

A toolkit to support the use of Entrustable Professional Activities (EPAs) in MPharm degrees in England



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Glossary

Entrustable Professional Activities (EPAs) - *Entrustable professional activities (EPAs) are defined as ‘units of professional practice (tasks or bundles of tasks) that can be fully entrusted to an individual, once they have demonstrated the necessary competence to execute them unsupervised’*

Competency – *Competency is the ability to do something successfully or efficiently*

Workplace Based Assessments – *Workplace based assessments are a range of practice based assessments and in this context can be assumed to be synonymous with supervised learning events*

Supervised Learning Events - *Supervised learning events (SLEs) are workplace observations of a learner’s performance and in this context can be assumed to be synonymous with workplace based assessments.*

Entrustment Decisions - *Entrustment decisions stem from judgments of a trainee’s competence and include the permission to act with a higher level of responsibility or autonomy and a lower level of supervision*

USEFUL ARTICLE: ten Cate O, Schumacher DJ. Entrustable professional activities versus competencies and skills: exploring why different concepts are often conflated. *Advances in Health Sciences Education*. 2022 May;27(2):491-9.

Introduction

This document has been prepared to support Schools of Pharmacy in England to use Entrustable Professional Activities (EPAs) within their MPharm degrees. It has been designed as a framework to help placement organisers in Higher Education Institutions (HEIs), placement providers and students to use Entrustable Professional Activities (EPAs) to support experiential learning. This provides a structured approach to allow MPharm students to undertake a broad range of activities in the workplace and in many cases contribute directly to the delivery of care.

DEFINITION: *Entrustable professional activities (EPAs) are defined as 'units of professional practice (tasks or bundles of tasks) that can be fully entrusted to an individual, once they have demonstrated the necessary competence to execute them*

The work was commissioned by NHS England (NHSE) on behalf of NHS England and Pharmacy Schools Council (PhSC) and developed by a collaborative group of pharmacy academics who have been using or studying the use of EPAs in MPharm placements. It is derived from the literature, a national Delphi study, findings from focus groups comprising key stakeholders, evaluated pilots and local experience.

Whilst there is widespread uptake of EPAs in other health professions and in other countries, their use in the current UK MPharm model is limited. Therefore, proposals in this document should continue to be piloted and evaluated. Schools of Pharmacy and placement providers are strongly encouraged to continue to work collaboratively on the development and implementation of their experiential learning plans including developing expertise with the use of EPAs.

The EPA statements included in this guidance comprise a breadth of activities which students can undertake during structured MPharm placements. They can be used as discrete activities or merged ('nested') to create more complex activities. This toolkit, which includes the proposed stages of implementation, an EPA template and a proposed MPharm entrustment scale, may help Schools of Pharmacy who are new to EPAs to introduce them into MPharm placements. The EPAs may be used alongside Workplace Based Assessments (WBAs) to support students to meet a range of GPhC learning outcomes at a 'does' level across a variety of pharmacy practice sectors.

Background to development of MPharm EPAs

In January 2021, the GPhC published revised Standards for the Initial Education and Training of Pharmacists (IETP) (GPhC, 2021). The changes have led to a variety of approaches to the delivery of experiential learning for MPharm students.

To support the development of a continuum of education between the MPharm and the Foundation Training year, NHS England have been working with the PhSC to explore how training activities can be developed during clinical placements in the MPharm. This followed the announcement that pharmacy students would be eligible for the Department of Health and Social Care (DHSC) clinical tariff from 2022/23 onwards.

A study was commissioned by NHSE, to develop a set of EPAs for pharmacy undergraduate students, to identify barriers and enablers to the implementation of EPAs in this setting and to undertake some pilot testing. This work looked at how undergraduate pharmacy students can move from observing tasks, to being entrusted to carry them out with an appropriate level of supervision.

A set of 47 EPA statements was generated using a systematic and evidence-based approach combined with a formal Delphi consensus method (NHSE, 2023). The 47 EPAs demonstrate a comprehensive range of activities appropriate for the education of pharmacists in training and link closely with the GPhC domains of study and learning.

Adoption of EPAs by pharmacy schools can support students to apply their skills effectively during the MPharm, preparing them for their Foundation Training year.

Key findings from this study identified that the EPA statements could be further refined or grouped together ('nested') and that a guidance document or toolkit should be developed to support their implementation into MPharm pharmacy placements.

