Reaccreditation of a Master of Pharmacy degree course (MPharm)

University of Portsmouth

Report of a reaccreditation event, 19-21 March 2012

Introduction

The General Pharmaceutical Council (GPhC) is the statutory regulator for pharmacists and pharmacy technicians and is the accrediting body for pharmacy education in Great Britain. The GPhC is responsible for setting standards and approving education and training courses which form part of the pathway towards registration for pharmacists. The UK qualification required as part of the pathway to registration as a pharmacist is a GPhC-accredited Master of Pharmacy degree course (MPharm). The GPhC’s right to check the standards of pharmacy qualifications leading to annotation and registration as a pharmacist is the Pharmacy Order 2010. It requires the GPhC to ‘approve’ courses by appointing ‘visitors’ (accreditors) to report to the GPhC’s Council on the ‘nature, content and quality’ of education as well as ‘any other matters’ the Council may require.

This accreditation event was carried out in accordance with the GPhC’s 2011 MPharm Accreditation Methodology and the course was reviewed against the GPhC’s 2011 education standards ‘Future Pharmacists: Standards for the initial education and training of pharmacists’ (Appendix 2).

Background

The University of Portsmouth MPharm (Hons) Pharmacy degree is offered by the School of Pharmacy & Biomedical Sciences, which is the largest school of the University’s Faculty of Science. The institution has been offering a pharmacy degree since 1966. The programme was last re-accredited in February 2006 by the Royal Pharmaceutical Society of Great Britain (the Society) using the criteria then in operation. On that occasion, the University of Portsmouth was reaccredited for five years, subject to three conditions. The visiting team also made two recommendations. The conditions were:

i. That the School revise the modules and relevant descriptors in year 4 to ensure that they are all at M-level and mapped unambiguously onto QAA level descriptors. Furthermore, that the School confirms to the Society that all students graduating from 2007 onwards gain 120 M-level credits to comply with the second cycle credit requirements of the European Framework for Higher Education Qualifications”.
In response to this condition, all units and accompanying descriptors were reviewed and a commentary was provided on how each unit contributed to the MPharm programme, while meeting the QAA criteria for a Masters level programme. An overview map was prepared showing which units contribute to the fulfilment of each of the QAA criteria. It was confirmed to the Society that all students entering stage 4 (i.e. year 4) for the first time in October 2006 were required to achieve 120 M-level credits. The external examiners reports from 2006-7 onwards confirmed the standards to be appropriate.

ii. That the School make a case to the University to consolidate staffing in pharmacy practice and that the University responds to that case. The visiting team was made aware of a number of pressure points which, taken together, might continue to place unacceptable strain on staff in that area.

In response to this condition, a hospital teacher/practitioner post (Portsmouth Hospitals NHS Trust) was filled, a further full-time appointment in Pharmacy Practice was made in 2007, the FTE commitment of a principal lecturer in Pharmacy Practice was increased from 0.8 to 1.0 in October 2006 and two further 0.4 FTE Hospital teacher practitioner appointments were made in May 2011. A further community pharmacy teacher-practitioner appointment was made in November 2008 through Rowlands Pharmacy, but Rowlands withdrew all teacher-practitioners in summer 2011.

iii. That the School makes a case to the University to increase staffing generally, in recognition of increased student numbers, and that the University responds in such a way that the School’s SSR is maintained.

In response to this condition, the university stated that staff who leave the School will be replaced, although not necessarily in the same subject area. The emphasis of this approach will be to redeploy posts to those areas which have a high contribution to the new MPharm programme. Student intake will be controlled, to ensure that the total FTE student number on the MPharm allows the SSR to be maintained, with extra staffing being sought if there is any significant agreed increase in student numbers.

The recommendations were:-

i. That the School continue to monitor progression and failure rates. Given their persistence, the School should consider commissioning a study on this from elsewhere in the University or beyond.

In response to this recommendation, monitoring of progression and failure was undertaken academic year 2006/7 and continues to be an annual activity. An independent review was undertaken by the Associate Dean (Academic) from the Portsmouth Business School (Autumn 2008) and recommendations implemented in the academic year 2009-10. An analysis showed that the progression and achievement of students on the MPharm between 2009 and 2011 is generally showing a positive upward trend. Although stage 3 remains a concern, the School anticipates that the changes being introduced will fully address the high assessment load, high contact time and the perceived ‘large step’ from stage 2 to stage 3.

ii. That the School revisit its approach to providing module (unit) information to students to ensure that the information is consolidated, comprehensive and captures the integrated features of the course, in order to maximise student benefit from each module.
In response to this recommendation, a new format for unit guides was designed and piloted during academic year 2006/7 and feedback sought from students on the fitness for purpose of these guides. Guides for all units, either print-based or electronic via the VLE, have been in place since October 2008.

The MPharm programme, as reaccredited in 2006, runs in its current structure for the final time in academic year 2011-12 and a new programme, developed to meet the current GPhC standards and the University curriculum requirements, will be introduced from 2012-13. Students commencing in 2012-13 will enrol into the new programme and existing students will transfer onto a modified ('run-out') version of the current degree, which has been developed to comply with the new University curriculum framework. The new framework requires units to be valued at a minimum of 20 credits, with 20 credits being the normal unit size and to be delivered in a 'year-long', rather than in the current semesterised format. Additionally, the framework requires units to have a minimum and maximum contact time and a maximum summative assessment load, with a limit to the number of individual assessment components. The new MPharm programme will also adopt these features. The ‘run-out’ programme will be undertaken by all students who first enrolled on the MPharm up to and including the start of academic year 2011-12. Therefore second, third and fourth year students will be undertaking this programme from September 2012 and the last students on this programme will be expected to graduate in July 2015. Due to significant differences in emphasis and timing of the delivery of many subject areas on the ‘new’ MPharm programme, compared to the current programme, it is intended that students will complete the programme on which they enrolled, existing students not normally transferring from the ‘current’ to the ‘new’ programme. The exception will be if a 2011 entrant fails a year and is required to undertake repeat study before progression. In such situations, students will need to undertake study additional to the failed units, in order to ensure that they are able to join the ‘new’ programme. The team explored the transition to the new programme (meetings 2 and 3 - see below) and, in particular, wished to understand why there was to be no sudden transition to the new programme. The staff explained that the amount of additional learning required would make this impractical. The documentation described in detail the additional material that would be required for the transition of repeating students, who would resist the relevant year of the ‘new’ MPharm programme, in order for them to progress. The resource implications of repeating students will be minimal, as they would be joining other students; moreover, it is anticipated that there will be few repeating students.

Due to the introduction of the new pharmacist education standards during 2011, the GPhC agreed to consider extension requests from any university due to undergo reaccreditation of their MPharm degree during the 2010/2011 academic year to allow universities adequate preparation time for reaccreditation to the new education standards. Accordingly, the University of Portsmouth applied for a one year extension and this was subsequently granted by the GPhC, extending the accreditation until 2011/2012. A reaccreditation event was subsequently scheduled for March 2012 and the outcome of this event is detailed within this record.

**Documentation**

The provider submitted submission documentation to the GPhC in line with agreed timescales and a pre-visit took place at the University on 24 February, 2012. During the pre-visit the schedule of meetings and timings for the event were confirmed.

The following documents were submitted by the university in advance of the event.

- Completed GPhC submission template ‘Accreditation of an MPharm degree course’
- An e-folder containing 209 documents providing evidence to support each of the standards (See Appendix 1 for list)
The event

The event began with a private meeting of the accreditation team and GPhC representatives on 19 March 2012. The remainder of the event took place on site at the University of Portsmouth on 20-21 March 2012, and comprised a series of meetings with staff and students of the University and included a tour of the University facilities.

