

Consultation skills for pharmacy practice: Assessment Guidance

About this guidance

We've written this guidance to tell you more about the assessment and what it seeks to achieve, to remind you about the indicators that you will be looking for in the assessment and to share the evaluation criteria that our team of assessors used when they were rating the videos that you watch. We think it's a good idea to read through the whole of this guidance; we know it's quite long but we've tried to make it easy to read. If you just need to remind yourself of the evaluation criteria however, you can [click here to go straight to that page](#).

About this e-assessment

We have developed this assessment to support pharmacists and pharmacy technicians wherever they work in patient facing roles. Whilst each case is set in a particular area of practice, you are evaluating the skills that are being used not the clinical knowledge.

It's clear that good communication and consultation skills are essential for professional practice. But we rarely get the chance to watch other people in their practice, or to be formally reviewed in our own. This assessment allows you the chance to watch a pharmacist in action, with a medical actor, and to make a judgment on the skills that they display. Each video was reviewed by a team of pharmacists from across England, working in a range of practice settings. Together they agreed whether the pharmacist was displaying poor, good or excellent consultation skills.

When you pass the assessment you can be assured that you have demonstrated an ability to recognise what makes practice good. Your challenge then will be to make sure that this is the approach that you use when you are working with your patients. We are not looking for you to be hyper critical but at the same time do not want you to have a nonchalant approach. You will need to apply your professional judgement. The approach we would like you to take is as a critical friend. So, you are there to look for things which could be improved and recognise things done well. Record things as you watch. When you have built up this ability to assess others you should then apply it to reflect on and develop your own practice.

The pharmacy professionals in the videos are real. They have been asked to demonstrate some skills, attitudes and behaviours which may not reflect their daily practice. Many have found it difficult to include aspects of bad practice but you will see these demonstrated in some videos. We have also used placebos and dummy tablet boxes in some shoots. The patients you see in the videos are medical role players (actors).

We recognise that this type of assessment asks you to make a judgement about what you see. Any type of judgement is subject to an element of subjectivity. To reduce the impact of this, each video clip has been reviewed independently by a team of at least three assessors by applying an indicator marking framework. We refer to these assessors as our panel throughout this guidance. We give you a copy of their evaluation framework, as you will be making an assessment of the practice you see, in order to make the assessment fair (Appendix 1). The evaluation framework contains key skills and behavioural indicators which reflect the national practice standards for pharmacy consultations. We recommend you print this, become familiar with the content and use it as a reference source when working through the video observations.

Academic integrity

This assessment asks you to make a judgment on the skills that a pharmacist is demonstrating. As you are seeking to match the judgment that our panel made, it's important that you use the same evaluation criteria. Make sure that you keep a copy of the evaluation framework to hand to support you in making your assessment. As you become more familiar with the indicators of poor, good and excellent practice, try and apply them to your own consultations as well as the ones that you watch in this video.

The assessment is intended to be a true reflection of your personal abilities so you should use your professional judgement to ensure you find a quiet place where you can work on your own without interruptions.

How the assessment works

The *Consultation skills for pharmacy practice* e-assessment is hosted on the CPPE website and you can find it at: www.cppe.ac.uk/assessment. There are four sections to this e-assessment. You are allowed 30 minutes to complete each section so make sure you have enough time before you start each section. Keep an eye on the timer in the top right hand corner. We recommend that you complete the sections in order from one to four. It will help you consolidate your learning and each section builds on the one that precedes it. After attempting a section, you have to wait a day (20 hours) before you can try again. We recommend that you use that time to read through the evaluation framework again and refer to the practice standards in the learning programme.

The pass mark for the first two sections is 80 percent. The pass mark for sections three and four is 60 percent. This reflects the fact that it is more difficult to make an evaluation than it is to identify whether an action occurs. We tell you as soon as you finish the section whether you have passed it or not.

What the e-assessment looks like

There are four sections to the e-assessment. Here is an outline of each section; what the section looks like, what it assesses and top tips to support you through the assessment section.

