General Pharmaceutical Council

Aston University, Master of Pharmacy (MPharm) degree reaccreditation part 1 event report, May 2023

Contents

Event summary and conclusions

Provider	Aston University
Course	Master of Pharmacy (MPharm) degree
Event type	Reaccreditation (part 1)
Event date	25-26 May 2023
Approval period	2022/23 – 2030/31
Relevant requirements	Standards for the initial education and training of pharmacists, January 2021
Outcome	Approval with conditions The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the MPharm degree offered by Aston University be reaccredited, subject to a satisfactory part 2 event. There was one condition. Reaccreditation is recommended for a period of 6 years after the part 2 event, with an interim event at the mid-way point. The accreditation team reserve the right to amend this accreditation period if necessary, following the part 2 event. The part 2 reaccreditation event will take place in the 2024/25 academic year and is likely to take place virtually.
Conditions	1. The course provider must revise its Fitness to Practise (FtP) procedures so that the GPhC is notified in a timely manner of all FtP hearing outcomes where a sanction is imposed (this does not include warnings), and not delayed until a student has graduated. This is because the GPhC must be made aware of the details of all FtP sanctions so that it can review a student's suitability for entering foundation training (the applications to which take place whilst the student is undertaking the programme), and later joining the register. This is to meet criterion 5.9 and the standing conditions of accreditation which require information to be provided to the GPhC proactively and in a timely manner in connection with the exercise of its functions. Documentation to demonstrate this change to the process must be submitted for review by the 31 July 2023.
Standing conditions	The standing conditions of accreditation can be found **here**.
Recommendations	1. It is recommended that the School identify a clear strategy for ensuring appropriate *ongoing* stakeholder engagement in MPharm design and delivery. This includes external stakeholders, patients and students. This relates to criterion 4.3

Registrar decision	Following the event, the provider submitted evidence to address the condition and the accreditation team agreed that it was now met.
	The Registrar of the GPhC has reviewed the accreditation report and considered the accreditation team's recommendation.
	The Registrar is satisfied that Aston University has met the requirement of continued approval in accordance with Part 5 article 42 paragraph 4(a)(b) of the Pharmacy Order 2010, in line with the Standards for the initial education and training of pharmacists, January 2021.
	The Registrar confirms that Aston University is approved to offer the Master of Pharmacy (MPharm) degree for 6 years, subject to a satisfactory part 2 event.
	The part 2 event will take place in the 2024/25 academic year and is likely to be virtual. The Registrar notes that the condition as outlined in the report has been met.
Key contact (provider)	Dr Joe Bush, Head of Pharmacy
Accreditation team	Professor Antony D'Emanuele (Team Leader), Pharmaceutical and Higher Education Consultant; Emeritus Professor of Pharmaceutics, De Montfort University*
	Daniel Grant (team member - academic), Associate Professor in Clinical Pharmacy and Pharmacy Education, University of Reading
	Dr James Desborough (team member - academic), Associate Professor in Pharmacy Practice, School of Pharmacy, University of East Anglia
	Lesley Johnson (team member - pharmacist), Director of Education and Training, CIG Health Care Partnership
	Ausaf Khan (team member - pharmacist newly qualified) Clinical Pharmacist, Liverpool First Primary Care Network
	Carl Stychin (team member - lay) Professor of Law and Director of the Institute of Advanced Legal Studies, School of Advanced Study, University of London
GPhC representative	Rakesh Bhundia, Quality Assurance Officer (Education), General Pharmaceutical Council*
Rapporteur	Ian Marshall, Proprietor, Caldarvan Research (Educational and Writing Services); Emeritus Professor of Pharmacology, University of Strathclyde

- Attended pre-visit meeting on 5 May 2023

Introduction

Role of the GPhC

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 (GB). The GPhC is responsible for setting standards and approving education and training courses which form part of the pathway towards registration for pharmacists. The GB qualification required as part of the pathway to registration as a pharmacist is a GPhC-accredited Master of Pharmacy degree course (MPharm).

This reaccreditation event was carried out in accordance with the **Adapted methodology for reaccreditation of MPharm degrees to 2021 standards** and the programme was reviewed against the GPhC **Standards for the initial education and training of pharmacists, January 2021**.

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.

Background

The last full accreditation of the Aston MPharm degree took place in 2019, after a lengthy series of interim events and a long-standing condition that full integration of the degree must be clearly demonstrated and articulated. At the 2019 event the accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the MPharm degree provided by Aston University should be reaccredited for a further period of six years, with an interim event to take place in three years. Three recommendations were made that the School: 1) examine more closely the factors which influence student progression throughout the MPharm programme, 2) engage with, and more effectively respond to, student feedback, particularly securing their input on the delivery of the MPharm programme, and 3) keep the assessment strategy under review, particularly but not uniquely, in the context of the synoptic assessment and staff capacity. The submission explained the activities that had taken place to address these recommendations.

The submission also indicated developments that had occurred subsequent to the introduction of the new GPhC standards. These are 1) the introduction of substantial block placements to be delivered after completion of examinations in Stages 1, 2, and 3 that will form the first professional experiences of the subsequent academic years. 2) The introduction of an additional end-of-year examination that focusses on the underpinning natural and social sciences. 3) The development of existing clinical and therapeutic summative assessments in Stages 3 and 4/F to include prescribing skills. 4) The introduction of a new portfolio assessment that focusses on professional experiences. 5) The introduction of a final year assessment that focuses on updating for practice.

Documentation

Prior to the event, the provider submitted documentation to the GPhC in line with the agreed timescales. The documentation was reviewed by the accreditation team, 'the team', and it was deemed to be satisfactory to provide a basis for discussion.

Pre-event

In advance of the main event, a pre-event meeting took place via videoconference on 5 May 2023. The purpose of the pre-event meeting was to prepare for the event, allow the GPhC and the provider to ask any questions or seek clarification, and to finalise arrangements for the event. The provider was advised of areas that were likely to be explored further by the accreditation team during the event, and was told the learning outcomes that would be sampled.

The event

The event took place on site at the University on 25-26 May 2023 and comprised a series of meetings between the GPhC accreditation team and representatives of the MPharm degree and a meeting with past and present students.

Declarations of interest

There were no declarations of interest.

Schedule

	Day 1: 25 May 2023	
09:00 – 09:45	**Welcome and introductions** - **Management and oversight of the MPharm degree - part 1 (presentation)**	
09:45 – 10:15	**Tour of MPharm teaching and learning facilities**	
10:15 – 11:00	Break and private meeting of accreditation team	
11:00 – 12:30	**Management and oversight of the MPharm degree - part 2 (questions and discussion)**	

12:30 – 13:30	Lunch and private meeting of accreditation team	
13:30 – 15:30	**Teaching, learning, support and assessment - part 1**	
15:30 – 16:00	Break and private meeting of accreditation team	
16:00 - 17:00	**Student meeting**	

	Day 2: 26 May 2023	
08:30 – 09:00	Private meeting of the accreditation team	
09:00 – 10:00	**Teaching, learning, support and assessment - part 2 (independent prescribing)**	
10:00 – 10:30	Break and private meeting of the accreditation team	
10:30 – 11:45	**Teaching, learning, support and assessment - part 3 (Learning outcomes)**	
11:45 – 15:00	Private meeting of the accreditation team (including lunch)	
15:00 – 15:15	**Deliver outcome to programme provider**	

Attendees

Course provider

The accreditation team met with the following representatives of the provider:

Name	Designation at the time of the event
Dr Ali Al-Khattawi	Lecturer
Dr Alex Cheong	Senior Lecturer