Evidence Base

Entrustable professional activities (EPAs) as described above are defined as 'units of professional practice (tasks or bundles of tasks) that can be fully entrusted to an individual, once they have demonstrated the necessary competence to execute them unsupervised' (ten Cate & Taylor, 2021; ten Cate, 2005). EPAs are an essential means to translate competencies into observable and measurable clinical practice (ten Cate, 2013). The literature describes many studies of their use in other health professions and with considerable emphasis on graduate study. The evidence base for use in undergraduate pharmacy education is limited. However, EPAs can have a role in providing structure for clinical placements and to support the further development of skills and attributes in pharmacy students against the new standards.

The principles of EPAs enable students to formally undertake activities in the workplace under a defined level of supervision. The level of entrustment is directly related to the level of supervision. This is usually decided at the end of the placement by a work-place supervisor. In some models the level of entrustment may be suggested by the HEI and confirmed/not confirmed by the placement supervisor. Students may be entrusted to undertake an activity under decreasing levels of supervision as they develop their skills and knowledge, and consequently their competence. The EPA concept aims to guide learners and clinical educators in establishing a graded increase in autonomy and responsibility toward readiness for the unsupervised practice of key tasks of the profession (Peters, 2017).

Evidence suggests that the implementation of EPAs across professions is not easy (ten Cate and Taylor, 2021; Peters, 2017) and hence ensuring clear understanding about the concept and the relationship between the acquisition of skills and knowledge, the development of competence and student assessment is critical. This is a particular challenge in undergraduate education where time in practice may be limited.

How can EPAs be used by Schools of Pharmacy?

An EPA framework can provide structure for placements and a means by which entrustment decisions are grounded. It may also provide a framework under which MPharm students can contribute safely to patient care where the balance of patient safety and contribution to delivery of care are considered.

KEY POINT: It is important to note that EPAs themselves are not methods of assessment and that educators should use methods of assessing skills and knowledge such as standard Workplace Based Assessment tools (WBAs) to support students to gather evidence for summative assessment at the 'does' level. A range of assessments may be collated in a portfolio and show the demonstration of competence over time.

Schools of Pharmacy could consider the following when considering implementing an EPA framework:

1. **Nature and scope of existing placement activities** – Are you already supporting students to undertake activities on placement? How do these link to learning in the classroom / simulation setting? How do you prepare students to be able to undertake these activities? Could some of these activities be formalised as EPAs? Are there new activities that can be planned?
2. **Volume of Placement** – What style of placement structure are you using? Some EPAs may work better with longer placements or with repeated visits to one regular site. How does the type of placement influence your decision to use EPAs?
3. **Assessment** – How do you assess students during placement? Are you already using workplace based assessments?
4. **Consistency of supervision** – How do you currently train supervisors? What might be needed to train supervisors to work with EPAs and make entrustment decisions? Do you need to engage placement providers to look at new models of supervision?

The next section contains some useful tools, including the EPA statements, an entrustment scale and a blank EPA template.

EPA statements

The following list of 47 EPA statements was generated using a systematic and evidence-based approach combined with formal consensus methods (Delphi). (NHSE, 2023)

It comprises a breadth of activities which will enable students to meet a range of the GPhC learning outcomes at a 'does' level across a variety of pharmacy practice sectors.

Simple EPAs may be utilised in earlier years of MPharm programmes, and it is possible to add multiple EPAs together ('nesting') to create a more complex activity in higher years of study.

EPA statements for use in MPharm programmes

Number	Title of EPA
Communication skills	
1	Use appropriate non-verbal and verbal communication skills to gather relevant information from healthcare professionals
2	Use appropriate non-verbal and verbal communication skills to gather relevant information from patients/carers
3	Use appropriate non-verbal and verbal communication skills to give relevant information to healthcare professionals
4	Use appropriate non-verbal and verbal communication skills to give relevant information to patients /carers
Analyse information to determine the effects of medication therapy, identify medication-related issues and prioritise health-related needs	
5	Construct an accurate, comprehensive medication history using a range of appropriate sources of information
6	Construct an accurate, comprehensive medical history using a range of appropriate sources of information
7	Construct an accurate, comprehensive social history using a range of appropriate sources of information
8	Discuss with patient and/or carer ideas, concerns, and expectations about the management of their condition
9	Undertake a clinical assessment
10	Interpret findings from a clinical assessment and communicate these to the patient
11	Review relevant patient diagnostic tests, results, and information to demonstrate the ability to review the appropriateness of medications

