University of Birmingham


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 reaccreditation 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’.

Background

The University of Birmingham approached the GPhC early in 2011 with an intention to apply for accreditation of an MPharm degree. A step 1 event was subsequently held at the GPhC’s office in London on 15 July 2011, when the University put forward a formal proposal for introducing this new programme and informed the GPhC of its plan to seek accreditation of a 5-year integrated MPharm degree; this would be provided by the University’s School of Clinical and Experimental Medicine within the College of Medical and Dental Sciences. The GPhC advised that the suggested intake of students to the new course in 2013/2014 would be feasible, provided a successful outcome was achieved at both step 2 and step 3 upon the first attempt. The GPhC agreed that the proposed staffing ratio was acceptable and advised that key staff should be appointed in good time in order to influence the business case and curriculum. The GPhC also advised that it was important that teaching, including science subjects, was sufficiently pharmacy-oriented. At the subsequent step 2 event, the GPhC agreed that the University of Birmingham should be permitted to progress to step 3 of the accreditation process, on condition that the University reviewed the timetable for the appointment of academic staff to ensure the development of an integrated MPharm degree curriculum, and updated the GPhC at the step 3 event. The GPhC also recommended that the University should organise the curriculum to ensure that the science is integrated with professional and clinical practice, as this would be the focus of the step 3 process. A step 3 event was subsequently scheduled for 4-6 December 2012, when the accreditation team agreed to recommend that the University should be permitted to move to step 4 of the accreditation process.
its four-year programme; this was subject to the condition that a coherent assessment strategy be developed, which should include diagnostic, formative and summative assessments and marking criteria that are consistent with safe and effective practice. However, the accreditation team was unable to recommend that the University could move from step 3 to step 4 of the accreditation process in relation to its proposed five-year programme, because the provision proposed for that programme was not sufficiently developed; in particular, the finances underpinning pre-registration were not clear and that there were differing views among staff about the content and delivery of preregistration training. At the step 4 event for the four-year programme, held on 5-7 March 2014, the team recommended that the University should progress to step 5 of the accreditation process; there were no conditions or recommendations. A step 5 event was held on 4-5 June 2015, when the team agreed to recommend that the University be permitted to move from Step 5 to Step 6 of the accreditation process, subject to the condition that the School reviewed the delivery and assessment of material on safeguarding and on equality and diversity for incorporation into the MPharm curriculum for the start of the 2015/16 academic year; the team’s view was that the current provision did not prepare the students sufficiently to interact with patients; this was to meet standard 1 and standard 3. In response to this condition, the School undertook a comprehensive review of the approaches to safeguarding and the equality and diversity aspects of the course and has made appropriate adjustments to the curriculum to address these matters. Accordingly, a step 6 accreditation event was scheduled for May 2016 and the following is a record of that event.

Documentation

The provider submitted submission documentation to the GPhC in line with agreed timescales and a pre-visit took place at the University of Birmingham on 29 April 2016. During the pre-visit the schedule of meetings and timings for the Step 6 accreditation event were confirmed and the GPhC requested that several documents be submitted ready for the event; these would comprise any minutes from the various committees (MPharm curriculum development; MPharm Programme Committee; Staff-Student Committee), the academic profile of the 2015/16 intake and placement evaluation and feedback.

The event

The event began with a private meeting of the accreditation team and GPhC representatives on 27 May 2016. The remainder of the event took place on site at the University of Birmingham on 27-28 May 2016, and comprised a series of meetings with staff and students of the University.

Accreditation team

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation at the time of accreditation event</th>
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</thead>
<tbody>
<tr>
<td>Professor Terry Healey*</td>
<td>(Team leader) Emeritus Professor of Pharmacy Robert Gordon University</td>
</tr>
<tr>
<td>Professor Angela Alexander</td>
<td>Professor of Pharmacy Education University of Reading</td>
</tr>
<tr>
<td>Professor Jane Portlock</td>
<td>Professor of Pharmacy Practice University of Portsmouth</td>
</tr>
<tr>
<td>Dr Ruth Edwards</td>
<td>Senior Lecturer &amp; MPharm Course Leader Robert Gordon University</td>
</tr>
<tr>
<td>Mrs Gail Curphey</td>
<td>Pharmacy consultant</td>
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</tbody>
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General Pharmaceutical Council, Step 6 MPharm accreditation report
University of Birmingham 25-27 May 2016
Mr Scott Downham  
Clinical Pharmacist  