Arandeep Hayer	Teacher Practitioner (George Elliott Trust)
Dr Affiong Iyire	Teaching Fellow
Amaan Islam	Teacher Practitioner (City Hospital - Sandwell and West Birmingham Trust)
Adaora Ndu	Teacher Practitioner (Birmingham and Solihull Mental Health Foundation Trust)
Prof Afzal Mohammed	Professor
Dr Craig Russell*	Lecturer
Debbie Kemp	Lecturer
Dr Dan Kirby	Lecturer
Dr Dan Rathbone	Senior Lecturer
Prof David Poyner	Professor
Emma Bryant	Teaching Fellow
Emma Smith	Teaching Fellow
Gagandeep Degun*	Senior Teaching Fellow
Hannah MacFarlane	Senior Teaching Fellow
Prof Ian Maidment	Professor
Dr Joe Bush*	Senior Lecturer
Dr John Butcher	Teaching Fellow
Dr Neil (Jeffery) Grazier	Teaching Fellow
Jaime Miks	Teacher Practitioner (University Hospital Coventry and Warrick)
Prof Mike Coleman	Professor
Michelle Elston	Senior Teaching Fellow
Mark Brennan*	Reader
Moortooza Puttaroo	Senior Teaching Fellow
Mangalpreet Singh	Teaching Fellow
Dr Muhammad Umair Khan	Lecturer
Noshin Haque	Lecturer
Naveed Iqbal	Teaching Fellow
Natalie Lewis	Senior Lecturer
Rabia Ahmed	Senior Teaching Fellow
Ruth Egbe	Teaching Fellow
Dr Radeyah Ali	Teaching Fellow
Dr Ruba Bnyan	Teaching Assistant
Dr Raj Badhan	Lecturer
Prof Rhein Parri	Professor
Rebecca Teece	Teacher Practitioner (Boots)
Sima Hassan	Teaching Fellow
Sukhraj Uppal	Teacher Practitioner (Birmingham Women and Childrens Hospital NHS Trust)
Ben Willetts	Simulation Technician
Shanae Pennant	Pharmacy Technician
Rachel Heath	Team Leader for Technical Operations

Hayley Smith	Technical Team Leader
Elizabeth Ogle	Sessional Pharmacist
Samantha Knowles	Sessional Pharmacist
Prof David Seedhouse	Visiting Professor
Prof Chris Langley	Deputy Dean (External) College of Health and Life Sciences
Prof Anthony Hilton	Executive Dean College of Health and Life Sciences
Charlotte Bates	
Saira Hussain	Senior Teaching Fellow in Audiology
Maana Aujla	Teaching Fellow in Optometry
Bishwajeet Elangbam	Visiting Professor
Liz Bridges	Director of External Operations College of Health and Life Sciences
Giada Zanella	Information Specialist - Library Services
Louise Foster-Agg	Aston University Director of Admissions
Aradhana Mehmi	Undergraduate Admissions Manager - (College Of Health And Life Sciences)
Ellen Pope	Head of the Learning Development Centre) and Acting Director of Library & Information service
Alan Goddard	Associate Dean - Quality Assurance (College Of Health And Life Sciences)
Amy Sheppard	Associate Dean - Education Quality Enhancement (College Of Health And Life Sciences)
Amie Bain	Principal Pharmacist Education and Training Royal Wolverhampton NHS Trust
Alice Mallinder	Specialist Pharmacist - Education, Development and Training - University Hospitals Birmingham NHS Foundation Trust
Rajiv Pandya	Deputy Chief Pharmacist at Black Country Healthcare NHS Foundation Trust & Senior Programme Lead for the Black Country Pharmacy Faculty
Sadia Mahmood	Locum Pharmacist
Rajinder Kaur	Foundation Pharmacy Training Facilitator (Health Education England)
Kiran Channa	UHCW
Danielle Taylor	Deputy Chief Pharmacist - The Dudley Group
Alima Batchelor	Head of Policy, The Pharmacists' Defence Organisation
Lynette Roberts	Training Consultant - Captivating Training Solutions Ltd
Imani McLean	Parent and carers
Tayebah Abbasi	Birmingham Women's and Children's NHS Foundation Trust
Shahzad Razaq	Interim Deputy Chief Pharmacist, Royal Orthopaedic Hospital NHS FT
Louise Chamberlain	Sandwell and West Birmingham NHS Trust
Joanne Hughes	South Warwickshire NHS Foundation Trust
Sylviann Thorpe	Training Hub Lead, Birmingham and Solihull Training Hub
Neelam Faree	Pharmacy Facilitator, Birmingham and Solihull Training Hub
Mark Dasgupta	
Krishna Shingadia	Foundation Facilitator for BSol (Fwd invite by Sejal Gohil)

* attended the pre-event meeting on 5 May 2023

The accreditation team also met a group of 15 students and foundation trainees representing all years of the MPharm programme.

Key findings - Part 1 Learning outcomes

During the reaccreditation process the accreditation team reviewed the provider's proposed teaching and assessment of all 55 learning outcomes relating to the MPharm degree. To gain additional assurance the accreditation team also tested a sample of **6** learning outcomes during a separate meeting with the provider.

The following learning outcomes were explored further during the event: **Learning outcomes 10, 17, 18, 37, 49, and 55**

The team agreed that all 55 learning outcomes were met (or would be met at the point of delivery) or likely to be met by the part 2 event.

Domain: Person-centred care and collaboration (learning outcomes 1 - 14)		
Learning outcome 1 is: Met ✓	**Likely to be met** ☐	**Not met** ☐
Learning outcome 2 is: Met ✓	**Likely to be met** ☐	**Not met** ☐
Learning outcome 3 is: Met ✓	**Likely to be met** ☐	**Not met** ☐
Learning outcome 4 is: Met ✓	**Likely to be met** ☐	**Not met** ☐
Learning outcome 5 is: Met ✓	**Likely to be met** ☐	**Not met** ☐
Learning outcome 6 is: Met ✓	**Likely to be met** ☐	**Not met** ☐
Learning outcome 7 is: Met ✓	**Likely to be met** ☐	**Not met** ☐
Learning outcome 8 is: Met ✓	**Likely to be met** ☐	**Not met** ☐
Learning outcome 9 is: Met ✓	**Likely to be met** ☐	**Not met** ☐
Learning outcome 10 is: Met ☐	**Likely to be met** ✓	**Not met** ☐
Learning outcome 11 is: Met ✓	**Likely to be met** ☐	**Not met** ☐
Learning outcome 12 is: Met ✓	**Likely to be met** ☐	**Not met** ☐
Learning outcome 13 is: Met ✓	**Likely to be met** ☐	**Not met** ☐
Learning outcome 14 is Met ✓	**Likely to be met** ☐	**Not met** ☐

The team agreed that the following outcome is likely to be met:

- 10 (*Demonstrate effective consultation skills, and in partnership with the person, decide the most appropriate course of action*)*.*

This is because the team agreed that there is insufficient evidence currently that the outcome is met at the appropriate level. This is because much of the evidence for meeting this outcome will be obtained when the national EPAs are finalised, and during periods of experiential learning, both of which have yet to be fully developed and implemented. This learning outcome will be reviewed again during the Part 2 event.

