



Overseas
Pharmacists'
Assessment
Programme (OSPAP)

Aston University

Report of a reaccreditation event

May 2019

Event summary and conclusions

Provider	Aston University
Course	OSPAP Programme
Event type	Reaccreditation
Event date	22-23 May 2019
Accreditation period	2018/19 - 2021/22
Outcome	<p>Approval with a condition</p> <p>It is the intention of Aston University to implement the evolved OSPAP course in 2020. Based on this, the team has agreed to recommend to the Registrar of the GPhC to extend accreditation for the current iteration of the OSPAP course until September 2020.</p> <p>The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the OSPAP programme provided by Aston University should be reaccredited for a further period of three years, comprising one additional year for the current programme and two years for OSPAP2020, subject to one condition</p>
Conditions	<p>The condition is that:</p> <ol style="list-style-type: none"> 1. Aston University must provide to the GPhC a detailed curriculum and delivery plan of the 'OSPAP 2020' course by the end of this calendar year. This is to meet standard 5. This is because the GPhC acknowledges that Aston University requires more time to develop the detail of the new OSPAP curriculum.
Standing conditions	Please refer to Appendix 1
Recommendations	There were no recommendations
Registrar decision	Following the event, the Registrar of the GPhC accepted the accreditation team's recommendation and approved the reaccreditation of the programme for a further period of three years subject to meeting the one condition described.
Key contact (provider)	Professor Chris Langley, Head of Aston Pharmacy School
Accreditation team	<p>Professor Stephen Denyer (Team leader), Emeritus Professor, Brighton University</p> <p>Professor Larry Gifford (academic), Emeritus Professor, Keele University</p> <p>Professor Barrie Kellam (academic), Professor of Medicinal Chemistry, University of Nottingham</p> <p>Mrs Barbara Wensworth (pharmacist), Freelance Pharmacy Lecturer, Standards Verifier, assessor and writer</p> <p>Mr Ian Smith (academic), Lecturer, Keele University</p>

	Ms Kirsten Little (pharmacist – recently qualified), Mental health Services, Forth Valley Health Board Mrs Catherine Boyd (lay member), Chair of Tribunals, for the Health and Care Professions Tribunal Service
GPhC representative	Mr Chris McKendrick, Quality Assurance Officer, GPhC
Rapporteur	Ian Marshall, Emeritus Professor of Pharmacology, University of Strathclyde; Proprietor, Caldarvan Research (Educational and Writing Services)

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. 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 for pharmacists who have qualified overseas (non-EEA) is a GPhC-accredited Overseas Pharmacists' Assessment Programme (OSPAP), which is a one-year post graduate diploma. The GPhC's right to check the standards of pharmacy qualifications leading to annotation and registration as a pharmacist is the *Pharmacy Order 2010*. It requires the GPhC to 'approve' courses by appointing 'visitors' (accreditors) to report to the GPhC's Council on the 'nature, content and quality' of education as well as 'any other matters' the Council may require.

This accreditation event was carried out in accordance with the GPhC's 2011 OSPAP Accreditation Methodology and the course was reviewed against the GPhC's 2011 education standards 'Standards for the education and training of non-EEA Pharmacists wanting to register in Great Britain.'

The powers and obligations of the GPhC in relation to the accreditation of pharmacy education are legislated in the Pharmacy Order 2010. For more information, visit: <http://www.legislation.gov.uk/uksi/2010/231/contents/made>

Background

The OSPAP commenced at Aston in October 2004 and was last reaccredited in 2015. On that occasion the accreditation team agreed to the Registrar of the General Pharmaceutical Council that Aston University should be reaccredited to provide an OSPAP for a further period of three years. There were no conditions or recommendations. The team discussed a number of issues at length before arriving at its decision, specifically, inter-professional learning in the context of a medical school being opened at Aston in the next few years, placement provision and the use of external examiners in assessment. The team noted that the University planned to examine these areas so the team agreed that setting a condition or recommendation was not necessary. The accreditation team found that the course team was open, honest and helpful in the discussions. It was clear to the team that the course team was motivated and understood the purpose of the OSPAP and the students' needs. A visit was scheduled for 22-23 May 2019 to consider the programme for reaccreditation. This is the record of that event. The team learned that the University was planning an evolution of the OSPAP programme to commence in 2020 and hence was requesting an extension of the accreditation of the existing programme and an accreditation of the evolved new programme.

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 and it was deemed to be satisfactory to provide a basis for discussion.

Pre-visit

In advance of the main visit, a pre-visit meeting took place at the University on 1 May 2019. The purpose of the pre-visit meeting was to prepare for the event, allow the GPhC and the University to ask any questions or seek clarification, and to finalise arrangements for the visit.

The event

The event began with a private meeting of the accreditation team and GPhC representatives on 22 May 2019. The remainder of the event took place onsite at Aston University on 22-23 May 2019, and comprised a series of meetings with staff and students of the University.

Declarations of interest

There were no declarations of interest.