12	Use histories, discussion, and test results (as appropriate) to identify, list and prioritise medication-related problems and health-related needs in partnership with patient/carer
13	Agree and document actions and interventions required to meet a prioritised need
14	Perform a comprehensive and accurate medicines reconciliation using a range of appropriate sources of information
15	Advise a patient on an issue associated with the use of a medicine
16	Take and resolve a medication related query using appropriate resources
17	Perform a screening assessment to identify patients at risk of prevalent diseases in a population
18	Assess likelihood that a reported sign or symptom is an adverse drug reaction and take the appropriate action
19	Investigate the root cause of a medication error and suggest appropriate action
20	Follow a structured process to supply a medicine without a prescription
Care Planning	
21	Make use of care planning to implement an existing care plan
22	Make use of care planning to establish patient-centred goals and create a care plan for a patient, which is evidence-based and cost-effective
23	Make use of care planning to follow-up and monitor a care plan, in collaboration with the patient, caregivers and other health professionals
Supply and Administration of medicines	
24	Receive a prescription form for dispensing from an electronic system and/or directly from a patient / carer
25	Legally check a prescription form (containing one or more items)
26	Clinically check a prescription form (containing one or more items)
27	Dispense a prescription item
28	Accuracy check prescription items that have been dispensed by a member of staff in the pharmacy
29	Make legal and appropriate records following the supply of medicines and devices to patients/carers and/or other healthcare professionals
30	Give out dispensed medicines to a patient or carer with appropriate checks and advice
31	Determine whether a patient is eligible for and has received appropriate immunisations
32	Safely administer immunisations to a patient and make accurate records
33	Follow a process for ordering, storage, disposal, resupply of medicines and / or devices
34	Assess suitability of patient's own medicines for use upon transfer of care
Optimising use of medication	
35	Educate patients and /or professional colleagues regarding the appropriate use of medications
36	Lead a discussion using a current clinical guideline and/or research publication, which includes application to patient care

37	Participate in a public health campaign to promote awareness of an important health issue
38	Evaluate the clinical and cost effectiveness of medications
39	Choose an appropriate evidence source and use this to review a patient's management and resolve any problems.
40	Undertake an audit, report the findings, and make recommendations.
Working as a team	
41	Collaborate as a member of a multi-professional team
42	Collaborate as a member of a pharmacy team
43	Take appropriate action to keep yourself and others safe at work
44	Give feedback to a team member to develop others and improve patient care
Personal Development	
45	Create a learning action plan and/or CPD record
46	Reflect on experience to identify areas for further development and collect evidence on your performance to show the development of professional attributes
47	Discuss practice with a peer to identify areas for improvement

MPharm Entrustment scale

An Entrustment scale formalises the level of entrustment under which a student can carry out an EPA.

The entrustment scale below has been developed for use on MPharm placements. It is based on that produced by the American Association of Colleges of Pharmacy (AACCP) for core EPAs for new pharmacy graduates (AACCP, 2022). The amendments to this scale acknowledge the translation to use in the undergraduate setting, and the current model of pharmacy placements used in the UK.

Level of Entrustment	Description
Level 0 Observation only	I trust the learner to observe only. Even with direct supervision, I do not trust the learner to perform the activity.
Level 1 Direct supervision	I trust the learner to perform the activity in a practice environment and under direct supervision. Timely feedback for performance improvement is provided.
Level 2 Reactive supervision	I trust the learner to perform the activity in a practice environment with indirect and reactive supervision. The learner can perform the activity without direct supervision but may request assistance, which should be readily available. Subsequent feedback for performance improvement is provided.
Level 3 Intermittent supervision	I trust the learner to perform the activity in a practice environment with intermittent supervision. The learner can independently perform the activity. The learner checks-in with the supervisor frequently and feedback for performance improvement is provided.
Level 4 Remote supervision	I trust the learner to independently perform the activity in a practice environment with remote supervision. The learner can independently perform the activity. The learner checks-in with the supervisor occasionally and feedback for performance improvement is provided.