Domain: Professional practice (learning outcomes 15 - 44)			
Learning outcome 15 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 16 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 17 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 18 is	Met ☐	Likely to be met ✓	Not met ☐
Learning outcome 19 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 20 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 21 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 22 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 23 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 24 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 25 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 26 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 27 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 28 is	Met ☐	Likely to be met ✓	Not met ☐
Learning outcome 29 is	Met ☐	Likely to be met ✓	Not met ☐
Learning outcome 30 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 31 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 32 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 33 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 34 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 35 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 36 is	Met ☐	Likely to be met ✓	Not met ☐
Learning outcome 37 is	Met ☐	Likely to be met ✓	Not met ☐
Learning outcome 38 is	Met ☐	Likely to be met ✓	Not met ☐
Learning outcome 39 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 40 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 41 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 42 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 43 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 44 is	Met ✓	Likely to be met ☐	Not met ☐

The team agreed that the following outcomes are likely to be met:

- 18 (*Take responsibility for all aspects of pharmacy services, and make sure that the care and services provided are safe and accurate*),
- 28 (*Demonstrate effective diagnostic skills, including physical examination, to decide the most appropriate course of action for the person*),
- 29 (*Apply the principles of clinical therapeutics, pharmacology and genomics to make effective use of medicines for people, including in their prescribing practice*),
- 36 (*Apply relevant legislation and ethical decision-making related to prescribing, including remote prescribing*),

- 37 (*Prescribe effectively within the relevant systems and frameworks for medicines use*),
- 38 (*Understand clinical governance in relation to prescribing, while also considering that the prescriber may be in a position to supply the prescribed medicines to people*).

This is because the team agreed that there is insufficient evidence currently that they are met at the appropriate level. This is because much of the evidence for meeting these outcomes will be obtained when the national EPAs are finalised, and during periods of experiential learning, both of which have yet to be fully developed and implemented. These learning outcomes will be reviewed again during the Part 2 event.

Domain: Leadership and management (learning outcomes 45 - 52)			
Learning outcome 45 is	Met ☐	Likely to be met ✓	Not met ☐
Learning outcome 46 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 47 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 48 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 49 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 50 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 51 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 52 is	Met ✓	Likely to be met ☐	Not met ☐

The team agreed that the following outcome is likely to be met:

- 45 (*Demonstrate effective leadership and management skills as part of the multi-disciplinary team*).

This is because the team agreed that there is insufficient evidence currently that it is met at the appropriate level. This is because much of the evidence for meeting this outcome will be obtained when the national EPAs are finalised, and during periods of experiential learning, both of which have yet to be fully developed and implemented. This learning outcome will be reviewed again during the Part 2 event.

Domain: Education and research (learning outcomes 53 - 55)			
Learning outcome 53:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 54:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 55:	Met ✓	Likely to be met ☐	Not met ☐

Key findings - Part 2 Standards for the initial education and training of pharmacists

The criteria that sit beneath each standard are detailed within the **Standards for the initial education and training of pharmacists, January 2021**.

Standard 1: Selection and admission

Students must be selected for and admitted onto MPharm degrees on the basis that they are being prepared to practise as a pharmacist

Criterion 1.1 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 1.2 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 1.3 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 1.4 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 1.5 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 1.6 is:	Met ☐	Likely to be met ✓	Not met ☐
Criterion 1.7 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 1.8 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 1.9 is:	Met ✓	Likely to be met ☐	Not met ☐

The MPharm web pages provide information about the programmes and application processes. The information is shared on open, visit, and interview days. Applicants receive a welcome talk on the roles and opportunities of a pharmacy career along with the main features of the Aston MPharm programme and University. The submission explained that the University operates a single, central admissions service to provide a consistent, fair and high-quality service to applicants, with the greater part of the selection and admissions process for MPharm students being administered centrally. Colleges and Schools then have responsibility for interviews and the reporting of outcomes to the centre. The team was told that there is strong and effective communication between the admissions service and the Pharmacy School. Equality, diversity, and fairness are built into the interview preparation and conduct. This is supported by training and support for staff, including mandatory training for all staff. The team was told that a detailed analysis of applications and offers has not shown any indication of discrimination based on any key protected characteristics, although the rejection rate for mature applicants is higher than that for younger applicants. Thus, remedial action has not been necessary. Care is taken to consider extenuating circumstances and contextual data, the latter being relevant to students who fulfil criteria relating to socio-economic background. Contextual offers are also available to students who have completed a "Pathways to the Professions" programme and who meet academic and widening participation criteria. Applicants who fulfil the contextual offer requirements may be offered one grade below the standard offer. For entry in 2023 this will be BBB instead of ABB. There is no use of pre-results unconditional offers, or other unconditional offers to applicants who do not yet have their Level 3 qualifications.

The submission stated that Aston has a long-standing practice of combining academic qualifications with success at interview, reflecting a focus on preparation for professional practice. Before the interview applicants respond to two distinct case scenarios that are designed not to have a single

correct response and which reflect dilemmas in contemporary healthcare. The team was told that it is not an issue that candidates may share thoughts on the two scenarios before the interviews, as no specific knowledge or skills are required to respond. Interviewers assess if candidates can see the argument from more than one perspective. Two possible fail criteria are if a candidate cannot engage meaningfully with the process, not seeing more than one perspective and being unable to communicate their views, or who can present their views on a scenario but who is unable to, or refuses to, accept that there is any valid alternative view. Applicants receive pre-interview guidance and access to the on-line cases around 4 to 5 days before the interview sessions. The team was told that interviewers are trained and that at the end of each interview day the interview reports are interrogated and any issues resolved and recorded. Only 5/6 percent of applicants are rejected and there has been no evidence of subjective rejections.

The team asked about any discussions/collaboration with Statutory Education Bodies regarding the admissions requirements for periods of learning in practice and was told that informal discussions had taken place with HEE. However, HEE had not wished to over-commit to plans and was unable at this stage to offer any clear guidance. Although the provider was confident that Aston would be making the appropriate plans, the team agreed that Criterion 1.6 (*Admissions criteria should take account of the admissions requirements for periods of learning in practice. These will include those overseen by statutory education bodies such as NHS Education Scotland (NES), Health Education England (HEE), Health Education and Improvement Wales (HEIW) and the Northern Ireland Centre for Pharmacy Learning and Development (NICPLD)*) should be judged as "likely to be met".

Standard 2: Equality, diversity and fairness

MPharm degrees must be based on, and promote, the principles of equality, diversity and fairness; meet all relevant legal requirements; and be delivered in such a way that the diverse needs of all students are met

Criterion 2.1 is:	**Met** ✓	**Likely to be met** ☐	**Not met** ☐
Criterion 2.2 is:	**Met** ✓	**Likely to be met** ☐	**Not met** ☐
Criterion 2.3 is:	**Met** ✓	**Likely to be met** ☐	**Not met** ☐
Criterion 2.4 is:	**Met** ✓	**Likely to be met** ☐	**Not met** ☐
Criterion 2.5 is:	**Met** ☐	**Likely to be met** ✓	**Not met** ☐
Criterion 2.6 is:	**Met** ✓	**Likely to be met** ☐	**Not met** ☐

The submission stated that the University student admissions and staff recruitment policies encourage applications from all groups represented in the wider community at a local, national and international level. They do not discriminate unfairly or illegally, directly or indirectly, against students or potential students, staff or potential staff. The College of Health and Life Sciences (HLS) of which Aston Pharmacy School is a part, has an Equality Diversity and Inclusion (EDI) Committee with a Pharmacy School representative. Staff complete an induction programme including equality and diversity training. Statistics are gathered for retention and attainment on programmes through a Continual Monitoring and Enhancement (CME) process. In addition to the University-wide annual monitoring process, statistics on sex, ethnicity, age, religion, sexual orientation and disability are collected from MPharm students. Students with disability or other special educational needs can

discuss issues with an enabling team. All student groups are expected to progress equally and demonstrate equal levels of attainment regardless of characteristics or route of entry onto the programme. The team was told of a comprehensive statistical interrogation of attainment data that had been unable to identify any differences over a range of student groups. Females perform slightly better than males but this is in line with national trends. The submission indicated that teaching of equality and diversity in professional practice and issues relating to equality and diversity take place in all stages of the programme in a stepwise manner, with examples of a range of diverse patient groups. This was confirmed by students interviewed who referred to workshops on law and regulation and issues of contraception. Students expressed themselves as being comfortable with the culture of the School and emphasised that the School always stressed where they could get help if needed.