Key findings

Standard 1: Patient and public safety

All criteria relating to this standard are met. (See Appendix 2 for criteria)

Detailed support is provided to the OSPAP students at the beginning of the programme, especially in those areas of the programme which may be less familiar to OSPAP students. For example, within the medication supply practical sessions, a high staff-to student ratio is employed to ensure that students, especially at the commencement of their studies, are given suitable and targeted educational support from qualified pharmacy professionals. All new OSPAP students are given an introductory timetabled session by the LHS Fitness to Practise Officer during the Welcome Week, where the GPhC Standards for Pharmacy Professionals and the University Fitness to Practise Regulations are highlighted and discussed. All students also receive a briefing on the policies and mandatory training that underpins safety concerns during Welcome Week. External stakeholders have contributed to policies on infection control, dress code standards and reporting of patient safety concerns. There is mandatory training on hand hygiene, health and safety, equality and diversity, and information governance before students attend NHS hospital sessions. Teaching involving interaction with patients and the public is always undertaken within a supervised and supportive environment and co-ordinated by the practice-linked Pharmacy School staff. Any issues students wish to raise relating to fitness to practise can be done through either their Personal Tutor or the Senior Tutor who can provide any advice necessary before any formal referral to the LHS Fitness to Practise Officer. Certain areas for the programme have additional monitoring of student activity, which includes enhanced attendance requirements, and assessments where activity which would cause a danger to patients results in failure of the whole assessment or section of the assessment as appropriate.

Standard 2: Monitoring, review and evaluation of an OSPAP

All criteria relating to this standard are met.

As part of the annual review process, at the end of an academic year, the programme lead is required to complete a module-level reflection form, including a reflection on how the module ran and a report on

any action taken or proposed, and an analysis of the performance of students on the module. The module-level forms are submitted to the relevant Programme Director who deals with any immediate issues that might be raised and compiles a summary report on issues reported for both School-level and University-level action. In addition, there is a major review of all taught programmes, normally on a six-year cycle. These periodic reviews are co-ordinated by the Centre for Learning Innovation and Professional Practice (CLIPP) and involve a holistic review of the provision. At Pharmacy School level there is a single Programme Committee for both the MPharm and OSPAP programmes; the Pharmacy Programmes Committee (PPC). The PPC is chaired by the MPharm 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 both the MPharm and the OSPAP, and to ensure integration within the year. Other evidence considered by the Pharmacy Programmes Committee is student performance in the national pre-registration assessment, based on information provided by the GPhC. The historical information that is available shows Aston OSPAP students generally perform very well when compared with those from other higher education (HE) providers. There is a formal service level agreement (SLA) between Aston Pharmacy School and each of the hospital trusts that offer student placements. All teaching is undertaken by the teacher-practitioners (TPs) or by experienced clinical hospital pharmacists and peer assessments in the workplace together with overall quality assurance undertaken by the TPs. Students attend hospital placements within the OSPAP, are briefed on the sessions during a lecture and provided with handbooks for the placements which detail professional requirements as well as the work to be undertaken. The placement in community pharmacy is co-ordinated by a teaching fellow with extensive community pharmacy experience supported by a part-time TP based in community pharmacy. General medical practice (GP) placements are being developed for the MPharm provision and it is intended that these placement opportunities will be extended to the OSPAP when established. Students are given training to ensure that they can undertake any practical learning activity in a safe manner, including those that take place in a laboratory or work environment. There is a University-wide standard set out within the Student Charter for feedback on coursework that both marking and feedback must be completed within a four-week period from submission.

Standard 3: Equality, diversity and fairness

All criteria relating to this standard are met.

The University has formulated codes of practice on equality and diversity for staff and students in relation to a wide range of functions and equality issues. Staff and students who fail to act in accordance with University policies and codes of practice may be subject to disciplinary action. It is the responsibility of each member of the University to ensure that they adhere to both the relevant legislation and University Policy in their treatment of other members of the University. The University undertakes to provide guidance for staff and students to enable them to fulfil this responsibility. In addition, it has a programme of equality and diversity training which is available for all University staff. Academic and other staff members are given training in the concepts of equality and diversity. Thus, all staff members are required to undertake unconscious bias training and new staff members complete an Induction Programme which includes equality and diversity training. If students feel that they need support and guidance or are concerned that they are subject to any form of discrimination, they can report their concerns to their Personal Tutor, Senior Tutor, Programme Director, Associate Head (Education), Deputy Head or Head of School. There are various channels through which students can report and it is an expectation that students can raise issues with any member of Pharmacy School staff or if they feel that these routes are not appropriate, to the University through the normal student support mechanisms. OSPAP students undertake mandatory online learning relating to Equality and Diversity including legal aspects relating to human rights. In addition, the University launched two new compulsory on-line training modules for all staff in March 2019 on Equality and Diversity, and on Cyber Security. All staff members are required to complete the training by 21st June 2019 and non-completion will be followed-up via line managers. The principles and practice of equality and diversity are taught within the legal and professional framework of pharmacy. Within OSPAP-2020, this material will be covered within the

Transition and Contextualisation (TaC) theme. Furthermore, students undertake a workshop on interprofessional communication.

Standard 4: Selection of students

All criteria relating to this standard are met.