Section 1

Section 1 questions are knowledge and practice based and focuses on the following areas:

- Medicines adherence and medicines optimisation
- Practice standards
- Consultation models
- Consultation tools and frameworks for practice
- Communication and consultation skills

The section contains 15 multiple choice questions. Each question has five possible answer options. You must choose the single best answer from the list. There may be more than one answer which could be suitable; you have to choose the most appropriate answer.

Top tips to support you through section 1

- Update your knowledge by working through the distance learning programme *Consultation skills for pharmacy practice: Taking a patient-centred approach*.
- If you are not successful in your attempt at section 1 you will be provided with some general feedback on areas of the assessment to revisit before your next attempt
- Have a copy of the distance learning programme to hand at the time of the assessment

- Have knowledge of the national practice standards for pharmacy consultations and have a copy to hand
- There may be more than one answer which is suitable, choose the most appropriate response

Sections 2, 3 and 4

These three sections all ask you to watch three video clips and assess them.

- Section two asks you to state whether an indicator is demonstrated.
- Section three lists five indicators which are demonstrated and asks you to evaluate how well they are done.
- Section four lists five indicators. It asks if the indicator is demonstrated and, if so, asks you to evaluate how well it is done.

Sections three and four are more difficult as they ask you to make a judgment.

Video observation

In each of the three sections you will observe and assess three short video clips of a consultation. We know it is hard to sit and assess a full length consultation so we have developed video clips of two to three minutes in length. The video clip will focus on one of the following areas of the consultation although there may be some slight overlap in what you see in the clip. Here are the three different areas of the consultation you will see:

Part 1- The initial part of the consultation involving welcoming and setting scene of the consultation

Part 2- The middle part of the consultation where the pharmacy professional is gathering information, providing advice and information and pulling together a shared plan

Part 3- The final part of the consultation where the pharmacy professional establishes agreement and ownership with the patient around a shared plan and closes the consultation effectively

Indicators

The indicators have all been described in the core learning recommended to you in the 'how will I improve or maintain my performance?' area of this website. We recommend you access and complete the core learning before attempting the assessment. The indicators in the assessment are those which are most relevant to the part of the consultation you are assessing. However we have included additional indicators which could happen throughout the consultation. The indicators are based on the national practice standards for pharmacy consultations and highlight the key knowledge, skills and behaviours expected of all pharmacy professionals.

Assessing the video clip

Whilst watching the video clips, review the practice across the consultation you watch. Some skills could be demonstrated throughout, whilst others may occur just at one point in the video clip.

In section 2 identify whether an indicator was demonstrated or not demonstrated by clicking onto the appropriate box.

In section 3 rate the demonstration of the indicator by choosing a number between 1 and 6 where 1 indicates poor practice and 6 indicates excellent practice. Use the evaluation framework that we give you to make sure that you are applying the same standards and approach as our panel.

What do we mean by poor, good and excellent?

Poor practice - marking scale 1 to 2. You will see some elements of poor practice in the video clips. Think about the practice you see. If you feel embarrassed to see a fellow professional act like this or demonstrate the skill in this way then it should be considered poor.

Good practice marking scale 3 to 4. Generally you will see opportunities to improve but there are some elements of good practice. There may be inconsistencies in the practice of the pharmacist, but if this is the case you will see more good than poor to give a mark of 3 or 4.

Excellent practice marking scale 5 to 6. This represents practice where there may be slight room for improvement but on the whole this is practice you would consider to be very good or excellent.

Top tips for working through sections 2, 3 and 4

- Find a quiet place where you won't be interrupted
- Don't focus on clinical information in the videos. We are assessing the consultation skills which are being demonstrated
- Whilst watching the videos concentrate on the pharmacist and the skills, attitudes and behaviours they demonstrate
- Rewind and watch the video several times to get a clear picture of what is demonstrated
- Keep a notepad and pen at your side to record your thoughts
- Print off and refer to the indicator marking framework in appendix 1 of this document
- Use the full range of marks if it's poor practice, give a '1', if it's excellent then give a '6'.