Professor Dorothy  
Emeritus Professor of Health Psychology University of Ulster  

Whittington  

along with:  
Name | Designation at the time of visit  
---|---  
Ms Joanne Martin* | Quality Assurance Manager (Education), General Pharmaceutical Council  
Professor Brian Furman | Rapporteur, Emeritus Professor of Pharmacology, University of Strathclyde  

*attended pre-visit meeting on 29 April 2016  

Declaration of potential conflicts of interest  

No potential conflicts of interest were declared.  

Meeting the accreditation standards (see Appendix 1)  

| Accreditation team’s commentary |  
|---|---  
| **Standard 1 – Patient and public safety** |  
There must be clear procedures to address concerns about patient safety arising from initial pharmacy education and training. Concerns must be addressed immediately.  

The systems in place to ensure the safety of the patient and public include current quality assurance procedures involving academic regulations, examinations and assessment processes, together with misconduct and specific fitness to practise procedures. Students must sign up to the College of Medical and Dental Sciences Code of Conduct for MPharm Students and confirm agreement annually. They are also introduced to the GPhC Code of Conduct for Pharmacy Students and the MPharm Fitness to Practise procedures during induction; these are reinforced throughout the programme. Students are appropriately supervised while in patient-facing situations such as on placements. Health screening and DBS checks are part of the admission process and are checked at least annually. There are procedures for raising concerns about students, and students are taught about whistleblowing, including the procedures to follow in the event of becoming aware of instances of unprofessional behaviour and potential patient harm. Support is offered to students undergoing fitness to practise investigations.  

The team was satisfied that all of the criteria to meet this standard will be met.  

**Standard 2 – Monitoring, review and evaluation of initial education and training** |  
The College of Medical and Dental Sciences has undergone major restructuring and now comprises seven research institutes (Cancer and Genomic Sciences; Immunology and Immunotherapy; Metabolism and Systems Research; Applied Health Research; Cardiovascular Sciences; Microbiology and Infection; Inflammation and Ageing), with a central Institute of Health
The quality of pharmacy education and training must be monitored, reviewed and evaluated in a systematic way.

and Biomedical Education; the Institute of Health and Biomedical Education coordinates all undergraduate teaching and student engagement activities and encompasses the Graduate School. There is now a distinct School of Pharmacy within the College, along with the Medical School, the Dental School and the Schools of Nursing and Biomedical Sciences.

The quality of the academic provision is determined using the University’s Academic Policy and Quality Framework and is directly managed and assured through through the College Quality Office within the College of Medical and Dental Sciences. This quality framework encompasses feedback from external examiners, student representation, feedback from the Student-Staff Consultation Committee, annual review of programmes and modules, and educational enhancement; annual review of modules incorporates module feedback based on a standard set of questions using an online system and which includes module-specific questions. There is also a quinquennial Vice-Chancellor’s Review, which is a strategic and integrated peer review, providing a picture of the performance of the whole School encompassing an overview of teaching quality, research quality, market demand, external and internal future challenges, people and resources, and strategic integration. Review and evaluation are carried out jointly by the programme team, the College Quality Office and the MPharm Quality Committee, which ultimately reports to the Quality Committees of the College and the University. The quality management for placement activity is undertaken by a quality assurance team in the College and School and includes feedback from students on every placement, as well as a rolling cycle of quality monitoring visits to every placement provider. During these visits, members of staff speak to both students and providers to ensure that what is offered meets expectations; following the visits a formal report is produced.

The team was satisfied that all of the criteria to meet this standard will be met.

**Standard 3 – Equality, diversity and opportunity**

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

The University’s policies and procedures involving equality, diversity and dignity are ubiquitous and range across staff recruitment, development and support, as well as student management; members of staff are appointed entirely on merit. The University was very concerned to ensure diversity in student recruitment to reflect the diversity within the West Midlands population. Equality impact assessments, made through formal toolkits and assessment forms, help ensure University policies and practices are non-discriminatory and promote inclusive learning and working environments. The College has achieved Athena SWAN Silver status. All staff members involved with MPharm delivery, or pharmacy-related activities, have undertaken training directed specifically to applying relevant legislation, issues surrounding discrimination, and responsibilities under the relevant legislation; this training is renewed annually. Equality and diversity issues are being embedded in student learning; these include pharmacy-orientated, small-group teaching sessions addressing various scenarios, and communications sessions dealing with, for example, hearing-impaired patients. Lesbian, gay, bisexual, and transgender (LGBT) issues are being addressed in the curriculum and students will meet gender reassignment patients. Students learn about safeguarding and health belief models.