The University's OSPAP website provides information on the entry requirements for the OSPAP which includes signposting to the GPhC's information for potential OSPAP applicants, and in the University's post-graduate prospectus. Additional information relating to the programme's fitness to practise requirements is also available to applicants on-line. There is also guidance on the programme web page for potential applicants in choosing between the PgDip and MSc variants, in particular in relation to visa status. Applications to the OSPAP are made online through a dedicated post-graduate applications portal on the University's web site, and applications are managed through this site. Students are informed that they must possess a pharmacy degree that enables them to register as a pharmacist with the GPhC, and must possess documented approval from the GPhC regarding eligibility to undertake OSPAP. This approval must be obtained prior to applying to the University. Students must possess an appropriate English language qualification and applicants are advised of the GPhC's criteria for English Language proficiency. The fact that all applicants to the OSPAP must be registered as pharmacists overseas is taken as evidence of capability in numeracy sufficient for entry to the programme but within the programme, at an early point, diagnostic testing is used to identify any students who require extra support in this area. On entry to the programme students make a declaration that there are no known barriers to their engagement with patients and the public, as required by the placement providers for the OSPAP students, considering the nature of contact and level of supervision. Diagnostic testing at the start of the programme enables targeting of transition support to recognise students' strengths and areas requiring support.

Standard 5: Curriculum delivery and student experience

Criterion 5.1 is not met and is subject to a condition. All other criteria relating to this standard are met.

The team noted that significant structural change will be introduced for the OSPAP-2020 to strengthen alignment with the revised MPharm-2019, to support full integration of clinical content, and to clearly identify those elements that build on OSPAP students' core knowledge and skills as pharmacists qualified overseas and that support students' integration into contemporary professional practice in the UK. The team was told that although there was still much work to be done to finalise plans for the new MPharm, the School had felt that it did not wish to wait until the new MPharm reached its final year and had hence decided to introduce the revised OSPAP in 2020. The change to a 120-credit model is designed to remove content boundaries and enable full integration of clinical teaching and assessment. The programme structure is shaped within two elements, each with a range of content specific themes. The first draws on themes of personal and professional development, population and Public Health, delivery of care; and fundamentals of practice, along with preparation of students for the context of healthcare in the UK, including legislative, regulatory and governance frameworks for care under the NHS. The second element draws on themes of drugs to market, enteral and parenteral drug delivery, personalisation of pharmaceuticals, inflammation and immunity, musculoskeletal and CNS, cardiovascular respiratory and renal, and GI and endocrine. The team was shown a schematic diagram of how the material in the six modules of the existing programme will feed into the anticipated structure of the single 120-credit module. Students will learn with students in the final Stage of the MPharm programme in deepening and consolidation of existing clinical knowledge and skills. Providing horizontal cohesion in the programme are three binding strands of collaborative practice, person-centred care, and deliberative practice. In the context of Harden's definitions of curriculum integration, the OSPAP will be positioned at the higher levels in the integration model, with the integrated person-centred care content being aligned with the definition of Transdisciplinary, where the focus of study is exemplified by real-world examples. The programme design recognises the strengths that OSPAP students bring as part of their existing qualification and integrates this with the evidence base underpinning population health and clinical care.

In addition, there is a focus on the latest developments in drugs and formulation science, so that students are fully up-to-date at the point of graduation. OSPAP students gain experience of direct patient contact in UK context both on placement and in the University. Placement opportunities include a visit to a community pharmacy where students have an orientation to the UK community pharmacy context, and a two-day placement within a hospital setting where they are involved in a number of patient-facing activities including taking patient histories and medicines reconciliation. Students also have the opportunity to observe and work alongside clinical pharmacists. OSPAP students are required to select a patient case to present to their peers following this placement, this includes care planning. On campus, students engage with expert patients and discuss their medical conditions, medications and their experience of living with an illness. It is planned that additional experiential opportunities will be available for OSPAP-2020 students, developed in parallel with those in the MPharm-2019 programme. There is existing interprofessional learning on safe prescribing with medical students from Warwick University, and on conflict resolution with Aston optometry students. It is planned that OSPAP-2020 students will undertake classes on safeguarding, the use of the BNF and history-taking with Year 2 Aston Medical School students. The OSPAP assessment strategy is to assess “shows how” largely in simulations of professional or clinical practice or in active assessment tasks involving individual students, including Problem-Based Learning group work and presentation, and objective structured clinical examinations (OSCEs), supported by formative mini clinical evaluation exercises (MiniCEX). Assessments for OSPAP-2020 will include depth assessments that focus on specific areas of knowledge and skills within the programme, ensuring that students have mastery of particular element of the programme before progressing, and breadth assessments that focus on the integration of knowledge and skills, and include both written examination and coursework elements. Examples of coursework elements include a synoptic assessment, where students must demonstrate the integration of diverse elements within the programme in the context of person-centred care, and a personal and professional development portfolio. All summative components of assessments must be passed in order to graduate, and no compensation is permitted. The pass marks for most assessments within the programme are in line with University regulations; the normal pass mark for assessments within the Level 7 programme is 50%. The pass marks for OSCE assessment are set by a standard setting process. Safe and effective practice is emphasised from the beginning of the programme and all assessments which are designed to simulate professional practice are clearly identified to students as having additional assessment requirements. The team agreed to recommend that accreditation for the current iteration of the OSPAP course be extended until September 2020 but that it should be a **condition** of reaccreditation that the University must provide the GPhC with a detailed curriculum and delivery plan of the OSPAP-2020 programme by the end of this calendar year. This was because the team noted that OSPAP-2020 is highly ambitious but currently largely aspirational and realised that the University requires more time to develop the detail of the new OSPAP curriculum.