The team wished to know how it would be ensured that placement providers and supervisors are trained to apply the principles and legal requirements of Equality, Diversity and Fairness in their roles. The team was told that the School was assuming largely that local placement providers in such a diverse community would already be conversant with and trained in equality and diversity matters. Thus, it was explained that hospital teacher-practitioners would have had to undertake NHS EDI training, as would general practitioners. Community pharmacists working for pharmacy multiples would have undertaken employee training and smaller companies have NHS guidance on training. Although the provider indicated that it would examine this issue again and check placement provisions, the team agreed that Criterion 2.5 (*Everyone involved must be trained to apply the principles and legal requirements of equality, diversity and fairness in their role*) should be judged as "likely to be met".

Standard 3: Resources and capacity

Resources and capacity must be sufficient to deliver the learning outcomes in these standards

Criterion 3.1 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 3.2 is:	Met ☐	Likely to be met ✓	Not met ☐
Criterion 3.3 is:	Met ✓	Likely to be met ☐	Not met ☐

Within the College of Health and Life Sciences, one of three colleges in the University subsequent to a 2020 restructure, the Executive Dean has overall responsibility for resources, both financial and staffing. The HLS Senior Management Team (SMT) advises the Executive Dean on budget allocation and monitors spend throughout the year. Within the budget there is an allocation to cover central HLS costs. The five Schools within HLS each hold individual budgets. The team was told that the 2020 restructure had had no significant financial impact for Pharmacy. The Executive Dean told the team that the budget plan submitted was likely to represent at best only an approximation of the future financial position due to several current uncertainties. The Pharmacy School's financial summary is reported to the Pharmacy Executive and discussed at Pharmacy School meetings. The pay costs of all staff within Pharmacy are within the Pharmacy budgetary control. For recruitment of new staff, appointments must also be approved by the Executive Dean and HLS School Accountant if within the budget, and by the Executive Team of the University if not within the budget.

The majority of the MPharm programme is taught from within the Pharmacy School, with relevant use of staff from Aston Medical School, visiting specialists and other professionals. Since the last MPharm reaccreditation the total staff (not including technical staff) has increased from 49 (41.35 FTE for 651 MPharm students) to 61 (50.5 FTE for 673 students) in 2022/2023, comprising approximately 60

percent pharmacists. The presentation indicated that 39.5 FTE staff are associated with the MPharm programme resulting in a student to staff ratio of approximately 17:1, a value that is expected to decrease over the next few years. A small proportion (ca 3 percent) of the School total staffing budget is ring-fenced for sessional staff spend to respond to temporary fluctuations in the demands placed on members of staff at certain points. A recently appointed Regius Chair in pharmacy is scheduled to join the School later in 2023. Six further new posts include two Clinical Academic Teaching Fellow positions (both 0.5 FTE and 0.5 FTE pharmacists), two Teaching Fellow positions (both 1 FTE and 1 FTE pharmacists), and two Teacher-Practitioner positions (both 0.5 FTE and 0.5 FTE pharmacists). Currently there are two vacancies (1 FTE) for Clinical Academic Teaching Fellows. Technical support staff is managed by the College, ten of whom (9.34 FTE) directly support MPharm teaching in workshops and practical teaching sessions. The team was told that the School has made efforts recently to recruit more independent pharmacist prescribers (IPs). Eleven staff members (10 GPhC-registered and one NMC-registered) are independent prescribers equating to 7.6 FTE. The two new teaching fellows are both IPs. Thus, it is anticipated that there will be 13 staff and 9.6 FTE in total who hold an IP qualification. In addition, the School will offer staff development to pharmacists not holding IP qualifications.

The team noted from the submission that a recent staff SWOT analysis input into the new programme flagged lack of administrative support as a potential risk to the programme as such support has been centralised at College level. The team was told that despite a high turnover of staff, the College administrative service was beginning to bed down, but was not yet a perfect situation. Although the team was told that some administrative support may be devolved down to School level, the team agreed that Criterion 3.2 (*The staff complement must be appropriate for the delivery of all parts of the MPharm degree*) should be judged as "likely to be met"

The Pharmacy School currently occupies space on floors three to six of the University Main Building. Most of the laboratories used by pharmacy programmes are used exclusively by the Pharmacy School. New clinical simulation facilities have been developed on the ground floor of the Main Building incorporating a high-fidelity acute care simulation room. Anatomy and physiology teaching rooms have been expanded with additional single task trainer simulation equipment. A simulation flat has also been created to aid the provision of training in domiciliary care. Further capital development funding will create and equip a twelve-bed hospital ward simulation facility and a new pharmacy wet laboratory and asepsis suite to include preparation room and student locker areas. Work on these developments is expected to take place in summer 2023. The team was able to tour the recently developed facilities which it agreed were appropriate and of a high standard. Students interviewed were positive about the resources, including the library, but reported having used the simulation facilities only on rare occasions, and commented on the lack of a dispensary and using MyDispense instead of in-person dispensing.

Standard 4: Managing, developing and evaluating MPharm degrees

The quality of the MPharm degree must be managed, developed and evaluated in a systematic way

Criterion 4.1 is:	Met ☐	Likely to be met ✓	Not met ☐
Criterion 4.2 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 4.3 is:	Met ☐	Likely to be met ✓	Not met ☐
Criterion 4.4 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 4.5 is:	Met ✓	Likely to be met ☐	Not met ☐

Criterion 4.6 is:	Met ✓	Likely to be met ☐	Not met ☐

The Pharmacy School is represented on the College Learning and Teaching Committee by the Associate Head of Pharmacy (Education). School-level quality assurance is under the overall academic management of the Head of Pharmacy. Each undergraduate or postgraduate programme is organised by a Programme Committee within the School, and these report to the School Education and Students Strategy Committee, and College Learning and Teaching Committee. There is a single Programme Committee for both the MPharm and OSPAP programmes; the MPharm and OSPAP Programmes Committee. This is co-chaired by the MPharm Programme Director and OSPAP Programme Director, with a membership made up of academic staff, student representatives and the Pharmacy Programmes Administrator. Its main function is to oversee the development of the curriculum and assessment strategy for the MPharm and OSPAP, and to ensure integration both within years and, for the MPharm, between years. The MPharm programme is reviewed annually to ensure that all components reflect current practice and the underpinning evidence base.

From 2021-22 the University moved away from an annual fixed-point review to a cycle of continuous improvement, the Continual Monitoring and Enhancement (CME) approach. Programme teams review relevant data and information relating to their programmes at the time that the data is released. The periodic review schedule for the University was suspended during the COVID-19 pandemic and deferred to the current academic year, in parallel with the GPhC accreditation process. The draft revised MPharm module and programme specifications were approved recently by the University's Quality sub-Committee with only minor changes.

The MPharm Programme Director has operational control of the MPharm programme and is supported by the Associate Programme Director, the Year Leads, Theme Leads and Strand Leads. The roles of Programme Director and Year Leads have been strengthened by the development of practitioner-scientist pairings to ensure breadth of knowledge and experience in the role, and integration of content and assessment. Year Leads have responsibility for assessments in each Stage including exam preparation and collation and checking of examination marks. They are also involved in curriculum development and delivery, implementing decisions of the Pharmacy Programmes Committee. Theme Leads oversee vertical co-ordination and integration of themes through the programme.