Key stages of EPA implementation

The following section describes the key stages for EPA implementation pre, during and post placement. It aims to support schools of pharmacy to use EPAs in their MPharm degrees and has been derived from the literature, pilot testing and findings from a focus group study. The focus group study encompassed key stakeholders including academics, policy makers, practice supervisors, education and training leads from community pharmacy, general practice and secondary care, and MPharm students in England.

Although the proposed stages of implementation of EPAs described here are not mandatory as part of introducing EPAs into MPharm placements, they provide a systematic approach to support learners and placement providers.

NOTE: It is important that individual Schools of Pharmacy adapt and use the framework to suit their experiential learning programmes.

Pre-placement – preparation for placement organisers and students

1. The EPAs to be used should be mapped to the MPharm curriculum.

This ensures stakeholders can easily visualise which GPhC domains of study and learning outcomes are to be addressed and what classroom teaching and assessments are in place to prepare students before they complete an EPA on placement.

2. The HEI placement organiser should select an activity to be performed on placement.

Factors to consider when selecting an activity for placement include the timing in the MPharm curriculum, the practice setting and the placement design and duration. Other considerations include time, capacity (given student numbers, staff availability, level of supervision), access to placement provider IT systems and opportunities for students to 'do' the activity. It is recommended that activities are selected in consultation with placement hosts who can test the feasibility and help finalise the EPA activities for students.

3. Before going on placement, students should complete relevant teaching then undertake a simulated learning activity similar to the EPA activity performed during placement.

Simulated learning prior to placement is an important step in preparing students for doing an EPA activity on placement. An associated classroom assessment will allow students to demonstrate minimal competence to perform the EPA activity on placement. Students who do not demonstrate the required level of competence should be given feedback and further opportunities to undertake the simulated activity. This testing should assure placement providers that students are prepared for undertaking an EPA.

4. The HEI placement organiser should provide students with standardised EPA documentation (e.g. EPA template, any associated SOPs, safety documentation etc) and deliver timely comprehensive placement briefings in advance of the placement.

Briefings for students would ideally be face to face, but a webinar or video with an opportunity for questions could be used. Good communication between the HEI and students is key. Students must understand what the EPA is, what level of supervision and feedback they can expect, what is expected of them and how they should document the activity. This may be included in an e-portfolio.

NOTE: It will always be different undertaking an activity in practice compared to in the classroom or in a simulated setting. Students should be prepared for this.

Pre-placement – preparation for placement providers

1. The HEI placement organiser should confirm the activity with the placement supervisor and provide documentation.

Placement organisers should provide a rationale for the activity, describe the activity, and in some cases **may** suggest a recommended level of student supervision*. Importantly, they should state the criteria on which the student's performance should be judged when completing the EPA and making an entrustment decision, and the documentation or assessment tools that should be used.

*This may be more common in early years of the MPharm where HEIs may wish to recommend a level of supervision to ensure the balance of safety and experience. All MPharm students will need some level of supervision.

2. The HEI placement organiser should provide placement supervisors with a timely comprehensive placement briefing in advance of the placement.

Briefings could be provided in a variety of ways, but placement supervisors should be given the opportunity to ask questions. In EPA pilots in English HEIs, webinars, emails and face to face meetings were used. Good communication between the placement organiser and placement supervisor about the EPA is fundamental to ensuring the placement supervisor has a clear understanding of what is expected. Briefings to placement providers should include details of the EPA, local requirements (e.g. IT access), supervisory expectations especially in terms of providing feedback and making a judgement on a student's performance when completing the EPA.

3. The HEI placement organiser should provide training to placement supervisors on supervision and feedback.

This should be standardised and could be provided locally alongside a completed EPA template via a webinar with an opportunity for questions or maybe one of the nationally available training programmes.

During placement

1. Students undertake the EPA.

- There should be enough time and opportunities for students to undertake the EPA.
- Students should be proactive but should feel supported by their placement supervisor/pharmacy team.
- HEIs should be able to contact / be contactable by placement providers and students throughout the placement.

2. Placement supervisors should observe students doing the activity and provide feedback on performance and an entrustment decision.

Placement supervisors should provide students with constructive, quality feedback on their ability to complete the EPA. They should also use an Entrustment Scale to give an entrustment decision. This is a subjective opinion stating that a student could be entrusted to complete a specific EPA, in one placement setting under a specified level of supervision. This could be recorded on the EPA template and copies could be retained by the student in an e-portfolio. Entrustment decisions may vary throughout the course of a placement.