Standard 6: Support and development for students

All criteria relating to this standard are met.

New entrants to the programme are introduced to the University, the School of Life and Health Sciences (LHS) and the OSPAP programme during a series of events which are staged during Welcome Week, including an introductory welcome lecture by the Programme Director which covers topics including how the programme is organised, taught and assessed and the support mechanisms available to OSPAP students. Each student is allocated a Personal Tutor who is a pharmacist upon arrival at the University. Within the OSPAP programme, all Personal Tutors have approximately 6 to 8 tutees per year group. Tutees are timetabled to meet their Personal Tutor on a termly basis throughout their time enrolled on the programme. Students interviewed told the team that the level of support from tutors was useful and very good. To provide broader support for students the University has a wide range of facilities which includes resources within the library, offering social learning space and facilitates for both group learning and peer learning activities. The Learning Development Centre (LDC) in the library offers Study Skills workshops including a series specifically for international students, study guides, a Maths Centre, Student Writing Mentors, various other learning resources, email-based tutorial support and support for

members of staff. Completion of CPD is required across and throughout the entire programme. Students are introduced to personal and professional development through resources hosted on the University's VLE Blackboard (BB), and through the personal tutor system. Students work closely with departmental staff members that have a range of expertise and experience in all aspects of pharmacy; including community, primary care, secondary care and the pharmaceutical industry. The HUB, the student support service, encompasses the Enabling Team, offers advice on finance, counselling, international student advisors, Registry and general advice on issues such as council tax. There is also a dedicated Counselling and Mental Wellbeing Service where a well-established, professional service is provided by qualified and experienced counsellors. The team was told that OSPAP students had been consulted on the plans to revise the programme to make it better aligned with the final year of the MPharm programme. OSPAP students told the team that there was a need for more clinical/therapeutic material and less of the concentration on pharmaceuticals and formulation.

Standard 7: Support and development for academic staff

All criteria relating to this standard are met.

Up to the end of 2017-2018, all Pharmacy School staff will have undergone a formal Performance Development and Review (PDR) meeting annually. In 2018-2019, a new performance review programme called "My Development Conversation" has been introduced, which in addition to an annual review, aims to engage staff in an ongoing conversation throughout each academic year with their line manager. The scheme focusses upon setting individual work priorities for the year, aligned to the Aston University Strategic Plan and the departmental and School plans. In the new scheme, and the process will identify priorities as the overarching areas of work or responsibility with more task-specific objectives sitting underneath. The University provides a range of training courses for staff, with many of the courses provided electronically via Blackboard. An Introduction to Learning & Teaching Practice (ILTP) is a 20-credit, Level 6 Aston award delivered by the Centre for Learning Innovation and Professional Practice (CLIPP). This module is about classroom craft and is intended for those members of staff who have little or no previous experience of teaching in higher education. There is also a 60-credit, Level 7 award, the Postgraduate Certificate in Learning & Teaching in Higher Education (PGCert), a Postgraduate Diploma in Learning & Teaching in Higher Education, and a MEd in Learning & Teaching in Higher Education available for staff. In addition, there is a Research Inspired Teaching Excellence (RITE) programme that enables staff to apply for and gain professional recognition at four different levels of the Higher Education Academy (HEA): Associate Fellow, Fellow, Senior Fellow and Principal Fellow. Within the Pharmacy School all staff members have an identified line-manager who in turn, reports to the Head of Pharmacy or Deputy Head of Pharmacy. Each line manager is responsible for performance review and supporting the staff they manage. The team was told that workloads will be managed using a newly-piloted School of Life and Health Sciences work allocation model, which aims to incorporate teaching, research and administrative duties of staff where appropriate. In the Pharmacy School, a normalised standard teaching load for a member of the full-time academic staff is currently around 120 hours contact per annum for staff who are also engaged in research, and around 200 hours contact per annum for staff who are not research-active. All new academic members of staff are provided with appropriate support and mentoring to develop their research profile while their teaching load is carefully managed. Staff members on teaching-only contracts are supported to engage in educational research. Formal mentoring is undertaken and is available for all staff irrespective of grade; mentors are identified for all staff new to higher education. Mentoring ensures that staff members have the opportunity to discuss their personal development with someone not directly involved in making judgements about their performance.

Standard 8: Management of an OSPAP

All criteria relating to this standard are met.

The Head of Pharmacy is advised by the Pharmacy Executive, a group chaired by the Head of Pharmacy, with the membership consisting of the Deputy Head of Pharmacy and the two Associate Heads of Pharmacy which meets frequently, with its small size allowing flexibility to respond quickly to any issues

that arise at School level. The Pharmacy Executive oversees the Pharmacy School's compliance with the QAA Quality Code and each theme within the code has an identified Executive lead, along with other key staff where appropriate. The Pharmacy Management Team (PMT) meets regularly throughout the year to consider resource and strategy matters relevant to the Pharmacy School. The PMT membership is the members of the Pharmacy Executive along with the line managers of staff. To support communication throughout all staff within pharmacy, each term, a Pharmacy School Meeting is held where all members of Pharmacy staff are invited to attend. The OSPAP Programme Director reports directly to the Associate Head of Pharmacy (Education), and is supported by a Programme Administrator within the School Office. The OSPAP Programme Director has operational control of the OSPAP programme. All work-based learning opportunities are overseen by the Head of Professional Experience. Hospital pharmacy placements are planned, delivered and co-ordinated by a teacher-practitioner (TP) team made up of six 0.5 FTE posts funded by the Pharmacy School. These posts are located in five NHS Trusts all of which participate in ward-based teaching. There is a formal service level agreement (SLA) between the Pharmacy School and each of the hospital Trusts. The hospital placements and the collaboration between the School and the Trusts are managed by the Head of Therapeutics.