There were cases when we were reviewing these videos when we found it hard to gain agreement on the rating that we offered for the consultation skills. Most of the reviewers watched a video three times in order to be sure of the type of questions that were asked, how open body language was demonstrated, whether any bias or judgement was present and many other aspects of the consultation which make the difference between acceptable and great practice. We recommend that you bear this in mind and watch the videos more than once to make these decisions for yourself.

In general, if you can't think how the professional could have done it any better, then you will be giving them a top score. And hopefully you will find that at least some of the practice that you see in the video clips deserves a top score.

Consultation skills for pharmacy practice: Indicator marking framework

The following examples of poor, good and excellent practice are used during the video review process. Please bear in mind that these are examples to guide you in the assessment process and you will need to make your own professional judgement as to which number best describes the practice you see demonstrated in the video (where 1 is poor and 6 is excellent). You will also recognise some overlap between some of the indicators. Try to think of additional general points which would signify poor or excellent practice when addressing each indicator such as tone of voice used and delivery of consultation (does it seem rushed or abrupt?).

Indicators more likely to occur in part 1 video clips

Does the pharmacy professional?	Example of poor practice	Example of good practice	Example of excellent practice
Introduce themselves and role	Begins the consultation with a straightforward 'hello' or 'hello I'm the pharmacy technician'	Introduction which includes name and role but could improve by using a more welcoming tone and establishing rapport by checking patient name	Clear introduction with greeting, introduction by first name and role using a welcoming tone of voice. Also may check patient's name and ask for permission to call by first name if appropriate
Achieve consent Community practice	Minimal explanation of the consent process e.g. 'Can I get your consent for the consultation?' and asks the patient to sign the form without obtaining verbal agreement from patient	Gives an overview of the consent process which may benefit from clarification and obtains verbal agreement (which could be a simple 'ok') and signature from the patient which implies they understand	Gives a clear explanation of why consent is needed and what it means (who the data will be shared with and why) asks patient to confirm they understand and obtains full agreement to the process including signature, if required for a service.

<p>Achieve consent</p> <p>Hospital practice</p>	<p>Gives a minimal description of why the discussion is taking place whilst obtaining vague agreement from the patient e.g. 'I'm just here to check on your medicines, ok?' The patient may agree but use body language which implies they don't know why the pharmacy professional is there.</p>	<p>Explains that they are part of the patient's care team, with a specific role to look after the medicines. Doesn't gain agreement from the patient or check their understanding.</p>	<p>Provides a clear explanation of why the discussion is taking place which is followed by a discussion gaining full agreement from the patient 'Are you ok with us going through each medicine now and you can ask me any questions you want?'</p>
<p>Explain the planned purpose of the consultation</p>	<p>Provides a vague description of the planned purpose e.g. 'we're here to chat about your medicines'. May be rushed and vague.</p>	<p>Provides a broader description of the purpose of the consultation which would benefit some clarity and does not check patient understanding</p>	<p>Gives a clear yet concise description of the planned purpose of the consultation, with an overview of what it involves and the aims from the pharmacy professional's perspective and then checks patient understanding e.g. 'how does that sound to you?'</p>
<p>Establish the patient's agenda</p>	<p>May offer the patient an opportunity to put forward their thoughts on what they would like to achieve in the consultation but done in a disengaging manner (little eye contact and frustrated tone) and few words e.g. 'anything else you think we have to cover?' The patient may offer their own agenda, but if the pharmacist has not invited it, then it would be assessed as poor practice</p>	<p>Offers the patient an invitation to put forward their agenda for the consultation but may benefit from a more engaging approach and acknowledgement of this e.g. 'anything else you want to chat about?'</p>	<p>Gives an open invitation to the patient to put forward their aim of the consultation and acknowledges these e.g. 'So, while we're here is there anything else that you'd like to discuss in the consultation?' The pharmacy professional may record this information to confirm that the patient's agenda is considered. Also may change the discussion to fit the patient's agenda during the consultation.</p>