Post placement

1. Completion of the EPA should be documented.

Completion of the EPA, the entrustment decision (if provided) and feedback should be documented. This could be uploaded to an e-portfolio which can be used throughout training.

2. Students should attend a placement debrief.

This should comprise classroom activities where students share their experiences or where tutors aim to promote critical thinking and reflection and support assessment submissions.

3. Students may undertake a summative assessment.

Students may undertake formative **or** summative assessments in practice to contribute to the demonstration of learning outcomes at the 'does level', usually these would be using standardised Workplace Based Assessments (WBAs) tools such as Case-Based

Discussion or Mini CEX (Clinical Evaluation Exercises) whilst students have undertaken an EPA. The EPA itself is not an assessment. A group of assessments including judgements on entrustment maybe collated in an e-portfolio and show the demonstration of learning outcomes at 'does level' over time. This may be used for summative assessment.

4. Feedback on the completed EPA task, entrustment decision and associated assessments should be reviewed by the HEI

After placement, there should be an opportunity for students, placement providers and placement organisers to provide feedback and learn more about any issues associated with the activity and improve on the experience.

EXAMPLE: A student could learn to 'take a medication history' in the classroom, practice this with peers or an actor in a role play scenario and be assessed as minimally competent against a standard checklist. The student is then enabled to do this in the workplace and given feedback on their performance. A work-place supervisor will make an entrustment decision about the activity.

A student could then be assessed using a workplace based assessment (WBA) by a practice-based supervisor. This would support demonstration of relevant learning outcomes at 'does' level that are relevant to the EPA. The completed WBA documentation could then be recorded within a student's portfolio of evidence.

Frequently Asked Questions

Q: What are Entrustable professional activities (EPAs?)

A: EPAs are units of clearly defined professional activity which a learner is entrusted to complete in a workplace setting. The learner is enabled to undertake an EPA under an appropriate level of supervision, once they have demonstrated competence in performing a similar activity in a classroom or simulation setting. EPAs should be observable, measurable, executed within a designated time frame and suitable for entrustment decisions by qualified personnel.

Q: What is the difference between EPAs and competencies?

A: EPAs are units of work, whereas competencies refer to the abilities of individuals. If a competency is the ability to do something successfully, the activity is that 'something'. Execution of an activity requires specific competence (a competency or skill), but that activity in and of itself is not a competency or skill. (ten Cate & Schumacher, 2022)

Q: Why are EPAs needed?

A: Recent changes to the MPharm curriculum require a significant increase in experiential learning. A more consistent approach to placement activities is needed, to provide direct, predictable and efficient clinical training. The use of EPAs is one approach to support the introduction of longer, structured placement learning.

Q: How could EPAs be used?

A: In an undergraduate placement setting, EPAs could be used to support the transition from classroom-based learning through to application in clinical practice. Skills are taught, practiced, and assessed in a learning setting. The student is then 'entrusted' to undertake an activity in the workplace under different levels of supervision as they gain competence. A national list of EPAs and a more standardised approach to placement learning and clinical training has multiple benefits.

Q: Will all Schools of Pharmacy be adopting the EPAs?

A: The proposed list of EPAs provides a helpful framework around which placement activities can be structured. EPAs are not intended to replace activities that already exist and currently there is no requirement for all schools of pharmacy to adopt or utilise EPAs within their placement provision. Schools of pharmacy will be working closely with their placement providers to develop placement models that work for them.

Q: How was the list of EPAs developed?

A: The list was initially developed and refined based on the available literature in both the UK and internationally. A Delphi study was carried out to achieve consensus on a list of activities that could be carried out by pharmacy students on placements.

Q: Are students expected to carry out all of the EPAs on the list?

A: No. The list of EPAs presented represents activities that pharmacy students may be able to undertake on placement. Which EPAs are implemented as part of placement provision will be determined by individual Schools of Pharmacy in liaison with their placement providers.

Q: Are EPAs different to what my students currently do on placement?

A: EPAs are units of clearly defined professional activity which a learner is entrusted to complete in practice with the appropriate amount of supervision once adequate competencies are demonstrated. EPAs should be observable, measurable, executed within a designated time frame and suitable for entrustment decisions by qualified personnel. A School of Pharmacy could assess the activities students currently do on your placements against these criteria and consider if this is the case.