The team was satisfied that both 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 practise at the point of selection. Selection includes recruitment and admissions.

Applications for entry to the MPharm programme are initially screened by the Central Undergraduate Admissions Team against predefined academic entry requirements criteria, after which the applications are passed to the Pharmacy Admissions Team for assessment of suitability for offer, based on achieved and predicted grades, information provided by the applicants in their personal statement and their academic references. Applicants who are successful at this stage are given a standard offer and are invited to attend an Applicant Visit Day. The admissions process follows current practice used in student selection for other healthcare programmes within the College, and relevant pharmacy staff members have received training and guidance from experienced colleagues in the College. Legal, moral and professional aspects of equality and diversity are addressed in the admission process and all staff members involved in selection have received specific equality and diversity training. Currently, applicants are not interviewed for selection purposes, although the School envisages the use of values-based recruitment with multiple mini-interviews once the programme is fully established and stability has been attained. All accepted candidates must complete a health declaration form and provide appropriate evidence of immunisation against rubella, measles, tuberculosis and varicella. It is also a condition of the entry to the MPharm programme that all pharmacy students must be screened to ensure that they are not carriers of the Hepatitis B virus. A satisfactory Disclosure and Barring Services check, or Disclosure Scotland check, is required from accepted UK and international candidates prior to registration on the programme, and all students must agree to the College of Medical and Dental Sciences Code of Conduct for MPharm Students prior to entry. Applicants are advised to familiarise themselves with the General Pharmaceutical Council’s Code of Conduct for Pharmacy Students and Guidance on student fitness to practise procedures in schools of pharmacy.

**The team was satisfied that all of 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 MPharm programme has been designed to integrate the key areas of science, clinical therapeutics and practice in a progressive and coherent manner throughout the four academic years of the programme. Several core themes integrate progressively throughout the course; these are ‘Health, Disease and Therapeutics’, ‘Science of Medicines’, ‘Chemistry for Pharmacists’, and ‘The Professional Pharmacist’. A series of non-credit bearing components runs alongside the modules in each year; these cover the placements, the students’ portfolios, and in year 1, Basic Life Support. In year 3, the ‘Science of Medicines’ and ‘Chemistry for Pharmacists’ themes integrate into a single, 60 credit ‘Science of Medicines’ module, leaving three key themes, which, in year 4, integrate into a single theme, ‘IntegratedPharmacy Practice’. There is a ‘Research Methodology’ module in year 3, which prepares students for their final year projects. As well as the project, the final year includes two additional modules, these being the ‘Professional Experience Elective’, and ‘Business and Enterprise’. The MPharm themes are largely arranged and taught according to a multi- or inter-disciplinary approach. The biological sciences have been fully integrated within the programme from year one within the series of ‘Health, Disease, and Therapeutic’ modules, which are themed according to body systems and have been designed to avoid the artificial barriers between knowledge of basic science and applied clinical practice. The curriculum content becomes increasingly complex, requiring...
greater levels of understanding and demonstration of the application of knowledge through successive years. Professionalism is built and reinforced through planned and informal contact with the high-quality fellow healthcare students engaged on other programmes within the College and students are exposed to professional practice in a variety of professional and healthcare environments, including placements and inter-professional education activities. Placements, involving significant interaction with patients, carers and a wide variety of healthcare professionals, are undertaken in community pharmacies, hospital environments and general practice surgeries. Students undertake preparatory work for placements within the University, where they learn communication and consultation skills by participation in sessions with expert patients, medical actors and volunteer members of the public. The final year will include a ten-day placement aligned with the students’ pre-registration training intentions. Final year students will also undertake an eight-day elective in an area of their choice, where they will find their own placement, which may be overseas. Inter-professional educational (IPE) activities take place across all four years and there is a College-wide IPE strategy; these activities involve working with students of medicine, nursing and dentistry with students learning with, from, and about the different healthcare professions through working together on a variety of tasks.