Experiential and interprofessional learning, including patient interaction sessions, are overseen by the Head of Professional Experiences supported by a Professional Experiences Implementation Group (PEIG). The pharmacy practice team works with placement providers to develop placement learning activities. Teacher-practitioners with a joint role between the University and their organisation act as a liaison between the relevant organisations. Agreements are in place between the University and placement host organisations which outline responsibilities and lines of accountability. To support experiential learning and interprofessional learning (IPL), there are College-wide working groups that collaborate on simulation, patient involvement, and IPL. Placement experience surveys are reviewed by the professional experiences team as well as student output from placements, and used in a yearly review when considering changes to placements. Data on attainment, progression and award is reviewed at module boards, examination boards and when completing elements of continual review report. A deeper review of data for statistical analysis of groups with protected characteristics is undertaken to ensure that no group is disadvantaged. The team wished to know the quality assurance/site accreditation procedures for the periods of experiential learning and was told that this

is a large piece of work currently being undertaken but that agreements are in place. This has been done in collaboration with stakeholders, trying to set up experience for students in all sectors of pharmacy. If this cannot be achieved simulations will be used. The team learned that quality assurance visits will be made to placement sites to discuss and resolve any difficulties. As quality assurance was described as being critical for the delivery of the experiential learning sessions, the team agreed that Criterion 4.1 (*There must be systems and policies in place to manage the delivery of the MPharm degree, including the periods of experiential and inter-professional learning*) be judged as "likely to be met".

The team wished to know how the School was progressing in securing sufficient placement agreements to support its new programme and was told that a Service Level Agreement had been signed recently with a large, regional community pharmacy chain. In addition, the team was told that several local pharmacies and medical general practitioner practices had approached the University, wishing to be involved in placements. The group of hospital teacher-practitioners has been expanded, and the School is working to try to provide more placement sites closer to students' homes. The team was told that some hospital trusts are only willing to use one site to begin with, with the chance to expand based on experience.

A College-wide simulation group is in operation to manage simulation activity across the College with representation from key staff in pharmacy, nursing, medicine, optometry and audiology; a number of Pharmacy School staff members are undergoing formal simulation training. The team learned that the assessment of simulation activities will be evidenced in portfolios and that students will be signed off in clinical skills teaching before undertaking their block placements. The team was told that not all students need to be "doers" during simulation activities and that group members rotate around tasks. Trained actors from the Medical School are used as patients during over-the-counter, pharmacy management and mental health sessions.

To inform the development of the MPharm-2023 programme there has been discussion with stakeholders, which has informed curriculum design and delivery plans. This has included external stakeholders: employers, service users and service user representatives, along with Pharmacy School staff members and students. Stakeholder events were held in February and March 2023 with representatives from NPA, CPPE, PDA, HEE (now NHS England), employers and pharmacists from varied pharmacy sectors, and patients/members of the public. A further such meeting is planned for July 2023. As this process is ongoing, the team agreed that Criterion 4.3 (*The views of a range of stakeholders – including patients, the public and supervisors – must be taken into account when designing and delivering MPharm degrees*) be judged as "likely to be met".

Students are represented in almost all decision-making committees of the School. Student representatives are invited to attend the Programme Committees. A student representative from each course is also invited to the School Education and Students Strategy meeting. This provides the opportunity for direct input when considering the outcomes of internal and external feedback. Student feedback is obtained at numerous points in the academic year. Year leads run Student Voice Forums at least three times in the academic cycle, as well as capturing feedback through Microsoft Forms; findings from both are presented at the Student-Staff Committee (SSC). Student representatives reported finding SSC meetings useful with several useful adjustments having been made as a result of student feedback. Where appropriate, issues arising at the SSCs are taken up to the Programme Committee. Students are also asked to complete mid-year and end-of-year evaluations, and are encouraged to have informal discussions with Theme, Strand, Year Leads and the Programme Director. Students told the team that there had been a presentation on the recent

changes to the MPharm programme, although they were aware of a degree of uncertainty over prescribing and increased placement provisions. The team was told by staff that although the potential changes to the programme had been presented, it was the intention to run another student meeting to gather student reflections on the changes. Students were strongly and unanimously in favour of a return to face-to-face teaching, describing having had at times only five lectures and one workshop per week on campus; staff told the team that it was the intention to move back to in-person teaching over the next 12 months. Students appreciated the School's production of videoed lectures but felt they were falling behind with their work as the videos took too much time to review. Students were concerned about how the block placements would fit into the assessments, including the PPD portfolio, and were worried about the potential inconsistency of experience of placements. Trainee pharmacists told the team that they had felt well enough prepared for foundation training at graduation while Stage 4 students felt they had a lot of knowledge but limited experience.

Standard 5: Curriculum design and delivery

The MPharm degree curriculum must use a coherent teaching and learning strategy to develop the required skills, knowledge, understanding and professional behaviours to meet the outcomes in part 1 of these standards. The design and delivery of MPharm degrees must ensure that student pharmacists practise safely and effectively

Criterion 5.1 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 5.2 is:	Met ☐	Likely to be met ✓	Not met ☐
Criterion 5.3 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 5.4 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 5.5 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 5.6 is:	Met ☐	Likely to be met ✓	Not met ☐
Criterion 5.7 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 5.8 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 5.9 is:	Met ☐	Likely to be met ☐	Not met ✓
Criterion 5.10 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 5.11 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 5.12 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 5.13 is:	Met ✓	Likely to be met ☐	Not met ☐

The submission explained that structural changes have been introduced in the MPharm-2019 programme to enable further integration of content and assessment, with the previous change to a 120-credit model removing content boundaries and enabling full integration of teaching and assessment. The MPharm-2023 programme structure retains three longitudinal themes, each with four specific themes; the main themes are The Professional, The Medicine, and The Patient. Horizontal cohesion is created by two binding strands; Person-Centred Care and Collaboration, and Deliberative Practice. The latter is defined as the development of thoughtful, considerate healthcare practitioners, capable of making sound evidence-based judgements with integrity and moral conviction. For many leadership roles, such as Year Leads and Programme Leads, staff are paired,

usually comprising a practitioner and a colleague with a predominately science background. The team was told that the content of MPharm-2019 had been mapped to the GPhC 2021 standards to identify areas that exceeded or did not meet the new standards. The main gaps identified were related to prescribing and adaptation to Miller's triangle learning outcome levels.

Students are expected to demonstrate the highest level of professional conduct at all times. Students are introduced to the GPhC Standards for Pharmacy Professionals in the first week of the programme. When they are on placements, when undertaking any other patient-facing learning opportunities, or when engaging in simulation activities, students' professionalism is monitored by the supervising staff throughout the activity.

The submission stated that the research environment in the School underpins all aspects of the MPharm programme. Research spans the entire pharmacy spectrum, from medicinal chemistry through pharmaceutics, pharmacology, neuroscience, pharmacy practice and clinical pharmacy, to pharmacy education. Thus, the programme is designed to develop student awareness across the diversity of the subject and to develop a capacity for critical appraisal and decision-making over the four Stages of the programme. Within the taught part of the programme there is integration of science and practice and a focus upon the evidence base for decision-making.

