Use the Yellow Card Reporting website to record adverse events	X	X	X	X
Review near miss/error logs and discuss trends and possible interventions	X	X	X	X
Undertake audit activity	X	X	X	X
Analyse and disseminate audit results	OBS	OBS	X	X
Undertake QI activity	OBS/X	OBS/X	X	X
Analyse and disseminate QI results	OBS	OBS	X	X
Be involved in service development/review	OBS	OBS	X	X
LEADERSHIP & MANAGEMENT				
Undertake prescription management processes eg counting/submission	X	X	X	X
Manage stock and participate in the ordering medicinal products	OBS	OBS/X	X	X
Delegate tasks within the team	OBS	OBS	OBS/X	X
Support the delivery of team training	OBS	OBS	OBS/X	X

SAFE SUPPLY OF MEDICINES

The safe supply of medicines is a collection of processes that are relevant to all stages of the undergraduate MPharm course as student pharmacists move from undertaking the technical and process driven aspects of medicine supply through to applying their clinical and professional knowledge in clinical and screening activities. At each stage, facilitators are encouraged to explore the student pharmacist's decision making processes. This will develop as student pharmacists progress through the course, where justification and rationale for decisions should be explored in the context of becoming a pharmacist.

Activity	First Year Student Pharmacist (RGU Stage 1/ UoS Year 2)	Second Year Student Pharmacist (RGU Stage 2/ UoS Year 3)	Third Year Student Pharmacist (RGU Stage 3/ UoS Year 4)	Fourth Year Student Pharmacist (RGU Stage 4/ UoS Year 5)	Supportive SLEs	Staff supervision
Check the validity of prescriptions	X	X	X	X		• Pharmacist • Trainee Pharmacist • Pharmacy Technician
Accurately dispense medicinal products	X	X	X	X	Reflective account	• Pharmacist • Trainee Pharmacist • Pharmacy Technician
Accurately label medicinal products	X	X	X	X		• Pharmacist • Trainee Pharmacist • Pharmacy Technician
Accurately dispense different 'types' of prescriptions eg Vet, Private, NHS, Dental etc	X	X	X	X		• Pharmacist • Trainee Pharmacist • Pharmacy Technician
Dispense and supply daily/weekly/instalment prescriptions	X	X	X	X		• Pharmacist • Trainee Pharmacist • Pharmacy Technician
Accuracy check dispensed medicinal products	X	X	X	X	DONCS	• Pharmacist • Trainee Pharmacist • Pharmacy Technician
Clinically check prescribed medicinal products	OBS	OBS	X	X	DONCS	• Pharmacist • Trainee Pharmacist
Resolve supply issues eg antibiotic shortage	X	X	X	X	DONCS	• Pharmacist • Trainee Pharmacist
Accurately complete near miss and error logs	X	X	X	X	Reflective account	• Pharmacist • Trainee Pharmacist • Pharmacy Technician
Accurately maintain pharmacy records eg CD Register/POM	X	X	X	X	Reflective account	• Pharmacist • Trainee Pharmacist • Pharmacy Technician

Supply medicines to specific patient groups eg children, elderly, palliative care, pregnancy etc	X	X	X	X	Case based discussion	• Pharmacist • Trainee Pharmacist
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Activity	First Year Student Pharmacist (RGU Stage 1/ UoS Year 2)	Second Year Student Pharmacist (RGU Stage 2/ UoS Year 3)	Third Year Student Pharmacist (RGU Stage 3/ UoS Year 4)	Fourth Year Student Pharmacist (RGU Stage 4/ UoS Year 5)	Supportive SLEs	Staff supervision
Gather Information using a protocol eg WWHAM	X	X	X	X	Case based discussion Mini-Cex	• Pharmacist • Trainee Pharmacist • Pharmacy Technician
Select appropriate OTC/P products for sale or supply	X	X	X	X	Case based discussion Mini-Cex	• Pharmacist • Trainee Pharmacist • Pharmacy Technician
Provide appropriate information on medicinal products	X	X	X	X	Case based discussion Mini-Cex	• Pharmacist • Trainee Pharmacist • Pharmacy Technician
Safety net consultations	X	X	X	X	Case based discussion Mini-Cex	• Pharmacist
Make appropriate referrals	OBS	OBS	X	X	Case based discussion Mini-Cex	• Pharmacist
Take appropriate action and signpost appropriately when refusing a supply of a medicine					Case based discussion	• Pharmacist • Trainee Pharmacist • Pharmacy Technician •
Counsel on high risk medicines	OBS	OBS	X	X	Mini-Cex	• Pharmacist • Trainee Pharmacist

PROVISION OF PHARMACY SERVICES

This section focuses mainly on NHS Scotland Core and Extended Services, but acknowledges that there will be other activities taking place that may be part of a private contract. Student pharmacists with previous community pharmacy experience may progress through the framework at an advanced pace, but in all situations, student pharmacists should be able to justify and consider their responsibilities in the context of each activity.

Activity	First Year Student Pharmacist (RGU Stage 1/ UoS Year 2)	Second Year Student Pharmacist (RGU Stage 2/ UoS Year 3)	Third Year Student Pharmacist (RGU Stage 3/ UoS Year 4)	Fourth Year Student Pharmacist (RGU Stage 4/ UoS Year 5)	Supportive SLEs	Staff supervision
Participate in consultation relating to Pharmacy First Plus	OBS	OBS	X	X	Case based discussion Mini-Cex	Pharmacist
Provide self-care advice or make a supply under Pharmacy First	X	X	X	X		- Pharmacist - Trainee Pharmacist - Pharmacy Technician
Participate in consultation relating to a PGD	OBS	OBS	X	X	Case based discussion Mini-Cex	Pharmacist
Make a supply under a PGD	OBS	OBS	X	X		- Pharmacist - Trainee Pharmacist - Pharmacy Technician
Use clinical examination skills in the context of a patient consultation	OBS/X	OBS/X	X	X	Direct observation of practical skills (DOPS) Mini-Cex	Pharmacist
Undertake tasks relating to the provision of compliance aids	X	X	X	X		- Pharmacist - Trainee Pharmacist - Pharmacy Technician
Dispose of medicines (out of date/patient returns) and complete associated record keeping	X	X	X	X	Reflective account	- Pharmacist - Trainee Pharmacist - Pharmacy Technician
Participate in the delivery of private services (if available) eg travel clinic	OBS	OBS	OBS/X	OBS/X		Pharmacist

PROFESSIONAL RESPONSIBILITIES, ETHICS & DECISION MAKING

Throughout the MPharm course, student pharmacists will develop their understanding of professional responsibilities and apply these in the practice environment. They will also develop an approach to responding to ethical situations and decision making and should be probed on their development of these processes alongside the rationale for any decision that they make while on placement.

Activity	First Year Student Pharmacist (RGU Stage 1/ UoS Year 2)	Second Year Student Pharmacist (RGU Stage 2/ UoS Year 3)	Third Year Student Pharmacist (RGU Stage 3/ UoS Year 4)	Fourth Year Student Pharmacist (RGU Stage 4/ UoS Year 5)	Supportive SLEs	Staff supervision
Respond appropriately and make adjustments as necessary to address the needs of individual or groups of patients (Equality and Diversity)	X	X	X	X		- Pharmacist - Trainee Pharmacist - Pharmacy Technician
Respond to requests for prescription-only medicines from patients and health-care professionals	X	X	X	X		- Pharmacist - Trainee Pharmacist - Pharmacy Technician
Respond to First Aid situations	OBS	OBS	OBS	OBS		- Pharmacist - Trainee Pharmacist - Pharmacy Technician
Proactively demonstrate an approach to Protect Vulnerable Groups	X	X	X	X		- Pharmacist - Trainee Pharmacist - Pharmacy Technician
Respond to 'red flag' information	X	X	X	X	Case based discussion	- Pharmacist - Trainee Pharmacist - Pharmacy Technician
Make appropriate referrals eg to the pharmacist, a GP, social support etc	X	X	X	X	Case based discussion	- Pharmacist - Trainee Pharmacist - Pharmacy Technician
Create a plan of care for the patient, including considering arrangements for appropriate follow up	X	X	X	X	Case based discussion Mini-Cex	Pharmacist
Work with other members of the MDT to provide care	X	X	X	X	Case based discussion	- Pharmacist - Trainee Pharmacist
Provide a rationale for decision making	X	X	X	X	Case based discussion	Pharmacist
Provide a rationale for prescribing decisions	OBS	OBS	X	X	Case based discussion	Pharmacist

Framework for EL Placements in Community Pharmacy



Apply good practice guidance for obtaining consent and considering the use of chaperones	OBS/X	OBS/X	X	X	Case based discussion	Pharmacist
Consider professional responsibilities and ethical situations in the context of prescribing and supply in substance misuse	OBS/X	OBS/X	X	X	Case based discussion	Pharmacist

COMMUNICATION

Throughout the MPharm course, student pharmacists will be developing their communication and consultation skills in a range of on-campus activities, simulations and during their EL Placements. EL Placements are an opportunity to demonstrate and develop communication and consultation skills with the opportunity for regular feedback. Community Pharmacy provides an opportunity for a range of situations where student pharmacists will need to communicate, both in written and in verbal form, whilst also acknowledging that non-verbal skills are important.

Activity	First Year Student Pharmacist (RGU Stage 1/ UoS Year 2)	Second Year Student Pharmacist (RGU Stage 2/ UoS Year 3)	Third Year Student Pharmacist (RGU Stage 3/ UoS Year 4)	Fourth Year Student Pharmacist (RGU Stage 4/ UoS Year 5)	Supportive SLEs	Staff supervision
Communicate effectively with members of the pharmacy team	X	X	X	X	Case based discussion	- Pharmacist - Trainee Pharmacist - Pharmacy Technician
Communicate effectively with patients	X	X	X	X	Case based discussion Mini-Cex	- Pharmacist - Trainee Pharmacist - Pharmacy Technician
Communicate professionally by telephone	X	X	X	X	DONCS	- Pharmacist - Trainee Pharmacist - Pharmacy Technician
Communicate professionally by email	OBS/X	OBS/X	X	X	DONCS	- Pharmacist - Trainee Pharmacist - Pharmacy Technician
Communicate effectively to resolve issues with patients	OBS	X	X	X	DONCS	- Pharmacist - Trainee Pharmacist - Pharmacy Technician
Communicate effectively to resolve issues with prescribers eg GP	OBS	X	X	X	Case based discussion DONCS	Pharmacist
Use communication tools e.g. SBAR to accurately communicate patient information	OBS	OBS	X	X	DONCS	Pharmacist
Record interventions appropriately eg PCR/PMR	OBS	X	X	X	DONCS	- Pharmacist - Trainee Pharmacist - Pharmacy Technician
Provide counselling and education when required to patients, their carers or members of the public.	X	X	X	X	Mini-Cex	- Pharmacist - Trainee Pharmacist - Pharmacy Technician
Communicate with the patient about their ideas, concerns & expectations of treatment	OBS	OBS	X	X	Mini-Cex	Pharmacist

CALCULATIONS

Being able to calculate accurately is a core skill required for all pharmacy professionals. Student pharmacists are required to demonstrate this skill throughout their MPharm study and should be proactively seeking opportunities to practise this during their EL placements.

Activity	First Year Student Pharmacist (RGU Stage 1/ UoS Year 2)	Second Year Student Pharmacist (RGU Stage 2/ UoS Year 3)	Third Year Student Pharmacist (RGU Stage 3/ UoS Year 4)	Fourth Year Student Pharmacist (RGU Stage 4/ UoS Year 5)	Supportive SLEs	Staff supervision
Undertake CD Balance checks	X	X	X	X	DONCS	- Pharmacist - Trainee Pharmacist - Pharmacy Technician
Manage balances/owing prescriptions	X	X	X	X		
Calculate the duration/quantity needed for treatment	X	X	X	X		
Correctly prepare liquid antibiotics	X	X	X	X		
Undertake dose based calculations	X	X	X	X		
Undertake weight based calculations	X	X	X	X		
Calculate and respond to queries about breakthrough pain doses for analgesics	OBS	OBS	X	X		

CLINICAL GOVERNANCE & QUALITY IMPROVEMENT

Throughout EL placements in all areas of practice, student pharmacists are expected to engage in clinical governance and quality improvement activities alongside staff. Opportunities may vary between EL placement sites and this framework provides suggested activities that student pharmacists can be involved in and build upon throughout each year of study.

Activity	First Year Student Pharmacist (RGU Stage 1/ UoS Year 2)	Second Year Student Pharmacist (RGU Stage 2/ UoS Year 3)	Third Year Student Pharmacist (RGU Stage 3/ UoS Year 4)	Fourth Year Student Pharmacist (RGU Stage 4/ UoS Year 5)	Supportive SLEs	Staff supervision
Use the Yellow Card Reporting website to record adverse events	X	X	X	X	Case based discussion	• Pharmacist • Trainee Pharmacist • Pharmacy Technician
Review near miss/error logs and discuss trends and possible interventions	X	X	X	X		
Undertake audit activity	X	X	X	X		
Analyse and disseminate audit results	OBS	OBS	X	X		
Undertake QI activity	OBS/X	OBS/X	X	X		
Analyse and disseminate QI results	OBS	OBS	X	X		
Be involved in service development/review	OBS	OBS	X	X		

LEADERSHIP AND MANAGEMENT

Community pharmacy provides a unique opportunity for student pharmacists to contextualise and be involved in leadership and management activities. Opportunities will vary between EL placement sites, but it is acknowledged that there are a wide variety of tasks that will encourage student pharmacists to develop their skills in this area.

Activity	First Year Student Pharmacist (RGU Stage 1/ UoS Year 2)	Second Year Student Pharmacist (RGU Stage 2/ UoS Year 3)	Third Year Student Pharmacist (RGU Stage 3/ UoS Year 4)	Fourth Year Student Pharmacist (RGU Stage 4/ UoS Year 5)	Supportive SLEs	Staff supervision
Undertake prescription management processes eg counting/submission	X	X	X	X		• Pharmacist • Trainee Pharmacist • Pharmacy Technician
Manage stock and participate in the ordering medicinal products	OBS	OBS/X	X	X		• Pharmacist • Trainee Pharmacist • Pharmacy Technician
Delegate tasks within the team	OBS	OBS	OBS/X	X	DONCS	• Pharmacist
Support the delivery of team training	OBS	OBS	OBS/X	X	Teaching observation Reflective account	• Pharmacist • Trainee Pharmacist

Introduction

This document gives an overview of defined tasks that student pharmacists could carry out under supervision to meet specified University Learning Outcomes for EL Placements in the hospital setting. These have been categorised as follows:

- Safe Supply of Medicines
- Medicines Reconciliation
- Care Planning and Prioritisation
- Calculations
- DOAC Patient Education
- Discharge Screening and Patient Education

The framework gives an overview of specific tasks within each category and map to relevant stages of the MPharm curriculum depending on complexity and underpinning knowledge and skills. It demonstrates how tasks build in complexity throughout the years and allows for planning of EL placement activities to allow student pharmacists to demonstrate learning outcomes and GPhC Professional Standards during their EL placements. The individual category frameworks also contain information on suggested supervision for named tasks and give direction on possible SLE tools that can be used to support reflective practice at each stage.

SLE tool templates can be found on the Pharmacy Turas Learn pages, under Supervision.

<https://learn.nes.nhs.scot/61754>

Each specific task has been mapped to show the level of engagement expected from the student pharmacist and can be defined as follows:

- OBS: student pharmacist should be actively engaged in observing this task take place as it will provide context and information that will be built on throughout their EL placements. It may be possible to delegate parts of the task to the student pharmacist to complete, but this will be decided by the EL facilitator on an individual basis.
- OBS/X: student pharmacists should be actively engaged in observing this task take place and contribute to aspects of the task depending on knowledge and skills. It is acknowledged that some student pharmacists may need more support in being able to actively participate in the task.
- X: student pharmacists should be actively participating and taking responsibility for carrying out the defined task under supervision. It should be noted that supervision may be direct or indirect, and this will be decided by the EL facilitator on an individual basis.

The framework is not exhaustive and there may be other opportunities for learning during EL placements that are appropriate for student pharmacists to be involved in and that will continue to support their learning in practice.