Standard 9: Resources and capacity

All criteria relating to this standard are met.

The University budget is set annually through a budget negotiation round that takes place before the end of April. This process balances the needs of the Professional Services and the Schools of Study. The budgetary year commences August 1st and the initial budget to each School is based upon the planned student entry numbers to that School which is finally adjusted in January when student numbers are confirmed. The income and expenditure of Pharmacy is reviewed every one or two months by the School Accountant and the Head of Pharmacy. The School's financial summary is reported to the Pharmacy Executive and Pharmacy Management Team, and discussed at Pharmacy School meetings annually to ensure the budget allocation of Pharmacy is transparent to all members of the School. Major capital development programmes for Pharmacy are managed via consultation with the Executive Dean of LHS and the University Executive Team. The Dean told the team that he was confident of the financial forecast up to the following year but beyond that time was subject to external factors beyond the control of the University; the team understood this situation. The team noted a sum of around £0.5M in the proposed budget for the following year and was told that this would be used to invest in the vacant Regius Chair in Pharmacy. Recently, the reconstruction of the second phase of the academic and research staff accommodation was based on centrally-secured funding of £585k, and the refurbishment of the clinical teaching facilities was secured separately, again from central funds, and cost £573k, with an additional AV cost of £60k. The team had the opportunity to visit the refurbished accommodation which it agreed was of a high standard. The pay costs of all staff within Pharmacy are within the Pharmacy budgetary control ensuring that the needs of the programme can be addressed. For recruitment of new staff, appointments must also be approved by the Executive Dean and LHS School Accountant if within the budget, and by the Executive Team of the University if not in the budget. Since the last OSPAP reaccreditation in 2015, the total staff has increased from 45 (34.66 FTE) to 49 (41.35 FTE) in 2018/2019. The OSPAP programme is taught in its entirety from within the Pharmacy School, with appropriate use of visiting specialists and other professionals. The School does not provide any service teaching, and OSPAP students receive no service teaching. The team was told that there are no plans to increase the number of OSPAP students which has ranged from 17 to 26 over the last five years. The overall increase in numbers in Pharmacy has been due to the introduction of a neuroscience degree, now in its third year of operation. The staff profile of the Pharmacy subject group comprises approximately 50% pharmacists including the Head of Pharmacy, the Deputy Head of Pharmacy, one of the Associate Heads, and the OSPAP Programme Director. All student research supervision is conducted by staff members with appropriate research expertise. In all research projects, students have a supervisor with a higher research degree and/or significant research expertise. The Pharmacy Executive, Pharmacy Management Team and the Pharmacy Programmes Committee have representation from both GPhC registrants and non-registrants. In addition, within the programme team, taught sessions are run with

pharmacists and pharmaceutical scientists, co-delivering teaching sessions. The integration of pharmacists and non-pharmacists as part of the delivery of the OSPAP programme, and the provision of training and support for all staff within the pharmacy subject area underpins and supports all staff to deliver their area of expertise in a pharmaceutical context. The School has computer suites where specialist software is installed and these can be linked to provide a simultaneous teaching environment with 130 PCs. Students have their own suite of PCs available 24/7 and can identify the availability of free PCs across campus at any time through their web portal. The same system is available for over 90 PCs available in the library. The Pharmacy School currently occupies space on floors three to six of the University Main Building. Because of the size of the Pharmacy School operation, most of the laboratories used by pharmacy programmes are used exclusively by the School.

Standard 10: Outcomes

The team was satisfied that all 58 outcomes relating to Standard 10 are delivered at the appropriate level.

The team had scrutinised the learning outcomes in discussions with the staff in meeting 4. Rather than examining each of the 58 outcomes, four outcomes (10.1.a, 10.2.2.g, 10.2.3.l, and 10.2.5.g) had been selected for detailed discussion; the Aston University staff members had been unaware of the outcomes to be discussed before the meeting. For each of the four outcomes scrutinised in detail, the evidence provided by the discussions with the staff, along with other evidence provided with the documentation, gave the team confidence that these outcomes will be met at the required level; the team was therefore confident that all other outcomes will be similarly met. This view was supported by the documented material for each of the other outcomes, which had also been scrutinised by the team; other discussions in meetings with programme staff had also addressed many of these outcomes. Thus, the team was satisfied that standard 10 is met.

Indicative syllabus

The team was satisfied with the School's use of the Indicative Syllabus to inform its curriculum

The team agreed that the OSPAP met the requirements of Directive 2005/36/EC of the European Parliament and of the Council on the recognition of professional qualifications for an OSPAP.