Accreditation team

The GPhC’s accreditation team (‘the team’) comprised:

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<thead>
<tr>
<th>Name</th>
<th>Designation at the time of accreditation event</th>
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<tr>
<td>Mrs Linda Stone **</td>
<td>Accreditation team leader, (Past President, Royal Pharmaceutical Society, pharmacy consultant, community pharmacy background)</td>
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<tr>
<td>Professor David Luscombe</td>
<td>Emeritus Professor of Pharmacology and former Head of School of Pharmacy, Cardiff University</td>
</tr>
<tr>
<td>Professor Larry Gifford</td>
<td>Professor of Pharmacy Education and Deputy Head of School of Pharmacy at Keele University</td>
</tr>
<tr>
<td>Mr Mark Brennan</td>
<td>Director of Undergraduate Studies for Pharmacy and the Director of Learning and Teaching for the Faculty of Health at Keele University</td>
</tr>
<tr>
<td>Mr Alan Hindle</td>
<td>Lead Teacher Practitioner in Clinical Pharmacy at the University of Wolverhampton</td>
</tr>
<tr>
<td>Mrs Sheila Phillips</td>
<td>Pharmacy training consultant</td>
</tr>
<tr>
<td>Professor Graham Pope</td>
<td>Head of Physiotherapy Education, University of Nottingham (Lay member)</td>
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along with:

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<th>Name</th>
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<tr>
<td>Mr Damian Day*</td>
<td>Head of Education and Registration Policy, General Pharmaceutical Council</td>
</tr>
<tr>
<td>Professor Brian Furman</td>
<td>Rapporteur (Emeritus Professor of Pharmacology, University of Strathclyde)</td>
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*attended pre-visit meeting on 28 October 2011.
**participated in pre-visit by phone

Declaration of potential conflicts of interest

It was noted that Dr Adrian Hunt was a recent (until 2010/11) external examiner at the University of Wolverhampton, the home institution of Alan Hindle.
## Meeting the accreditation standards

<table>
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<tr>
<th>Standard 1 – Patient and public safety</th>
<th>Accreditation team’s commentary</th>
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<td>There must be clear procedures to address concerns about patient safety arising from initial pharmacy education and training. Concerns must be addressed immediately.</td>
<td>The documentation described the systems in place to ensure that students do not jeopardise patient safety. They only do tasks for which they are competent and are supervised in any patient facing situation both within the University and while on placements in the community or in hospitals. The admission process for the MPharm includes good character checks and all students, including those coming from overseas, will have completed CRB checks before they go on their first placement. If a student’s behaviour or actions give any cause for concern this is drawn to the attention of relevant people in the School; if students’ conduct is such that they may pose a risk to the public, they will be subject to fitness to practise procedures, which may result in removal from the programme. This also applies to any relevant health issues that may have safety implications. Any student whose academic performance suggests that there may be a risk to the public would not be awarded an MPharm degree. The University provides good support services in relation to conduct, health, and academic issues and students are made aware of these through various media. It was clear from the documentation and from discussions with staff and students that students were familiar the GPhC’s <em>Code of Conduct for Pharmacy Students</em> and that professionalism was addressed throughout the programme, with students understanding what constituted professional or unprofessional behaviour.</td>
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*The team was confident that the criteria to meet this standard will be met.*

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<th>Standard 2 – Monitoring, review and evaluation of initial education and training</th>
<th>Accreditation team’s commentary</th>
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<td>The quality of pharmacy education and training must be monitored, reviewed and evaluated in a systematic way.</td>
<td>The documentation gave a detailed description of the University systems that were in place for monitoring, reviewing and evaluating the quality of all degrees and, in particular, the MPharm programme. These systems included committees at the level of Academic Council, the most senior body responsible for academic quality, as well as committees at the level of the Faculty and of the School. Monitoring is undertaken at all levels down to the individual units (modules) that make up the whole programme. Portsmouth’s approach to the management of academic standards and quality is set out in the <em>Framework for Maintenance and Enhancement of Academic Standards and Quality</em> (<a href="http://www.port.ac.uk/accesstoinformation/policies/qualityassurance/filetodownload,13340,en.pdf">http://www.port.ac.uk/accesstoinformation/policies/qualityassurance/filetodownload,13340,en.pdf</a>), which emphasises the link between the quality of learning opportunities afforded to students and the standards that they achieve. This framework is supported by a number of other documents which were described in the documentation. Under this standard, the documentation also described the entry requirements, the appraisal and feedback mechanisms for students and the quality assurance mechanisms for placements. While the quality assurance mechanisms for placements meet this standard, the team suggested that the School may wish to reflect if these would be adequate if the placements were to change, and/or in the event of the move towards a 5-year, integrated MPharm, when the School would have additional responsibility for placements.</td>
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*The team was confident that the criteria to meet this standard will be met.*
The documentation described how the University is committed to the principles of equality, diversity and fairness and how this is articulated in the Single Equality Scheme and Action Plan http://www.port.ac.uk/departments/services/equalityanddiversity/downloads/filetoview/report119519.en.pdf which is consistent with the Equality Act (2010). Equality of opportunity is required to be an explicit consideration of all course approvals and reviews. The scheme is supported by an Equality and Diversity Policy Statement that provides definitions and sets out the University’s approach to fully embed equality and diversity in its activities and by further, specific policies including the Anti-Bullying and Harassment Policy, the Religion and Belief Policy and the Gender Reassignment and Trans Equality policy. These are all supported by the University’s Equality and Diversity Unit (EDU), headed by the Equality and Diversity Advisor; this unit provides advice and training and manages appropriate forums, networks and events, and reports to Academic Council via the Equality and Diversity Committee (Standard 2). Members of the central support staff also contribute substantially to the equality and diversity agenda. There is also a central support unit, the Additional Support and Disability Advice Centre (ASDAC); the staff of this unit includes Disability Officers and specialist Support Tutors. ASDAC maintains close links with the University Counselling Service, the Mental Health Advisor and the Academic Skills Unit. It also has good links to Schools via their Disability Advisors.

The University uses quantitative and qualitative evidence to monitor and assess performance in matters of equality and diversity. Quantitative evidence includes information on ethnicity, gender, age and disability and is included for the MPharm in standard reports e.g. MPharm disability report 2011 and MPharm ethnicity age and gender report 2001-11. During the event, the team was informed that students encountered expert patients from a broad range of age groups and ethnic backgrounds and it was emphasised to students that they must not judge patients on the basis of their personal religious or cultural beliefs. The team was also informed that reasonable adjustments were made to accommodate students with special needs. Individual needs and adjustments are assessed by the University’s Additional Support and Disability Advice Centre and implemented by the School before students undertake assessment. This could result in extension of deadlines for coursework submissions, being allowed extra time in examinations, being provided with a scribe and being allowed rest periods during the examination.

Discussions with staff revealed that not all staff had undertaken training in equality and diversity; this training is currently being developed by the University. An online course was available but currently this was optional. Thus, criterion 2 of this standard was not met and it was agreed that a condition of reaccreditation of the programme would be that all staff contributing to the MPharm degree must be trained in equality and diversity and that this training must include updating as necessary (see ‘Condition’).

The team was confident that one of the two criteria to meet this standard will be met.
Standard 4 – Selection of students and trainees

Selection processes must be open, fair and comply with relevant legislation. Processes must ensure students and trainees are fit to practice at the point of selection. Selection includes recruitment and admissions.

The documentation described how the admissions activities are carried out in accordance with the University Admissions Code of Practice, which aims to ensure that applicants are treated fairly and are supported and guided through the process. Information about the MPharm programme provided to potential applicants includes entry requirements, an overview of the course and its content and career prospects. Information sources make it clear that students on the MPharm programme must satisfy fitness to practise requirements and that all offers are conditional upon satisfactory completion of conduct and health clearance procedures.

Students offering A2 levels, Irish Leaving Certificate, Scottish Advanced Highers and International Baccalaureate and who meet specific screening requirements detailed by the Admissions Tutor are made a standard offer (ABB grades) without interview, unless they declare a criminal conviction or disability. Applicants undertaking a degree in a chemical/biochemical discipline will usually be made an offer contingent upon attaining an end of year mark above 60% with no individual units below 50%. Graduates will usually be made an offer contingent on attaining an upper second class honours degree. If studies were finished more than five years prior to application, applicants would be subject to the full interview process. Due to differences in curriculum and the depth of study, applicants offering qualifications equivalent to A level are subject to a full interview, which includes a short essay about why they would like to study pharmacy, an MCQ test about chemistry and a structured 30 minute viva about chemistry and biology. Following a successful interview, an offer of equivalent standard to ABB at A2 level is made based on the particular qualification they are studying. Applicants from outside the UK and Ireland who are undertaking qualifications deemed by NARIC to be equivalent to three A2 levels (and above) are offered an interview using video conferencing. This includes an ID check, an on-line chemistry assessment and an oral assessment of chemistry and biology knowledge.