The team wished to know how placements link into the curriculum and increase in complexity and was told that students will gain patient experience from the start of the programme to help them develop as confident, competent practitioners and communicators capable of delivering person-centred care. Before any placement activity, students undertake mandatory training. At all stages, students will encounter patients and users of pharmacy services within their university sessions. Patients will share their healthcare journey to allow students to learn about medical conditions, their treatment, and develop empathy and communication skills with patients. There was a marked difference in the experience of patient contact in the students interviewed; those in the early two years of MPharm-2023 had experienced valuable patient contact whereas more senior students and those in their foundation training year had had little or no such experience during their studies.

In Stage 1, students will have orientation sessions for community and hospital pharmacy. At the end of the academic year there is a four-week block placement in community pharmacy after the final examinations in May/June. Such block placements in different sectors will take place at each of the first three stages of the programme. It was explained that the block placements would be related to and contribute to the following year of study, along with short placements during that following year. If students fail the block placement, the School will try to offer opportunities for remediation during the summer vacation and potentially in the following academic year. The team was aware that this could lead to complicated situations of students not being able to catch up before the next block placement was due to occur. Given that the block placements are a new development that will need to be reviewed to assess if they integrate into the rest of the student's study, the team agreed that Criterion 5.2 (*The component parts of the MPharm degree must be linked in a coherent way. This must be progressive with increasing complexity until the appropriate level is reached*) be judged as "likely to be met". Also, given that the placements have yet to be developed fully, that Criterion 5.6 (*The MPharm degree curriculum must include practical experience of working with patients, carers and other healthcare professionals. Student pharmacists must be exposed to an appropriate breadth of patients and people in a range of environments (real-life and simulated) to enable them to develop the skills and the level of competency to achieve the relevant learning outcomes in part 1 of these*

standards. This experience should be progressive, increase in complexity and take account of best practice) be judged as "likely to be met".

The team was told that a range of IPL activity has been embedded in the course since 2019. Currently this involves MPharm students working with students of Medicine, Optometry, and Audiology. Future planned developments include working with the Healthcare Law Teaching Network on consent and mental capacity, and with the Nursing, and Physician Associate programmes. The Pharmacy Head of Professional Experience will lead a College-wide IPL group. IPL is supported by a cross-disciplinary team of staff that facilitate the IPL activities, demonstrate working together and learning from each other. IPL is intertwined with experiential learning to ensure that students obtain an understanding of the role of the pharmacist in primary and secondary healthcare settings in the early years of the degree course to facilitate wider participation in learning opportunities with other healthcare professionals during the more advanced stages in the degree. As for the above-mentioned experience of patient contact, students in early years reported good contact with other professional students whereas more senior students and foundation year trainees had had less IPL.

The team noted that prescribing skills will be incorporated in all years of the programme but wished to know if prescribing under supervision was undertaken in any experiential learning. The team was told that there would be a debriefing session and discussions that will be a feature of placements that have a focus on prescribing skills in relation to GP placements as an example of how development of prescribing skills would be embedded in placements.

Stage 4 assessments are based on patient cases and the team was told that students are always challenged to decide on what measures they would take. Foundation knowledge and core skills include consultation skills, equality, diversity and inclusion, diagnostic and clinical skills, prescribing governance, and clinical reasoning and decision-making. In the early years, working with the Law School, students cover the legal aspects of prescribing, moving towards feeling empowered to write prescriptions. Stages 2 and 3 examine patient data, including blood test results, before moving on to developing as a prescriber themselves. Diagnostic and clinical skills in Stage 2 include basic observations of blood pressure, heart rate, respiratory rate, oxygen saturation, temperature and consciousness. Stage 3 includes ear and throat examination, injection techniques, basic musculoskeletal examination, assessment of cognitive function and screening/assessment of anxiety and depression. Stage 4 moves on to students performing cardiovascular, respiratory and abdominal examinations. All of the above is coupled with clinical reasoning and decision-making.

The MPharm-2023 has been designed as a single 120-credit module per Stage programme. Thus, some of the General Regulations and Credit and Qualifications Framework cannot be applied in their entirety, but the Programme Regulations have adopted the spirit of the General Regulations in relation to referral credit volume, etcetera. Additionally, as the University's MBChB programme is also structured as a 120-credit module per Stage programme, similar progression provisions have been adopted. For assessments which contribute a mark to the Stage, not pass/fail assessments, students are required to pass each individual assessment, with a minimum mark of 40% in Stages 1, 2 and 3 and with a minimum mark of 50% for the final Stage. Students are required to pass all summative assessments within each Stage of the MPharm programme; there is no condonement/compensation of marks between assessment components. Students are required to pass all assessments within a Stage before moving to the next Stage or being recommended for award.

Any concerns relating to a student's conduct or health which could pose a risk to patients or the public are referred through confidential referral channels to the School Fitness to Practise Lead who

will liaise with the College Fitness to Practise Officer as appropriate. From the 2023-24 academic year, a Pharmacy School Wellbeing and Conduct panel will be introduced. This panel will support the School FTP Lead, and the School Enabling and Wellbeing Lead when considering the need to refer students to the Fitness to Practise or Fitness to Study processes. The team noted from the submission that Fitness to Practise sanctions would be reported to the GPhC at the time of the student's completion of the programme; this was confirmed during the event. The team agreed that it will be a **condition** that the course provider must revise its Fitness to Practise procedures so that the GPhC is notified in a timely manner of all FtP hearing outcomes where a sanction is imposed (this does not include warnings), and not delayed until a student has graduated. This is because the GPhC must be made aware of the details of all FtP sanctions so that it can review a student's suitability for entering foundation training, the applications to which take place whilst the student is undertaking the programme, and later joining the register. This is to meet Criterion 5.9 (*Higher-education institutions must have procedures to deal with concerns – including fitness to practise procedures – and must tell the GPhC about any hearing outcomes (apart from warnings or when no action was taken) imposed on students*) and the standing conditions of accreditation which require information to be provided to the GPhC proactively and in a timely manner in connection with the exercise of its functions. The provider is also referred to the *Guidance on managing fitness to practise concerns in education and training* published September 2020 by the GPhC. Documentation to demonstrate this change to the process must be submitted for review by 31 July 2023.

Students interviewed told the team that the three best things about the programme were integration, well-preparedness for practice, and the placements.

Standard 6: Assessment

Higher-education institutions must demonstrate that they have a coherent assessment strategy which assesses the required skills, knowledge, understanding and behaviours to meet the learning outcomes in part 1 of these standards. The assessment strategy must assess whether a student pharmacist's practice is safe

	Met	Likely to be met	Not met
Criterion 6.1 is:	✓	☐	☐
Criterion 6.2 is:	☐	✓	☐
Criterion 6.3 is:	☐	✓	☐
Criterion 6.4 is:	✓	☐	☐
Criterion 6.5 is:	✓	☐	☐
Criterion 6.6 is:	☐	✓	☐
Criterion 6.7 is:	✓	☐	☐
Criterion 6.8 is:	✓	☐	☐
Criterion 6.9 is:	✓	☐	☐
Criterion 6.10 is:	☐	✓	☐
Criterion 6.11 is:	☐	✓	☐
Criterion 6.12 is:	✓	☐	☐
Criterion 6.13 is:	✓	☐	☐
Criterion 6.14 is:	✓	☐	☐

The submission stated that the assessment strategy reflects both the national educational requirements in the FHEQ and the professional educational standards and learning outcomes of the GPhC. The assessment approach for each stage of the programme is planned by assessment teams for each stage. These teams ensure that assessments are scheduled throughout the year, share work allocation and topic alignment across the assessments. External examiners review and comment on assessments following internal review by colleagues.