Several assessment methods are used, including multiple choice questions, extended matching questions, short answer questions, structured, long-answer questions, written coursework from integrated problems, laboratory practical logs, essays, portfolios, presentations, workshops, written reports, poster presentations, and objective structured clinical examinations (OSCEs). Peer marking contributes to the assessment of group work. Patient safety issues have resulted in stringent assessment standards and some assessments include ‘critical patient safety questions’ leading to automatic failure penalties for unsafe practice. In succeeding years, the stakes for failure to observe safe practice in assessments increases commensurate to the level of training.

The team was satisfied that all of the criteria to meet this standard will be met.

<table>
<thead>
<tr>
<th>Standard 6 – Support and development for students and trainees</th>
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<tr>
<td>Students and trainees must be supported to develop as learners and professionals during their initial education and training.</td>
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<td>There are extensive systems in place to support students during the whole course. During the ‘Welcome-Week’ induction, students are directed to the various support services at School, College and University level; these include careers advisory facilities, study skills support, advice relating to mental and physical health problems, plagiarism and referencing, time management, and dyslexia study support. Each student is allocated a personal tutor who can provide advice on academic and other matters. The personal tutor system is supported by individual year tutors for each level of the programme and a senior tutor who oversees and manages the tutoring process. Individual members of staff serve as specialist subject tutors to groups of students, for example, when delivering small group teaching sessions; these staff members are available to provide advice and guidance on subject-specific elements. When in placement environments, students are supervised by members of staff who act as tutors and mentors for that element of professional experience.</td>
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<tr>
<td>The team was satisfied that the one criterion to meet this standard will be met.</td>
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### 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. All staff members who deliver the MPharm receive support for the development of their professional roles. Each member of staff undergoes an annual, individually-targeted, structured development and performance review; this covers all areas of their contracted duties, including educational, teaching, research and administrative activities, as well as discussions of workloads. Early career staff members are required to undertake a probationary period, at the beginning of which they develop a Probationary Personal Development Plan and during which they are allocated an experienced mentor. Such early career staff members must successfully complete a 60 credit Postgraduate Certificate in Academic Practice (PCAP), which all other staff members with substantive teaching commitments are strongly encouraged to undertake; this is run by the University’s Centre for Learning and Academic Development, which provides other expert support for the development, enhancement and reward of teaching and learning through courses, workshops, project funding, network events, policy advice and quality enhancement.

The team was satisfied that the one criterion to meet this standard will be met.

### Standard 8 – Management of initial education and training

Education and training must be planned and maintained through transparent processes which must show who is responsible for what at each stage. The responsibility for development of the MPharm programme resides with the Head of the School of Pharmacy; this is delegated to the MPharm Programme Director who is responsible for day-to-day operations and who leads through the MPharm Curriculum Development Committee (CDC). The management structures have evolved to include an MPharm Programme Committee, which now steers the operational delivery and monitoring of the MPharm programme, with the CDC retaining responsibility for the creation of the elements of the MPharm programme yet to be delivered, as well as any required refinement of years 1, 2 and 3. The operation of the programme is effected through the MPharm Programme Committee in parallel with the Pharmacy Quality Committee. Service level agreements are in operation for placement activities across the several hospital sites based in NHS trusts, community pharmacy, and GP surgeries. Academies have been established between the College and 16 NHS trusts, with Heads of Academies being responsible for ensuring that teaching and learning follows programme outcomes.

The team was satisfied that both criteria to meet this standard will be met.

### Standard 9 – Resources and capacity

The activity of the School of Pharmacy is subject to extensive business planning including calculation of full economic costs with contingencies. The University Executive Board has approved the financial commitment for the development of the MPharm and the funding for these activities has been ring-fenced. The draw-down of these resources is progressive.
deliver outcomes. according to the stage of implementation of the business plan, and is facilitated through the College strategic management structure. The current financial plan shows actual and planned commitments until the MPharm programme reaches steady state in the 2016-17 academic year. The staffing inputs for the MPharm development are planned in accordance with a stepped timetable. The current core academic staffing includes 15 staff members of various grades who are registrants of the GPhC, as well as a further three who hold a first degree in Pharmacy; it is intended to maintain the balance of pharmaceutically qualified academic staff as the staffing complement is expanded. Non-pharmacist academics will always be supported by pharmaceutically qualified colleagues in a ‘buddy’ arrangement in order to ensure that any teaching and learning material is developed and delivered in an appropriate pharmacy orientated context. Practice-based staff sited within external bodies are appointed as academic practitioners to reflect the intention that such individuals will perform duties involving research and administration in addition to teaching. Most staff members required for delivering the final year are already in place, and all will be in post by September. The academic staff is supported by teams of administrative and technical staff, augmented by the MPharm Student Services Officer, the admissions support officer and the MPharm IT technical officer.