Appendix 1 - Standing conditions

The following are standing conditions of accreditation and apply to all providers:

1. The record and report include other comments from the team, and providers are required to take all comments into account as part of the accreditation process. The provider must confirm to the GPhC that required amendments have been made.
2. The provider must respond to the definitive version of the record and report within three months of receipt. The summary report, along with the provider's response, will be published on the GPhC's website for the duration of the accreditation period.
3. The provider must seek approval from the GPhC for any substantial change (or proposed change) which is, or has the potential to be, material to the delivery of an accredited course. This includes, but is not limited to:
 - a. the content, structure or delivery of the accredited programme;
 - b. ownership or management structure of the institution;
 - c. resources and/or funding;
 - d. student numbers and/or admissions policy;
 - e. any existing partnership, licensing or franchise agreement;
 - f. staff associated with the programme.
4. The provider must produce and submit to the GPhC on an annual basis:
 - a. requested data on student numbers and progression and degree awards;
 - b. requested information about the extent of human and physical resources it enjoys for the delivery and support of the degree course.
5. The provider must make students and potential students aware that successful completion of an accredited course is not a guarantee of a placement for a pre-registration year or of future employment as a pharmacist.
6. The provider must make students and potential students aware of the existence and website address where they can view the GPhC's accreditation reports and the timescales for future accreditations.
7. Whenever required to do so by the GPhC, providers must give such information and assistance as the GPhC may reasonably require in connection with the exercise of its functions. Any information in relation to fulfilment of these standing conditions must be provided in a proactive and timely manner.

Appendix 2 – Standards

GPhC standards for the education and training of non-EEA pharmacists wanting to register in Great Britain

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:
 - 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 OSPAP 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 *standards for pharmacy professionals (2017)*;
 - 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 an OSPAP

- 2. The quality of an OSPAP 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 and 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;
 - 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. OSPAPs 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 the GPhC's adjudication requirements;

4.2.b meeting academic and professional entry requirements;

4.2.c meeting numeracy requirements;

4.2.d recognizing 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 OSPAPs must deliver the outcomes in Standard 10. Most importantly, curricula must ensure students practise safely and effectively. To ensure this, pass criteria must describe safe and effective practice.

5.1 Curricula must be integrated. By this the GPhC does not mean that an OSPAP and pre-registration training must be delivered as single two tier course, but that the component parts of an OSPAP must be linked in a coherent way.

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 OSPAP 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 OSPAP 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 OSPAP 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 OSPAP curriculum must include practical experience of working with patients, carers and other healthcare professionals. We are not suggesting that off-site placement visits are the only way to achieve this. Schools should articulate their strategy for meeting this criterion, which may include off-site placement visits, using patients, carers and other healthcare professions in-class and simulations.

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

5.8 The OSPAP 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 postgraduate qualification 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. Course 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** OSPAPs must include an induction programme orientating students to study in the UK. The programme should include diagnostic testing.

Standard 6: Support and development for students

6. Students must be supported to develop as learners and professionals during their OSPAP.

- 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 an OSPAP should be supported to develop in their professional roles.

- 7.1.** There must be a range of mechanisms in place to support anyone delivering an OSPAP 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 OSPAP.
- 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 an OSPAP

8. An OSPAP must be planned and maintained through transparent processes which must show who is responsible for what.

- 8.1.** All OSPAPs must 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 an OSPAP

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 OSPAP;
 - 9.1.b** sufficient staff from relevant disciplines to deliver the curriculum to students. 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 OSPAP 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 pharmacy staff who are able to act as mentors to non-pharmacist colleagues
- 9.1.c** career pathways in universities for all staff teaching on OSPAPs, including pathways for practice staff
- 9.1.d** clear lines of authority and responsibility for the strategic organisation and day-to-day management of placements;
- 9.1.e** training and ongoing support for all non-pharmacists involved in the delivery of OSPAPs, 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.f** appropriate learning resources
- 9.1.g** accommodation and learning resources that are fit for purpose

Standard 10: Outcomes for non-EEA pharmacists wanting to register in Great Britain

10.1 Expectations of a pharmacy professional

Learning outcome	OSPAP	Pre-reg (for reference only)
10.1.a Recognise ethical dilemmas & respond in accordance with relevant codes of conduct and behaviour	Shows how	<i>Does</i>
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	<i>Knows how</i>
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	<i>Does</i>
10.1.d Apply the principles of clinical governance in practice	Knows how	<i>Does</i>
10.1.e Demonstrate how the science of pharmacy is applied in the design and development of medicines and devices	Shows how	<i>Knows how</i>
10.1.f Contribute to the education and training of other members of the team, including peer review and assessment	Shows how	<i>Does</i>
10.1.g Contribute to the development of other members of the team through coaching and feedback	Knows how	<i>Shows how</i>
10.1.h Engage in multidisciplinary team working	Knows how	<i>Does</i>
10.1.i Respond appropriately to medical emergencies, including provision of first aid	Knows how	<i>Shows how</i>

10.2 The skills required in practice

10.2.1 Implementing health policy

Learning outcome	OSPAP	Pre-reg (for reference only)
10.2.1.a Promote healthy lifestyles by facilitating access to and understanding of health promotion information	Shows how	Does
10.2.1.b Access & critically evaluate evidence to support safe, rational & cost effective use of medicines	Shows how	Does
10.2.1.c Use the evidence base to review current practice	Shows how	Show how
10.2.1.d Apply knowledge of current pharmacy-related policy to improve health outcomes	Knows how	Shows how
10.2.1.e Collaborate with patients, the public and other healthcare professionals to improve patient outcomes	Knows how	Does
10.2.1.f Play an active role with public and professional groups to promote improved health outcomes	Knows how	Knows how
10.2.1.g Contribute to research & development activities to improve health outcomes	Knows how	Knows how
10.2.1.h Provide evidence- based medicines information	Shows how	Does