	on their part. We're assessing the pharmacist, not the patient.		
Negotiate a shared agenda with the patient	Acknowledges the patient's agenda for the discussion but provides a disengaging reply e.g. 'We can try and discuss that later but I don't think we'll have time'.	Acknowledges the patient's agenda for the discussion but prioritises own agenda over the patient's e.g. 'I can understand why that might worry, we can discuss that later on'.	Talks through both the aims of the pharmacy professional and patient and then negotiates agreement on how the consultation will continue 'I can see you have concerns about your blood pressure tablets, can I suggest we discuss those first together before moving on to the rest of your medicines, how does that sound?'
Establish the patient's use of their medicines	Asks an overarching closed question to address all the medicines such as 'are you taking all your medicines as the doctor has prescribed them?'	Asks the patient about each medicine using some open questions but also includes some closed or leading questions such as 'your simvastatin, you take this at night?' Could improve practice by using more open questions and establishing if any doses are missed.	Uses an open approach which invites the patient to provide the information and addresses each medicine individually 'tell me how you take your simvastatin tablets'. Also encourages the patient to talk about any issues with medicines use 'people often miss doses of their medicines for many reasons. Have you found that with these tablets at all?'
Establish the patient's understanding of why they take their medicines	Has more of a 'telling' approach rather than asking the patient what they know about their medicines e.g. your simvastatin, you know that's for your high cholesterol, right?'	Establishes use of medicines using mostly good practice by asking the patient to describe how they take their medicines but there may be opportunities to improve by using further open questioning techniques	Asks the patient to explain why they think they have been prescribed a medicine eg; 'your simvastatin, tell me why the doctor prescribed that for you' and then confirms or corrects understanding in a non-judgmental way

Indicators more likely to occur in part 2 video clips

Does the pharmacy professional?	Example of poor practice	Example of good practice	Example of excellent practice
<p>Use open questions to gain information from the patient</p> <p><i>NB. Remember that the patient may give a response as if it was an open question. You may need to listen carefully.</i></p>	<p>May demonstrate the use of only one example of an open question in the whole consultation whilst using closed or leading questions for the main part of the consultation when there is opportunity to use an open question to gain more information</p>	<p>Uses a mix of open and closed questions throughout the consultation and could improve by introducing more open questions to the discussion</p>	<p>Uses open questions throughout the consultation and gets a clearer picture from the patient by following with more probing questions at appropriate points. Only applies closed questions at appropriate times to confirm information.</p>
<p>Offer information in an open, honest and unbiased manner</p>	<p>Provides information to the patient without first establishing what the patient knows. Information is given very much in a 'telling' and biased manner and in such a way as to impose recommendations on the patient e.g. 'The inhaler doesn't cause any side-effects, that's a myth. It's really important you take it, what you need to do is....'</p>	<p>Mainly offers information to the patient in a balanced and unbiased manner but could improve by establishing the patient's knowledge prior to the information giving and also providing a more balanced approach which highlights benefits and risks of action or behaviour</p>	<p>Establishes what the patient already knows about their medicine/lifestyle issue/condition and then asks what they would like to know eg: 'We could discuss some of the side-effects of this medicine now if that would help?' Offers the information in an unbiased and balanced way describing both benefits and risks of an action/behaviour when appropriate</p>
<p>Suggest different options for the patient</p>	<p>Suggests a single option. If more than one is suggested then is dismissive of all but one</p>	<p>Offers the patient some options when problem solving but does not engage the patient in discussing the benefits versus the risks of each option.</p>	<p>Offers the patient a range of options when problem solving, outlining the benefits versus the risks of these and engages the patient in a discussion around these</p>