Applicants who are made a conditional offer are sent a letter detailing the school’s fitness to practise procedures and the conduct and health checks required on entry and throughout the course. This letter makes it clear that the General Pharmaceutical Council will not offer prospective registration advice and that an offer of a place on the Master of Pharmacy programme does not guarantee a pre-registration training placement. Applicants achieving the required grades will have their conditional offers confirmed. Those who have failed to achieve the required grades will be rejected. Those who have only dropped slightly below the required grades may have their places confirmed following further consideration.

It was noted that the entry qualifications of successful applicants had increased over the past few years and the School’s aspiration is for the majority of entrants to exceed 320 points; the profile has been moving in that direction.

All applicants must satisfy i) English language requirements through holding either a GCSE in English language at Grade C or above, or achieving an IELTS score of 6.5 with no component less than 6.0 and ii) numeracy requirements through holding a minimum of a GCSE at grades A to C or equivalent in mathematics. All students enrolled on the MPharm undertake self-assessed diagnostic spelling and grammar and numeracy tests during the induction period; the outcome of these tests is
discussed with the personal tutor and appropriate advice on remedial action is provided.

The team had noted that for overseas applicants, the English language requirement in the IELTS was set rather low at 6.5, but was informed that this had been examined carefully; students with this IELTS score had not proved to be a problem, even those with borderline English. However, this was being monitored. It was also assumed that by the time the students had completed the course, their command of English would easily be at the IELTS level 7.

Graduates or students transferring from other courses could be offered accreditation of prior learning (APL) but this was very limited and students must demonstrate currency of their knowledge. The APL may involve exemption from a module/unit but all students were admitted to year 1 and had to complete a four year programme.

The team was confident that the criteria to meet this standard will be met.

**Standard 5 – Curriculum delivery**

The curriculum for MPharm degrees and the pre-registration scheme must deliver the outcomes in Standard 10. Most importantly, curricula must ensure students and trainees practice safely and effectively.

The ‘new’ MPharm programme, to be introduced in 2012, builds on previous developments to enhance the integrated nature of the course; changes had been driven by the introduction of the new GPhC standards and by University policy, including changes to the structure of the academic year. The new course will include stronger signposting and contextualisation of the interrelationships between science and practice e.g. by choosing clinically-relevant examples to illustrate pharmacological and chemical principles, by placing more emphasis on the clinical context of therapeutic drug use in pharmacology teaching and by ensuring that the teaching of pharmacy practice makes reference to the scientific rationale for clinical decisions and by the use of ‘science into practice’ workshops in years 2 and 3 of the programme. The students will be introduced to clinical work earlier in the programme. Although formal contact time has been reduced, the new programme increased the students’ independent learning and formative activities. These were supported by a much stronger tutorial programme and through technology; there was more support for students in managing their own learning, which was important for future professionalism in their post-graduation careers. The programme included assessments based on the students’ private learning. The curriculum is progressive, dealing with issues in an increasing more complex way until the right level of understanding is reached; there is thus a year on year development of all key subjects from an initial foundation in the first year, through to the full achievement of each required outcome at the appropriate level at a later stages of the programme. The teaching is research informed as many staff are themselves active researchers.

There is a clear strategy for teaching and learning, with all four years of the course designed to enable students to appreciate how science underpins practice and to acquire the skills, knowledge and attitudes to practise as professionals, allowing them to develop as independent learners. The teaching and learning methods employ technology to enhance learning and make use of inter-professional learning (IPL) activities and work-related learning placements. IPL, which takes place in the first 2 years, involves the students working in multidisciplinary teams, alongside, for example, students of medicine, radiography, occupational therapy, nursing and midwifery. The second year IPL requires the student team to undertake an audit on behalf
of the host organisation. It was noted that funding (via the Department of Health) for the IPL, which is undertaken jointly with the University of Southampton, has come to an end and this may result in a future restructuring of the activity. There are community pharmacy and hospital placements where students learn and practise a variety of skills and the students encounter expert patients and simulated patients at various stages of the programme. Students also make use of computerised manikins, which are equipped with software that enables them to respond appropriately to the administration of drugs.

Throughout the programme there are numerous assessments designed to assist student learning (formative assessments) and to test the attainment of knowledge, understanding and skills (summative assessments), especially whether or not they have achieved the learning outcomes specified in standard 10 of the GPhC standards (see appendix 2). There are also diagnostic assessments early in the course to determine basic literacy and numeracy skills, as well as basic knowledge of chemistry, biology, anatomy and physiology, so that remedial measures can be taken if required. There are many assessment methods including written examinations, multiple choice questions, practical tests, as well as objective, structured clinical examinations (OSCEs). In the context of OSCEs, following discussions held during the visit, the School is reviewing the impact of students’ mistakes that may have had harmful consequences in a real life situation. ‘Red flags’ (e.g. overdoses, serious drug interactions) will be incorporated systematically into the OSCEs, with an increase in complexity year on year, incorporating patient histories and patients with multiple illnesses.

The University’s progress regulations require an overall mark of 40% for students to pass a unit but the threshold for each individual component was 35%, so that, providing a student had overall mark of 40%, the student could pass a unit, if he/she had scored at least 35% in each component that made up the unit. In the MPharm, some professional units may have a higher overall pass mark and there may be a higher threshold for some components (e.g. for ‘pharmaceutical calculations’, the pass mark was 70%). The team queried whether MPharm progress regulations should allow thresholds as low as 35% in any component of any unit. The team therefore agreed that the School should consider the consequences of having low thresholds for assessed components of a unit and should consult stakeholders; the team recommended that the School considers revising its MPharm academic regulations to be explicit that the requirements of this criterion are met (see Recommendation).

The team was confident that criteria to meet this standard will be met.
The documentation described the extensive support systems available for MPharm students. Students are introduced very early in the programme to skills that they need to be successful at university and throughout their professional lives. There are diagnostic opportunities for students to assess their own levels of knowledge and skills in certain important areas and students are introduced to a range of key activities such as essay writing, group work, presentation skills, information retrieval skills, use of IT and library facilities. Upon joining the MPharm programme, each student is assigned a personal tutor, whose role is to provide support and encouragement in relation to the personal and academic demands of the degree and who can represent students’ interests, for example, at the Board of Examiners. The tutor is also available to discuss, in confidence, any problems that may affect progress on the degree and can arrange for a student to see a specialist adviser on health, academic, or other issues. Students have a number of set meetings with their tutors at each stage of the course to address various aspects of their development, including skills development and portfolio review. The student can also arrange to meet his/her tutor at any time. Throughout the new MPharm programme, students will be required to produce evidence of engagement with both PDP (Personal Development Planning) and its supporting CPD (Continuing Professional Development). Concepts of PDP and CPD will be introduced and developed in the first year and the personal tutors will monitor engagement with PDP and CPD throughout the remainder of the course. Each year, students must complete a PDP action plan and review and provide evidence of CPD through the submission of two completed CPD records, which will be reviewed by their personal tutors.

In addition to the personal tutor system, there is now a Faculty Learning Support Officer, who provides support for a wide range of study skills, such as essay writing, making the most of feedback, presentation skills, organising and planning work, referencing and avoiding plagiarism; the School employs academic staff with a wide ranging expertise in the science and practice of pharmacy, including seventeen staff who are GPhC-registered pharmacists, of whom 7 are Teacher Practitioners. All staff members are available for consultation with students and it was clear that the students appreciated this.

The University provides extensive central support facilities and services which are easily accessible to students, including the Academic Skills Unit (ASK), which provides advice and guidance on specific academic and study skills. ASK holds a stock of resource material and provides one-to-one teaching and small group sessions on a variety of topics (e.g. revision technique, report/essay writing, time/task management, presentation skills, IT skills). Other forms of support are offered through the Maths Café, which provides help on mathematics or statistics problems, the University Library, which provides help in developing library skills and the IT department, which provides support and advice to students on all matters relating to IT usage. The University provides pastoral support through the Additional Support and Disability Advice Centre (ASDAC), the Chaplaincy, the Student Union, the International Office, the Student Finance office, the Accommodation office and the Careers and Recruitment service.

*The team was confident that the criterion to meet this standard will be met.*
Standard 7 – Support and development for academic staff and pre-registration tutors

Anyone delivering initial education and training should be supported to develop in their professional roles.