Framework for EL Placement Activities in the Hospital Setting

Activity	Second Year Student Pharmacist (RGU Stage 2/ UoS Year 3)	Third Year Student Pharmacist (RGU Stage 3/ UoS Year 4)	Fourth Year Student Pharmacist (RGU Stage 4/ UoS Year 5)
SAFE SUPPLY OF MEDICINES			
Check the validity of prescriptions	X	X	X
Accurately dispense medicinal products	X	X	X
Accuracy check dispensed medicinal products	X	X	X
Clinically check prescribed medicinal products	OBS	OBS/X	X
Accurately complete near miss and error logs	X	X	X
Accurately maintain pharmacy records eg CD Register	X	X	X
Provide patient education for medicines	OBS/X	X	X
Provide patient education for high risk medicines	OBS	X	X
MEDICINES RECONCILIATION			
Gather information from patient and at least one other source	X	X	X
Identify discrepancies from information gathered	X	X	X
Discuss and resolve any issues identified with MDT	OBS	X	X
Provide patient education relating to any issues identified	OBS	X	X
CARE PLANNING AND PRIORITISATION			
Identify care issues	OBS	X	X
Prioritise care issues for individual patients	OBS	X	X
Identify appropriate monitoring needs for individual patients	OBS	X	X
Identify RAG rating for individual patients	OBS	X	X
Make suggestions on how to resolve care issues	OBS	X	X
Discuss and resolve any issues identified with MDT	OBS	OBS/X	X
Prioritise and manage care for groups of patients	OBS	OBS/X	X
CALCULATIONS			
Undertake dispensary calculations	X	X	X
Accurately calculate doses for safe administration of medicines	X	X	X
Undertake pharmacokinetic calculations	X	X	X
Undertake ward based calculations	OBS/X	X	X
Calculate renal clearance	OBS/X	X	X
Undertake calculations for high risk medicines (eg gentamicin & vancomycin)	OBS/X	X	X
DOAC PATIENT EDUCATION			
Provide patient education relating to DOAC prescribing	OBS	X	X
DISCHARGE SCREENING & PATIENT EDUCATION			
Undertake discharge screening for individual patients	OBS	OBS/X	X
Provide patient education (as appropriate)	OBS	OBS/X	X
Discuss and resolve any issues identified with MDT	OBS	OBS/X	X
Consider and make recommendations on the continuity of care for individual patients	OBS	OBS/X	X

Framework for EL Placements in Hospital



Safe Supply of Medicines

Dispensing as a process is relevant to all stages of the undergraduate MPharm course as student pharmacists move from undertaking the technical and process driven aspects of dispensing through to applying their clinical and professional knowledge in clinical and screening activities.

Safe Supply of Medicines	Second Year Student Pharmacist (RGU Stage 2/ UoS Year 3)	Third Year Student Pharmacist (RGU Stage 3/ UoS Year 4)	Fourth Year Student Pharmacist (RGU Stage 4/ UoS Year 5)	Supportive SLEs	Staff supervision
Check the validity of prescriptions	X	X	X		- Pharmacy Technician - Pharmacist
Accurately dispense medicinal products	X	X	X	- DONCS - Reflective account (reflect on approach e.g. develop accuracy checking checklist)	- Pharmacy support worker - Pharmacy Technician - Trainee pharmacist - Pharmacist
Accuracy check dispensed medicinal products	X	X	X		- Pharmacy Technician - Pharmacist
Clinically check prescribed medicinal products	OBS	OBS/X	X	Case based discussion	Pharmacist
Accurately complete near miss and error logs	X	X	X	Reflective account (reflect on use and importance of error logs)	- Pharmacy Technician - Pharmacist
Accurately maintain pharmacy records eg CD Register	X	X	X		- Pharmacy Technician - Pharmacist
Provide patient education for medicines	OBS/X	X	X	Mini-Cex	- Pharmacy Technician (specifically trained for eg Roaccutane) - Pharmacist
Provide patient education for high risk medicines	OBS	X	X	Mini-Cex	Pharmacist

Medicines Reconciliation

Medicines Reconciliation can be broken down into 3 distinct processes for student pharmacist placements. In the early stages of the undergraduate course, this will focus on gathering information and identifying, moving on to resolving issues and patient education in the latter stages of the course. It may be that this links with care planning activities for the final two stages of the course depending on the case being worked on.

Medicines Reconciliation	Second Year Student Pharmacist (RGU Stage 2/ UoS Year 3)	Third Year Student Pharmacist (RGU Stage 3/ UoS Year 4)	Fourth Year Student Pharmacist (RGU Stage 4/ UoS Year 5)	Supportive SLEs	Staff supervision
Gather information from patient and at least one other source	X	X	X	Mini-CEX	- Pharmacy Technician - Pharmacist - signed off Trainee Pharmacist
Identify discrepancies from information gathered	X	X	X	Case based discussion	- Pharmacy Technician - Pharmacist - signed off Trainee Pharmacist
Discuss and resolve any issues identified with MDT	OBS	X	X	- Case based discussion - Mini-CEX	Pharmacist
Provide patient education relating to any issues identified	OBS	X	X	Mini-CEX	Pharmacist

Care Planning and Prioritisation

Student pharmacists in the final two years of the undergraduate curriculum will be expected to consider care planning, firstly for individual patients and then for groups of patients. This should include consideration of how to prioritise patients both individually and as groups. In the final stage of the course, student pharmacists would be expected to have discussions with member of the MDT to resolve care issues.

Care Planning and Prioritisation	Second Year Student Pharmacist (RGU Stage 2/ UoS Year 3)	Third Year Student Pharmacist (RGU Stage 3/ UoS Year 4)	Fourth Year Student Pharmacist (RGU Stage 4/ UoS Year 5)	Supportive SLEs	Staff supervision
Identify care issues	OBS	X	X	• Case based discussion	• Pharmacist
Prioritise care issues for individual patients	OBS	X	X	• Case based discussion	• Pharmacist
Identify appropriate monitoring needs for individual patients	OBS	X	X	• Case based discussion	• Pharmacist
Identify RAG rating for individual patients	OBS	X	X	• Case based discussion	• Pharmacist
Make suggestions on how to resolve care issues	OBS	X	X	• Case based discussion	• Pharmacist
Discuss and resolve any issues identified with MDT	OBS	OBS/X	X	• Case based discussion • DONCS	• Pharmacist
Prioritise and manage care for groups of patients	OBS	OBS/X	X	• Case based discussion • ACAT	• Pharmacist

Calculations

Calculations are a fundamental skill required at all levels of practice. Suggested activities move from simple calculations to more complex calculations and should be included in all EL placements.

Calculations	Second Year Student Pharmacist (RGU Stage 2/ UoS Year 3)	Third Year Student Pharmacist (RGU Stage 3/ UoS Year 4)	Fourth Year Student Pharmacist (RGU Stage 4/ UoS Year 5)	Supportive SLEs	Staff supervision
Undertake dispensary calculations	X	X	X		- Pharmacy Technician - Pharmacist
Accurately calculate doses for safe administration of medicines	X	X	X		Pharmacist
Undertake pharmacokinetic calculations	X	X	X		Pharmacist
Undertake ward based calculations	OBS/X	X	X		Pharmacist
Calculate renal clearance	OBS/X	X	X	Case based discussion	Pharmacist
Undertake calculations for high risk medicines (eg gentamicin & vancomycin)	OBS/X	X	X	Case based discussion	Pharmacist

DOAC Patient Education

Local guidance is available for DOAC patient education and student pharmacists in the final two years of the course should undertake this as appropriate.

DOAC patient education	Second Year Student Pharmacist (RGU Stage 2/ UoS Year 3)	Third Year Student Pharmacist (RGU Stage 3/ UoS Year 4)	Fourth Year Student Pharmacist (RGU Stage 4/ UoS Year 5)	Supportive SLEs	Staff supervision
Provide patient education relating to DOAC prescribing	OBS	X	X	Mini-CEX	- Pharmacy Technician - Pharmacist - signed off Trainee Pharmacist

Discharge Screening and Patient Education

Discharge screening and patient education encourages students to consider professional responsibilities in the context of the final pharmacy processes prior to discharge. This should consolidate student pharmacists' knowledge and skills and encourage responsibility for clinical checking, screening and professional decisions.

Discharge Screening and Patient Education	Second Year Student Pharmacist (RGU Stage 2/ UoS Year 3)	Third Year Student Pharmacist (RGU Stage 3/ UoS Year 4)	Fourth Year Student Pharmacist (RGU Stage 4/ UoS Year 5)	Supportive SLEs	Staff supervision
Undertake discharge screening for individual patients	OBS	OBS/X	X	Case based discussion	Pharmacist
Provide patient education (as appropriate)	OBS	OBS/X	X	Mini-CEX	Pharmacist
Discuss and resolve any issues identified with MDT	OBS	OBS/X	X	Case based discussion	Pharmacist
Consider and make recommendations on the continuity of care for individual patients	OBS	OBS/X	X	Case based discussion	Pharmacist

Introduction

This document gives an overview of defined tasks that student pharmacists could carry out to meet specified University Learning Outcomes for EL Placements in the primary care setting. These have been categorised as follows:

- Acute Prescription Requests
- Re-authorisation of Repeat Prescriptions
- Prescribing Quality and Strategy
- Medicines Reconciliation
- Medicine Queries
- Patient Education
- High Risk Drug Monitoring
- Care Planning and Prioritisation

The framework gives an overview of specific tasks within each category and map to relevant stages of the MPharm curriculum depending on complexity and underpinning knowledge and skills. It demonstrates how tasks build in complexity throughout the years and allows for planning of EL placement activities to allow student pharmacists to demonstrate learning outcomes and GPhC Professional Standards during their EL placements. The individual category frameworks also contain information on suggested supervision for named tasks and give direction on possible SLE tools that can be used to support reflective practice at each stage.

SLE tool templates can be found on the Pharmacy Turas Learn pages, under Supervision.

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Each specific task has been mapped to show the level of engagement expected from the student pharmacist and can be defined as follows:

- OBS: student pharmacist should be actively engaged in observing this task take place as it will provide context and information that will be built on throughout their EL placements. It may be possible to delegate parts of the task to the student pharmacist to complete, but this will be decided by the EL facilitator on an individual basis.
- OBS/X: student pharmacists should be actively engaged in observing this task take place and contribute to aspects of the task depending on knowledge and skills. It is acknowledged that some student pharmacists may need more support in being able to actively participate in the task.
- X: student pharmacists should be actively participating and taking responsibility for carrying out the defined task under supervision. It should be noted that supervision may be direct or indirect, and this will be decided by the EL facilitator on an individual basis.

The framework is not exhaustive and there may be other opportunities for learning during EL placements that are appropriate for student pharmacists to be involved in and that will continue to support their learning in practice.

Framework for EL Placement Activities in the Primary Care Setting

Activity	Second Year Student Pharmacist (RGU Stage 2/ UoS Year 3)	Third Year Student Pharmacist (RGU Stage 3/ UoS Year 4)	Fourth Year Student Pharmacist (RGU Stage 4/ UoS Year 5)
ACUTE PRESCRIPTION REQUESTS			
Review acute prescription requests and evaluate clinical appropriateness	OBS	X	X
Demonstrate clinical decision making for actioning/authorising acute medication requests	OBS	X	X
Analyse clinical history and appropriate clinical parameters	OBS/X	X	X
Carry out patient education or consultation (via phone or face to face)	OBS/X	X	X
Make clear and concise journal entry in patient medication record	OBS/X	OBS/X	X
RE-AUTHORISATION OF REPEAT PRESCRIPTIONS			
Identify the requested medication is on the list of repeat medicines	X	X	X
Check that the patient has received the medication for an appropriate and current indication	X	X	X
Assess that patient monitoring for requested medication is appropriate and up to date	OBS/X	X	X
Re-authorise prescription	OBS	OBS/X	X
Make clear and concise journal entry in patient medication record	OBS/X	OBS/X	X
PRESCRIBING QUALITY AND STRATEGY			
Run searches: using GP practice medicines management system, STU tool, PRISM	OBS/X	X	X
Develop knowledge of national therapeutic indicators and develop awareness of health board medicines budget	OBS/X	X	X
Implement prescribing quality and strategy local priorities to enhance patient centred care e.g. follow local medicines protocol to undertake prescribing review	OBS/X	X	X
Carry out medication reviews (e.g. non-clinical medication review (NCMR) or polypharmacy)	OBS/X	X	X
MEDICINES RECONCILIATION			
Gather information to reconcile medication history and establish ongoing treatment plan.	OBS/X	X	X
Update patient medication record with medication changes	X	X	X
Demonstrate an ability to identify and resolve medicines reconciliation issues	OBS/X	OBS/X	X
Carry out patient education	OBS/X	X	X
Communicate with MDT to resolve issues	OBS/X	X	X
Make clear and concise journal entry in patient medication record	OBS/X	OBS/X	X

Activity	Second Year Student Pharmacist (RGU Stage 2/ UoS Year 3)	Third Year Student Pharmacist (RGU Stage 3/ UoS Year 4)	Fourth Year Student Pharmacist (RGU Stage 4/ UoS Year 5)
MEDICINE QUERIES			
Receive medicine query and capture all relevant information required	OBS/X	X	X
Determine urgency for query	OBS/X	X	X
Demonstrate knowledge of appropriate reference sources	OBS/X	X	X
Demonstrate systemic and logical approach to researching query	OBS/X	X	X
Formulate clear, concise, professional and safe answer	OBS	X	X
Clearly communicate enquiry response with the enquirer	OBS	OBS/X	X
Document enquiry using local enquiry database	OBS	OBS/X	X
PATIENT EDUCATION			
Carry out patient education Examples may include*: - New medication - Directions for use - Recent discharge from hospital - Therapeutic monitoring - High risk medicines - Public health and lifestyle advice *This list is not exhaustive	OBS/X	X	X
HIGH RISK DRUG MONITORING			
Demonstrates knowledge of high risk drug monitoring	OBS/X	X	X
Discuss appropriate follow up and review of high risk medicines with members of the MDT to ensure clear plan for patient review	OBS	OBS/X	X
Arrange blood monitoring for high risk medicines	OBS	OBS/X	X
Formulate appropriate care plan for high risk drug medicines and document in the patient medication record	OBS	X	X
Carry out patient education	OBS/X	X	X
CARE PLANNING AND PRIORITISATION			
Identify care issues	OBS/X	X	X
Prioritise care issues for individual patients	OBS/X	X	X
Identify appropriate monitoring needs for individual patients	OBS/X	X	X
Suggest actions to resolve care issues	OBS/X	X	X
Resolve identified care issues through discussion with MDT	OBS/X	X	X

Acute Prescription Requests

Acute prescription requests are core task undertaken in the primary care setting. Student pharmacists will apply their clinical and professional knowledge in assessing appropriateness of acute prescription requests. Complexity of requests will increase based on experience and year of study.

Acute Prescription Requests	Second Year Student Pharmacist (RGU Stage 2/ UoS Year 3)	Third Year Student Pharmacist (RGU Stage 3/ UoS Year 4)	Fourth Year Student Pharmacist (RGU Stage 4/ UoS Year 5)	Supportive SLEs	Staff supervision
Review acute prescription requests and evaluate clinical appropriateness	OBS	X	X	Case based discussion Reflective account	Pharmacist
Demonstrate clinical decision making for actioning/authorising acute medication requests	OBS	X	X		
Analyse clinical history and appropriate clinical parameters	OBS/X	X	X		
Carry out patient education or consultation (via phone or face to face)	OBS/X	X	X	Mini-CEX	Pharmacy Technician Pharmacist
Make clear and concise journal entry in patient medication record	OBS/X	OBS/X	X	DONCS Reflective account	Pharmacy Technician Pharmacist

Re-authorisation of Repeat Prescriptions

Student pharmacists will apply their clinical and professional knowledge in assessing appropriateness of repeat prescription requests. Complexity of requests will increase based on experience and year of study.

Re-authorisation of repeat prescriptions	Second Year Student Pharmacist (RGU Stage 2/ UoS Year 3)	Third Year Student Pharmacist (RGU Stage 3/ UoS Year 4)	Fourth Year Student Pharmacist (RGU Stage 4/ UoS Year 5)	Supportive SLEs	Staff supervision
Identify the requested medication is on the list of repeat medicines	X	X	X	Case based discussion Reflective account	Pharmacy Technician
Check that the patient has received the medication for an appropriate and current indication	X	X	X		Pharmacy Technician Pharmacist
Assess that patient monitoring for requested medication is appropriate and up to date	OBS/X	X	X		Pharmacist
Re-authorise prescription	OBS	OBS/X	X		Pharmacist
Make clear and concise journal entry in patient medication record	OBS/X	OBS/X	X	Case based discussion Reflective account DONCS	Pharmacy Technician

Prescribing Quality and Strategy

Prescribing quality and strategy encourages student pharmacists to consider professional responsibilities in the context of the primary care pharmacist.

Prescribing quality and strategy	Second Year Student Pharmacist (RGU Stage 2/ UoS Year 3)	Third Year Student Pharmacist (RGU Stage 3/ UoS Year 4)	Fourth Year Student Pharmacist (RGU Stage 4/ UoS Year 5)	Supportive SLEs	Staff supervision
Run searches: using GP practice medicines management system, STU tool, PRISM	OBS/X	X	X	DONCS Reflective account	Pharmacy Technician Pharmacist
Develop knowledge of national therapeutic indicators and develop awareness of health board medicines budget	OBS/X	X	X		
Implement prescribing quality and strategy local priorities to enhance patient centred care e.g. follow local medicines protocol to undertake prescribing review	OBS/X	X	X	Cased based discussion Reflective account Mini-CEX	
Carry out medication reviews (e.g. non-clinical medication review (NCMR) or polypharmacy)	OBS/X	X	X	Mini-CEX Case based discussion DONCS	

Medicines Reconciliation

Medicines Reconciliation can be broken down into distinct processes for student pharmacist EL placements. In the early stages of the undergraduate course, this will focus on gathering information and identifying, moving on to resolving issues and patient education in the latter stages of the course. It may be that this links with care planning activities depending on the case being worked on.