Check patient understanding of information offered	Makes minimal intervention to ensure patient understands the information offered such as stating 'ok?' following the information.	Checks with the patient at several points within the discussion if the information offered is understood by asking questions such as 'does that make sense?' Could improve by checking if there have been any points which the patient doesn't understand fully.	Checks with the patient throughout the discussion if there have been any points which they are not entirely clear about eg: 'does that make sense, is there anything which I haven't described very clearly that I can go over?' May in some instances ask the patient to repeat some of the information back by relating it to their own personal circumstances
Summarise information provided	Provides a summary of the information offered but this is delivered in a rushed and abrupt manner missing out some of the main points of the consultation eg; 'so, as discussed, take your Ramipril in the evening from now on'.	Provides a good summary of the information offered but could improve by including the patient as a partner in the summary to gain shared decisions and transfer of ownership of the plan to the patient	Provides a clear and concise summary of the discussion and information offered throughout the consultation and relates this to partnership working by using statements such as 'so far we've talked about the problems you've been having with dizziness in the morning and after discussing side-effects of your medicines we both agree it will be better for you to try and take the ramipril in the evening to see if this helps solve the problem'.

Indicators more likely to occur in Part 3 video clips

Does the pharmacy professional?	Example of poor practice	Example of good practice	Example of excellent practice
Agree a plan in partnership with the patient	The pharmacy professional makes all of the suggestions for the plan and then checks with a simple 'ok?' There is no indication that the patient has agreed, and may be suggestions that the patient does not. The 'ok' is more like punctuation than an invitation to engage.	The pharmacy professional engages the patient in the planning and then asks for general agreement from the patient 'so the best thing you can do is set a quit date for next week. Does that sound ok?' There is no check that the patient has buy in.	Engages the patient in problem solving and decision making and formulating the plan in partnership eg: 'so we've established that you do want to quit smoking and you're happy to set your quit date next Wednesday did you say?' ...'then you said you're happy to start using the NRT patches on the same day and come back here in ten days' time'
Summarise the plan	Provides a quick overview of the plan which may be delivered with emphasis on the fact that it is the plan of the pharmacy professional and not the patient. Delivers this quickly with not much engagement.	Summarises the plan accurately but may sometimes deliver it as the plan of the healthcare professional rather than shared.	Gives a clear, concise overview of the management plan moving forward whilst putting emphasis on it being a shared plan.
Encourage the patient to take ownership of plan	The pharmacy professional describes the plan and then passes ownership to the patient without agreement e.g. So, I've explained that you need to stop smoking next Tuesday and you will start using the NRT. That ok?'	The pharmacy professional describes the plan and seeks agreement, but doesn't achieve it. "You recognise that you need to stop smoking and that NRT may work for you. I've suggested you set your quit	Involves the patient in putting their ideas forward for the plan. Facilitates the transfer of the plan over to the patient and encouraging them to take ownership by asking them to reiterate the plan eg: 'we've covered quite a lot today. Just before we finish could you just go over your plan of when you aim to stop

		date for next Tuesday. OK?"	smoking and what you're going to do for support during that time?'
Use closed questions to confirm information/conclude	Shows limited appropriate use of closed questions to confirm information established or conclude but also gives many examples of using closed questions inappropriately	Shows some use of closed questions to confirm information established or conclude but could improve by less inappropriate use of closed questions such as establishing information	Uses closed questions appropriately and efficiently to confirm information or conclude the consultation eg: 'you say you get headaches every morning, have I understood that correctly?'
Provide a safety net	Offers the patient an opportunity to come back but in a blasé fashion eg: 'you know where to find me if you need to chat about anything'	Offers the patient an opportunity for follow up in a set period of time.	Discusses a clear and concise contingency plan with the patient should things not go entirely to plan. This may include what could happen, what to do if it does happen, who to contact, how and when.
Bring the consultation to a conclusion	Appears rushed at the end of the consultation and concludes by giving inappropriate statements such as 'sorry but I need to get back to the dispensary now' or 'sorry but I need to see my next client now'	Concludes the consultation effectively but quite abruptly and could improve by being more professional, thanking the patient for their time and showing interest in how the patient gets on following the consultation	Concludes the consultation in a professional and timely manner by thanking the patient for their time, offering them the chance to come back and speak at any time and asking them to provide some follow up eg: 'let me know how you're getting on next time you pop in'