The MPharm programme principally utilises the accommodation and facilities within the College of Medical and Dental Sciences located within the Medical School building, together with the associated buildings on the same site. The learning resources available to the MPharm programme include appropriately equipped clinical skills laboratories, facilities for teaching human anatomy, fully equipped biomedical laboratories, new pharmacy-dedicated teaching laboratory facilities, and a professional practice suite stocked with a wide range of medicinal products for use in professional/clinical scenario teaching and assessments. There is an extensive, on-site library dedicated to healthcare and students have access to specialist IT-based teaching, supported by a virtual learning environment.

The team was satisfied that all of the criteria to meet this standard will be met.

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<tr>
<th>Standard 10 - Outcomes</th>
<th>The accreditation team had considered this standard in detail at step 5, where it had been satisfied that standard 10 will be met; the team agreed that a further consideration will delayed until step 7.</th>
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<tr>
<td>Indicative Syllabus</td>
<td>The team was content with the School’s use of the Indicative Syllabus to inform its curriculum. The team agreed that the MPharm degree met the requirements of Directive 2005/36/EC of the European Parliament and of the Council on the recognition of professional qualifications for the initial education and training of pharmacists.</td>
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Summary and conclusions

The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council that the University of Birmingham should be permitted to move from step 6 to step 7 of the accreditation process for new MPharm degrees. There were no conditions or recommendations.

The team wished to recognise the progress made within the learning communities, including external partners and stakeholders and the level of student support.

The full record and report includes other comments from the team, and the Registrar regards the record and report in its entirety as the formal view on provision. Providers are required to take all comments into account as part of the accreditation process.

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 – 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 practise 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 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 and developmental way.

2.1 There must be systems and policies in place covering:

   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;

Standard 3 – Equality, diversity and fairness

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

4. Selection processes must be open, fair and comply with relevant legislation. Processes must ensure students are fit to practise 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 and the student experience

5. The curriculum for MPharm degrees must deliver the outcomes in Standard 10. Most importantly, curricula must ensure students and trainees practise safely and effectively. To ensure this, pass criteria must describe safe and effective practice.

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.

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

6. Students 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 to develop as learners and professionals.
Standard 7 – Support and development for academic staff

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 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.

Standard 8 – Management of initial education and training

8. Initial pharmacist 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 accreditable MPharm degree;

9.1.b sufficient staff from relevant disciplines to deliver the curriculum to students

9.1.c 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. 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.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

Standard 10 – Outcomes

10.1 Expectations of a pharmacy professional

<table>
<thead>
<tr>
<th>Learning outcome</th>
<th>MPharm</th>
</tr>
</thead>
</table>

General Pharmaceutical Council, Step 6 MPharm accreditation report
University of Birmingham 25-27 May 2016
### 10.1.a Recognise ethical dilemmas & respond in accordance with relevant codes of conduct and behaviour

**Shows how**

### 10.1.b Recognise the duty to take action if a colleague’s health, performance or conduct is putting patients or public at risk

**Knows how**

### 10.1.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

**Does**

### 10.1.d Apply the principles of clinical governance in practice

**Knows how**

### 10.1.e Demonstrate how the science of pharmacy is applied in the design and development of medicines and devices

**Shows how**

### 10.1.f Contribute to the education and training of other members of the team, including peer review and assessment

**Shows how**

### 10.1.g Contribute to the development of other members of the team through coaching and feedback

**Knows how**

### 10.1.h Engage in multidisciplinary team working

**Knows how**

### 10.1.i Respond appropriately to medical emergencies, including provision of first aid

**Knows how**

### 10.2 The skills required in practice

#### 10.2.1 Implementing health policy

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

<table>
<thead>
<tr>
<th>Learning outcome</th>
<th>MPharm</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Implement health policy</td>
<td></td>
</tr>
<tr>
<td>b. Implement health policy</td>
<td></td>
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<tr>
<td>c. Implement health policy</td>
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<tr>
<td>d. Implement health policy</td>
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<td>h. Implement health policy</td>
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</tbody>
</table>