Medicines Reconciliation	Second Year Student Pharmacist (RGU Stage 2/ UoS Year 3)	Third Year Student Pharmacist (RGU Stage 3/ UoS Year 4)	Fourth Year Student Pharmacist (RGU Stage 4/ UoS Year 5)	Supportive SLEs	Staff supervision
Gather information to reconcile medication history and establish ongoing treatment plan.	OBS/X	X	X	Case based discussion Mini-CEX Reflective account	Pharmacy Technician Pharmacist
Update patient medication record with medication changes	X	X	X		
Demonstrate an ability to identify and resolve medicines reconciliation issues	OBS/X	OBS/X	X		
Carry out patient education	OBS/X	X	X	DONCS Reflective account	Pharmacy Technician Pharmacist
Communicate with MDT to resolve issues	OBS/X	X	X	Mini-CEX	Pharmacy Technician Pharmacist
Make clear and concise journal entry in patient medication record	OBS/X	OBS/X	X	Case based discussion DONCS	Pharmacist

Medicine Queries

Answering medicine queries are a fundamental skill required at all levels of practice and all areas of pharmacy. Suggested activities move from simple queries to more complex queries and should be included in all EL placements.

Medicine queries	Second Year Student Pharmacist (RGU Stage 2/ UoS Year 3)	Third Year Student Pharmacist (RGU Stage 3/ UoS Year 4)	Fourth Year Student Pharmacist (RGU Stage 4/ UoS Year 5)	Supportive SLEs	Staff supervision
Receive medicine query and capture all relevant information required	OBS/X	X	X	Case based discussion	Pharmacy Technician
Determine urgency for query	OBS/X	X	X	Reflective account	Pharmacist
Demonstrate knowledge of appropriate reference sources	OBS/X	X	X	Case based discussion Reflective account	Pharmacist
Demonstrate systemic and logical approach to researching query	OBS/X	X	X		
Formulate clear, concise, professional and safe answer	OBS	X	X		
Clearly communicate enquiry response with the enquirer	OBS	OBS/X	X		
Document enquiry using local enquiry database	OBS	OBS/X	X		

Patient Education

Local guidance is available for patient education and student pharmacists should undertake this as appropriate.

Patient education	Second Year Student Pharmacist (RGU Stage 2/ UoS Year 3)	Third Year Student Pharmacist (RGU Stage 3/ UoS Year 4)	Fourth Year Student Pharmacist (RGU Stage 4/ UoS Year 5)	Supportive SLEs	Staff supervision
Carry out patient education Examples may include*: - New medication - Directions for use - Recent discharge from hospital - Therapeutic monitoring - High risk medicines - Public health and lifestyle advice *This list is not exhaustive	OBS/X	X	X	Mini-CEX	Pharmacy Technician Pharmacist

High Risk Drug Monitoring

Student pharmacists should be able to demonstrate their clinical knowledge of high risk medications and understand how these patients are managed in the primary care setting.

High risk medicines include warfarin, insulin, methotrexate, lithium, DOACs.

High risk drug monitoring	Second Year Student Pharmacist (RGU Stage 2/ UoS Year 3)	Third Year Student Pharmacist (RGU Stage 3/ UoS Year 4)	Fourth Year Student Pharmacist (RGU Stage 4/ UoS Year 5)	Supportive SLEs	Staff supervision
Demonstrates knowledge of high risk drug monitoring	OBS/X	X	X	Case based discussion Reflective account	Pharmacist
Discuss appropriate follow up and review of high risk medicines with members of the MDT to ensure clear plan for patient review	OBS	OBS/X	X	Case based discussion DONCS Reflective account	
Arrange blood monitoring for high risk medicines	OBS	OBS/X	X		
Formulate appropriate care plan for high risk drug medicines and document in the patient medication record	OBS	X	X		
Carry out patient education	OBS/X	X	X	Mini-CEX	

Care Planning and Prioritisation

Student pharmacists will be expected to consider care planning, firstly for individual patients and then for groups of patients. This should include consideration of how to prioritise patients both individually and as groups. As student pharmacists progress on the course, they will be expected to have discussions with member of the MDT to resolve care issues.

Care Planning and Prioritisation	Second Year Student Pharmacist (RGU Stage 2/ UoS Year 3)	Third Year Student Pharmacist (RGU Stage 3/UoS Year 4)	Fourth Year Student Pharmacist (RGU Stage 4/UoS Year 5)	Supportive SLEs	Staff supervision
Identify care issues	OBS/X	X	X	Case based discussion Reflective account	Pharmacist
Prioritise care issues for individual patients	OBS/X	X	X		
Identify appropriate monitoring needs for individual patients	OBS/X	X	X		
Suggest actions to resolve care issues	OBS/X	X	X		
Resolve identified care issues through discussion with MDT	OBS/X	X	X	Case based discussion DONCS	

Appendix IV: RGU Guidance on Completing Experiential Learning Feedback

Experiential Learning for Student Pharmacists in Scotland

Feedback Overview, Guidance and Examples for Experiential Learning Facilitators

Robert Gordon University 2026-27

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Feedback Requirements Overview 2026-27

This document provides guidance on the completion of the MPharm feedback requirements relating to EL placements for RGU.

Student pharmacists are required to reflect on the feedback they receive as part of the assessment requirements linked to EL placements. The feedback requirements for academic session 2026-27 are as follows:

Table 1: Feedback Requirements Overview

STAGE (RGU) or YEAR (UoS) OF STUDY	FEEDBACK REQUIREMENTS (BY THE END OF EACH EL PLACEMENT) 2026-27
RGU Stage 1	Daily signed attendance record ONE EL facilitator individual feedback form on Turas
RGU Stage 2	Daily signed attendance record ONE EL facilitator individual feedback form on Turas
RGU Stage 3	Daily signed attendance record TWO mini-CEX on Turas ONE EL facilitator individual feedback form on Turas
RGU Stage 4	Daily signed attendance record ONE mini-CEX on Turas ONE CBD on Turas ONE EL facilitator individual feedback form on Turas

Feedback must be discussed with the student during the EL placement. Written feedback must be returned to the Student Pharmacist via TURAS before the end of the EL placement.

Principles for Providing Effective Feedback

When giving feedback, it is helpful to consider how your feedback will be used and this can be useful in thinking about what to include. The diagram below helps to consider what to include in your feedback conversation and then in recording your feedback on Turas.



Please refer to the EL Frameworks to help guide you on the expectations of student pharmacists during the different stages of the MPharm course.

Purpose & Student Assessment linked to Feedback

Student pharmacists are required to submit reflective accounts as part of their module portfolio. These are related to the feedback received from EL facilitators, and so it is important that you consider how to provide constructive and meaningful feedback to support the student to reflect and plan their continued professional development. The way you communicate your feedback, both written and verbal, makes a difference to the quality of student pharmacist reflections.

Examples

We are often asked for examples of what makes 'good' feedback and feedback that is useful for the student. Feedback that considers specific examples, describes what the student did well and what they can improve on is crucial to underpin reflections on performance.

All student pharmacists are required to receive global feedback on TURAS using the EL Facilitator Individual Feedback Form. When providing feedback in this form, please consider writing comments for each of the behaviours / skills that you are using to rate the student's performance / engagement during placement i.e. professionalism; communication skills; teamworking; and patient interactions. Where you have rated a student as 'good' or 'very good', feedback is as important as if you had rated them as 'very poor', 'poor' or 'OK'. Please ensure feedback is consistent with the rating provided.

More detailed examples of feedback including annotated SLE forms can be found below.

Examples of Feedback Vocabulary and Top Tips

			
Facilitator feedback: positive behaviours	Student A was a fabulous student pharmacist.	Student A worked well with the team on placement. I cannot speak highly enough of them. They fitted right in and I would happily work with Student A again.	Student A fitted in really well into the pharmacy team. They remembered team members' names and offered to help when other team members were struggling. Going forward, Student A could learn to understand the different roles in the pharmacy to ensure that they are asking the most appropriate team member for assistance.
TOP TIPS	Although this feedback sounds very positive, it is not specific and does not demonstrate to the student what they actually did that was "fabulous"	This feedback has further detail on the reason for the positive rating, but lacks specific examples of behaviour and would benefit from clearer specificity of what the student did well.	More specific feedback linked to observed actions. Highlights observed behaviours considered to be positive by the facilitator. Recommendations given for next steps which is important to support student pharmacists to plan their development. Feedback does not have to be on complex scenarios, consider: expectations e.g. introducing themselves, ability to "chat" to team or customers, attend on time.
Facilitator feedback: constructive comments	Student B was a terrible student. The whole placement was a disaster.	Student B had a difficult time on placement. They need to improve their professionalism for their next placement.	Student B was late on several occasions. They often used their phone and I needed to remind them to ask for work if they had finished a task. For their next placement, Student B should plan their route to placement in advance and arrive 15 min early in case of unexpected traffic. They should think about the impact that their behaviour has on the team. Student B should look to take initiative when work needs to be completed rather than wait to be instructed each time.
TOP TIPS	Avoid using emotive language and try to use a description of specific examples of behaviour that was unacceptable. This feedback isn't constructive to allow a student to improve for the future.	Addition of specific GPhC standard to be focused on, but lacks specific examples of the student's behaviour.	Specific examples of behaviour have been used to highlight concerns about student behaviour. It has been framed constructively to help student improve for the future.

EL Facilitator Individual Feedback Form (all stages)

Trainee Name	Student pharmacist name_(pre-populated in TURAS)
Trainee's Registration Number	Matriculation number (pre-populated in TURAS)
Trainee Post	Information regarding stage and programme of student pharmacist (pre-populated in TURAS)
Activity Rotation	Stage of student and area of practice (pre-populated in TURAS)
How Professional is the trainee	Very Poor / Poor / OK / Good / Very Good
	Note Please ensure you rate the student pharmacist based on how professional you think the student pharmacist has been. Please make sure you provide feedback on the student pharmacist's professionalism. For example, this may include information on timekeeping, engagement, preparation etc
How are the trainee's communication skills.	Very Poor / Poor / OK / Good / Very Good
	Note Please ensure you rate the student pharmacist based on what you have observed during the EL placement. Please make sure you provide feedback on the student pharmacist's communication skills. For example, this might relate to written communication, communication on the telephone, communication in person and may involve communication with members of the MDT, within the pharmacy team, with patients, carers and the public.
How does the trainee relate to other members of the team?	Very Poor / Poor / OK / Good / Very Good
	Note Please ensure you rate the student pharmacist based on what you have observed during the EL placement. Please make sure you provide feedback on the student pharmacist's teamworking skills. For example, this might relate to their interactions within the pharmacy team or the wider healthcare team. Please include specific examples in the feedback section.
How does the trainee interact with patients?	Very Poor / Poor / OK / Good / Very Good
	Note Please ensure you rate the student pharmacist based on what you have observed during the EL placement. Please make sure you provide feedback on the student pharmacist's interactions specifically with patients. For example, this might relate to providing information, counselling, gathering information, reassuring patients, responding to ideas & concerns etc
Are there any areas that the trainee is undertaking well that should be recognised?	Note Please ensure you give specific examples relating to the areas of note above.
Are there any areas that the trainee could improve?	Note Please ensure you give specific examples relating to the areas of note above.
How would you rate the trainee's overall performance to date?	Very Poor / Poor / OK / Good / Very Good
	Note Please ensure you rate the student pharmacist based on what you have observed during the EL placement. Please provide feedback on overall performance, including specific areas where they performed well and areas of development.

Supervised Learning Events (SLEs): Overview of Mini-CEX and CBD for MPharm EL Placements

What is an SLE?

A supervised learning event (SLE) is an interaction between a student pharmacist and an EL facilitator (or other supervising pharmacist) which contributes to feedback and reflective learning. The incorporation of SLEs is intended to help student pharmacists improve their clinical and professional practice by identifying areas of good practice and those for further learning and development.

What are the purposes of providing feedback using an SLE?

- support and facilitate learning to develop capabilities which deliver safe and effective patient care
- evaluate the student pharmacist's performance through the provision of immediate feedback to enable them to understand their own performance and reflect on areas for further development
- highlight the student pharmacist's strengths, achievements, and good practice as well as areas for improvement
- demonstrate engagement with student pharmacists in the educational process
- identify student pharmacists who may need additional support

Participation in this learning process, along with reflection on the feedback received, is an important way for student pharmacists to evaluate their progression towards achieving the outcomes throughout the MPharm course.

In addition to receiving EL facilitator feedback, student pharmacists will complete SLEs during their Stage 3 and 4 placements which will also be recorded on TURAS.

For Stage 3 the requirement is two mini-CEX per placement and in Stage 4, one mini-CEX and one CBD per placement.

What is a Mini-CEX?

A Mini-Clinical Evaluation Exercise (mini-CEX) evaluates a global clinical encounter **with a patient** assessing the combination of skills essential for clinical care such as history taking, communication, examination and clinical reasoning. This SLE involves direct supervision with the patient present, either face to face or by telephone.

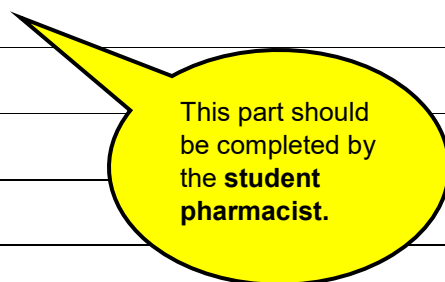
Title of Mini-CEX	Example: Pharmacy First Consultation – head lice <u>Maintain patient, public and staff confidentiality throughout.</u>	
Record a brief, anonymous description to allow the Mini-CEX to be contextualised	<i>Suggested examples in community pharmacy:</i> • Consultation with patient regarding a common condition • Counselling patient on new medicine • Responding to a patient query in the pharmacy or over the phone • Taking a blood pressure measurement • Smoking cessation consultation • PGD consultation (UTI, impetigo, shingles, etc.)	
Clinical Setting	Community Pharmacy	x
	GP Surgery	
	Ward	
	Home Visit	
	Other	
	If other, please describe	
Focus of encounter	Consultation Skills	x
	Clinical history taking	x
	Clinical assessment skills	x
	Clinical reasoning	
	Non-drug management/health promotion skills	
	Patient education	
	Holistic care/patient centred/shared decision making	x
	Professionalism	x
	Clinical documentation	
	Teamwork	
	Organisation efficiency	
	Overall clinical care	

Feedback on the behaviours observed during the Mini-CEX	
What went well during the Mini-CEX	Suggested areas for feedback: Be specific! Communication: maintained good eye contact, professionalism, asked appropriate questions in a logical order, clearly understood, patient-friendly language Patient centred: caring, listened to patient, involved them in decision-making Examination skills: gained consent, explained clearly to patient, used appropriate technique, documented clearly and accurately Clinical reasoning: used information gathered to make reasonable decision / advice/ diagnosis. Suggested appropriate course of action Include a concise example / examples to illustrate the above Include feedback from the patient
Suggestions for development	Suggested areas for feedback: Be specific! Communication: More eye contact, slow down speech, use teach-back or chunk and check to ensure patient understanding, avoid medical jargon, use conversational style Patient centred: Allow time for patient to speak, involve them fully in decision-making Examination skills: Explain what you are doing and why, ensure patient is comfortable, practise to improve confidence Clinical reasoning: Continue to develop knowledge of medicines and common clinical conditions and use of appropriate resources Include a concise example / examples to illustrate why the above has been suggested Include feedback from the patient. • Did the patient feel respected? • Did the patient understand information given? • Did the patient have all their questions answered? • Does the patient have any other feedback about the interaction?
Agreed Actions	Discuss plans for how to improve during EL placements (e.g. next activity, next day, next EL placement, FTY as appropriate)

Mini-CEX Example (Community Pharmacy)

A Mini-Clinical Evaluation Exercise (mini-CEX) evaluates a global clinical encounter **with a patient** assessing the combination of skills essential for clinical care such as history taking, communication, examination and clinical reasoning. This SLE involves direct supervision with the patient present, either face to face or by telephone.

Title of Mini-CEX	Alternative to an out-of-stock medicine	
Record a brief, anonymous description to allow the Mini-CEX to be contextualised	While dispensing medication in the community pharmacy, I identified that co-codamol was out of stock and under supervision considered alternative treatment options, discussed these with the patient, and proactively contacted the patient's GP surgery to request a replacement prescription for separate paracetamol and codeine to ensure continuity of care and minimise disruption to the patient's treatment.	
Clinical Setting	Community Pharmacy	X
	GP Surgery	
	Ward	
	Home Visit	
	Other	
	If other, please describe	
	Consultation Skills	X
	Clinical history taking	
	Clinical assessment skills	
	Clinical reasoning	X
	Non-drug management/health promotion skills	
	Patient education	
	Holistic care/patient centred/shared decision making	X
	Professionalism	X
	Clinical documentation	
	Teamwork	X
	Organisation efficiency	
	Overall clinical care	



Before the end of the consultation, ask the patient for feedback:

- Do you feel that you were respected?
- Do you understand information given?
- Did you have all your questions answered?
- Do you have any other feedback about the interaction?