Q: What are the benefits to using EPAs?

A: Results from focus groups and a pilot study have highlighted several benefits to introducing EPAs as summarised in the table below:

Key benefit	Justification
Structure	EPAs provide structure to MPharm placement training
Standardisation	Each EPA is a structured activity that students from all HEIs can do. Students demonstrate 'minimal competence' in the classroom, so placement providers know what to expect. This builds capability and confidence in student ability and sets a baseline for what is happening amongst peer organisations. This structured approach may also provide some safety-netting.
Working together	The introduction of EPAs, and the related process and documentation, can facilitate greater sharing between those involved (between HEIs, between HEIs and placement providers, between placement providers) in placement learning.

Students 'doing' not observing on placement	Students demonstrating 'minimal competence' are well equipped for 'doing' an activity on placement and prepared for 'hands on' experience of working in the pharmacy. 'Doing' an EPA enhances interest, improves motivation and confidence, develops practical experience, provides more authentic learning, and prepares students better for their Foundation year. EPAs can promote a positive contribution to the pharmacy workforce; they can be linked to revenue-generating, or target attaining, activities in the workplace (depending on the setting) and can contribute to service development (and learning both ways). Students are a benefit not a burden and bring new eyes to the service; 'an extra pair of hands'; raising awareness of what pharmacy students can actually do; links to employment e.g., holiday work and foundation posts (showcasing a particular sector)
Developing professionalism	In the process of doing EPAs students will practice autonomy, responsibility and decision making. They will 'feel part of the team', receive feedback from and interact with real patients, and in completing more memorable, meaningful activity, they will gain a better understanding of the actual role of the pharmacist.
Employer Benefits	EPAs can enable students to provide 'an extra pair of hands' and can enable students to 'hit the ground running' in their Foundation year.
Spiral up to Foundation Training	Using EPAs in MPharm placements helps to prepare students for working more autonomously in the foundation year. The nature of their contribution would vary depending on their year of study.
Raising awareness	This relates to raising awareness of a sector or role for career purposes or gaining wider experience

Q: Do I need to introduce all EPAs into all year groups?

A: The intention is to select EPAs in consultation with your placement hosts, which are appropriate for the stage of learning of the students.

Q: Which EPAs should I start with?

A: Choose those EPAs that are best aligned to your current placements

Q: What are the specific questions I should address when developing EPAs for use on placement?

A: A placement organiser should consider the following: How will the content for the EPA be taught, where and when will the content be addressed in the curriculum, and who will teach it? How will the content be assessed, who will make the entrustment recommendation/decision and how will this be made?

Q: How many times do students need to do the EPA whilst on placement?

A: This would depend on the EPA, its level of complexity, and the duration of placement.

Q: What happens to students who are not minimally competent in time for going out on placement/cannot do the placement for some other reason?

A: This can vary between institutions. Some HEIs have a model where there is opportunity for students to further demonstrate an acceptable level of minimal competence before going out on placement. Other systems allow a more fluid approach where students are able to undertake activities under direct supervision as they develop their competence. A School of Pharmacy may need to consider this when designing EPAs and build in strategies to accommodate this scenario where possible.

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Appendix 1 - EPA Template

An EPA template is a useful tool for all stakeholders. It specifies the EPA and summarises how it maps to the GPhC Learning Outcomes, and the MPharm curriculum. It provides details about the sources of information HEIs use to teach and assess the student cohort before placement, and placement supervisors use to assess students on their performance when completing the activities and make an entrustment decision.

Specifically, an EPA template can help:

- **HEIs** to plan classroom teaching such that skills and knowledge needed for the EPA can be taught, practiced, and assessed in a learning setting. This ensures students meet minimal levels of competence before going out on placement.
- **Placement supervisors** to know how students have been prepared for placement, and what to expect, which builds capability and confidence in student ability. It also gives a clear understanding of what activity the student should do whilst on placement and in some cases what level of supervision they should be expected to provide. Importantly, it also helps supervisors to make an entrustment decision and document the ability of a learner to perform a specific EPA in a particular practice environment.
- **Students** to understand what they can expect and what is expected of them whilst on placement. It provides a record for activities that have been undertaken specific level of supervision in a specific practice environment.

An EPA template should be completed for all EPAs. The example of a blank template below has been annotated to aid completion.