Indicators you may see throughout the consultation

Does the pharmacy professional?	Example of poor practice	Example of good practice	
Display signs of open body language	Shows some signs of open body language but these are limited. Breaks rapport by not maintaining appropriate eye contact, sitting at an angle to the patient and facing a computer screen and also displaying inappropriate facial expressions. Showing one big sign of closed body language will result in a grade of poor. This action is sure to break rapport for example, leaning back in the chair, nodding head and crossing arms in judgment of information a patient may give around smoking or alcohol for example.	Mainly displays signs of good open body language with only limited signs of closed body language. Could improve the balance by demonstrating more open body language at points and better use of responding to and reflecting the body language of the patient	Displays open-body language throughout such as good eye contact, open and uncrossed arms and legs and appropriate facial expression. Also reflects and responds to the body language of the patient appropriately by remaining open when the patient shows closed body language. Maintains open body language when patients provide information open to judgment such a high alcohol consumption/smoking
Actively listen to the patient	Shows few signs of active listening. These may be limited to just the occasional nod with no reflecting and responding of information and obvious neglect of verbal and non-verbal cues	Shows some signs of active listening for most of the consultation but may improve by use of reflecting and responding key points of information and being more observant of verbal and non-verbal cues	Shows signs of active listening throughout such as good eye contact, acknowledging information provided by the patient, reflecting and responding key points of information and picking up on verbal and non-verbal cues
Use clear concise language	Although the use of clear language	Shows use of clear and concise	Shows a use of clear concise language

appropriate for the patient	is evident throughout there are numerous examples of the use of jargon e.g. mdi, placebo, bronchodilator). Information may not be delivered clearly with risk of patient not fully understanding	language for most of the consultation with only one or two examples of jargon. Information is mainly delivered clearly	throughout and delivers information clearly. Adapts the level of language to the patient in the consultation to avoid patronising. Avoids use of jargon (medical or otherwise).
Engage the patient in shared decision making	Pharmacy professional makes the majority of the decisions in the consultation with very limited patient engagement e.g. 'what I think you need to do is....ok?'	Engages the patient in the decision making process mostly but may show some signs of 'telling' the patient what they think they should do before getting agreement	Engages the patient fully in the decision-making process whilst encouraging them to form their own solutions e.g. 'which of these options do you think would work best for you?' 'What would you like to try next?'
Record information	Shows a disconnect of body language whilst recording information by turning away from the patient, allowing the patient to continue talking with only limited acknowledgement of what they are saying. May show occasional nod whilst typing/writing.	Informs the patient that they are going to record some information and although this is done in a respectful manner the consultation continues at the risk of breaking rapport	Informs the patient that it may be necessary to record information at points in the consultation and at these points the pharmacy professional may create a pause in the discussion. This allows time for the patient to reflect e.g. 'that's a really important point, I'll just stop for a second and make a note of it so we don't forget about it later'.
Invite the patient to share ideas and concerns <i>What ideas do they have about their medicines? What are their worries?</i>	Invites the patient to share ideas and concerns but delivered in a disengaging manner which actually shows little interest or time for the patients thoughts or worries	Invites and allows the patient to share ideas and concerns but may not always respond fully to the patient. Could be improved by showing more interest and follow up on these thoughts and concerns.	The pharmacy professional is very proactive in engaging in a discussion about ideas and concerns the patient may have and invites them openly to discuss these and follows them up eg: 'do you have any worries about your medicines?' 'What are your feelings