Feedback on the behaviours observed during the Mini-CEX	
What went well during the Mini-CEX Be specific: discuss what you observed that was done well. E.g. what was good about the student pharmacist's communication skills? Include examples and patient feedback.	The student pharmacist demonstrated effective communication skills throughout the consultation, maintaining professionalism, good eye contact and used clear patient-friendly language. They confidently explained the supply issue, gathered relevant information through appropriate open and closed questions, and demonstrated sound clinical reasoning by discussing suitable alternative - taking paracetamol and codeine separately. The student pharmacist appropriately contacted the GP to discuss a replacement prescription, helping to maintain continuity of treatment and avoid delays in care. The student pharmacist showed a person-centred approach by listening to the patient's concerns about running out of medication, and involving them in the decision-making process. The patient commented that the student spoke clearly, was empathetic and took time to listen carefully to their concerns.
Suggestions for development Be specific: What aspects need improvement? Discuss communication skills /person centredness / clinical reasoning. Give examples and include patient feedback	The student pharmacist should ensure the patient has access to medication to manage their pain while awaiting the GP. Be sure to providing clear safety-netting advice, including when to return if the patient's pain is not well managed or have a further consultation. The student pharmacist should further develop their understanding of the legal and professional requirements surrounding prescription amendments, and when alternative endorsement such as prescriber contacted/prescriber not contacted, urgent supply, or a new prescription are required. The patient was a little uncertain regarding what they needed to do next to get their alternative medicines. The student would benefit from incorporating the teach-back method at the end of consultations to confirm patient understanding of the agreed plan. Additionally, the student pharmacist should strengthen their knowledge of chronic pain management guidelines and strategies. Build in patient feedback: Include thoughts, feelings, observations of patient.
Agreed Actions Be specific: What activities can student pharmacist undertake during their next EL placement to improve?	On their next placement, the student pharmacist should continue to build confidence in managing medicine shortages and recommending appropriate therapeutic alternatives by gaining further supervised experience in similar cases (at least two further cases on the next placement). They should seek opportunities for involvement in collaborative management of more complex pain management cases to support appropriate referral and opioid stewardship. Practice use of "teachback" in these situations to strengthen confidence.

Mini-CEX Example (Hospital Pharmacy)

A Mini-Clinical Evaluation Exercise (mini-CEX) evaluates a global clinical encounter **with a patient** assessing the combination of skills essential for clinical care such as history taking, communication, examination and clinical reasoning. This SLE involves direct supervision with the patient present, either face to face or by telephone.

Title of Mini-CEX	Review of patient in stroke ward	
Record a brief, anonymous description to allow the Mini-CEX to be contextualised	I reviewed a patient on a stroke ward and took a clinical history and performed medicines reconciliation by speaking to patient, checking patient's ECS and contacting their community pharmacy.	
Clinical Setting	Community Pharmacy	
	GP Surgery	
	Ward	X
	Home Visit	
	Other	
	If other, please describe	
Focus of encounter	Consultation Skills	X
	Clinical history taking	X
	Clinical assessment skills	
	Clinical reasoning	
	Non-drug management/health promotion skills	X
	Patient education	
	Holistic care/patient centred/shared decision making	
	Professionalism	X
	Clinical documentation	X
	Teamwork	X
	Organisation efficiency	
	Overall clinical care	

- Before the end of the consultation, ask the patient for feedback:
- *Do you feel that you were respected?*
 - *Do you understand information given?*
 - *Did you have all your questions answered?*
 - *Do you have any other feedback about the interaction?*

Feedback on the behaviours observed during the Mini-CEX

What went well during the Mini-CEX

The student pharmacist demonstrated a professional and confident approach when completing a medicines reconciliation for a patient on a stroke ward. They effectively gathered information by speaking to the patient systematically with regards to all their medicines, using ECS & contacting the patient's community pharmacy, to confirm an accurate history.

The student communicated clearly using patient-friendly language, maintained good eye contact with the patient building rapport throughout the consultation by asking the patient open questions about their medicine taking routine and whether they had any difficulties with their medicines. The student followed the process well by verifying medication details from multiple sources including ECS and the community pharmacy. They proposed what needed to go onto patient's hospital record (e.g. laxative).

The patient advised that the student pharmacist clearly explained their role and the reason for the consultation, which they were a little apprehensive about initially. They said that the student pharmacist was respectful and mindful of the sensitive nature of their medical problems.

Suggestions for development

The student pharmacist should continue to develop confidence in independently identifying and resolving discrepancies between different medication sources, particularly in more complex cases involving incomplete information.

The patient advised that at times the student spoke quickly, and they didn't fully understand the information that was given regarding the proposed addition of lactulose to their record.

In their next consultations the student would benefit from slowing down speech and checking patient's understanding using teach-back method.

Agreed Actions

On their next placement:

Undertake two medicines reconciliation activities and continue to reflect on actions to be taken. Practice using 'teach back'/'chunk and check' method to ensure patient's understanding and slowing down while information gathering during these activities.

Be specific: discuss what you observed that was done well. E.g. what was good about the student pharmacist's communication skills? Include **examples and patient feedback**.

Build in patient feedback: Include thoughts, feelings, observations of patient.

Be specific: Which aspects need improvement? Discuss communication skills / person centredness / clinical reasoning.

Give examples and include patient feedback

Be specific -what **activities** can student pharmacist undertake on their next placement to improve?

Mini-CEX Example (Primary Care)

A Mini-Clinical Evaluation Exercise (mini-CEX) evaluates a global clinical encounter **with a patient** assessing the combination of skills essential for clinical care such as history taking, communication, examination and clinical reasoning. This SLE involves direct supervision with the patient present, either face to face or by telephone.

Title of Mini-CEX	Medicines Reconciliation following a recent IDL	
Record a brief, anonymous description to allow the Mini-CEX to be contextualised	While working in primary care, I conducted medicines reconciliation following a patient's recent discharge from hospital. I reviewed the patient's IDL, explained the medication changes to the patient, and reconciled these against the medicines supplied in the patient's dosette box. I communicated the changes to the community pharmacy to ensure the dosette box was updated accurately.	
Clinical Setting	Community Pharmacy	
	GP Surgery	X
	Ward	
	Home Visit	
	Other	
	If other, please describe	
Focus of encounter	Consultation Skills	X
	Clinical history taking	
	Clinical assessment skills	
	Clinical reasoning	X
	Non-drug management/health promotion skills	
	Patient education	X
	Holistic care/patient centred/shared decision making	
	Professionalism	X
	Clinical documentation	X
	Teamwork	X
	Organisation efficiency	
	Overall clinical care	

This part should be completed by the **student pharmacist**.

Before the end of the consultation, ask the patient for feedback:

- Do you feel that you were respected?
- Do you understand information given?
- Did you have all your questions answered?
- Do you have any other feedback about the interaction?

Feedback on the behaviours observed during the Mini-CEX

What went well during the Mini-CEX

Be specific: discuss what you observed that was done well. E.g. what was good about the student pharmacist's communication skills? Include **examples** and **patient feedback**.

Build in patient feedback: Include thoughts, feelings, observations of patient.

The student pharmacist demonstrated a professional and confident approach when conducting a medicines reconciliation following a patient's hospital discharge.

The student pharmacist reviewed the patient's notes and IDL thoroughly and phoned the patient to discuss the changes their medicines. The student pharmacist spoke clearly, using jargon-free language. Despite the consultation being conducted by telephone, they established good rapport by explaining their role and the purpose of the call, allowing the patient opportunities to ask questions. The student answered questions within their competence (e.g. about side effects of mirabegron) and appropriately sought support from their facilitator when required (e.g. whether patient's blood pressure should be re-checked). The consultation was well structured, with medication changes systematically reviewed and reconciled against the patient's dosette box.

The patient explained that they were very grateful for the call from the student pharmacist and despite confusion at the time of discharge from hospital, they now understood why their solifenacin had been changed to mirabegron to reduce the risk of falls.

They also liaised with the community pharmacy to communicate the changes and ensure continuity of care through timely updating of the patient's dosette box.

Suggestions for development

Be specific: What aspects need improvement? Discuss communication skills / person centredness / clinical reasoning.

Give examples and include patient feedback.

The student pharmacist should work on learning to forward plan effectively for clinically complex patients. For example, it is important to mention to patient that their bladder symptoms may take 6-8 weeks to settle on the new medication such as mirabegron and to persevere and seek review after this time if the symptoms don't improve.

It's important to realise that telephone communication may not be as effective as face to face and the student pharmacist can use 'chunk and check' or 'teach back' method to ensure patient's thorough understanding.

The student pharmacist could benefit from further practice in discussing potential side effects, monitoring requirements, and what to do if issues arise to strengthen their consultation skills.

Agreed Actions

Be specific -what **activities** can the student pharmacist undertake on their next placement to improve?

On their next placement, undertake at least two supervised medicines reconciliation activities involving hospital discharge prescriptions either face to face or over the telephone and reflect on these to ensure improved confidence.

Seek opportunities to discuss complex discharge cases with supervising pharmacists to develop clinical reasoning skills.

What is a CBD?

A Case Based Discussion (CBD) is a retrospective evaluation of a student pharmacist's input into patient care, which assesses their clinical reasoning, decision-making and the application of clinical knowledge in practice.

Title of CBD	Example: Interaction query – trimethoprim and methotrexate <u>Maintain patient, public and staff confidentiality throughout.</u>	
Record a brief, anonymous description to allow the CBD to be contextualised	Suggested examples in community pharmacy: • Responding to a patient or healthcare professional medication query • Identifying potential medicine interaction (or other issue with prescription), suggesting appropriate course of action and communicating with prescriber • Liaising with GP practice regarding stock availability issue using clinical knowledge and reasoning to recommend suitable alternative • Stage 1 reviews for MCR patients identifying care issues and responding appropriately	
Clinical Setting	Community Pharmacy	x
	GP Surgery	
	Ward	
	Home Visit	
	Other	
	If other, please describe	
Focus of encounter	Understanding Context	
	Medicines Management	x
	History and data gathering	
	Examination	
	Investigations and procedural skills	
	Clinical Reasoning	x
	Clinical Management	
	Consultation skills	
	Teamwork	

Feedback on the behaviours observed during the CBD	
What went well during the CBD	<i>Suggested areas for feedback: Be specific!</i> Communication: clear and concise, adjusted communication style and language appropriately Professionalism: confident, well prepared, articulate Clinical reasoning: used clinical knowledge to make reasonable decision, suggested appropriate course of action with confidence <i>Include a concise example / examples to illustrate the above</i>
Suggestions for development	<i>Suggested areas for feedback: Be specific!</i> Communication: structure conversation to ensure the issue is communicated fully and it is clear what action is being recommended Professionalism: Use appropriate language when speaking with other healthcare professionals, improve confidence by being well prepared for the conversation Clinical reasoning: Continue to develop knowledge of medicines and use of appropriate resources, consider all options and be able to justify your recommendation <i>Include a concise example / examples to illustrate why the above has been suggested</i>
Agreed Actions	<i>Discuss plans for how to improve during EL placements (e.g. next activity, next day, next EL placement, FTY as appropriate)</i>

Feedback should be discussed and recorded **before the end the EL placement**. It should include specific and objective comments on the student pharmacist's strengths and areas for development. There should also be specific actions for the student pharmacist to undertake to address the identified learning needs.

Case-Based Discussion Example (Community Pharmacy)

A Case Based Discussion (CBD) is a retrospective evaluation of a student pharmacist's input into patient care, which assesses their clinical reasoning, decision-making and the application of clinical knowledge in practice.

Title of CBD	Interaction query – Clarithromycin and simvastatin		
Record a brief, anonymous description to allow the CBD to be contextualised	During the clinical check of a prescription for clarithromycin, and prednisolone for exacerbation of COPD I reviewed the patient's medication history and identified that the patient was also taking simvastatin 40 mg daily. I recognised the potential for a significant drug interaction between clarithromycin and simvastatin, which could increase the risk of statin toxicity. This was confirmed by checking the BNF interactions section. I appropriately addressed this risk under supervision by speaking to the patient and asking them to withhold simvastatin for the duration of the clarithromycin treatment. I also counselled the patient on the most common side effects of clarithromycin and prednisolone. While in patient's record, I identified that patient was non-compliant with aspirin 75mg and was able to address this.		
Clinical Setting	Community Pharmacy		x
	GP Surgery		
	Ward		
	Home Visit		
	Other		
	If other, please describe		
Focus of encounter	Understanding Context		x
	Medicines Management		x
	History and data gathering		
	Examination		
	Investigations and procedural skills		
	Clinical Reasoning		x
	Clinical Management		
	Consultation skills		
	Teamwork		

This part should be completed by the **student pharmacist**

Feedback on the behaviours observed during the CBD

What went well during the CBD

Be specific: Discuss what the student pharmacist did well. What did they do to demonstrate e.g. professionalism / clinical reasoning? **Give examples.**

The student pharmacist described how they demonstrated sound clinical reasoning by identifying a clinically significant drug interaction and non-compliance. It was clear that they understood the need to work within their scope under supervision to communicate the issue clearly and professionally to the patient. The student pharmacist appropriately proposed withholding simvastatin for the duration of the clarithromycin course and discussed the importance of checking patient understanding of this advice by using teachback.

The student pharmacist discussed that they counselled the patient on common side effects of clarithromycin (e.g. diarrhoea) and prednisolone (e.g. wakefulness, GI disturbance) and ensuring prednisolone was taking first thing in the morning after breakfast.

The student pharmacist correctly identified an issue with non-compliance with aspirin and explored this with the patient using open questions (after speaking to facilitator to clarify usual post MI regimens) and addressed this by discussing that patient's ticagrelor was for 12 months only post MI, however, aspirin was indicated as lifelong treatment.

Suggestions for development

Be specific: Which aspects need improvement?

Give examples.

The student pharmacist should become more familiar with using Stockley's interaction resource to allow them to demonstrate understanding by articulating the mechanisms underpinning drug interactions. They should use trusted resources to support their recommendations and justifications in relation to actions taken to resolve drug interactions (e.g. Stockley's and the SPS website).

Additionally, the student pharmacist would benefit from reviewing local and national post MI guidelines to ensure familiar with common regimens as needed prompting to identify the source which would explain aspirin being indicated for lifelong treatment.

Agreed Actions

During the next EL placement the student pharmacist should take ownership of reviewing and making recommendations regarding at least two significant drug interactions. They should use Stockley and SPS as a reference sources to support justification for appropriate, practical recommendations.

The student pharmacist should work with their supervisor, patient and the MDT to manage and document these interactions appropriately on the Pharmacy Care Record.

Be specific: Which activities can the student pharmacist undertake on their next placement to improve?

Case-Based Discussion Example (Hospital Pharmacy)

A Case Based Discussion (CBD) is a retrospective evaluation of a student pharmacist's input into patient care, which assesses their clinical reasoning, decision-making and the application of clinical knowledge in practice.

This part should be completed by the **student pharmacist**.

Title of CBD	Patient discharge after hip replacement	
Record a brief, anonymous description to allow the CBD to be contextualised	I reviewed a patient being discharged from hospital after hip replacement surgery. The patient was being discharged from hospital with postoperative medication, including analgesics for pain management. I counselled the patient on their discharge medicines, focusing on the analgesic regimen, planned step-down analgesia, and the potential side effects of treatment and their management.	
Clinical Setting	Community Pharmacy	
	GP Surgery	
	Ward	X
	Home Visit	
	Other	
	If other, please describe	
Focus of encounter	Understanding Context	
	Medicines Management	X
	History and data gathering	
	Examination	
	Investigations and procedural skills	
	Clinical Reasoning	X
	Clinical Management	
	Consultation skills	X
	Teamwork	

Feedback on the behaviours observed during the CBD

What went well during the CBD

Be specific –discuss communication / professionalism / clinical reasoning

Give examples

The student pharmacist described how they demonstrated a professional and patient-centred approach when counselling a patient being discharged following total hip replacement. They described the purpose of the discharge medicines (with particular focus on the analgesic regimen and the rationale for planned step-down) and how they used terms that were appropriate to the patient's level of understanding when counselling.

The student demonstrated an appropriate level knowledge for their stage when discussing the duration of treatment, step down and risk management.

Support for

Be specific – what aspects of student pharmacist's CBD need improvement? Discuss communication / professionalism / clinical reasoning.

Give examples.

The student pharmacist would benefit from enhancing their understanding of opioid prescribing, deprescribing and monitoring to support safe management of step-down analgesia.

They would also benefit from reviewing their learning around the standard protocols for other common post-operative regimens such as VTE prophylaxis.

Agreed Actions

Be specific -what activities can student pharmacist undertake on their next placement to improve?

Give examples.

During your next placement, seek out two opportunities to be involved in postoperative medicines management. Consider how you and the pharmacy team can support the patient to derive maximum benefit and mitigate risk at this transition of care.

Case-Based Discussion Example (Primary Care)

A Case Based Discussion (CBD) is a retrospective evaluation of a student pharmacist's input into patient care, which assesses their clinical reasoning, decision-making and the application of clinical knowledge in practice.