The University provides a wide range of academic staff development opportunities that are managed and coordinated by central departments and development needs are considered annually for all academic staff in relation to performance in the Performance and Development Review (PDR) scheme. The main purposes of PDR are i) to discuss and review the individual’s performance over the past 12 months ii) assess this performance and provide feedback against the objectives described in Departmental/Faculty plans/Service plans to ensure they are consistent and supportive iii) offer an opportunity to raise issues or concerns pertinent to their role or department and iv) to discuss and agree objectives for the next 12 months and how their achievement can be supported by identifying opportunities for personal and professional development.

New staff have a contractual obligation to meet the UK Professional Standards for Teaching and Supporting Learning in Higher Education, especially in relation to design and planning of learning activities, teaching and/or supporting student learning, assessment, giving feedback to learners, developing effective environments and student support and guidance, integration of scholarship, research and professional activities within teaching and supporting learning and evaluation of practice and continuing professional development. New appointees who have limited prior experience in HE are usually required to undertake a Postgraduate Certificate in Teaching and Learning in HE (PgC).

As part of the induction process, new members of staff are allocated a mentor who is an experienced member of staff from their own Division and with whom they will meet on a regular basis. They receive information that covers all aspects of the job and are informed how to access key information, including strategy and policy documents. Although the same induction process applies for all new staff, the emphasis will differ according to the programme(s) on which they will teach. Mentors are selected that have experience in delivering the same programme(s) as the appointee. Additionally, non-pharmacist academic staff will be afforded the opportunity to gain experience via observational visits to pharmacy premises. Although there is no separate induction process for non-pharmacist staff, their orientation to pharmacy is achieved by close working relationships in teaching teams with staff who are pharmacists, so that there is joint planning of teaching, learning and assessments.

Staff teaching loads are allocated on an annual basis through the Head of School in consultation with Heads of Division, recognising that academic staff undertake a broad range of activities, with adjustments of teaching loads reflecting this, allowing staff time for scholarly and research activities. New staff members are allocated relatively light loads in their first two years, in order to establish their teaching, research and professional activities and undertake appropriate training.

Personal support for staff is managed by the Head of Division or Head of School and the University has a good range of professional services to support the managers in these roles. These include occupational health, disability advice, chaplaincy, counselling services, a bullying and harassment adviser and staff forums e.g. LGBT forum and disabled staff forum. In terms of support for managers on HR-related matters, the School has a dedicated HR Business Partner who is familiar with the School’s HR issues. All staff also have access to free, confidential, independent advice and counselling on issues such as work or career related problems, personal or emotional problems, legal information, relationship or family problems, alcohol or...
The documentation provided a detailed description of the management of the MPharm programme at the School level. The School Board of Study (BoS) is central to the management of the MPharm and reports to the Head of School for programme development, management, monitoring, evaluation, review and enhancement. Although the BoS is the main central management committee for the MPharm, there are also less formal forums for staff to discuss all aspects of course delivery and development. These comprise i) Divisional meetings, held regularly to allow staff to discuss curriculum design and delivery within their subject areas and to exchange ideas and share best practice and ii) Course Team meetings, held twice a year to allow staff from all areas of the course to meet and discuss performance on their units and to share ideas and best practice. There is also a Student Staff Consultative Committee (SSCC) which deals directly with any day-to-day matters affecting students; the SSCC reports to the BoS.

The key people involved in managing the MPharm are the Course Leader, the Year Tutors and the Unit Coordinators, whose detailed roles and responsibilities are defined in the documentation. The Unit Co-ordinators have a major role in the general administration, delivery, assessment and evaluation of the unit for which they are responsible, as well as liaising with External Examiners and liaising internally with, for example, the Course Leader and the Subject Librarian.

There is an annual review of the programme, which includes input from the Unit coordinators, who produce detailed unit evaluation reports; these reports include commentary on the effectiveness of teaching, learning and assessment and note changes made since the last evaluation, summarising key points identified through student and staff feedback, assessment results and external examiner comments and are used to inform the Course Leader’s Annual Standards and Quality Evaluative Review (ASQER). The unit reviews are used as a basis for discussion at Course Team meetings. In addition to annual reviews, the MPharm is reviewed every six years to provide confirmation at programme level of the curriculum’s continued fitness of purpose and that the annual monitoring and review processes are being effective.

There are mechanisms in place for managing the inter-professional learning (IPL) and placements. Each unit of IPL is run by a multi-professional curriculum team which is responsible for its smooth running and on-going improvement based on external examiner reports, facilitator and student feedback, assessment and moderation processes and cohort analysis of student results. Student and staff evaluation of each of the IPL units is carried out by e-evaluation forms. Each unit team is co-ordinated by an IPL unit co-ordinator and membership is drawn from all the schools/faculties involved in the unit. The management of community pharmacy placements is a joint activity between the School and the Science Faculty Placement Office and the documentation describes how students obtain their community placements and how arrangements operate between the School and the placement providers, including formal agreements that are put in place. Hospital placements are

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General Pharmaceutical Council, MPharm Reaccreditation report
University of Portsmouth, 19-21 March 2012
managed by a hospital Teacher Practitioner and formal agreements are in place with the five hospitals that are used; each hospital has a University teacher practitioner who manages the day to day operation of the placements and who is responsible for organising the activities within each hospital.

The School manages its own teaching laboratories but also uses centrally managed facilities such as lecture theatres and IT facilities.

Students receive information about the University, the course, the course units, academic regulations and timetabling through various media, including the University Student Handbook, School of Pharmacy and Biomedical Sciences Handbook, the MPharm Handbook and through electronic means.

*The team was confident that the criterion to meet this standard will be met.*

<table>
<thead>
<tr>
<th>Standard 9- Resources and capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources and capacity are sufficient to deliver outcomes.</td>
</tr>
</tbody>
</table>

The documentation describes the mechanisms for securing the appropriate level of resource for delivering the Portsmouth MPharm degree and the distribution of finances to the School, as well as the human and physical resources available to the programme. There are sufficient pharmacist and non-pharmacist staff, including 7 teacher-practitioners (TPs) to deliver the curriculum with an overall student to staff ratio of 18.5:1 and a total academic staff of 45.35 FTE. The staff have a wide range of backgrounds and experience and all possess a postgraduate qualification, the majority of which are at doctorate level; many, including the 17 who are GPhC-registered pharmacists, have been teaching in HE for more than 20 years. All members of academic staff act as tutors; students whose tutor is not a pharmacist can readily approach pharmacists on the staff for advice on professional matters. There are senior members of staff in the School who can influence University policy relevant to pharmacy.

There is significant research activity in the School and many members of staff are research active, so that the teaching is informed by research. This also feeds into the final year projects so that there are sufficient members of staff to supervise these. There are clear policies on research supervision, so that those members of staff who are inexperienced supervisors will gain relevant experience by co-supervision of projects alongside experienced members of staff.

Those academics who have a non-pharmacy, science background understand the relevance of their discipline to pharmacy and can deliver their area of expertise in a pharmaceutical context. This is achieved through close working relationships with experienced pharmacist staff in teaching teams, so that there is joint planning of teaching, learning and assessments (see also standard 7). From 2012, a community pharmacy group has offered to allow non-pharmacy-qualified academic staff to undertake observational visits to a Healthy Living Pharmacy to broaden their understanding of the profession.

The learning resources, including IT provision and a well-stocked library, appear to be sufficient to deliver the programme. There are computer facilities around the campus and the campus has wireless access. The team felt that the students needed
better information on the computer, library and electronic information sources that were available, as discussions with students gave the team the impression of a mismatch between the actual resources and the perception of some students.

*The team was confident that this standard will be met.*

| Standard 10 - Outcomes | The team scrutinised the learning outcomes by examination of the documentation before the event and by discussions with the teaching staff in two parallel sessions comprising a ‘science’ session and a ‘practice’ session. Rather than examining each of the 58 outcomes in these sessions, eleven outcomes were chosen for detailed discussion. The Portsmouth staff were unaware of the outcomes to be discussed until the start of these subgroup meetings. The outcomes chosen were 10.1a, 10.1b, 10.1e, 10.2.2a, 10.2.2e, 10.2.3c, 10.2.3j, 10.2.4a, 10.2.4d and 10.2.5a and 10.2.5h (see appendix 2).

For each of the eleven outcomes scrutinised in detail, the evidence provided by the discussions with the staff, along with other evidence provided with the documentation, gave the team confidence that these outcomes would be met at the required level. As this selection represented approximately 19% of the total outcomes, the team was confident that all other outcomes would be similarly met. This view was supported by the documented material for each of the other outcomes, which had also been scrutinised by the team. Thus, the team is confident that standard 10 will be met.