EPA Template

Title of EPA	<i>Select an EPA and Insert title</i>
Specification	<p><i>Provide a brief description of the activity</i></p> <p><i>Describe the EPA to ensure consistency between placement providers.</i></p> <p><i>Include details of who can supervise the student doing the EPA</i></p>
Limits	<p><i>List any situations where students cannot proceed with the EPA - In some cases it may be necessary to state the intended level of supervision recommended by HEI</i></p> <p>The decision of the placement supervisor is final and may include the option of the student not undertaking the activity</p>
Domains of Competence	<p><i>List GPhC Learning Outcomes (Shows how / Does)</i></p> <p><i>List GPhC Standards for Pharmacy Professionals (optional)</i></p>
Required knowledge, skill, attitude and experiences	<i>List relevant pre-requisite MPharm classroom teaching, practice-based learning and reading students must have undertaken BEFORE they go out on this placement.</i>
Information sources to measure progress and ground an entrustment decision	<p><i>List prior learning, assessment, and practice based resources student must have engaged with BEFORE placement</i></p> <p><i>OR:</i></p> <p><i>State what the EPA should be assessed against to enable supervisors to make an entrustment decision (Include pre- reading and concepts e.g. SOP)</i></p>

Recommended	Level of Entrustment	Description
Entrustment Decision	Level 0 Observation only	I trust the learner to observe only. Even with direct supervision, I do not trust the learner to perform the activity.
	Level 1 Direct supervision	I trust the learner to perform the activity in a practice environment and under direct supervision. Timely feedback for performance improvement is provided.
	Level 2 Reactive supervision	I trust the learner to perform the activity in a practice environment with indirect and reactive supervision. The learner can perform the activity without direct supervision but may request assistance, which should be readily available. Subsequent feedback for performance improvement is provided.
	Level 3 Intermittent supervision	I trust the learner to perform the activity in a practice environment with intermittent supervision. The learner can independently perform the activity. The learner checks-in with the supervisor frequently and feedback for performance improvement is provided.
	Level 4 Remote supervision	I trust the learner to independently perform the activity in a practice environment with remote supervision. The learner can independently perform the activity. The learner checks-in with the supervisor occasionally and feedback for performance improvement is provided.
	Date of entrustment recommendation and signature of placement supervisor	

Appendix 2 - Example completed EPA Template

The following template is completed using an example EPA

Construct an accurate, comprehensive medication history using a range of appropriate sources of information

Title of EPA	Construct an accurate, comprehensive medication history using a range of appropriate sources of information (EPA 5)
Specification	<p>Student pharmacists will need to construct an accurate, comprehensive medication history</p> <ul style="list-style-type: none"> • Medication History taking (could be with a new patient or a patient from whom a history has already been taken) • To include <ul style="list-style-type: none"> ○ Introduction of role ○ Obtaining consent from patient ○ Using appropriate verbal and non-verbal communication to gather information from patient (see EPA 2) ○ To consider patients issues, concerns, and expectations of their treatment ○ Allow patient to ask any questions (being aware of limitations of their competence to answer questions- may need referral to another health care professional) ○ Closing consultations <p>Students should have their own SOP and or be familiar with the placement providers SOP for taking a medication history</p>
Limits	<p>Children Unable to obtain informed consent from patient or carer Decision of placement host is final as to whether student can proceed with the task <i>Note the placement host may suggest potential patients to contact</i></p>
Domains of Competence	<p>Relevant Education Standards (GPhC) Person-centred care and collaboration: 1-14 (Shows how / Does) Professional practice: 15-22, 24, 28-39, 41-42 (Shows how / Does) Education and Research: 53-55</p> <p>GPhC Standards for Pharmacy Professionals Person centred care Partnership working Effective Communication Professional knowledge and skills Professional judgement Professional behaviour Confidentiality and privacy</p>
Required knowledge, skill, attitude and experiences	<p>Application to local undergraduate curriculum and practice-based learning. Yr 1 MPharm Fundamentals of Pharmacy Clinical teaching blocks (Human Life Cycle, Digestive System) Professional Competencies 1 Professional Development 1</p>