Title of CBD	Polypharmacy frailty review	
Record a brief, anonymous description to allow the CBD to be contextualised	I had the opportunity to gather information and participate in polypharmacy frailty review at the surgery, where I was able to discuss a patient's clinical history and therapeutic treatment options for the patient.	
Clinical Setting	Community Pharmacy	
	GP Surgery	
	Ward	
	Home Visit	
	Other	
	If other, please describe	
Focus of encounter	Understanding Context	
	Medicines Management	x
	History and data gathering	
	Examination	
	Investigations and procedural skills	
	Clinical Reasoning	x
	Clinical Management	
	Consultation skills	x
	Teamwork	

This part should be completed by the **student pharmacist**

Feedback on the behaviours observed during the CBD

What went well during the CBD

Be specific –discuss communication/ professionalism/ clinical reasoning

Give examples

The student pharmacist discussed how they contributed a professional and engaged approach during a polypharmacy frailty review. They talked about how they prepared, effectively gathered relevant clinical information by reviewing patient's notes and then checked their weight, height, blood pressure, and pulse.

The student pharmacist demonstrated a good recall and understanding of the patient's past medical history and current medication regimen when challenged.

The student pharmacist demonstrated their clinical reasoning skills by using the information to calculate creatinine clearance and verify the appropriateness of the patient's DOAC dose. They discussed how they were able to contribute meaningfully to discussions regarding treatment options, identifying potential concerns such as the risk of falls associated with amitriptyline and that they suggested a dose reduction.

The student pharmacist described how they communicated respectfully, asked appropriate questions, and contributed logically to the discussion and decisions that were made. For example, while it was more cost-effective to change the patient's DOAC to apixaban, after discussion with the patient and realising memory and compliance issues, the student pharmacist discussed continuing edoxaban once daily for the patient which was appropriate.

Suggestions for development

Be specific – what aspects of student pharmacist's consultation need improvement? Discuss communication / professionalism / clinical reasoning

Give examples

The student pharmacist should develop a better working knowledge of blood results and how to interpret them in the context of an individual patient and calculated CrCl vs eGFR.

Agreed Actions

Be specific -what **activities** can student pharmacist undertake during their next placement to improve?

Before their next EL placement, the student pharmacist is to review local and national guidance on frailty and deprescribing. During their next placement, the student pharmacist should actively seek opportunities to review at least one frail patient (under supervision) and use their blood results to aid in the formulation of a care plan.

Appendix V: UoS Guidance on Completing Experiential Learning Feedback

MPharm Experiential Learning

Feedback and Supervised Learning Events

Guidance for EL facilitators | Academic session 2026–27

About this guide

This guide is for pharmacists and pharmacy team members who host University of Strathclyde MPharm students on Experiential Learning (EL) placements in community pharmacy, hospital and primary care. It explains what we ask you to complete for each student, how the University uses what you write, and what good feedback looks like.

Everything you record is assessed through the University's **Experiential Learning Assessment (ELA) framework**. The framework runs from Year 2 to Year 5 and is aligned to the GPhC Standards for the Initial Education and Training of Pharmacists (2021).

What we ask you to complete

Years 3, 4 and 5 attend two EL blocks a year, and Year 2 attends one. Unless the table says otherwise, each item is needed **once per block**.

YEAR	YOU COMPLETE ON TURAS	STUDENT COMPLETES ON MYPLACE
Year 2	Facilitator feedback form	Self-assessment Attendance record
Year 3	Facilitator feedback form	Self-assessment Attendance record
Year 4	Facilitator feedback form Mini-CEX	Self-assessment Attendance record Patient feedback (once in the year) Peer feedback (once in the year)
Year 5	Facilitator feedback form Mini-CEX Case-Based Discussion (CBD)	Self-assessment Attendance record Patient feedback (once in the year) Peer feedback (once in the year)

Students start the Mini-CEX and CBD requests on TURAS and send them to you to complete. TURAS is the NHS Public Services Delivery portfolio, which students keep using through their foundation training year and beyond, so your feedback stays with them for longer than one placement.

HOW YOUR FEEDBACK IS USED

After each EL placement, the Experiential Learning team reviews everything the student has submitted, including your TURAS entries, and gives the student a **Red–Amber–Green (RAG)** rating. The rating is developmental. It is there to track progress and to spot early when a student needs extra help.

RATING	WHAT IT MEANS
RED	Needs significant support or prompting to perform safely
AMBER	Performs appropriately with occasional guidance
GREEN	Performs consistently and appropriately for their stage of training, with minimal supervision

Students rated amber or red are offered additional support from their professional development advisor and, where needed, the EL team. Your written comments are what make that support targeted, so a clear description of a concern is more useful to the student than a softened one.

What to expect at each stage

Please judge each student against what is expected for their year, not against a qualified pharmacist or a student further on in the course.

YEAR	PROGRESSION THEME	LEARNING OUTCOMES ASSESSED
2	Professional identity formation	LO 1–5
3	Structured patient interaction	LO 1–5
4	Integrated clinical interactions	LO 1–6
5	Readiness for practice	LO 1–7

Learning Outcome	THE STUDENT...
LO 1	Communicates respectfully and professionally with patients and staff
LO 2	Demonstrates insight into personal limitations and learning needs
LO 3	Demonstrates responsibility for safe and accurate task completion
LO 4	Recognises complexity and escalates appropriately
LO 5	Conducts a simple structured patient consultation under supervision
LO 6	Performs more complex consultations using integrated clinical, scientific and professional judgement
LO 7	Manages routine patient care activities

WRITING FEEDBACK THAT HELPS

The most useful feedback lets a student picture the moment you are describing and know exactly what to do next time. Before you write, it can help to answer four questions.

1	What did I see or hear?	Describe a real moment from the placement: a consultation, a phone call, a task, a conversation with the team.
2	Why did it matter?	Say what effect it had on the patient, the team or safety. This is what turns a comment into learning.
3	What should they keep doing?	Name the strength precisely, so the student can repeat it on purpose.
4	What should they do next, and by when?	Give one or two concrete actions, with a timescale: the next patient, the next day, the next block or foundation training.

Good habits

- **Write it soon.** Record your feedback as close to the event as you can, ideally the same day, while the detail is fresh.
- **Talk first, then write.** Discuss the feedback with the student before you record it, so nothing on TURAS comes as a surprise.
- **Stick to behaviour.** Describe what the student did, not what kind of person they are. Leave out emotive words such as "terrible" or "amazing".
- **Explain high ratings too.** A student rated "very good" needs to know why just as much as a student who is struggling.
- **Keep it proportionate.** Everyday things are worth commenting on: how they introduce themselves, timekeeping, how they approach the team, whether they ask when unsure.
- **Use the ELA learning outcomes.** Linking a comment to an outcome (for example, "LO 4: escalated appropriately") helps the EL team interpret it.
- **Protect confidentiality.** Never include patient names or other identifiable details in anything you record.

COMPARE

Not helpful: "Great communicator, no concerns."

Helpful: "Explained a new medicine to a patient with limited English using a translated leaflet and simple phrases, then checked understanding by asking her to show how she would take it (**LO 1**). Next block: book an interpreter when the conversation is about anything more complex."

FACILITATOR FEEDBACK FORM ON TURAS

Every student needs one facilitator feedback form for each block. The first four fields are filled in automatically. For each question you choose a rating on a five-point scale and write a comment. Please add a comment to **every** rating, including high ones.

Below is an example of a completed form for a Year 4 student in community pharmacy, set out in the same order as TURAS. The learning outcome in brackets after each point shows how you can link your comments to the ELA framework.

Student details

Trainee name	Student K <i>Pre-populated in TURAS</i>
Trainee's registration number	Matriculation number <i>Pre-populated in TURAS</i>
Trainee post	MPharm Year 4 <i>Pre-populated in TURAS</i>
Activity rotation	Community pharmacy, Block 1 <i>Pre-populated in TURAS</i>

Ratings and comments

How professional is the trainee?	☐ Very poor ☐ Poor ☐ OK ☒ Good ☐ Very good <i>Think about: timekeeping, preparation, phone use, confidentiality, how they respond to feedback, whether they look for work.</i> Student K arrived before opening every day and had read up on our Pharmacy First services before the placement started (LO 1). When a customer asked whether two medicines could be taken together, they said they were not sure and checked with me rather than guessing, then came back with the answer and the reference they had used (LO 2). When I pointed out on day two that they were not asking about allergies, they added it to their routine straight away (LO 2, LO 3).
How are the trainee's communication skills?	☐ Very poor ☐ Poor ☐ OK ☐ Good ☒ Very good <i>Think about: in person, by phone and in writing; with patients, carers, the team and other professionals; adapting language to the person.</i> A customer became upset when her prescription was not ready. Student K stayed calm, apologised, explained the delay without blaming the surgery and offered her a seat while it was sorted (LO 1). With a patient who spoke limited English, they used a translated leaflet and simple phrases, then asked her to show how she would take the medicine to check she had understood (LO 1, LO 5).
How does the trainee relate to other members of the team?	☐ Very poor ☐ Poor ☐ OK ☒ Good ☐ Very good <i>Think about: fitting into the team, asking the right person for help, sharing information and passing on problems.</i> Student K learned the team's roles quickly and asked the dispensers, not just the pharmacist, when they had routine questions (LO 1). During the accuracy check they noticed that a patient's levothyroxine strength had changed from the previous prescription. They stopped and asked me to confirm it with the surgery before the item went out (LO 3, LO 4).

How does the trainee interact with patients?	○ Very poor ○ Poor ○ OK ● Good ○ Very good <i>Think about: gathering information, advice and counselling, checking understanding, responding to worries and questions.</i> For a customer with a cold, Student K took a structured history covering who the medicine was for, symptoms, duration, what had been tried and other medicines. They ruled out a decongestant because the customer took medicine for high blood pressure, and explained why (LO 5). In a Pharmacy First consultation for suspected UTI symptoms, they worked through the exclusion criteria, took her other medicines into account and explained clearly why she needed to see her GP instead (LO 6).
Are there any areas that the trainee is undertaking well that should be recognised?	<i>Think about: one or two specific examples that link back to your ratings.</i> Recognising when to refer. A customer asking for indigestion treatment mentioned unexplained weight loss and difficulty swallowing. Student K recognised these as red-flag symptoms, did not sell a product and brought me in straight away. The customer saw his GP the same day (LO 4).
Are there any areas that the trainee could improve?	<i>Think about: one or two achievable actions, each with an example and a timescale.</i> When the queue was long, Student K rushed and twice nearly missed the second identity check at hand-out (LO 3). From the next block, they should say the patient's name and address aloud at every hand-out, however busy it is. Their consultations also tended to end abruptly. From the next consultation, they should finish with a short summary, when to seek further help and a chance to ask questions (LO 5).
How would you rate the trainee's overall performance to date?	○ Very poor ○ Poor ○ OK ● Good ○ Very good <i>Think about: a short summary of strengths and development points for this block.</i> A safe, well-prepared student who communicates very well and knows when to ask for help. The main priorities for the next block are keeping safety checks consistent under pressure and giving consultations a clear close (LO 3, LO 5).

TIP

If you are unsure how to rate a student, look at the supervision level for their year on page 2. A Year 2 student who needs direct supervision for a task is performing as expected, but a Year 5 student who needs the same level of support is not.

SUPERVISED LEARNING EVENTS (SLES)

A **supervised learning event** is a piece of the student's real work that you watch or talk through with them, followed straight away by a feedback conversation. SLEs are learning tools first. Their job is to show the student what they are doing well and what to work on next, while there is still time to practise it.

Why we use them

- They give students regular, focused feedback on real patient care.
- They help students judge their own performance and plan what to work on.
- They build a record of progress on TURAS that continues into foundation training.
- They help the EL team find students who would benefit from extra support at an early stage.

Which SLEs each year completes

YEAR	MINI-CEX	CASE-BASED DISCUSSION (CBD)
Years 2–3	Not required	Not required
Year 4	One in each placement (two in total)	Not required
Year 5	One in each placement (two in total)	One in each placement (two in total)

The student sets up each SLE on TURAS and sends it to you. You then add your feedback about what you observed or discussed. Please agree with the student in advance which activity you will use, so that you can be present for it.

MINI-CEX (YEARS 4 AND 5)

A **Mini-Clinical Evaluation Exercise (Mini-CEX)** is a live observation. You watch the student deal with a real patient, in person or by phone, then give feedback on how they brought their skills together: gathering information, communicating, examining where relevant, reasoning and agreeing a plan. The encounter only needs to last a few minutes.

Activities that work well

COMMUNITY PHARMACY	HOSPITAL	PRIMARY CARE
- Pharmacy First consultation for a common condition - Advice on an over-the-counter medicine for a patient with other conditions - Blood pressure check with lifestyle advice - Counselling on a new medicine or device	- Taking a medication history on admission - Counselling a patient on a new medicine before discharge - Explaining a change to someone's regular medicines - Checking inhaler or injection technique	- Telephone call to follow up a medicine change - Discussing side effects with a patient - Talking a patient through a medication review - Explaining a switch to a formulary product

Whatever the setting, the brief description on TURAS must not contain anything that could identify the patient.

Worked example: community pharmacy (Year 4)

Title	Hay fever treatment for a customer who is 20 weeks pregnant
Setting	Community pharmacy
Main focus	Consultation skills, clinical reasoning, patient-centred care
ELA outcomes	LO 1 · LO 5 · LO 6
What went well	Student E moved to the consultation room without being prompted and opened by asking what the customer already knew about treatments she could use (LO 1). They asked about symptoms, duration, other medicines and pregnancy history in a logical order (LO 5). They also checked two references before recommending a nasal spray and explained why they had not suggested an oral antihistamine first (LO 6).
To develop	Student E gave all the information at once, and the customer looked unsure by the end (LO 5). Next time, break the advice into two or three points and ask the customer to repeat back how she will use the spray.
Agreed actions	- From the next patient: use teach-back when giving advice. - Before the next block: review the red-flag symptoms in allergic rhinitis that need referral.

Worked example: hospital (Year 4)

Title	Counselling on a new inhaler before discharge
Setting	Hospital ward
Main focus	Patient education, consultation skills, professionalism
ELA outcomes	LO 1 · LO 3 · LO 5
What went well	Student F checked the patient's current technique with a placebo device before explaining the new inhaler, which showed that the patient had not been rinsing their mouth after using a steroid inhaler (LO 3, LO 5). They demonstrated each step and used plain language throughout (LO 1).
To develop	The consultation did not have a clear close. The student did not summarise, check whether the patient had questions or explain who to contact after discharge (LO 5). Practise a short closing routine for every counselling session.
Agreed actions	• Next day: use a summary and a "What questions do you have?" at the end of each consultation. • By the end of the block: counsel on at least two other device types.

CASE-BASED DISCUSSION (YEAR 5)

A **Case-Based Discussion (CBD)** looks back at a case the student has already been involved in. The student talks you through what they did and why, and you ask questions to explore how they reasoned, how they reached decisions and how they applied what they know. No patient needs to be present. A CBD usually takes 15 to 20 minutes.

Your feedback should be recorded promptly. It should say clearly what the student did well, what they need to develop, and the specific actions they will take to close any gaps.

Cases that work well

COMMUNITY PHARMACY	HOSPITAL	PRIMARY CARE
- A prescription with a potential interaction or dosing problem, resolved with the prescriber - A medicines query from a patient or another professional - Recommending an alternative during a stock shortage	- Screening a discharge prescription and resolving issues - A patient whose kidney function affected dosing decisions - A medicines information enquiry from the ward	- Reviewing a patient's medicines after a hospital admission - Acting on an abnormal blood result linked to a medicine - A polypharmacy review for an older patient

Worked example: primary care (Year 5)

Title	Medicines review after an admission with acute kidney injury
Setting	GP practice
Main focus	Medicines management, clinical reasoning, clinical management
ELA outcomes	LO 1 · LO 4 · LO 6 · LO 7
What went well	Student G identified the medicines that should be paused during dehydrating illness and explained the reasoning for each (LO 6). They had checked the latest kidney function results and the local sick-day guidance before the discussion, and proposed a sensible plan to restart them (LO 7).
To develop	When asked how they would explain the plan to the patient, the student's answer relied on clinical terms (LO 1). They were also unsure who in the practice would update the medication record (LO 7). Practise explaining sick-day guidance in everyday language, and find out who owns each step of the process.
Agreed actions	- This week: shadow a practice pharmacist giving sick-day advice. - Before foundation training: be able to state the escalation route for abnormal results in each setting they have worked in (LO 4).

Worked example: community pharmacy (Year 5)

Title	Antibiotic prescription for a patient with a recorded penicillin allergy
Setting	Community pharmacy
Main focus	Clinical reasoning, communication with prescriber, teamwork
ELA outcomes	LO 3 · LO 4 · LO 6 · LO 7
What went well	Student H spotted the allergy on the patient's record and asked the patient what reaction they had experienced before contacting the surgery (LO 3, LO 4). They suggested a suitable alternative and gave a clear reason (LO 6), and they recorded the outcome accurately in the pharmacy system (LO 3).
To develop	On the phone to the surgery, the student took some time to get to the point (LO 7). Use a structured handover such as SBAR (situation, background, assessment, recommendation) so the prescriber hears the problem and the proposed solution in the first 30 seconds.
Agreed actions	• From the next call: write down an SBAR summary before phoning a prescriber. • Next block: lead at least one further prescriber intervention with the facilitator listening in.