			towards your medicines?'
<p>Demonstrate a non-judgmental and respectful attitude</p> <p><i>Patients may sometimes have their own thoughts and beliefs which may or may not be accurate. They may describe behaviours you may not be entirely comfortable with.</i></p>	<p>Demonstrates some non-judgmental behaviour but this is mainly over-shadowed by an episode or episodes of judgmental behaviour which could break rapport</p>	<p>Demonstrates a non-judgmental and respectful attitude mainly throughout the consultation but may show a slight indication at a specific point which could be interpreted as judging the patients behaviour or beliefs. This could be a verbal or non-verbal demonstration.</p>	<p>Demonstrates a non-judgmental attitude throughout the consultation, picks up on a patients non-verbal cues if they are embarrassed or uncomfortable when talking about sensitive issues and makes a positive effort to put the patient at ease when discussing issues which could potentially make the patient feel as though they have done something wrong e.g. non-adherence.</p>
<p>Show empathy when dealing with patient's emotions and concerns</p> <p><i>Patients may sometimes describe difficult events in their lives</i></p>	<p>Attempts to be empathetic but appears uncomfortable and tries to move the discussion on quickly e.g. 'I'm sorry about that, let's see what we can do to sort these tablets out'. May also use inappropriate methods which undermine the patient's feelings for example relating the patient's situation to a similar event in their own life 'I know what you're going through as I lost my mum just a few years ago. It's a terrible feeling, I felt lost but I'm ok now'.</p>	<p>Makes a good attempt to demonstrate empathy by acknowledging the patients situation but may show slightly inappropriate responses such as displaying sympathy.</p>	<p>Fully acknowledges the patient's situation and responds appropriately with empathy when a patient describes a difficult event in their life. Avoids sympathy and does not relate the patient's situation to their own personal experience. E.g. I'm so sorry for your loss, it must be a difficult time for you. Would it help to talk a little bit more about that?</p>

Raise the issue of healthy lifestyle choices	Raises the issue of healthy lifestyle choices inappropriately as a quick add on (this could be whilst writing up notes) e.g. 'I haven't got much time left but we'd better have a quick chat about lifestyle while you're here'	Raises the issue of healthy lifestyle choices with the patient at an appropriate point but may not explain the purpose of raising the issue.	Raises healthy lifestyle issues appropriately and confidently without making the patient feel uncomfortable and whilst being respectful of the patient's time eg: while you're here we are looking at ways to support our patients in making healthy lifestyle choices. This can have great benefits in reducing the chances of cancer, diabetes and heart disease. Is that something we could chat about now?'
Engage the patient in a discussion about health lifestyle choices	Offers a very half-hearted and rushed discussion as if it is just a tick-box exercise. Does not provide follow up or additional information. Conversation may be one-sided with the pharmacy professional making the assumption that the patient wishes to change behaviour.	Discusses but may appear to do this half-heartedly or a little rushed at some points. Establishes patients current behaviours but may improve by having a more proactive approach and offering a joint discussion about potential change	Engages in the discussion in a respectful manner whilst gaining the patients understanding of what healthy lifestyle choices are and what their current behaviours are. Discusses the benefits of making change, offers constructive support and is respectful of patient's views. Offers opportunity for follow up and additional information to take away.
Provide an opportunity for the patient to ask questions	Offers an opportunity to ask questions but done abruptly or in a rushed manner which really says 'please don't ask me any questions, I haven't got time'	Openly offers an opportunity in the consultation for the patient to ask questions	Openly encourages the patient to ask questions throughout the course of the consultation e.g. is there anything you'd like to ask at this point?'

Feedback

As you have read through these indicators we anticipate that you will have noticed the following general rule.

Poor practice – It may be there, but if so the pharmacist is dismissive and does it because they have to, rather than showing that they want to.

Good practice – Normal practice. Sometimes gets things wrong, but tries to cover the issues and discuss what's needed with the patient.

Excellent practice – Engages the patient. Repeated efforts to find out the patient's concerns, listen to them, take their views into account and build the consultation around them.

We do want to make this guide as useful as possible for you, to help you recognise great consultation skills and to apply them in your own practice. So, if you have questions, or suggestions, on how we can improve this guide, then please get in touch with us using feedback@cppe.ac.uk. We plan to repeatedly review this assessment and how it operates, taking your thoughts and feedback into account. If you don't tell us what works, or doesn't work, for you then we can't make it as good as our profession needs.