	<p><i>Pre-requisites:</i> Workshop: Medication History</p> <p>Yr 2 MPharm Clinical teaching blocks (Infections, Auto-immune, Respiratory, Renal, Endocrine, Dermatology, Cardiovascular) Professional Competencies 2 Professional Development 2</p> <p>Yr 3 MPharm Clinical teaching blocks (Pain, CNS, Cancers) Professional Competencies 3 Professional Development 3</p> <p>Year 4 MPharm Advancing therapeutics, practice and care 1 and 2 Professional competencies 4</p>														
Information sources to measure progress and ground an entrustment decision	<p><i>All 1st -4th Year MPharm students have been taught communication skills and been assessed on these skills.</i></p> <p><i>All 1st-4th Year MPharm students have been introduced to the concept of SOP</i></p> <p><i>All 1st-4th Year MPharm will have been expected to have read the placement provider SOP</i></p> <p><i>All 1st-3rd Year MPharm have undertaken a professional development block and practiced these skills and been assessed during simulation or have practiced these skills but at the time of placement not been assessed on these skills in practice</i></p>														
Recommended Entrustment Decision	<table border="1"> <thead> <tr> <th data-bbox="375 1086 566 1164">Level of Entrustment</th> <th data-bbox="566 1086 774 1164">Year Group</th> <th data-bbox="774 1086 1476 1164">Sample</th> </tr> </thead> <tbody> <tr> <td data-bbox="375 1164 566 1310">Level 0 Observation only</td> <td data-bbox="566 1164 774 1310">Minimum Level MPharm Year 1 and 2</td> <td data-bbox="774 1164 1476 1310">I trust the learner to observe only. Even with direct supervision, I do not trust the learner to perform the activity.</td> </tr> <tr> <td data-bbox="375 1310 566 1489">Level 1 Direct supervision</td> <td data-bbox="566 1310 774 1489">Minimum Level MPharm Year 1 and 2</td> <td data-bbox="774 1310 1476 1489">I trust the learner to perform the activity in a practice environment and under direct supervision. Timely feedback for performance improvement is provided.</td> </tr> <tr> <td data-bbox="375 1489 566 1870">Level 2 Reactive supervision</td> <td data-bbox="566 1489 774 1870">Maximum Level MPharm Year 1 and 2 Minimum Level MPharm Year 3 and 4</td> <td data-bbox="774 1489 1476 1870">I trust the learner to perform the activity in a practice environment with indirect and reactive supervision. The learner can perform the activity without direct supervision but may request assistance, which should be readily available. Subsequent feedback for performance improvement is provided.</td> </tr> </tbody> </table>	Level of Entrustment	Year Group	Sample	Level 0 Observation only	Minimum Level MPharm Year 1 and 2	I trust the learner to observe only. Even with direct supervision, I do not trust the learner to perform the activity.	Level 1 Direct supervision	Minimum Level MPharm Year 1 and 2	I trust the learner to perform the activity in a practice environment and under direct supervision. Timely feedback for performance improvement is provided.	Level 2 Reactive supervision	Maximum Level MPharm Year 1 and 2 Minimum Level MPharm Year 3 and 4	I trust the learner to perform the activity in a practice environment with indirect and reactive supervision. The learner can perform the activity without direct supervision but may request assistance, which should be readily available. Subsequent feedback for performance improvement is provided.		
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	Level 3 Intermittent supervision	Maximum Level MPharm Year 3 and 4	I trust the learner to perform the activity in a practice environment with intermittent supervision. The learner can independently perform the activity. The learner checks-in with the supervisor frequently and feedback for performance improvement is provided.
	Level 4 Remote supervision	Maximum Level Foundation Year	I trust the learner to independently perform the activity in a practice environment with remote supervision. The learner can independently perform the activity. The learner checks-in with the supervisor occasionally and feedback for performance improvement is provided.
Date of entrustment recommendation and signature of placement supervisor			

Appendix 3 – Example of how EPAs may be grouped together

Using the following approach, EPAs may be grouped together to tailor activities to placement tasks

Existing <i>placement</i> activity	Linked EPAs that could be included
Provide a patient with dispensed medicines in a community pharmacy setting	EPA 2: Use appropriate non-verbal and verbal communication skills to gather relevant information from patients/carers
	EPA 4: Use appropriate non-verbal and verbal communication skills to give relevant information to patients/carers
	EPA 15: Advise a patient on an issue associated with the use of a medicine
	EPA 27: Dispense a prescription item OR EPA 30: Give out dispensed medicines to a patient or carer with appropriate checks and advice
	EPA 42: Collaborate as a member of a pharmacy team