*The team was confident that this standard will be met.*

| Indicative Syllabus | The team was content with the School’s use of the Indicative Syllabus to inform its curriculum. |
Summary and conclusions

The team agreed to recommend to the Registrar of the General Pharmaceutical Council that the University of Portsmouth should be reaccredited for a full period of 6 years (with a smaller practice visit in 3 years, which is now a standard part of the methodology). This was subject to meeting one condition, which is:

1. to meet the requirements of Standard 3, criterion 3.2 in Future Pharmacists, all staff contributing to the MPharm degree must be trained in equality and diversity and in accordance with 3.5 in Standard 3, this must include updating as necessary. This is to support the requirement for initial pharmacy education to be based on the principles of equality, diversity and fairness. A policy and strategy must be in place to achieve this by 1st September 2012 and the strategy must be implemented from the 2012-2013 academic year.

The accreditation team made the following recommendation.

- that the School considers revising its MPharm Academic Regulations to be explicit that the requirements of criterion 5.9 in Standard 5 of Future Pharmacists are met. The GPhC must be informed of the outcome of the School’s decision but will not seek to influence it. The deadline for being informed is 1st September 2012.

The team considered the School’s position on the MPharm degree’s academic regulations at length and concluded that the regulator should not endorse a particular approach; however the team acts on behalf of a regulator and must have regard to the safety of patients and the public. Consequently, it has to be reassured that students who pass units are safe practitioners. The team was concerned that the school wishes to allow students to pass some units with an average of 40% overall but wishes to allow assessment elements to be failed. The team’s concern was that in an integrated course a failed assessment component might feed into another area of the course where passing was clearly a matter of patient safety. The wording of the relevant criterion is:

‘Academic regulations must be appropriate for a degree that is both academic and professional and which may lead to further professional training. As a general principle, all assessments must be passed. This means that condonation, trailing, extended resit opportunities and other remedial measures should be extremely limited, if they are permitted at all. MPharm degree academic regulations may be more stringent than university norms. This may include higher than usual pass marks for assessments demonstrating knowledge and skills essential to safe and effective practice.’

It was drawn to the School’s attention that anything other than requiring students to pass is an exception in the criterion. In light of this, the test the School should consider applying in order to permit students to fail any component of a unit is that the School can prove that allowing failure of a component will not affect patient safety. The team recognised that this might mean MPharm degree regulations could be more stringent than regulations for other non-healthcare students in the University but that that was not relevant to the recommendation and could not be used as a justification for allowing components of a unit to be failed. In making the recommendation, the team acknowledged that the School was taking the matter of patient safety very seriously and had agreed a plan to consider how it can be made more explicit in assessment.
Standing condition of accreditation:

These are the conditions which will apply in all circumstances of degree accreditation:

1. The school or department of pharmacy always seeks approval from the General Pharmaceutical Council for curriculum amendments and always at least informs the General Pharmaceutical Council of significant changes to pharmacy undergraduate student numbers or resources for their teaching, learning support and assessment, including any change from internal to teaching, learning and assessment from outside the school or department;
2. The school or department of pharmacy produces and submits to the General Pharmaceutical Council annually requested data on student numbers and progression and degree awards;
3. The school or department of pharmacy produces and submits to the General Pharmaceutical Council annually requested information about the extent of human and physical resources it enjoys for the delivery and support of the degree course;
4. The school or department of pharmacy or the university makes students and potential students aware of the existence and Internet address where they can view the General Pharmaceutical Council’s summary reports of degree accreditation exercises, main after- actions therefrom and of the timetable for future accreditation exercises.

The Pharmacy Order 2010 states:

Part 5 Education, training and acquisition of experience and continuing professional development, Information to be given by institutions or other providers, 46. ...

(3) Whenever required to do so by the Council, any institution or other provider to which this article applies must give to the Council such information and assistance as the Council may reasonably require in connection with the exercise of its functions under this Order.

(4) Where an institution or other provider refuses any reasonable request for information made by the Council under this article, the Council may, in accordance with article 47 ('Refusal or withdrawal of approval of courses, qualifications and institutions'), refuse to approve or withdraw approval from, any course of education or training, qualification, test or institution or other provider to which the information relates.

It is a requirement of accreditation that institutions or other providers provide the GPhC proactively and in a timely manner with any information which is, or has the potential to be, material to the delivery of an accredited course. This includes, but is not limited to: changes in staffing, changes in funding, and/or substantial changes in curriculum or delivery.


Caution: Preregistration and employment as a pharmacist:

• In respect of all students, successful completion of an accredited course in not a guarantee of a placement for a pre-registration year or of future employment as a pharmacist.
Appendix 1 - Documents submitted as evidence in support of standards 1-9

It should be noted that several of these documents were used as supporting evidence for more than one standard