QUESTIONS

For questions about this guidance or about a particular student, please contact the MPharm Experiential Learning team.

**Appendix VI: Experiential Learning Placement Attendance
Record**

Experiential Learning Placement Attendance Record

For each EL placement, **you must print** a copy of this record **prior to your EL placement** for you and your EL facilitator to complete **daily**. You must upload a scanned copy of your completed record(s) within THREE working days of completion of your EL placement.

Student Pharmacist Name						
Matriculation Number						
EL Facilitator Name						
EL Site Address						
Contractor Code (Community Pharmacy)						
Please report lateness or absences immediately, referring to the Absence Policy and Communication Pathway. I/we confirm that the minimum core hours have been completed on each day of EL placement and if not, that this has been accurately recorded on this attendance record. Note that core hours are defined as 9am-4.30pm (or equivalent) onsite with half an hour lunch break or 9am-5.00pm (or equivalent) onsite with one hour of lunch break. I understand that any adjustment to these hours must be pre-authorised by your university team.						
Date	Morning start and finish time (e.g. 9am-1pm)	Lunch time Mandatory rest break (e.g. 1-1.30pm)	Travel time between sites If required (e.g. 1.30-2.00pm)	Afternoon start and finish time (e.g. 2-5.00pm)	Signed (Facilitator)	Signed (Student Pharmacist)

Experiential Learning Placement Attendance Record

Continuation and Feedback Summary:

Please report lateness or absences immediately, referring to the Absence Policy and Communication Pathway.

I/we confirm that the minimum core hours have been completed on each day of EL placement and if not, that this has been accurately recorded on this attendance record.

Note that core hours are defined as 9am-4.30pm (or equivalent) onsite with half an hour lunch break or 9am-5.00pm (or equivalent) onsite with one hour of lunch break.

I understand that any adjustment to these hours must be pre-authorised by your university team.

Date	Morning start and finish time (e.g. 9am-1pm)	Lunch time Mandatory rest break (e.g. 1-1.30pm)	Travel time between sites If required (e.g. 1.30-2.00pm)	Afternoon start and finish time (e.g. 2-5.00pm)	Signed (Facilitator)	Signed (Student Pharmacist)

Summary of Feedback Required and Provided via TURAS before the end of this EL Placement

Feedback Item / Stage (Delete as appropriate)	RGU S1 / UoS Y2	RGU S2 / UoS Y3	RGU S3 / UoS Y4	RGU S4 / UoS Y5	Feedback Provided (Facilitator)	Feedback Received (Student Pharmacist)
Individual (Global) Feedback	1 ☐	1 ☐	1 ☐	1 ☐		
Mini-CEX	N/A	N/A	2 (RGU) ☐ / 1 (UoS) ☐	1 ☐		
Case-based Discussion	N/A	N/A	N/A	1 ☐		

Appendix VII: MPharm Standards of Behaviour – Experiential Learning Placements

MPharm Standards of Behaviour – Experiential Learning Placements

While attending Experiential Learning (EL) placements as a student pharmacist, you will not only be representing yourself as a future pharmacist but you will also be representing your University. You are expected to behave in a professional manner being courteous to all members of staff, patients/service users and members of the public.

You must read, agree and adhere to the following standards at all times during EL placements:

- You must adhere to the GPhC Standards for Pharmacy Professionals at all times (<https://www.pharmacyregulation.org/pharmacists/standards-and-guidance-pharmacy-professionals/standards-pharmacy-professionals>)
- You must adhere to the MPharm Dress Code Guidance for all EL placements.
- You must bring your matriculation card and display this for the duration of the placement in your Student Pharmacist lanyard (this identifies you as a student pharmacist who is authorised to attend the EL placement and without it you will not be allowed to attend the EL placement).
- You must wear your student pharmacist magnetic badge at all times during your EL placement.
- You must arrive at your EL placement at the time agreed with your EL facilitator. Allow enough travel time to make sure you arrive on time (transport may be slower than normal at peak times).
- You should not take unnecessary materials or valuables with you as there may not be anywhere to safely store such items.
- You must adhere to organisation-specific requirements.
- You should only consume food (including chewing gum) and drinks in designated areas.
- Mobile phones should only be used for learning purposes with the agreement of your EL facilitator while on EL placement premises.
- You must not attend the placement if you have been drinking alcohol or are hungover. You will be asked to leave the placement immediately and a report raised with the University.
- Smoking or use of e-cigarettes are not allowed on or around the premises (as specified by the organisation concerned).
- You must always behave in a professional manner.
- You must respect the patients'/service users' right to privacy and if a patient/service user does not want you present while they speak to the pharmacist please accept this and move on to another activity.
- You must report any absences to your University team.

- You must treat all information (whether about patients/service users or the organisation) you receive as confidential. You must ensure that you do not record any patient/service user details. It is a criminal offence under the Data Protection Act to divulge any information about patient records.
- You should always be polite and courteous to service users, patients, staff and members of the public.
- You must not impersonate a pharmacist or member of pharmacy support staff.
- You must be mindful that you are working within busy clinical environments and must not obstruct members of the team whilst they are carrying out their duties.
- You must always observe safe working practice, taking care of yourself and others.
- You should be familiar with procedures in the event of a fire or emergency.
- If you are involved in an accident you must report it immediately to the pharmacist in charge and to your University as soon as possible.

Appendix VIII: Social Media Guide for Student Pharmacists

Social Media Guide for Student Pharmacists

Scope

This guide is a reminder of your responsibilities for using social media appropriately as a student pharmacist and refers to all social media and online platforms. First and foremost, you are required to adhere to the GPhC guidance document [Using social media platforms professionally](#) which should be read in conjunction with the [Standards for Pharmacy Professionals](#). It is important to consider and fully understand your responsibilities online as a student pharmacist..

Guidance Principles

These apply to your use of social media as a student pharmacist. You should be aware that there is no distinction between your personal and professional use of social media. As a student pharmacist, your online behaviours should always remain appropriate.

- You should adhere to all relevant regulatory, professional and organisational guidance for the use of social media.
- Information created online can remain available for a long period of time and caution should be used in posting content, including images.
- You should refrain from posting content that is defamatory, pornographic, harassing or libellous in nature.
- You must not share any information which is considered confidential or which may be business sensitive. This may not always be immediately obvious e.g. a prescriber code or name of a hospital or GP surgery, or an invoice from a business and care should be taken to ensure that any information shared does not breach confidentiality.
- You must not share information relating to patients.
- You must have appropriate permission to share any information from an EL placement site.
- You must not share any ID badges or staff badges with company or NHS Board information visible.
- Your use of social media should not interfere with your responsibilities either in class or on EL placement.
- You must not share photographs or information about students, staff, patients, public or placement facilitators without permission.
- Whilst many social media platforms provide the option for 'private' conversations to take place, care should be exercised as due to the online nature of such platforms, content is never guaranteed to be fully private.

Appendix IX: MPharm Dress Code Guidance

MPharm Dress Code Guidance

This Dress Code Guidance applies to all EL Placements. It is not exhaustive but provides a guide for you to follow. This includes the following:

- Experiential Learning (EL) placements in the hospital, community, primary care and specialist settings.
- Simulated environments
- Any situation where you will encounter patients (including simulated patients).

If you cannot comply with this Dress Code Guidance and/or guidance provided by your EL facilitator, you **MUST** inform your University Team as soon as possible, and prior to any EL Placement. Your university team will discuss your individual circumstances with you and your placement provider to explore potential options to support your attendance on EL placement.

General Information

Student pharmacists are expected to present themselves in a manner appropriate to working in a professional pharmacy environment.

For ALL EL placements and Professional Experiences

- Your Student ID badge must be presented in an Student Pharmacist lanyard to confirm identification (please note these may have to be removed or worn on a retractable card holder during an EL placement depending on setting requirements).
- Your Student Pharmacist magnetic badge must be worn.
- All clothes must be suitable for work: clean, pressed and in good repair.

Personal hygiene

- High standards of personal cleanliness must be observed.
- Sores, cuts and grazes must be covered with a clean dressing or plaster.

The following is guidance on acceptable professional dress. If further information is required in addition to what is provided in this document, this will be communicated to you by your University team or your EL facilitator.

The following are considered appropriate options for Professional Experiences:

- Smart blouse/shirt/top.
- Smart trousers.
- Skirt or dress. This should be of an appropriate length (i.e. at least knee length).

The following are not permitted:

- Denim clothing or jeggings.
- Short skirts or dresses e.g. mini-skirts.
- Shorts.
- Low cut trousers or tops.
- Items of clothing that reveal bare midriffs.
- Football colours.
- Clothing with logos or pictures which may cause offence.
- Clothing which does not adequately cover underwear or is designed to reveal underwear.

Dress Code Guidance

While on EL placement, you will be required to adhere to the EL placement provider's dress code in addition to the information below. Failure to comply may result in you being unable to attend your EL placement.

Compliance with Hand Hygiene Protocol:

- "Bare below the elbow" applies in clinical areas at all times, whether providing direct patient care or not.
- Sleeves must be able to be rolled or pulled back and kept securely in place during hand-washing and direct patient care activity.
- Fingernails must be kept short and clean. False nails or coatings, for example, gel; BIAB, acrylic; shellac or varnish are not appropriate and must not be worn.
- Rings with stones, ridges, sharp edges, and/or crevices must not be worn. A plain, smooth 'wedding' band is acceptable.
- Wrist watches must not be worn.

Other Key Points:

- Ties should not be worn.
- Hair must be clean, neat, tidy and worn off the collar. Longer hair must be clipped back from the face and always tied up off the collar in clinical areas.
- Head wear must be clean and must not obscure the face while delivering patient care. Headscarves will be worn in a way which avoids contact with patients and their immediate surroundings.
- Make up should be minimal. Please note in some settings, false eyelashes are not permitted.
- No jewellery (including body piercing) – other than one plain band ring - may be worn. Stud earrings are permitted in the immediate period following piercing for up to 6 weeks but must be covered whilst on placement.
- Body art or tattoos must not be visible if they have the potential to offend; they should not contain explicit, discriminatory, or political images or slogans. New body art or tattoos must be covered with a waterproof dressing until healed.
- Smart, soft soled, closed toe shoes must be worn to protect against spillage or sharps. Flip-flops, slippers (e.g. sliders), or similar are not permitted.
- Plain coloured trainers may be appropriate, but you must check with your EL facilitator in advance of your EL placement.
- High-heeled shoes may pose a health and safety risk and are not appropriate for the professional environment.

Appendix X: EL Placement Induction Checklist

EL Placement Induction Checklist

Suggested Task	Complete
Introduction to workplace and tour of site	
Introduction to experiential learning facilitator and staff	
Timekeeping	
Tea/meal breaks and facilities	
General health and safety, including handling sharps	
Dealing with hazardous materials	
Fire alarm system explained	
Escape routes and assembly points identified	
Action to be taken on discovering fire	
Location and use of fire-fighting equipment	
Smoking policy explained	
First aid and facilities	
Reporting of accident and safety issues	
Hand washing and general hygiene	
Confidentiality and sensitivity of patient information	
Dealing with threatening and/or violent behaviour	
Discussion about aims and objectives for placement based on pre-EL communication form and framework	

I have received information, instruction and advice on the areas detailed above. I understand the health & safety and governance issues concerning my Experiential Learning and will, as far as is reasonably practicable, ensure that the procedures and practices are followed in accordance with the specifications. I am aware of and agree to abide by the Health and Safety Regulations of the host organisation and the governance procedures.

Signed (Student Pharmacist) & Date		
Name (Student Pharmacist)		
Signed (EL Facilitator) & Date		
Name (EL Facilitator)		

Appendix XI: Experiential Learning Facilitator – Enforced Student Pharmacist Absence

EL Facilitator: Enforced Student Pharmacist Absence Form

This form must be completed by the EL Facilitator if they have enforced the absence of a student pharmacist from an EL placement.

Student Pharmacist Name	
EL Facilitator Name	
EL Site Address	
Date & Time	
Reason for enforced absence (please check the box which applies)	☐ Health/illness related reason ☐ Issue related to professional dress (including student pharmacist presentation without all three of the following: student ID badge, student pharmacist lanyard, magnetic student pharmacist badge) ☐ Issue related to professional behaviour ☐ Other (describe below)
Please document further details below to justify reason(s) for enforced absence. N.B. this form will be used by the student pharmacist as supporting evidence regarding their absence from EL placement.	
Signed (EL Facilitator)	
Date (EL Facilitator)	

Appendix XII: Robert Gordon University Information

RGU MPharm Course Structure 2026-27

The curriculum at RGU is organised around three core themes:

The Medicine

Students are introduced to the chemical, biological and pharmaceutical sciences that underpin medicines. They learn about the drug journey, from discovery and development through to formulation, supply and use. They begin studying pharmaceuticals, medicinal chemistry, microbiology, physiology and pharmacology, providing a scientific foundation that will be built upon throughout the course. Pharmaceutical calculations and numeracy skills are developed at each stage.

The Patient

Students are introduced to normal human physiology and the factors influencing health and wellbeing. Learning focuses on understanding how the healthy body functions and how medicines interact with biological systems. They begin to develop awareness of patients' health beliefs, behaviours and experiences of medicines and healthcare.

The Pharmacist

Students are introduced to professionalism, reflective practice and the role of pharmacists within multidisciplinary healthcare teams from stage 1. They develop foundational communication skills for interacting with patients, carers and healthcare professionals. Learning includes consultation skills, professionalism, ethics, legal responsibilities and understanding safe systems of work within pharmacy practice.

By the time students attend experiential learning (EL) placements, they will have developed an awareness of the pharmacist's role in supporting patients and the safe use of medicines. They will be beginning to understand common pharmacy services and the importance of effective communication, professionalism and person-centred care. They will also have practised gathering information from patients and reflecting on their own performance and professional development. During EL placements, students will have opportunities to participate in supervised patient-facing activities. They should be encouraged to engage with patients, understand how medicines are prescribed, supplied and monitored, and appreciate the roles of different members of the healthcare team.

Suggested Alignment of RGU Stages to Placement Expectations

Stage	Focus for EL
Stage 1	Observation and participation in supervised tasks to include communication with patients and colleagues to develop an understanding of pharmacy systems and processes.
Stage 2	Applying knowledge in context of medicines use, consultation skills, patient safety and legal frameworks.
Stage 3	Clinical therapeutics, pharmaceutical care, medicines optimisation and active participation in patient care.
Stage 4	Complex clinical decision-making, care planning, prescribing-related competencies and preparation for foundation training.

This progression closely mirrors the developmental trajectory embedded within the RGU MPharm curriculum, moving students from understanding **The Medicine**, to applying knowledge for **The Patient**, and ultimately functioning as **The Pharmacist**.

Stage 1

In Stage 1, students are introduced to the scientific principles that underpin pharmacy practice and begin developing the professional skills expected of a pharmacist. The focus is on understanding how medicines are discovered, developed, formulated and used to support patient care. Students are introduced to the pharmacist's role within healthcare and begin developing the knowledge, skills and behaviours needed for professional practice.

Stage 2

In Stage 2, students build on the scientific foundations established in Year 1 and begin applying these principles to medicines and patient care. They study drug and medicine design, formulation, and the evidence underpinning the safe and effective use of medicines. Students develop an understanding of how medicines are selected, supplied and monitored within legal, ethical and professional frameworks.

By the time students attend their experiential learning placement, they will have studied the scientific and clinical basis of medicines use and will be developing their understanding of minor illnesses, patient safety and decision-making. They will have explored how medicines are designed and developed, how evidence is used to support prescribing and treatment decisions, and the professional responsibilities associated with medicines use.

Through the professional practice elements of the programme, students will have developed consultation and communication skills for interacting with patients, carers and healthcare professionals. They will have practised gathering information from patients, responding to medicines-related enquiries, and considering patient safety within routine pharmacy practice. Students will also have been introduced to legal and ethical aspects of pharmacy, with continued focus on professionalism and development of reflective practice.

During EL placements, students will continue to participate in patient-centred activities, apply consultation skills, and demonstrate developing competence in the activities outlined within the EL handbook and EL frameworks. In particular, they will benefit from opportunities involving patient interaction, medicines optimisation and working with members of the multidisciplinary team.

Stage 3

In Stage 3, students further integrate pharmaceutical sciences with clinical therapeutics and pharmacy practice. Teaching focuses on the management of major disease and the application of pharmaceutical knowledge to improve patient outcomes. Students continue to study the scientific basis of medicines while increasingly applying this knowledge to clinical scenarios and pharmaceutical care. Students undertake learning relating to clinical therapeutics, quality assurance, and pharmaceutical care, using a problem-based learning approach. They begin to apply knowledge and skills in more complex patient situations and develop greater confidence in clinical reasoning and decision-making.