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

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

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

Learning outcome	OSPAP	Pre-reg (for reference only)
10.2.3.a Ensure quality of ingredients to produce medicines and products	-	Shows how
10.2.3.b Apply pharmaceutical principles to the formulation, preparation and packaging of products	Shows how	Shows how
10.2.3.c Verify safety and accuracy utilising pharmaceutical calculations	Does	Does
10.2.3.d Develop quality management systems including maintaining	Shows how	Shows how

appropriate records		
10.2.3.e Manage and maintain quality management systems including maintaining appropriate records	Shows how	<i>Does</i>
10.2.3.f Procure and store medicines and other pharmaceutical products working within a quality assurance framework	Knows how	<i>Does</i>
10.2.3.g Distribute medicines safely, legally and effectively	Knows how	<i>Does</i>
10.2.3.h Dispose of medicines safely, legally and effectively	Knows how	<i>Does</i>
10.2.3.i Manage resources in order to ensure work flow and minimise risk in the workplace	Knows how	<i>Shows how</i>
10.2.3.j Take personal responsibility for health and safety	Does	<i>Does</i>
10.2.3.k Work effectively within teams to ensure safe and effective systems are being followed	Knows how	<i>Does</i>
10.2.3.l Ensure the application of appropriate infection control measures	Shows how	<i>Does</i>
10.2.3.m Supervise others involved in service delivery	Knows how	<i>Does</i>
10.2.3.n Identify, report and prevent errors and unsafe practice	Shows how	<i>Does</i>
10.2.3.o Procure, store and dispense and supply veterinary medicines safely and legally	Knows how	<i>Knows how</i>

10.2.4 Working with patients and the public

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

10.2.5 Maintaining and improving professional performance

Learning outcome	OSPAP	<i>Pre-reg (for reference only)</i>
10.2.5.a Demonstrate the characteristics of a prospective professional pharmacist as set out in relevant codes of conduct and behaviour	Does	<i>Does</i>
10.2.5.b Reflect on personal and professional approaches to practice	Does	<i>Does</i>
10.2.5.c Create and implement a personal development plan	Does	<i>Does</i>
10.2.5.d Review and reflect on evidence to monitor performance and revise professional development plan	Does	<i>Does</i>
10.2.5.e Participate in audit and in implementing recommendations	Knows how	<i>Shows how</i>
10.2.5.f Contribute to identifying learning and development needs of team members	Knows how	<i>Does</i>

10.2.5.g Contribute to the development and support of individuals and teams	Knows how	<i>Does</i>
10.2.5.h Anticipate and lead change	Knows how	<i>Shows how</i>

Appendix 3 – Indicative syllabus

It is expected that education providers will use the indicative syllabus to develop a detailed programme of study which will enable pharmacists to meet the learning outcomes.

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 pharmaceuticals, pre-formulation and formulation studies
- Design and standardization of medicines
- Microbiological contamination
- Contamination control
- Product stability
- Medical devices

A1.2 How people work

Normal & abnormal structure & function

- Nutrition
- Physiology
- Pathology
- Infective processes

Sociology

- Social and behavioural science

Health psychology

- Health promotion
- Disease prevention
- Behavioural medicine

Objective diagnosis

- Differential diagnosis
- Symptom recognition
- Diagnostic tests

Epidemiology

- Aetiology and epidemiology of (major) diseases

A1.3 How systems work

Healthcare management

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

Evidence-based practice

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

Professional regulation

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

Medicines regulation

- Evaluation and regulation of new drugs and medicines

- Pharmacopoeial specifications and biological standards
- Medicines licensing
- Product quality, safety and efficacy
- The supply chain
- Packaging, labelling and patient information

Clinical governance

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

Clinical management

- Disease management
- Chronic medicines management
- Medicines use review
- Care planning

Workplace Regulation

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

A1.4 Core and transferable skills

Professionalism

Research and research methods

Critical appraisal

- Audit and learning from errors

Problem solving

- Study skills
- Team-working skills

Clinical decision making

- Leadership skills

Accurate record keeping

Reflective practice (incl. continuing professional development)

Effective communication

- Interpersonal skills
- Medical terminology

Interpret & interrogate clinical data

Analyse & use numerical data

Pharmaceutical numeracy

Technological literacy

A1.5 Attitudes and values

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

Appendix 2 - Supporting evidence

The university provided the following documentation in support of their submission:

- Appendix 0.1 – Programme Map.
- Appendix 0.2 – GPhC data submission 2013-2014.
- Appendix 0.3 – GPhC data submission 2014-2015.
- Appendix 0.4 – GPhC data submission 2015-2016.
- Appendix 0.5 – GPhC data submission 2016-2017.
- Appendix 1.1 – Regulations on Fitness to Practise.
- Appendix 1.2 – Regulations on Student Discipline.
- Appendix 1.3 – A summary of the Referral Process within the OSPAP Programme.
- Appendix 1.4 – GPhC standards for Pharmacy Professionals
- Appendix 2.1 – University Learning and Teaching Committee Terms of Reference and Membership.
- Appendix 2.2 – University Operational Learning and Teaching Committee Terms of Reference and Membership.
- Appendix 2.3a – School of Life and Health Sciences Annual Programme-level Report (OSPAP) 2014-2015.
- Appendix 2.3b – School of Life and Health Sciences Annual Programme-level Report (OSPAP) 2015-2016.
- Appendix 2.3c – School of Life and Health Sciences Annual Programme-level Report (OSPAP) 2016-2017.
- Appendix 2.4a – School of Life and Health Sciences Annual School-level Report (Postgraduate) 2014-2015.
- Appendix 2.4b – School of Life and Health Sciences Annual School-level Report (Postgraduate) 2015-2016.
- Appendix 2.4c – School of Life and Health Sciences Annual School-level Report (Postgraduate) 2016-2017.
- Appendix 2.5 – MPharm and OSPAP Internal Review Report.
- Appendix 2.6 – School Learning and Teaching Committees Terms of Reference.
- Appendix 2.7 – Membership and Terms of Reference for Programme Committees.
- Appendix 2.8a – June 2015 GPhC Registration Assessment Performance Data.
- Appendix 2.8b – June 2016 GPhC Registration Assessment Performance Data.
- Appendix 2.8c – June 2017 GPhC Registration Assessment Performance Data.

- Appendix 2.8d – June 2018 GPhC Registration Assessment Performance Data.
- Appendix 2.9a – Postgraduate Taught Experience Survey (PTES) 2016.
- Appendix 2.9b – Postgraduate Taught Experience Survey (PTES) 2018.
- Appendix 2.10a(i) – OSPAP Staff Student Consultative Committee Meeting Minutes (5/12/17).
- Appendix 2.10a(ii) – OSPAP Staff Student Consultative Committee Meeting Minutes (6/2/18).
- Appendix 2.10a(iii) – OSPAP Staff Student Consultative Committee Meeting Minutes (6/3/18).
- Appendix 2.10b(i) – OSPAP Staff Student Consultative Committee Meeting Minutes (7/11/18).
- Appendix 2.10b(ii) – OSPAP Staff Student Consultative Committee Meeting Minutes (13/02/19).
- Appendix 2.11a – Hospital Teaching Quality Assurance (QA) Report for Academic Year 2016-2017.
- Appendix 2.11b – Hospital Teaching Quality Assurance (QA) Report for Academic Year 2017-2018.
- Appendix 2.12a – Hospital Teaching Quality Assurance Report Template.
- Appendix 2.12b – Hospital Teaching Peer Review Form.
- Appendix 2.12c – Hospital Teaching Student Questionnaire.
- Appendix 2.13 – Aston University Student Charter 2018/19.
- Appendix 2.14 – Feedback to Students on Examinations proforma.
- Appendix 3.1 – Aston Strategy 2018 to 2023.
- Appendix 3.2 – Charter of Incorporation of the University of Aston in Birmingham.
- Appendix 3.3 – University Equality and Diversity Policy Statement.
- Appendix 3.4 – Domestic Abuse Policy and Code of Practice.
- Appendix 3.5 – Gender Identity Policy and Procedures.
- Appendix 3.6 – Guidance Notes on Religion and Belief.
- Appendix 3.7 – Job Share Guidelines.
- Appendix 3.8 – Prevention of Harassment Policy and Procedures.
- Appendix 3.9 – Work Life Balance Policies.
- Appendix 4.1 – Postgraduate Prospectus 2019.
- Appendix 5.1 – MPharm and OSPAP Teaching and Learning Strategy.
- Appendix 5.2 – MPharm and OSPAP Assessment Strategy.
- Appendix 5.3 – General Regulations for Undergraduate and Integrated Master's Programmes.
- Appendix 5.4 – Credit and Qualifications Framework.
- Appendix 7.1 – Pharmacy School Staffing Structure.
- Appendix 7.2 – Performance Development Review – Stage 1.
- Appendix 7.3 – Performance Development Review – Stage 2.
- Appendix 7.4a – My Development Conversation Guidelines.
- Appendix 7.4b – My Development Conversation Behaviours Framework.
- Appendix 7.4c – My Development Conversation Frequently Asked Questions.
- Appendix 7.5 – Induction Checklist.
- Appendix 7.6a – Mentee Guidance.
- Appendix 7.6b – Guidance for Mentors.
- Appendix 8.1 – LHS School Management Team (SMT) Terms of Reference.
- Appendix 8.2 – OSPAP Programme Specification (2018-2019).
- Appendix 8.3 – MPharm Student Handbook (2018-2019).
- Appendix 8.4a(i) – Pharmacy Programme Committee Minutes (29/11/17).
- Appendix 8.4a(ii) – Pharmacy Programme Committee Minutes (24/1/18).
- Appendix 8.4a(iii) – Pharmacy Programme Committee Minutes (21/3/18).
- Appendix 8.4b(i) – Pharmacy Programme Committee Minutes (4/12/18).
- Appendix 8.4a(ii) – Pharmacy Programme Committee Minutes (23/1/19).

Appendix 9.1 – Aston Pharmacy School Business Plan