<table>
<thead>
<tr>
<th>Code</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1a.1.</td>
<td>School FTP procedures</td>
</tr>
<tr>
<td>1.1a.2.</td>
<td>Letter from GPhC confirming fitness of FTP procedures</td>
</tr>
<tr>
<td>1.1a.3.</td>
<td>Map of School FTP procedure against GPhC requirements</td>
</tr>
<tr>
<td>1.1a.4.</td>
<td>FTP guidance to students</td>
</tr>
<tr>
<td>1.1a.5.</td>
<td>UoP Handbook of Student Regulations (section 3.6 refers to FTP)</td>
</tr>
<tr>
<td>1.1a.6.</td>
<td>UoP Admissions Code of Practice</td>
</tr>
<tr>
<td>1.1a.7.</td>
<td>Community placement folder</td>
</tr>
<tr>
<td>1.1a.8.</td>
<td>Hospital placement folder</td>
</tr>
<tr>
<td>1.1a.9.</td>
<td>Information on IPL workplace facilitator training</td>
</tr>
<tr>
<td>1.1d.1.</td>
<td>Abbreviated University of Portsmouth Policy on Personal Tutors</td>
</tr>
<tr>
<td>1.1d.2.</td>
<td>Example of support materials for tutors</td>
</tr>
<tr>
<td>1.1d.3.</td>
<td>Copy of personal tutorial programme</td>
</tr>
<tr>
<td>1.1d.4.</td>
<td>Web links to key University support services (copies of landing pages are included in evidence files): Academic Skills</td>
</tr>
<tr>
<td>1.1d.5.</td>
<td>Web links to key University support services (copies of landing pages are included in evidence files): ASDAC:</td>
</tr>
<tr>
<td>1.1d.6.</td>
<td>Web links to key University support services (copies of landing pages are included in evidence files): Counselling Service:</td>
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<tr>
<td>1.1d.7.</td>
<td>Web links to key University support services (copies of landing pages are included in evidence files): Chaplaincy:</td>
</tr>
<tr>
<td>1.1d.8.</td>
<td>Web links to key University support services (copies of landing pages are included in evidence files): Mental Health Advisers:</td>
</tr>
<tr>
<td>1.1d.9.</td>
<td>Students Union website</td>
</tr>
<tr>
<td>1.1d.10.</td>
<td>Outline of MPharm induction programme 2011</td>
</tr>
<tr>
<td>1.1d.11.</td>
<td>MPharm induction week hands-on activity workbook2011</td>
</tr>
<tr>
<td>1.1e.1.</td>
<td>UoP Examination and Assessment regulations NB 2011 document included as 2012 document is not yet available</td>
</tr>
<tr>
<td>1.1g.1.</td>
<td>Code of Conduct and FTP presentation 2011</td>
</tr>
<tr>
<td>1.1g.2.</td>
<td>Annual self-declaration forms</td>
</tr>
<tr>
<td>1.1h.1.</td>
<td>Letter sent to applicants re good character and health checks</td>
</tr>
<tr>
<td>2.1a.1.</td>
<td>Framework for the Maintenance and Enhancement of Academic Standards and Quality</td>
</tr>
<tr>
<td>2.1a.2.</td>
<td>Approval Modification and Closure of Academic Provision</td>
</tr>
</tbody>
</table>
2.1a.3. Programme Monitoring and Review
2.1a.4. QAA Institutional Audit University of Portsmouth 2008
2.1a.5. QAA Audit of Collaborative Provision University of Portsmouth 2010
2.1a.6. Terms of reference of selected university committees
2.1a.7. Terms of reference of PHBM committees
2.1bi.1. UoP Admissions Code of Practice
2.1bi.1. Academic Regulations: Awards of the University of Portsmouth 2011
2.1bi.2. Academic Regulations: Examination and Assessment Regulations 2011
2.1bi.3. External Examiner Regulations and Procedures 2010
2.1bi.4. Policy for the Assessment of Students 2012
2.1bi.5. Unit Management Handbook 2007
2.1bi.6. MPharm cognate area listing 2012
2.1bi.7. External Examiner induction webpage
2.1bi.8. MPharm External Examiner reports
2.1bi.9. UoP Stage 3 approval documents for new MPharm Hons Pharmacy (abbreviated)
2.1bi.10 ASQR reports
2.1bi.11 MPharm Hons Pharmacy periodic review 2009
2.1bi.12 UoP Strategic Plan 2007-2012
2.1bi.13 UoP Learning, Teaching and Assessment Strategy 2008-2012
2.1bi.14 PHBM Learning, Teaching Assessment and Student Support Strategy 2010-12
2.1bi.15 UoP Student Feedback Policy 2010-12
4.1.1. UoP course look up website - Pharmacy - 2012
4.1.2. UoP prospectus entry for MPharm 2012
4.1.3. Information to applicants 2012
4.2a.1. Interview process 2012
4.2a.2. Post-entry chemistry diagnostic test
4.2b.1. English for academic purposes information
4.2b.2. Spelling and grammar diagnostic test
4.2c.1. Numeracy diagnostic test
4.2d.1. Induction week timetable (showing FTP session)
4.2d.2. Induction week FTP presentation
4.2e.1. ASDAC admissions policy
4.2e.2. Guidance for disabled applicants
4.2f.1. Recognition and Accreditation of Prior Learning Policy, Procedures and Guidance 2011
5.1.1. Indicative syllabus mapping and commentary (provides detail of integraf topics across disciplines, units and stages)
5.1.2. Induction presentation on integration
5.1.3. Induction week hands on activity workbook
5.3.1. Academic staff profiles
5.3.2. List of IPL locations and audit topics 2011
5.4.1. UoP unit of assessment 12 RAE profile available at
5.4.2. PHBM RKT strategy 2009-2012
5.4.3. PHBM external funding 2009-present
5.4.4. IBBS web pages
5.5.1. MPharm-specific Learning, Teaching and Assessment Strategy 2012
5.5.2. MPharm distribution of taught hours
5.5.3. MPharm independent and directed learning strategy 2012
5.5.4. MPharm feedback policy 2012
5.7.1. Summary of MPharm NSS and course questionnaire feedback
6.1.1. Web links to key University Maths Cafe
6.1.2. Web links to key Purple Door:
6.1.3. Web links to International Office
6.1.4. Web links to Student Finance
6.1.5. Web links to Student Accommodation
7.1.1. UoP Performance and Development Review Scheme 2010
7.1.2. Performance and Development Review staff guidance
7.1.3. UoP CPD policy 2004
7.1.4. Anonymised PDR reports
7.2.1. UoP PgC Learning and Teaching in Higher Education
7.2.2. iPROF handbook (web)
7.2.3. Academic staff induction guide
7.2.4. Academic staff personal induction plan
7.2.5. Manager's guidance on induction
7.2.6. Professional development for newly appointed staff (web)
7.2.7. Professional development for newly appointed staff (flowchart)
7.2.8. gPROF summary (web)
7.3.1. Support for managers summary
7.3.2. Guide for managers (web)
7.3.3. Management staff development opportunities (web)
7.3.4. Academic staff handbook
8.1.1. Role of Course Leaders
8.1.2. Division Head job description
8.1.3. UoP Stage 2 approval documents
8.1.4. Report of consultation with past students
8.1.5. Report of consultation with community placement providers
8.1.6. Report of consultation with hospital placement providers
8.1.7. Report of consultation with present students
8.1.8. Report of consultation with the public
8.1.9. IPL annual quality report 2009
8.1.10. IPL annual quality report 2010
8.1.11. IPL annual quality report 2011
8.1.12. IPL unit 1 External Examiner report 2010-11
8.1.13. IPL unit 2 External Examiner report 2010-11
8.1.14. PHBM School supplement 2012 (draft)
8.1.15. MPharm course handbook 2012 (draft)
9.1a.2. UoP financial review 2009-2010
9.1a.3. UoP financial review 2010-2011
9.1b.1. UoP Regulations for Higher Degrees by Research 2011
9.1b.2. UoP Regulation for the Award of PhD by Publication 2009
9.1b.3. UoP Code of Practice for Postgraduate Research Degrees 2008
9.1b.4. Postgraduate Research Student Handbook 2011
9.1b.5. Handbook for Postgraduate Research Supervisors 2011
9.1b.6. Academic roles profiles guidance

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9.1b.7. Guidance on Readerships and Professorships 2010
Appendix 2 – Standards for the initial education and training of pharmacists

Standard 1 – Patient and public safety

1. There must be clear procedures to address concerns about patient safety arising from pharmacy education and training. Concerns must be addressed immediately.

1.1. There must be effective systems in place to ensure that students and trainees:

1.1.a do not jeopardise patient safety;
1.1.b only do tasks for which they are competent, sometimes under supervision;
1.1.c are monitored and assessed to ensure they always practice safely. Causes for concern should be addressed immediately;
1.1.d have access to support for health, conduct and academic issues;
1.1.e must not be awarded an accredited degree or pass pre-registration training if they might pose a risk to patients or the public;
1.1.f understand what is and what is not professional behaviour and are familiar with the GPhC’s Code of Conduct for Pharmacy Students (2010) Standards of conduct, ethics and performance (2010);
1.1.g understand what fitness to practise mechanisms apply to them. All schools of pharmacy must have fitness to practise procedures to deal with student causes for concern;
1.1.h undergo required health and good character checks;
1.1.i understand that it is an offence to impersonate a pharmacist. Pharmacists are registrants of the GPhC.
Standard 2 – Monitoring, review and evaluation of initial education and training

2. The quality of pharmacy education and training must be monitored, reviewed and evaluated in a systematic way.

2.1 There must be systems and policies in place covering the following:

2.1.a information about roles & responsibilities and lines of accountability;
2.1.b university information on:
   2.1.b.i entry requirements;
   2.1.b.ii the quality of teaching, learning and assessment;
   2.1.b.iii the quality of placements and other practice learning opportunities;
   2.1.b.iv appraisal and feedback systems for students and trainees;
   2.1.b.v supervision requirements;
   2.1.b.vi educational resources and capacity;

These must be monitored, reviewed and evaluated systematically. When an issue is identified it must be documented and dealt with promptly;

2.1.c pre-registration tutors evaluating trainees. To do this, tutors must have access to reliable evidence about a trainee’s performance. Tutors must be competent to assess the performance of trainees;

2.1.d the quality and development of pre-registration tutors.

Standard 3 – Equality, diversity and opportunity

3. Initial pharmacy education and training must be based on principles of equality, diversity and fairness. It must meet the requirements of all relevant legislation.

3.1 systems and policies for capturing equality and diversity data. Concerns should be documented, addressed and disseminated;
3.2 strategies for staff training in equality and diversity
Standard 4 – Selection of students and trainees

4. Selection processes must be open, fair and comply with relevant legislation. Processes must ensure students and trainees are fit to practice at the point of selection. Selection includes recruitment and admissions.

4.1 Selection process must give applicants the information they need to make an informed application.

4.2 Selection criteria must be explicit. They should include:
   - 4.2.a meeting academic and professional entry requirements;
   - 4.2.b meeting English language requirements appropriate to MPharm degree study. Guidelines issued by English language testing bodies should be followed to ensure that admissions language requirements are appropriate;
   - 4.2.c meeting numeracy requirements;
   - 4.2.d taking account of good character checks, such as Criminal Records Bureau (CRB)/Disclosure Scotland checks;
   - 4.2.e passing health checks (subject to reasonable adjustments being made). Health checks could include self-evaluations and/or evaluations by healthcare professionals;
   - 4.2.f recognising prior learning, where that is appropriate

4.3 Selectors should apply selection criteria fairly. They should be trained to do this. Training should include equality and diversity matters.

Standard 5 – Curriculum delivery

5. The curriculum for MPharm degrees and the pre-registration scheme must deliver the outcomes in Standard 10. Most importantly, curricula must ensure students and trainees practice safely and effectively.