The professional practice component continues to develop consultation skills, clinical problem-solving, professionalism and patient-centred care. Students gain increasing exposure to simulation activities and experiential learning placements where they apply their knowledge in real practice environments.

During EL placements, students will continue to actively participate in patient care activities, undertake medicines-related discussions, contribute to pharmaceutical care processes and demonstrate increasing competence in activities within the EL handbook and EL frameworks. EL Placements should support students in applying therapeutics knowledge to real patient situations and developing their professional judgement and decision-making skills.

Stage 4

In Stage 4, students focus on the full integration of science, clinical knowledge and professional practice. Learning centres on the management of increasingly complex patients and the development of skills required for transition to foundation training and pharmacist practice. Students are expected to draw together knowledge from across the programme when considering patient care and medicines optimisation. Students undertake advanced problem-based learning and consider more complex pharmaceutical care scenarios including patients with multiple health conditions and medicines-related problems. Emphasis is placed on clinical decision-making, prescribing-related competencies, leadership, supervision and collaborative working with other healthcare professionals.

Reflective practice remains embedded throughout the programme and students are expected to demonstrate increasing independence, accountability and professionalism. By this stage they should be able to contribute meaningfully to discussions regarding pharmaceutical care, medicines optimisation and service delivery.

During EL placements, students will have opportunities to undertake activities with greater autonomy, whilst remaining appropriately supervised. They will seek to demonstrate competence in patient assessment, medicines-related problem solving, pharmaceutical care planning, communication with multidisciplinary team members and application of professional judgement. Activities involving direct patient contact and clinical decision-making are particularly valuable in supporting readiness for foundation training.

Key Expectations for Experiential Learning

Throughout the programme, students are encouraged to participate and apply knowledge within their scope, under supervision, in a range of practice settings. Experiential learning placements are designed to support the development of consultation skills, clinical reasoning, professionalism, patient-centred care and reflective practice across community, hospital and primary care environments.

Expectations for student pharmacist involvement patient interaction, medicines optimisation, pharmaceutical care and independent problem-solving increase in complexity and autonomy at each stage. This allows student pharmacists to develop according to their stage of training as they advance through the programme.

RGU MPharm Module Structure Overview

Semester 1	Semester 2
Stage 1	
PL1005 – Chemistry of Drugs (SCQF 7)	PL1002 – Foundations in Medicine Design (SCQF 7)
This module focuses on the structure of molecules: electron configuration, orbitals, bonding, hybridisation, intermolecular forces, stereochemistry. Properties of solids, liquids & gases. Functional Groups: aliphatic, aromatic, heteroaromatic; reaction types. Drug structure, function, action, Lipinski's Rules. Basic laboratory skills in practical medicinal and pharmaceutical chemistry are introduced while being cognisant of how the subject feeds into the UNSDGs 3, 4 and 12. The module highlights the need for ensuring health and well-being (SGD 3 good health and well-being), while making conscious decisions about the use and disposal of resources required to provide a quality learning experience with minimal environmental impact (SDG 12 responsible consumption and production).	The application of physicochemical principles in a quantitative way to engage with practical pharmaceutical issues such as medicine formulation, design, manufacture and delivery to the patient. Topics will include: Thermodynamics-energetics: processes of change such as drug dissolution or transfer of drugs across membranes. Drug solubility-concentrations; ideal and non-ideal solutions; colligative properties; colloids, solutions and dissolution rates. Physical properties of drugs and excipients-gases (aerosols), liquids, crystalline and amorphous solids. Ionisation of drugs in solution-equilibrium constants; acids, bases and salts; pH; buffer solutions; partitioning. Preformulation-the importance of determining drug and excipient properties and compatibilities prior to their formulation into a medicine. Surface activity and surfactants-the role of surfactants in medicines and adsorption in pharmaceutical products. Rheological flow characteristics (performance) of liquids and semi-solids. Drug stability and degradation-reaction kinetics, rate constants; effect of environmental factors; shelf-life. This module highlights the need for ensuring health and well-being (SGD 3 good health and well-being), while making conscious decisions about the use and disposal of resources required to provide a quality learning experience with minimal environmental impact (SDG 12 responsible consumption and production).
PL1006 – Cell Biology and Drugs (SCQF 7)	PL2006 – Therapeutics & Physiology (SCQF 8)
Development of the fundamentals of cell and molecular biology necessary for understanding the physiology, pathology and therapeutics covered in successive modules. Topics may include: biomolecules; microbiology; cell biology, DNA replication, transcription and translation, mitosis and meiosis, genetics and variation, the immune response and immunotherapy; eukaryotic tissues: cell function, differentiation and specialisation, inter- and intracellular communication, transport, cell signalling, receptor regulation, cell function e.g. nerve cells, cardiac muscle cells, vascular smooth muscle cells. This module links to SDG 3 (good health and well-being), while making conscious decisions about the use and disposal of resources required to provide a quality learning experience with minimal environmental impact (SDG 12 responsible consumption and production).	Integration of the structure, function, physiological processes and regulatory mechanisms of the human body with drug absorption, distribution, metabolism and excretion through consideration of the example body systems: e.g. cardiovascular, gastrointestinal, integumentary, respiratory and renal systems. This module links to SDG 3 (good health and well-being), while making conscious decisions about the use and disposal of resources required to provide a quality learning experience with minimal environmental impact (SDG 12 responsible consumption and production).
PL1004 – Professional Practice 1 (SCQF 7)	
An introduction to aspects of pharmacy practice relating to the patient, the medicine, and the profession, allowing students to explore the knowledge, skills and professional behaviours required by a pharmacist. Topics include: pharmacist professional responsibilities, including ethical responsibilities, responding to symptoms, principles of pharmaceutical care and public health; patient safety; introduction to legislation concerning the supply of medicines; interpersonal, communication and teamworking skills, information retrieval and study skills; interprofessional working including an awareness of the roles of other healthcare professionals; pharmaceutical calculations; reflective practice; equity, diversity and inclusion; sustainability. This module clearly shows how pharmacists can assist with good health and well-being (SGD 3 good health and well-being), while making conscious decisions about the use and disposal of resources required to provide a quality learning experience with minimal environmental impact (SDG 12 responsible consumption and production). In addition, the module is a stepping stone to the reduction of inequalities in the provision of healthcare across communities (SDG 10 reduced inequalities).	

Stage 2	
PL2002 – Rational Drug Design	PL2003 – Medicine Design and Manufacture
The topics within the module include: drug discovery; drug targeting; mechanisms of drug action and elements of xenobiotic metabolism. Overall the module highlights the need for ensuring health and well-being (SGD 3 good health and well-being), while making conscious decisions about the use and disposal of resources required to provide a quality learning experience with minimal environmental impact (SDG 12 responsible consumption and production).	The module focusses on the design of safe and effective medicines for a variety of patient groups, utilising physicochemical data and the intended route of administration to develop commonly used dosage forms including tablets, capsules, and liquids. Topics include: how active pharmaceutical ingredients become medicines and the stages product development; factors influencing design of medicines; formulation principles relating to various basic dosage forms; stability and packaging of medicines; quality assurance principles and procedures; drug release from medicines; physiological factors affecting drug absorption; physicochemical characteristics of the drug and the dosage form being administered. This module highlights the need for ensuring health and well-being (SGD 3 good health and well-being), while making conscious decisions about the use and disposal of resources required to provide a quality learning experience with minimal environmental impact (SDG 12 responsible consumption and production).
PL2004 – Evidence Based Therapeutics	PL3001 – Clinical Therapeutics 1
The module is designed to introduce the concepts of hierarchy of evidence, epidemiology and pharmacoepidemiology, research methodology (quantitative and qualitative methods), study design, statistical methods in research. The intention being to ensure future pharmacist are aware of how to prepare and complete a literature; search systematically; read scientific papers; complete a Critical Appraisal of medical evidence. There is an introduction to medicines information; principles of research ethics and governance; antimicrobial stewardship; sustainability in pharmacy practice and guidelines and their development, thus linking research to pharmacy practice, and evidence based clinical decision aid tools in conjunction with shared decision making. The module highlights the need for ensuring health and well-being (SGD 3 good health and well-being), while making conscious decisions about the use and disposal of resources required to provide a quality learning experience with minimal environmental impact (SDG 4: quality education and SGD 12: responsible consumption and production).	Integration of the scientific principles and clinical skills required to develop evidence based therapeutic plans for individual patients. Module content includes, differentiation between minor illness and major disease for a range of therapeutic topics.
PL2005 – Professional Practice 2	
Development of aspects of pharmacy practice relating to the patient, the medicine and the profession, with an emphasis on the safe and legal supply of medicines and development of knowledge, skills and professional behaviours required by a pharmacist. Topics include: developing professional responsibilities required of a pharmacist, including ethical responsibilities; current legislation affecting pharmacy practice; supply of medicines and legal frameworks; public health; pharmaceutical calculations; communication and consultation skills; reflective practice; equity, diversity and inclusion; sustainability. The module highlights the need for ensuring health and well-being (SGD 3 good health and well-being) and reducing inequalities (SDG 10: reduced inequalities) while making conscious decisions about the use and disposal of resources required to provide a quality learning experience with minimal environmental impact (SDG 4: quality education and SGD 12: responsible consumption and production).	

Stage 3	
PL4001 – Medicine Analysis and Design	PL3002 – Global Citizenship in Healthcare
The application of instrumental techniques in the Quality Assurance of medicinal products. Topics include: purpose of pharmacopoeial monographs, pharmaceutical and biopharmaceutical analyses; characterisation, evaluation and selection of assay methods; drug assays and structure elucidation by UV, IR, Raman, fluorescence, atomic spectroscopy, NMR and MS; drug quality and quantity by UV, fluorescence, TLC, GLC and HPLC. Delivering therapeutics in a way that is right for the patient; safe, painless, reliable, targeted and efficient. Topics include: Design and formulation of delivery systems for parenteral, oral, buccal, nasal, pulmonary, ocular and transdermal delivery; Drug targeting and controlled release of chemical molecules, peptides and proteins.	Global citizenship, Cultural competence, Equity, diversity and inclusion, safeguarding, Equality act and legal responsibilities, Health and wellbeing challenges in cultures and communities, Environment & sustainability, WHO, UNESCO goals, Promotion, protection and improvement of health; Healthcare policy relating to pharmacy; Health surveillance; health related data; health needs assessment to reduce health inequities; Epidemiology; application of evidence-based practice; Health technology assessment; Pharmaceutical service development and evaluation.
PL3003 – Clinical Therapeutics 2	PL4002 – Clinical Therapeutics 3
Integration of the scientific principles and clinical skills required to develop evidence based therapeutic plans for individual patients. Topics include: differentiation between minor illness and major disease including gastrointestinal and respiratory systems, skin, acute pain, womens' health, child health, eyes and ear, sexual health.	Integration of the scientific principles and clinical skills required to develop evidence based therapeutic plans for individual patients in the context of specific disease states including: endocrine diseases; cardiovascular diseases; haematology; renal disease and clinical skills including communication, consultation, data gathering from case notes, physical assessment.
PL3004 – Professional Practice 3	
This professional development module will include experiential learning; professionalism; application of safe professional practice; protocols and standard operating procedures; patient safety; safeguarding; care, compassion, respect and empathy; team working; time management; clinical reasoning and problem solving; use of professional documentation; communication with service users, clinical supervisors and multidisciplinary team members; reflective practice; personal and professional development; preparation and skills for practice.	

Stage 4	
PLM001 – Pharmaceutical Care	PLM002 – Prescribing Practice
Culmination of the integration of the themes, The Patient, The Medicine and The Pharmacist in the application of a systematic approach to pharmaceutical care. Topics include: current issues concerning the medical management of disease states of major body systems; aspects of clinical pharmacology and therapeutics including application of knowledge and understanding of physiology, pathology, pharmacology and therapeutics to patient care including calculation and interpretation of a variety of types of numerical data, including biochemical, haematological, and pharmacokinetic parameters; systematic approach to pharmaceutical care practice; structure and use of case notes; history taking; pharmaceutical care issues and plans; continuity of care; effective communication with the multidisciplinary team and individuals receiving care; application of systems of medicines review. Clinical governance, safe use of medicines and medication errors.	Legal, ethical, regulatory and professional frameworks for prescribing, supply and administration of medicines. Prescribing partnerships, prescribing in a multidisciplinary team context. Professional relationships and communication with healthcare professionals and individuals receiving care, role and function of other team members. Interface between multiple prescribers. Effective and adaptable communication, building and maintaining effective relationships, limitations, consultation models. Social and sustainable prescribing. Psychology of prescribing. Awareness and response to individuals' diverse needs, external influences at individual, local and national level, awareness of own personal attitudes and influence on prescribing practice. Effective monitoring and management including calculation and interpretation of numerical data and physical examination, modifying treatment to improve health outcomes. Principles of diagnosis, informed consent, professional judgement including awareness of limitations. Record keeping, professional responsibility, writing prescriptions, confidentiality, Caldicott and Data Protection. Clinical governance, safe use of medicines and medication errors. Pharmacovigilance and prescribing analysis.
PLM003 – Evaluating Safe and Effective Practice	PLM004 – Advances in Science and Practice
Investigative methods; research methods; audit; change management; problem solving; reflection; stakeholders; policy drivers; quality improvement. Evidence-based practice; Appraisal of evidence; Research process and methods; Research ethics; Development of research questions; Improvement methodology; Quality improvement tools and processes; Clinical audit; Service evaluation; Population health; Project management; Dissemination of evidence; Oral presentation skills.	This module will reflect forefront topics in both pharmaceutical sciences and clinical practice. Suggested topics may include: Pharmacogenomics; disease susceptibility; cell and gene therapy; immunotherapy; science of the practice of delivering biopharmaceuticals; personalised medicines; age related medicines; digital health.
PL4003 – Professional Practice 4	
This professional development module will include experiential learning involving; professionalism; local policies and standards that are relevant to practice; communication and consultation skills; ethical decision-making skills; confidentiality; application of relevant pharmaceutical care planning knowledge and skills; opportunities to reflect on and discuss the practice setting; multidisciplinary working; personal development; professional discussion and reflective activities which involve linking theory to the practice setting; opportunities to explore.	

2026-27 RGU Student Pharmacist TURAS Learn Module Completion Requirements

	NHS Scotland Mandatory Learning									Year Specific Modules (aligned with placement activity)						
	Once for Scotland : child protection and adult support and protection	Once for Scotland : cyber security	Once for Scotland : fire safety	Once for Scotland : fraud awareness	Once for Scotland : manual handling	Once for Scotland : prevention and management of violence and aggression	Once for Scotland : safe information handling	Once for Scotland : understanding equality, diversity and human rights	Once for Scotland : why infection prevention and control matters	Adult and Child Basic Life Support (BLS)	Medicines Reconciliation (Hospital)	Medicines Reconciliation (Primary Care)	NHS Scotland Smoking Cessation Service	Over-the-counter (OTC) consultations 1 : Effective management of OTC consultations	Over-the-counter (OTC) consultations 3 : Improving the quality of consultations for simple analgesics	Over-the-counter (OTC) consultations 2: Improving the quality of OTC consultations
Stage 1	x	x	x	x	x	x	x	x	x	x			x	x		
Stage 2		x	x		x		x				x				x	
Stage 3		x	x		x		x		x			x				x
Stage 4	x	x	x	x	x	x	x	x								

Reflective Assessment Mapping

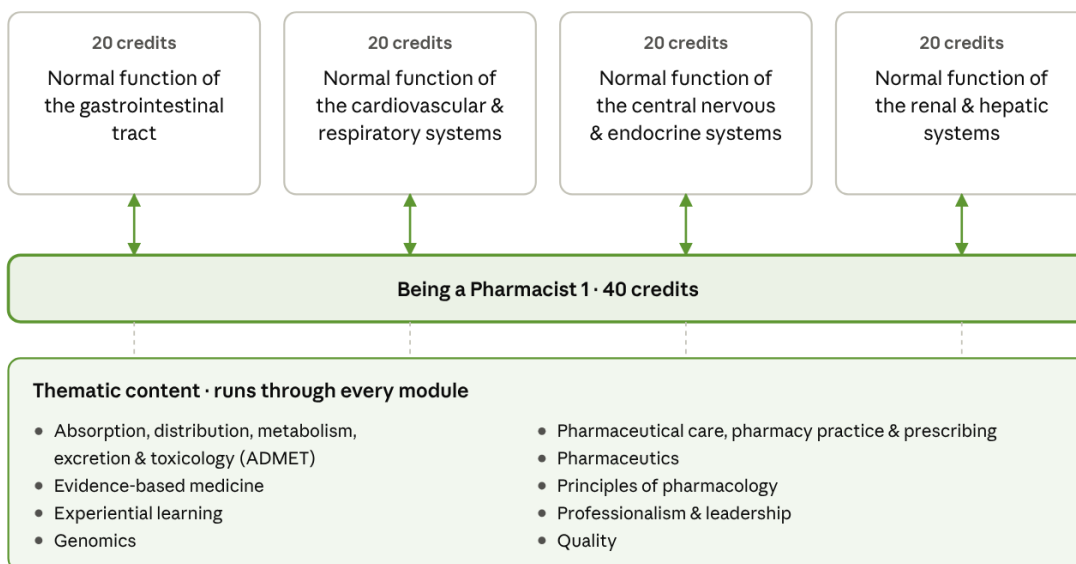
	Reflective Submission	EL Placement Feedback	Attendance at EL placement
Stage 1	One Student Reflection submission (semester 2 EL placement)	Facilitator Feedback (semester 2 EL placement)	100% attendance at Stage 1 EL placement (5 days)
Stage 2	One Student Reflection submission (two EL placements)	Facilitator Feedback (two EL placements)	100% attendance at Stage 2 EL placements (10 days)
Stage 3	Reflective Statement (communicating effectively)	Facilitator Feedback Two mini-CEX	100% attendance at Stage 3 EL placement (10 days)
Stage 4	Reflective Statement (professional judgement & person-centred care)	Facilitator Feedback (from each EL placement) One Mini-CEX (from each EL placement) One CBD (from each EL placement)	100% attendance at Stage 4 EL placements (20 days)

Appendix XIII: University of Strathclyde Information

Year 2: Homeostasis & fundamentals of pharmacy

Four body-system modules, each linked to Being a Pharmacist 1

Year 2 · Homeostasis & fundamentals of pharmacy · 120 credits



In Year 2 students work on four modules that look at the normal function of body systems. They begin to understand some single-state conditions (the things that can go wrong) and some of the drugs used to treat them. The modules cover the gastrointestinal (GI) tract, the cardiovascular and respiratory systems, the CNS and endocrine systems, and the renal and hepatic systems. In short: how medicines get into the body, around the body, are processed by the body and leave the body.