The assessment strategy has summative assessment as its prime focus, but diagnostic and formative assessment is embedded separately in the programme curriculum design. The team learned that there are diagnostic tests in chemistry in Stage 1 that flag up areas for extra study, along with calculations tests that can be followed up by university support sessions specifically for pharmacy. In Stage 2 there are diagnostic tests on patient-focussed consultation and counselling skills with staff members. The team noted examples of the use of formative assessments to allow students to gain exemption from the summative assessment, and wished to know how it was assured that such assessment will be robust, valid and reliable. The team was told that these exemption opportunities are used for pass/fail competency assessments such as calculations and OSCEs. These formative assessments have the same standard-setting criteria and quality assurance process as for the summative assessments; they are in addition to the formative opportunities that are provided for all assessments routinely. Nevertheless, as this process is still in development, the team agreed that Criterion 6.2 (*Higher-education institutions must demonstrate that their assessment plan: a.is coherent, and b.is fit for purpose, and makes sure that assessment is robust, valid and reliable, and includes diagnostic, formative and summative assessment*), and Criterion 6.3 (*Assessment plans for the MPharm degree must assess the outcomes in part 1 of these standards. The methods of assessment used must be: a. appropriate to the learning outcomes, b. in line with current and best practice, and routinely monitored, quality assured and developed*) be judged as "likely to be met".

Assessment methods are designed to be valid and reliable, and provide students with a variety of assessment types across each stage of the programme. Particular attention is given to assessments that are key to ensuring that students have met specific learning outcomes towards the end of the programme. The team was told that an OCSE development group meets throughout the year to define key skills that should be assessed three times. These are incorporated into several stations that are being increased from the present ten to 14 with the introduction of diagnostic and prescribing skills, and in order to provide better coverage of topics, and to strengthen triangulation of the blueprint criteria. Students have to pass items across a number of stations rather than being judged on number of stations failed. Post-sitting review of key performance characteristics is undertaken to ensure that assessments have been fair and robust. Following each cycle of OSCE assessments, the performance is reviewed and adaptations made. The team was also told that the School would be liaising with colleagues from other schools of pharmacy in the region in an attempt to standardise the assessment of learning outcomes once the national EPAs are known.

For each assessment students are given clear guidance on what is expected. Guidance includes an assessment briefing document, and an indication of how the assessment will be marked. A modified Angoff method is used for terminal assessments in clinical competency and the supporting examinations that underpin using standard-setting methodology. The team was told that for pass-fail assessments, for example the OSCE, a panel of up to 30 colleagues uses the modified Angoff method to determine the cut score for the assessment. The same process is used for graded assessments to validate the difficulty of the examination contents. This is conducted early enough to modify

questions before the examination. The cut score is compared with the University-determined standard pass threshold of 50% at Masters level, the cut score for barely passing students.

Experiential learning is assessed via student portfolios; the PCCC portfolio and the PPD/D-P have been designed to address specific learning outcomes relating to experiential and interprofessional learning. Assessment relevant to patient safety includes prospective assessment prior to placements, contemporaneous assessment, linked to supervision, during patient-facing placements, and retrospective/summative assessments linked to competency assessments. Simulation scenarios give students the chance to practise and enhance their skills and confidence.

The team wished to know how assessments were assured to reflect safe practice, including the use of the NRLS five-point scale, and was told that the implications of unsafe practice would be examined. Serious elements would lead to failure but if no direct harm would ensue, the student would be informed of their action. Penalties for the impact of errors on patient care will be titrated in line with the NRLS classification, with failure of elements of assessment and entire assessments at the higher levels of this classification. Whatever overall mark or performance a student achieves can be overridden by individual actions that would cause significant harm to the patient. Thus, focus on safe and effective practice in final assessments ensures that students must have demonstrated the ability to practise safely and effectively prior to graduation. The weighting of assessment and the programme regulations ensures that it is not possible for students to graduate based on strengths in some areas compensating for weaknesses in others. Given that the assessment process is still in the process of development, the team agreed that Criterion 6.6 (*Pass criteria for all assessments must reflect safe and effective practice*) be judged as "likely to be met".

The team wished to know the main points during the programme at which students will be assessed on their prescribing readiness and their ability to write a prescription. The team was told that there are Stage 4 case-based assessments and that the OSCE covers clinical skills and prescribing. Integrated synoptic assessments and portfolio entries in each Stage include prescribing elements. The team learned that there are regular formative synoptic preparation sessions in Stage 1 including an asynchronous poster presentation. There is a workshop in Stage 2 with an introduction to the expectations for synoptic assessments with a subsequent formative event with two staff members asking questions. In Stage 4 there are independent asynchronous presentations with question and answer sessions probing the student's stewardship of the patient journey.

The University policy on feedback for assessed work includes the return of marks to students, including feedback on coursework, examinations, and deadlines for the provision of coursework feedback, guiding principles of giving effective feedback, and the preparation of students to receive feedback, and guidance on recommended feedback techniques. Staff are expected to return provisional marks for assessments to students within 4 weeks of the submission deadline. A generic feedback report on examination performance is provided for each examination paper, with feedback on examination performance to individual students on request, particularly in cases where the student has performed poorly or less well than expected. Feedback is provided individually, both on formative and summative assessments, and as cohort feedback following examinations and class tests. Students are asked to reflect on feedback regularly throughout their time on the programme. Peer feedback is used regularly, in particular when associated with groupwork activities. The team was told that feedback from experiential learning is included in assessments, with patients and actors providing feedback, as well as peer assessment in portfolios. However, the team was told that until the development of national EPAs, placement providers will not have the skills to undertake workplace assessments. Students interviewed gave widely variable accounts of the quality and

timeliness of feedback on their work, it being said to be dependent on the teacher and the subject; some feedback was reported to have taken four months to be received. Academic staff pointed to the universal students' lack of perception of when they were receiving feedback. Given the early stage of development, the team agreed that Criterion 6.10 (*Assessment must make use of feedback collected from a variety of sources, which should include other members of the pharmacy team, peers, patients, and supervisors*) and Criterion 6.11 (*Examiners and assessors must have the appropriate skills, experience and training to carry out the task of assessment*) be judged as "likely to be met".

Standard 7: Support and development for student pharmacists and everyone involved in the delivery of the MPharm degree

Student pharmacists must be supported in all learning and training environments to develop as learners and professionals during their MPharm degrees. Everyone involved in the delivery of the MPharm degree should be supported to develop in their professional role

Support for student pharmacists

Criterion 7.1 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 7.2 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 7.3 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 7.4 is:	Met ✓	Likely to be met ☐	Not met ☐

Support for everyone involved in the delivery of the MPharm degree

Criterion 7.5 is:	Met ☐	Likely to be met ✓	Not met ☐
Criterion 7.6 is:	Met ☐	Likely to be met ✓	Not met ☐
Criterion 7.7 is:	Met ☐	Likely to be met ✓	Not met ☐
Criterion 7.8 is:	Met ✓	Likely to be met ☐	Not met ☐

New entrants to the programme are introduced to the University, the College of Health and Life Sciences, and the MPharm programme during a series of events that include a welcome and introduction to the School and pharmacy profession. During the first week, students have a group meeting with their personal tutor whose role is to provide both academic and pastoral support. This is followed in the first 2-3 weeks with a one-to-one meeting. There will then be three scheduled one-to-one meetings throughout the academic year. The personal tutor is usually the first point of contact for support although relevant academic staff will also provide support. Students interviewed spoke highly of the personal tutor system, although it was said that some staff members were not very proactive or engaging, being slow to respond to student requests for support.