5.1 Curricula must be integrated.

5.2 Curricula must be progressive, dealing with issues in an increasing more complex way until the right level of understanding is reached.

5.3 An MPharm must be delivered in an environment which places study in a professional and academic context and requires students to conduct themselves professionally. Pre-registration must be delivered in a professional environment which requires trainees to conduct themselves professionally.

5.4 An MPharm must be delivered in an environment informed by research. This means that whether or not all staff are engaged in research, their teaching must be informed by research.

5.5 An MPharm degree teaching and learning strategy must set out how students will achieve the outcomes in Standard 10. Learning opportunities must be structured...
to provide:

5.5.a an integrated experience of relevant science and pharmacy practice;
5.5.b a balance of theory and practice;
5.5.c independent learning skills.

5.6 The MPharm degree curriculum must include practical experience of working with patients, carers and other healthcare professionals. Practical experience should increase year on year.

5.7 There must be a clear assessment strategy for the MPharm degree. Assessment methods must measure the outcomes in Standard 10.

5.8 The MPharm degree assessment strategy should include:

| 5.8.a | diagnostic assessments; |
| 5.8.b | formative assessments; |
| 5.8.c | summative assessments; |
| 5.8.d | timely feedback. |

5.9 Academic regulations must be appropriate for a degree that is both academic and professional and may lead to further professional training. As a general principle, all assessments must be passed. This means that condonation, compensation, trailing, extended re-sit opportunities and other remedial measures should be extremely limited, if they are permitted at all. MPharm degree academic regulations may be more stringent than university norms. This may include higher than usual pass marks for assessments demonstrating knowledge and skills essential to safe and effective pharmacy practice.

5.10 Marking criteria must be used for all assessments and all pass criteria must reflect safe and effective practice.

5.11 Patient safety must be paramount in assessments: any evidence of an assessment demonstrating unsafe practise must result in failure.

5.12 A pre-registration training plan must describe how the learning outcomes for pre-registration will be delivered.

5.13 A pre-registration training plan must describe all assessments, including tutor evaluations and tutor sign-offs.
Standard 6 – Support and development for students and trainees

6. Students and trainees must be supported to develop as learners and professionals during their initial education and training.

6.1. A range of mechanisms must be in place to support students and trainees to develop as learners and professionals.

Standard 7 – Support and development for academic staff and pre-registration tutors

7. Anyone delivering initial education and training should be supported to develop in their professional roles.

7.1. There must be a range of mechanisms in place to support anyone delivering initial education and training to develop in their role.

7.2. Induction programmes are provided for tutors and university staff as appropriate. This should include induction programmes for non-pharmacists working on MPharm degrees.

7.3. Everyone involved in delivering the curriculum should have:
   7.3.a effective supervision;
   7.3.b an appropriate and realistic workload;
   7.3.c effective personal support;
   7.3.d mentoring;
   7.3.e time to learn;
   7.3.f continuing professional development opportunities.

7.4. Tutors have an identified source of peer support.

Standard 8 – Management of initial education and training

8. Education and training must be planned and maintained through transparent processes which must show who is responsible for what at each stage.

8.1. All education and training will be supported by a defined management plan with:
   8.1.a a schedule of responsibilities
   8.1.b defined structures and processes to manage the delivery of education and training.
Standard 9- Resources and capacity

9. Resources and capacity are sufficient to deliver outcomes.

9.1 There must be:

9.1.a robust and transparent mechanisms for securing an appropriate level of resource for delivering an MPharm degree

9.1.b sufficient staff from relevant disciplines to deliver the curriculum to students and trainees. Staff must be appropriately qualified and experienced. The staffing profile must include:

9.1.b.i sufficient numbers of pharmacists – registrants of the GPhC – with experience of teaching in higher education to ensure that an MPharm degree can produce students equipped to enter pharmacist pre-registration training in Great Britain.

9.1.b.ii sufficient numbers of pharmacists to act as tutors and professional mentors at university and in pre-registration. Not all personal tutors must be pharmacists.

9.1.b.iii pharmacists who are leaders in the profession and in their university, who can influence university policy relevant to pharmacy

9.1.b.iv non-pharmacist academics who can influence school and university policy relevant to pharmacy

9.1.b.v staff who are sufficiently experienced to supervise research. It would be unusual for anyone to supervise research at a particular level unless they had researched to that level or beyond. New research supervisors must be mentored and signed off as being fit to supervise after a period of mentoring

9.1.b.vi science academics who understand the relevance of their discipline to pharmacy and deliver their area of expertise in a pharmaceutical context

9.1.b.vii academic pharmacists and other experienced MPharm degree staff who are able to act as mentors to non-pharmacist colleagues

9.1.c pre-registration tutors who meet the GPhC’s standards for pre-registration tutors.

9.1.d career pathways in universities for all staff teaching on MPharm degrees, including pathways for practice staff

9.1.e clear lines of authority and responsibility for the strategic organisation and day-to-day management of placements

9.1.f training and ongoing support for all non-pharmacists involved in the delivery of MPharm degrees which must help them understand:

9.1.f.i help and understand the relevance of their work to pharmacy

9.1.f.ii how to deliver their area of expertise in a pharmaceutical context

9.1.g appropriate learning resources

9.1.h accommodation and facilities that are fit for purpose

9.1.i pre-registration premises which meet the GPhC’s standards for pre-registration premises
Outcomes for the initial education and training of pharmacists

10.1 Expectations of a pharmacy professional

<table>
<thead>
<tr>
<th>Learning outcome</th>
<th>MPharm</th>
<th>Pre-reg</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Recognise ethical dilemmas &amp; respond in accordance with relevant codes of conduct and behaviour</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>b. Recognise the duty to take action if a colleague’s health, performance or conduct is putting patients or public at risk</td>
<td>Knows how</td>
<td>Knows how</td>
</tr>
<tr>
<td>c. Recognise personal health needs, consult and follow the advice of a suitably qualified professional, and protect patients or public from any risk posed by personal health</td>
<td>Does</td>
<td>Does</td>
</tr>
<tr>
<td>d. Apply the principles of clinical governance in practice</td>
<td>Knows how</td>
<td>Does</td>
</tr>
<tr>
<td>e. Demonstrate how the science of pharmacy is applied in the design and development of medicines and devices</td>
<td>Shows how</td>
<td>Knows how</td>
</tr>
<tr>
<td>f. Contribute to the education and training of other members of the team, including peer review and assessment</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>g. Contribute to the development of other members of the team through coaching and feedback</td>
<td>Knows how</td>
<td>Shows how</td>
</tr>
<tr>
<td>h. Engage in multidisciplinary team working</td>
<td>Knows how</td>
<td>Does</td>
</tr>
<tr>
<td>i. Respond appropriately to medical emergencies, including provision of first aid</td>
<td>Knows how</td>
<td>Shows how</td>
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10.2 The skills required in practice

10.2.1 Implementing health policy

<table>
<thead>
<tr>
<th>Learning outcome</th>
<th>MPharm</th>
<th>Pre-reg</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Promote healthy lifestyles by facilitating access to and understanding of health promotion information</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>b. Access &amp; critically evaluate evidence to support safe, rational &amp; cost effective use of medicines</td>
<td>Shows how</td>
<td>Knows how</td>
</tr>
<tr>
<td>c. Use the evidence base to review current practice</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>d. Apply knowledge of current pharmacy-related policy to improve health outcomes</td>
<td>Knows how</td>
<td>Shows how</td>
</tr>
<tr>
<td></td>
<td>Learning outcome</td>
<td>MPharm</td>
</tr>
<tr>
<td>---</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>e.</td>
<td>Collaborate with patients, the public and other healthcare professionals to improve patient outcomes</td>
<td>Knows how</td>
</tr>
<tr>
<td>f.</td>
<td>Play an active role with public and professional groups to promote improved health outcomes</td>
<td>Knows how</td>
</tr>
<tr>
<td>g.</td>
<td>Contribute to research &amp; development activities to improve health outcomes</td>
<td>Knows how</td>
</tr>
<tr>
<td>h.</td>
<td>Provide evidence- based medicines information</td>
<td>Shows how</td>
</tr>
</tbody>
</table>