When students go on experiential learning (EL) in Semester 2, they will have completed the modules on the normal function of the GI tract and the cardiovascular and respiratory systems, and will have just finished Normal Function of CNS and Endocrine systems. They will be familiar with some of the most common things that can go wrong with these systems and the medicines used to treat them.

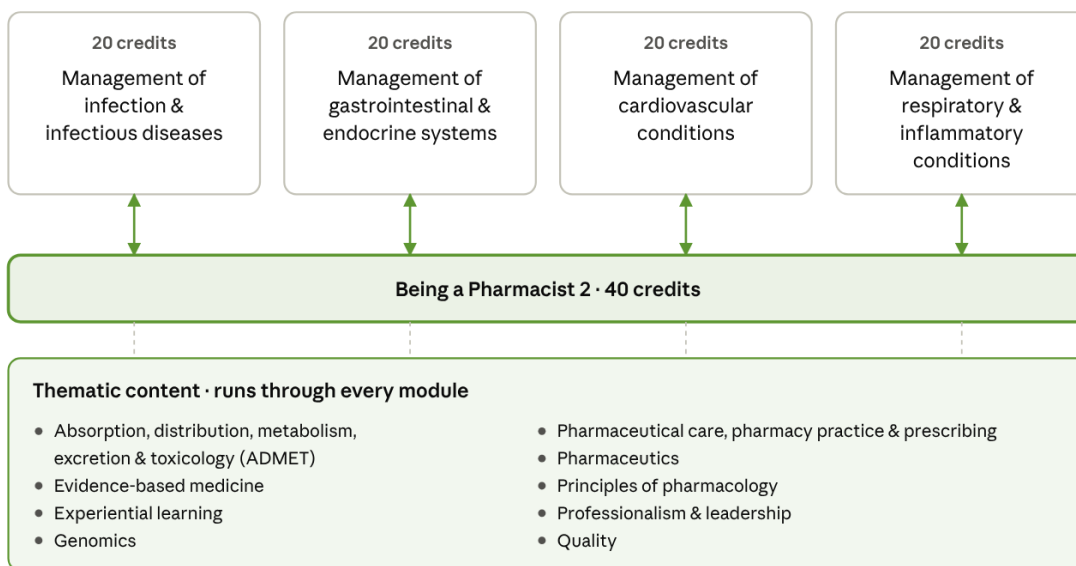
Through the Being a Pharmacist element of the course, they will have developed communication skills for dealing with patients, colleagues and other healthcare professionals. They will have worked on counselling skills and using WWHAM for OTC requests. They will have covered an introduction to relevant law and ethics, and standard operating procedures. They will be familiar with different prescription types and the legislation on prescribing.

During EL, students will be looking for opportunities “to do” some of the activities in the EL activity frameworks, especially those that allow patient contact, and to demonstrate a level of competence in them.

Year 3: Management of priority clinical areas

Four clinical management modules, each linked to Being a Pharmacist 2

Year 3 · Management of priority clinical areas · 120 credits



In Year 3 students work on four modules that look at the management of disease states and build on what they learnt in Year 2. They mainly look at individual disease states and the medicines used to treat them. Each module still covers the chemistry, physiology and pharmacology of the conditions and their pharmaceutical management.

In Semester 1 the modules cover Management of Infection and Infectious Diseases and Management of GI and Endocrine Conditions; students will be halfway through the latter at the time of their first EL in Year 3. They will have continued to build on their communication skills and will also have covered emergency supply of medicines and an introduction to MCR. They will also have had a workshop on MCR and medicines reconciliation that introduces the concept of care planning.

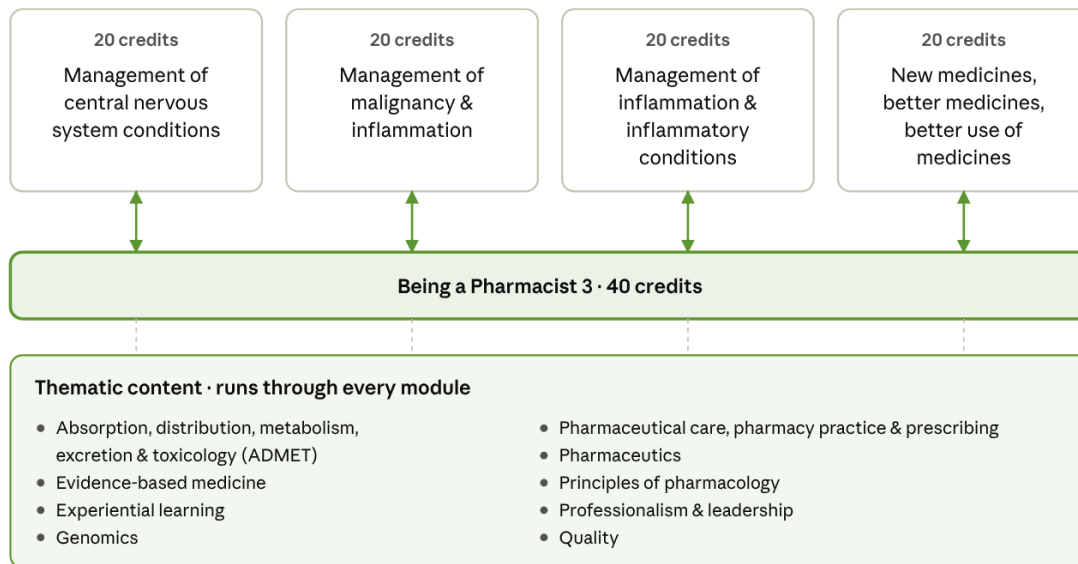
In Semester 2 they cover the Management of Cardiovascular Conditions, and will have started the Management of Respiratory and Inflammatory Conditions by the time they undertake their Semester 2 EL.

During EL, students will be looking for opportunities “to do” some of the activities in the EL handbook and/or activity frameworks, especially those that allow patient contact, and to demonstrate a level of competence in them.

Year 4: Management of priority clinical areas

Four complex-care modules, each linked to Being a Pharmacist 3

Year 4 · Management of priority clinical areas · 120 credits



In Year 4 students work on four modules that look at the more complex management of disease states, building on what they learnt in Years 2 and 3. They mainly still look at individual disease states, but are also introduced to co-morbidities and how these affect the pharmaceutical care of patients. They start to develop care planning skills. Each module still covers the chemistry, physiology and pharmacology of the conditions and their pharmaceutical management.

Before their Semester 1 EL, they will have completed the Management of CNS Conditions and be halfway through the Management of Malignancy and Inflammation. As before, this builds on the work done in Year 3, including relating it to actual practice. They will also have had a workshop specifically on the medicines reconciliation process in both the hospital and primary care sectors.

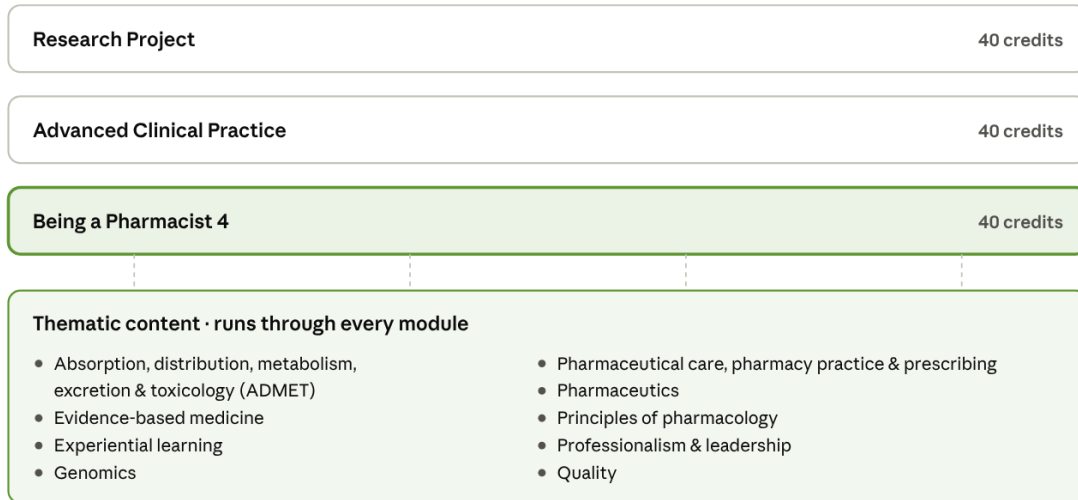
By the time they go out on EL in Semester 2, they will also have covered the Management of Inflammation and Inflammatory Conditions. They are continually challenged on what they would do, and what they would prescribe, as a pharmacist in practice.

During EL, students will be looking for opportunities “to do” some of the activities in the activity frameworks, especially those that allow patient contact, and to demonstrate a level of competence in them.

Year 5: Coordinated healthcare and prescribing

Research, advanced clinical practice and Being a Pharmacist 4

Year 5 · Coordinated healthcare and prescribing · 120 credits



In Year 5 students work on one module, Advanced Clinical Practice, across the whole year. This year builds on everything students have learned so far, further developing communication and care planning skills and focusing everything on clinical practice.

EL in Semester 1 takes place at the end of the semester. Students will be working on their research projects, undertaking an SBAR/medicines information assignment, and further developing polypharmacy and care planning skills, and inter-professional learning. They will be looking to demonstrate these skills during their EL.

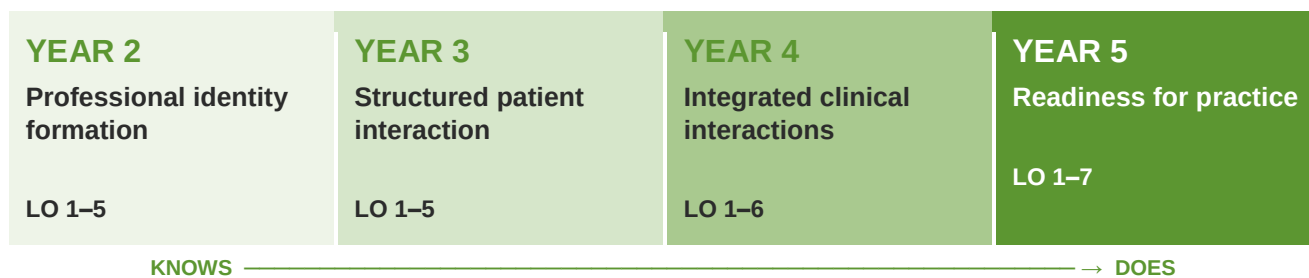
In Semester 2 they continue to develop these skills before their EL. During EL, students will be looking for opportunities “to do” some of the activities in the activity frameworks, especially those that allow patient contact, and to demonstrate a level of competence in them.

ASSESSMENT MAP

Experiential learning assessment framework, MPharm Years 2 to 5

PROGRESSION

From observation and supported participation (KNOWS) towards supervised independent practice (DOES) by Year 5.



WHERE EACH LO IS ASSESSED

LO	Statement	Year 2	Year 3	Year 4	Year 5
LO 1	Communicates respectfully and professionally with patients and staff	●	●	●	●
LO 2	Demonstrates insight into personal limitations and learning needs	●	●	●	●
LO 3	Demonstrates responsibility for safe and accurate task completion	●	●	●	●
LO 4	Recognises complexity and escalates appropriately	●	●	●	●
LO 5	Conducts a simple structured patient consultation under supervision	●	●	●	●
LO 6	Performs more complex consultations using integrated clinical, scientific and professional judgement			●	●
LO 7	Manages routine patient care activities				●

● assessed in this year

LEARNING OUTCOMES

GPhC learning outcomes mapped to each LO Year under each LO = year first assessed

No.	GPhC learning outcome	LO 1 Y2	LO 2 Y2	LO 3 Y2	LO 4 Y2	LO 5 Y2	LO 6 Y4	LO 7 Y5
1	Demonstrate empathy and keep the person at the centre of their approach to care at all times.	•					•	•
2	Work in partnership with people to support and empower them in shared decision-making about their health and wellbeing.							•
3	Demonstrate effective communication at all times and adapt their approach and communication style to meet the needs of the person.	•					•	•
4	Understand the variety of settings and adapt their communication accordingly.	•						
6	Treat people as equals, with dignity and respect, and meet their own legal responsibilities under equality and human rights legislation, while respecting diversity and cultural differences.	•						
9	Take responsibility for ensuring that personal values and beliefs do not compromise person-centred care.	•						
10	Demonstrate effective consultation skills, and in partnership with the person, decide the most appropriate course of action.						•	•
12	Take an all-inclusive approach to ensure the most appropriate course of action based on clinical, legal and professional considerations.							•
13	Recognise the psychological, physiological and physical impact of prescribing decisions on people.							•
14	Work collaboratively and effectively with other members of the multi-disciplinary team to ensure high-quality, person-centred care, including continuity of care.							•
15	Demonstrate the values, attitudes and behaviours expected of a pharmacy professional at all times.		•					
16	Apply professional judgement in all circumstances, taking legal and ethical reasoning into account.			•		•	•	•
17	Recognise and work within the limits of their knowledge and skills, and get support and refer to others when they need to.		•		•			
18	Take responsibility for all aspects of pharmacy services and make sure that the care and services provided are safe and accurate.			•		•	•	•
19	Take responsibility for all aspects of health and safety and take actions when necessary.			•				
20	Act openly and honestly when things go wrong and raise concerns even when it is not easy to do so.		•	•	•	•		
21	Apply the science behind pharmacy in all activities.			•		•	•	
26	Consider the quality, safety and risks associated with medicines and products and take appropriate action when producing, supplying and prescribing them.						•	
27	Take responsibility for the legal, safe and efficient supply, prescribing and administration of medicines and devices.						•	
28	Demonstrate effective diagnostic skills, including physical examination, to decide the most appropriate course of action for the person.						•	
30	Appraise the evidence base and apply clinical reasoning and professional judgement to make safe and logical decisions which minimise risk and optimise outcomes for the person.						•	
31	Critically evaluate and use national guidelines and clinical evidence to support safe, rational and cost-effective procurement for the use, and prescribing of, medicines, devices and services.							•
38	Understand clinical governance in relation to prescribing, while also considering that the prescriber may be in a position to supply the prescribed medicines to people.							•
49	Use tools and techniques to avoid medication errors associated with prescribing, supply and administration.							•
52	Demonstrate resilience and flexibility, and apply effective strategies to manage multiple priorities, uncertainty, complexity and change.							•
53	Reflect upon, identify, and proactively address their learning needs.							•
Number of mapped outcomes		5	3	5	2	4	10	14

2026-27 University of Strathclyde Student Pharmacist TURAS Learn Module Completion Requirements

	NHS Scotland Mandatory Learning										
	Once for Scotland : child protection and adult support and protection	Once for Scotland : cyber security	Once for Scotland : fire safety	Once for Scotland : fraud awareness	Once for Scotland : manual handling	Once for Scotland : prevention and management of violence and aggression	Once for Scotland : safe information handling	Once for Scotland : understanding equality, diversity and human rights	Once for Scotland : why infection prevention and control matters	Medicines Reconciliation (Hospital)	Medicines Reconciliation (Primary Care)
Year 2	x		x	x	x	x	x	x	x		
Year 2			x		x		x			x	
Year 3			x		x		x		x		x
Year 4	x		x	x	x	x	x	x			

Students also cover University of Strathclyde CyberSecurity Training, Equality, Diversity and Inclusion Training, GDPR training and social media training.