The University Disability and Academic Support Team provides advice and support for students with disabilities, including ongoing health conditions and learning differences. The Hub, a one-stop student support centre, brings together all the University's key support departments. Students can seek advice from the Student Advice Team at the Hub that will refer them to appropriate support. An example was given of an urgent case that had been dealt with immediately by the support services. Students interviewed spoke openly about their positive experiences with the support systems available to them, accessed either through personal tutor referral or the Hub. They also spoke of workshops on mental health support and learning services. Students spoke positively of the academic support available, including mathematics support. Each stage of the MPharm follows a block

timetable to give students consistency and allow them to plan their workload; a day of the week will be allocated for on-campus workshops with another for placements.

Students who do not meet pass criteria can seek support and feedback from the assessment lead. The team was told that their personal tutor will discuss their progress and any additional support if needed. Stage leads can also be consulted and offer support, especially in the situation that a student is not able to progress to the next stage of study. Support with generic academic assessment skills, such as study skills, and academic writing and referencing skills, are available from the library and Learning Development Centre.

Students interact with pharmacy professionals both in the University and during their experiential learning where they work with a teacher-practitioner or designated pharmacy professional that supervises their experience. Students have experience in the three main sectors of pharmacy during their degree, but are also introduced to other careers in a formative group poster exercise where they investigate a given career and present to their peers. Students hear from guest pharmacist speakers giving an insight into specialist areas. Pharmacy employers also give guidance to students on careers in their area at careers fair events.

The University has an established process for students and staff to raise concerns. These include formal complaints procedures, a component of the Student Voice principles, and interactions with School of Pharmacy staff. These are delineated in the student handbook. Stage Leads run Student Voice Forums at least three times in the academic cycle, as well as gathering feedback through online surveys, where findings of both are presented at the Staff-Student Committee (SSC). A student representative from the MPharm is invited to the School Education and Students Strategy meetings. A Stage 1 IPL session is centred on raising concerns.

To support staff involved in the delivery of the MPharm degree in developing their professional role, My Development Conversation is a new performance review that helps staff to set work priorities and to have forward-looking discussions throughout the year rather than at the beginning and at the end. The staffing structure provides staff with a supportive environment and an accessible senior colleague who can provide support and advice. All staff have a schedule of mandatory training. For newly appointed staff there is an induction plan that includes line manager support and nomination of a support mentor/buddy, an Introduction plan for key contacts and the wider School staff, checklists for University systems and processes, and an Induction review meeting schedule. The team wished to know how it was ensured that staff have sufficient time to learn in the context of managing their workloads. The provider acknowledged that there would be additional workload associated with placement expansion and that it was not yet clear how a newly developed workload model would work until it was tested later in the year. The team was told that staff members work closely with their line managers and that Tuesday afternoons are blocked on the timetable for staff development but also to provide opportunities for personal tutor meetings. Additional support will be provided to staff members involved in planning/coordinating/QA of professional experience activities. Given that the new programme and workload model are still in development, and that a new workload management system was being implemented by the University, the team agreed that Criterion 7.7 (*Everyone involved in the delivery of the MPharm degree must have: a, effective supervision, b. an appropriate and realistic workload, c. mentoring, d. time to learn, e. continuing professional development opportunities, and f. peer support*) be judged as "likely to be met"

The team wished to know how support staff not directly employed by the University who are involved in the delivery of the MPharm degree are supported, for example, seconded teacher-practitioners,

and was told that they benefit from the same induction package as that used for University staff. Such colleagues are included on all distribution lists and after a year can enrol on PGCert courses. Training is also offered to visiting pharmacist staff members who wish to become IPs. The team was also told that, given the changes to the programme and the expanded role for placements, there had been a training event in March 2023 for placement providers. This had included differences between coaching, mentoring and training. It had been apparent that all were not cognisant of the recent changes in the programme and its requirements. It is planned to hold CPD and evening events, supported by the Faculty, and to hold another stakeholder event in July 2023. Given that this element is in development the team agreed that Criterion 7.5 (*There must be a range of systems in place to support everyone involved in the delivery of the MPharm degree to develop in their professional role*) and Criterion 7.6 (*Training must be provided for everyone involved in the delivery of the MPharm degree*) be judged as "likely to be met".

Teach out and transfer arrangements

The submission explained that the School has reviewed the potential progression paths for students on the expected/standard timeline, and for those who may use the full six years available to them under the regulations. These include those who restart periods of study and/or those who take a leave of absence. This review has been completed for cohorts who entered in 2019 to those who will enter in 2024.

With the exception of those in the current Stage 4 cohort (2019 entry) who have to extend their study timeline, there are no significant challenges in the roll-out of the current programme (MPharm-2019).

The cohort that started in 2020 (current Stage 3) will be the last full cohort to graduate on the 2011 standards. Those on the standard timeline will graduate in the summer of 2024 and complete the current version of the Foundation Training year. Those who need to extend their timeline will transfer to the MPharm-2023 programme and enter the revised Prescribing Foundation Training year in 2025 or 2026. They will transfer from the current MPharm Stage 3 (PH3619) to the revised MPharm Stage 3 (PH3623). In doing so they will be in the same position regarding transition content as students progressing from the current Stage 2 (MPharm-2019) to the revised Stage 3 (MPharm-2023) in September 2023, and hence will receive the same transition support.

The vast majority of the cohort that started in 2019 (current Stage 4) will graduate in 2023, or in 2024 if they take a leave of absence this year or repeat the year. It is theoretically possible that a student currently in Stage 4 who has been on the standard timeline up to now, could extend their studies for a further 2 years (which would include at least one year's leave of absence) and graduate in the summer of 2025.

In addition to the above planning, due to the nature of individual student circumstances, it is possible that there may be a few students who end up in a different position in relation to their progression on the programme. The programme team has had discussions with the Chair of the University Regulation Sub-Committee that confirmed that any students in such a position can be reviewed on an individual basis, with a waiver of regulations being put in place if necessary.

For transition arrangements there is a clear core set of content that will be needed by almost all students who move from the MPharm-2019 to the MPharm-2023 curriculum. This content relates to the differences between the current Stage 1 and Stage 2 in MPharm-2019 and the revised Stage 1 and Stage 2 in MPharm-2023. The significant changes to the programme, with the introduction of

prescribing skills in particular, occur in Stages 3 and 4. For this reason the volume of transition support content is readily manageable for students and staff colleagues alike. However, cohorts starting in 2023 and beyond will start and finish on the revised programme, MPharm-2023 so no transition arrangements will be necessary.

For the cohorts that started in 2021 or 2022 (current Stages 1 and 2), those at the end of Stage 1 or Stage 2 in the summer of 2023 will transfer to the relevant stage of MPharm-2023 in September of 2023. This includes those on the expected progression path and those who have to retake a period of study. For some this will mean that if they need to restart Stage 1 or Stage 2 they will do so on the equivalent MPharm-2023 module specification although most of the content will be the same. There will be support for these students to ensure that any changes to content are highlighted. However, as the students will be re-starting the Stage the expectation is that they engage fully with the current content and complete the full suite of assessments.

Decision descriptors

Decision	Descriptor
Met	The accreditation team is assured after reviewing the available evidence that this criterion/learning outcome is met (or will be met at the point of delivery).
Likely to be met	The progress to date, and any plans that have been set out, provide confidence that this criterion/learning outcome is likely to be met by the part 2 event. However, the accreditation team does not have assurance after reviewing the available evidence that it is met at this point (or will be met at the point of delivery).
Not met	The accreditation team does not have assurance after reviewing the available evidence that this criterion or learning outcome is met. The evidence presented does not demonstrate sufficient progress towards meeting this criterion/outcome. Any plans presented either do not appear realistic or achievable or they lack detail or sufficient clarity to provide confidence that it will be met by the part 2 event without remedial measures (condition/s).