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General Pharmaceutical Council, Step 6 MPharm accreditation report  
University of Birmingham 25-27 May 2016
a. Identify and employ the appropriate diagnostic or physiological testing techniques in order to promote health

b. Identify inappropriate health behaviours and recommend suitable approaches to interventions

c. Instruct patients in the safe and effective use of their medicines and devices

d. Analyse prescriptions for validity and clarity

e. Clinically evaluate the appropriateness of prescribed medicines

f. Provide, monitor and modify prescribed treatment to maximise health outcomes

g. Communicate with patients about their prescribed treatment

h. Optimise treatment for individual patient needs in collaboration with the prescriber

i. Record, maintain and store patient data

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.

<table>
<thead>
<tr>
<th>Learning outcome</th>
<th>MPharm</th>
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</thead>
<tbody>
<tr>
<td>10.2.3.a. Ensure quality of ingredients to produce medicines and products</td>
<td>Knows how</td>
</tr>
<tr>
<td>10.2.3.b. Apply pharmaceutical principles to the formulation, preparation and packaging of products</td>
<td>Shows how</td>
</tr>
<tr>
<td>10.2.3.c. Verify safety and accuracy utilising pharmaceutical calculations</td>
<td>Does</td>
</tr>
<tr>
<td>10.2.3.d. Develop quality management systems including maintaining appropriate records</td>
<td>Shows how</td>
</tr>
<tr>
<td>10.2.3.e. Manage and maintain quality management systems including maintaining appropriate records</td>
<td>Shows how</td>
</tr>
<tr>
<td>10.2.3.f. Procure and store medicines and other pharmaceutical products working within a quality assurance framework</td>
<td>Knows how</td>
</tr>
<tr>
<td>10.2.3.g. Distribute medicines safely, legally and effectively</td>
<td>Knows how</td>
</tr>
<tr>
<td>10.2.3.h. Dispose of medicines safely, legally and effectively</td>
<td>Knows how</td>
</tr>
<tr>
<td>10.2.3.i. Manage resources in order to ensure work flow and minimise risk in the workplace</td>
<td>Knows how</td>
</tr>
<tr>
<td>10.2.3.j. Take personal responsibility for health and safety</td>
<td>Does</td>
</tr>
<tr>
<td>10.2.3.k. Work effectively within teams to ensure safe and effective systems are being followed</td>
<td>Knows how</td>
</tr>
<tr>
<td>10.2.3.l. Ensure the application of appropriate infection control measures</td>
<td>Shows how</td>
</tr>
<tr>
<td>10.2.3.m. Supervise others involved in service delivery</td>
<td>Knows how</td>
</tr>
</tbody>
</table>
### 10.2.3.n. Identify, report and prevent errors and unsafe practice

**Shows how**

### 10.2.3.o. Procure, store and dispense and supply veterinary medicines safely and legally

**Knows how**

### 10.2.4 Working with patients and the public

#### Learning outcome

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

### 10.2.5 Maintaining and improving professional performance

#### Learning outcome

| a. | Demonstrate the characteristics of a prospective professional pharmacist as set out in relevant codes of conduct and behaviour | Does |
| b. | Reflect on personal and professional approaches to practice | Does |
| c. | Create and implement a personal development plan | Does |
| d. | Review and reflect on evidence to monitor performance and revise professional development plan | Does |
| e. | Participate in audit and in implementing recommendations | Knows how |
| f. | Contribute to identifying learning and development needs of team members | Knows how |
| g. | Contribute to the development and support of individuals and teams | Knows how |
| h. | Anticipate and lead change | Knows how |

### 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
• Pharmacopoieial 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)
Following the above accreditation event, the Registrar of the General Pharmaceutical Council agreed with the accreditation team’s recommendation and approved the University of Birmingham to progress from step 6 to step 7 of the GPhC’s accreditation process for new MPharm degrees. Step 7 of the accreditation process will take place in 2016-17 academic year.