**10.2.2 Validating therapeutic approaches and supplies prescribed and over-the-counter medicines**

| Learning outcome                                                                                                                                                                                                 | MPharm          | Pre-reg          |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|
| a. | Identify and employ the appropriate diagnostic or physiological testing techniques in order to promote health                                                                                                | Knows how       | Shows how        |
| b. | Identify inappropriate health behaviours and recommend suitable approaches to interventions                                                                                                                     | Shows how       | Does             |
| c. | Instruct patients in the safe and effective use of their medicines and devices                                                                                                                                   | Shows how       | Does             |
| d. | Analyse prescriptions for validity and clarity                                                                                                                                                                   | Shows how       | Does             |
| e. | Clinically evaluate the appropriateness of prescribed medicines                                                                                                                                                | Shows how       | Does             |
| f. | Provide, monitor and modify prescribed treatment to maximise health outcomes                                                                                                                                     | Shows how       | Does             |
| g. | Communicate with patients about their prescribed treatment                                                                                                                                                      | Shows how       | Does             |
| h. | Optimise treatment for individual patient needs in collaboration with the prescriber                                                                                                                             | Shows how       | Does             |
| i. | Record, maintain and store patient data                                                                                                                                                                         | Shows how       | Does             |
| j. | Supply medicines safely and efficiently, consistently within legal requirements and best professional practice.  
NB This should be demonstrated in relation to both human and veterinary medicines. | Shows how       | Does             |

**10.2.3 Ensuring safe and effective systems are in place to manage risk inherent in the practice of pharmacy and the delivery of pharmaceutical services**

| Learning outcome                                                                                                                                                                                                 | MPharm          | Pre-reg          |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|
| a. | Ensure quality of ingredients to produce medicines and products                                                                                                                                                 | Knows how       | Shows how        |
| b. | Apply pharmaceutical principles to the formulation, preparation and packaging of products                                                                                                                     | Shows how       | Shows how        |
| c. | Verify safety and accuracy utilising pharmaceutical calculations                                                                                                                                               | Does            | Does             |
| d. | Develop quality management systems including maintaining appropriate records                                                                                                                                  | Shows how       | Shows how        |
| e. | Manage and maintain quality management systems including maintaining appropriate records                                                                                                                       | Shows how       | Does             |
| f. Procure and store medicines and other pharmaceutical products working within a quality assurance framework | Knows how | Does |
| g. Distribute medicines safely, legally and effectively | Knows how | Does |
| h. Dispose of medicines safely, legally and effectively | Knows how | Does |
| i. Manage resources in order to ensure work flow and minimise risk in the workplace | Knows how | Shows how |
| j. Take personal responsibility for health and safety | Does | Does |
| k. Work effectively within teams to ensure safe and effective systems are being followed | Knows how | Does |
| l. Ensure the application of appropriate infection control measures | Shows how | Does |
| m. Supervise others involved in service delivery | Knows how | Does |
| n. Identify, report and prevent errors and unsafe practice | Shows how | Does |
| o. Procure, store and dispense and supply veterinary medicines safely and legally | Knows how | Knows how |

10.2.4 Working with patients and the public

<table>
<thead>
<tr>
<th>Learning outcome</th>
<th>MPharm</th>
<th>Pre-reg</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Establish and maintain patient relationships while identifying patients’ desired health outcomes and priorities</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>b. Obtain and record relevant patient medical, social and family history</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>c. Identify and employ the appropriate diagnostic or physiological testing techniques to inform clinical decision making</td>
<td>Knows how</td>
<td>Shows how</td>
</tr>
<tr>
<td>d. Communicate information about available options in a way which promotes understanding</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>e. Support the patient in choosing an option by listening and responding to their concerns and respecting their decisions</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>f. Conclude consultation to ensure a satisfactory outcome</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>g. Maintain accurate and comprehensive consultation records</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>h. Provide accurate written or oral information appropriate to the needs of patients, the public or other healthcare professionals</td>
<td>Shows how</td>
<td>Does</td>
</tr>
</tbody>
</table>

10.2.5 Maintaining and improving professional performance

<table>
<thead>
<tr>
<th>Learning outcome</th>
<th>MPharm</th>
<th>Pre-reg</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Demonstrate the characteristics of a prospective professional pharmacist as set out in relevant codes of conduct and behaviour</td>
<td>Does</td>
<td>Does</td>
</tr>
<tr>
<td></td>
<td>b. Reflect on personal and professional approaches to practice</td>
<td>Does</td>
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<tr>
<td></td>
<td>c. Create and implement a personal development plan</td>
<td>Does</td>
</tr>
<tr>
<td></td>
<td>d. Review and reflect on evidence to monitor performance and revise professional development plan</td>
<td>Does</td>
</tr>
<tr>
<td></td>
<td>e. Participate in audit and in implementing recommendations</td>
<td>Knows how</td>
</tr>
<tr>
<td></td>
<td>f. Contribute to identifying learning and development needs of team members</td>
<td>Knows how</td>
</tr>
<tr>
<td></td>
<td>g. Contribute to the development and support of individuals and teams</td>
<td>Knows how</td>
</tr>
<tr>
<td></td>
<td>h. Anticipate and lead change</td>
<td>Knows how</td>
</tr>
</tbody>
</table>

**Indicative syllabus**

**A1.1 How medicines work**

**Therapeutics**
- Routes of administration
- New therapeutic advances
- Infection control
- Complementary therapies
- Clinical therapeutic uses of drugs

**Applied Physical, Chemical and Biological sciences**
- Sources and purification of medicinal substances
- Physicochemical characteristics of drugs and biological systems
- Thermodynamics and chemical kinetics
- (Bio)Analytical principles and methods
- Drug design and discovery
- Cell and molecular biology
- Biochemistry
- Genetics
• Microbiology
• Immunology
• Pharmaceutical chemistry
• Drug identification
• Drug synthesis

Pharmacology, pharmacokinetics & pharmacodynamics
• Contraindications, adverse reactions and drug interactions
• ADME
• Prediction of drug properties
• Pharmacogenetics and pharmacogenomics
• Drug and substance misuse
• Clinical toxicology and drug-over-exposure
• Molecular basis of drug action
• Metabolism

Pharmaceutical technology including manufacturing & engineering science
• Biotechnology
• Manufacturing methods
• Quality assurance processes
• Sterilisation and asepsis
• Environmental control in manufacturing

Formulation and material science
• Materials used in formulations and devices
• Biopharmaceutics, developmental pharmaceutics, pre-formulation and formulation studies
• Design and standardization of medicines
• Microbiological contamination
• Contamination control
• Product stability
• Medical devices

A1.2 How people work

Normal & abnormal structure & function
• Nutrition
• Physiology
• Pathology
• Infective processes

Sociology
• Social and behavioural science

Health psychology
• Health promotion
• Disease prevention
• Behavioural medicine

Objective diagnosis
• Differential diagnosis
• Symptom recognition
• Diagnostic tests

Epidemiology
• Aetiology and epidemiology of (major) diseases
A1.3 How systems work

Healthcare management
- Public health
- Organisations: NHS, DH, govt priorities
- Other professionals
- Health care systems

Evidence-based practice
- Health information systems/ resources
- Health policy and (pharmaco)economics

Professional regulation
- Legislation
- Professional ethics and fitness to practise
- Sale and supply of medicines
- CPD
- Political and legal framework

Medicines regulation
- Evaluation and regulation of new drugs and medicines
- Pharmacopoeial specifications and biological standards
- Medicines licensing
- Product quality, safety and efficacy
- The supply chain
- Packaging, labelling and patient information

Clinical governance
• SOPs
• Research methodology / research ethics
• Risk & quality management
• Good manufacturing/dispensing practice
• Good clinical practice
• Health policy, clinical and science research methods

Clinical management
• Disease management
• Chronic medicines management
• Medicines use review
• Care planning

Workplace Regulation
• Health & Safety
• Sexual boundaries
• Independent Safeguarding Authority
• Data protection
• FOIA
• Consumer protection incl. complaints procedures

A1.4 Core and transferable skills

Professionalism

Research and research methods

Critical appraisal
• Audit and learning from errors

Problem solving
• Study skills
• Team-working skills

Clinical decision making
• Leadership skills

Accurate record keeping

Reflective practice (incl. continuing professional development)

Effective communication
• Interpersonal skills
• Medical terminology

Interpret & interrogate clinical data

 Analyse & use numerical data

Pharmaceutical numeracy

Technological literacy

A1.5  Attitudes and values

See the GPhC Code of Conduct for pharmacy students (2010) and Standards of conduct, ethics and performance (2010)